



Notification of potential disability claim

In terms of the policy contract, the employer needs to notify Sanlam Corporate: Group Risk of potential new disability claims for their members and the duly completed form must be submit to Sanlam within the waiting period.

A. Particulars of fund/scheme

Name of fund/scheme _____
 Scheme Code _____ Name of branch/participating employer _____
 E-mail address _____
 Telephone number (_____) _____ Contact person _____

B. Personal details of the insured

Full names and surname _____
 Date of Birth ____/____/____ (dd/mm/ccyy) Gender Male Female
 Identity number _____
 E-mail address _____ Telephone number (_____) _____
 Membership number _____ Pay-sheet no. (If any) _____
 Last date of performing his/her duties ____/____/____ (dd/mm/ccyy)
 Annual salary as on above mentioned date R _____

C. Medical information (Please attach available sick certificates and medical reports)

Cause of illness/injury _____
 Name of treating doctor _____
 Telephone number of doctor (_____) _____ E-mail address of doctor _____

Important:

It is in the insured's own interest to submit a disability claim as soon as possible.
 If the insured however decides not to submit a disability claim, Sanlam will appreciate it if you will inform us in order to cancel the potential disability claim.

The employer must please either fax or e-mail the duly completed form to:

Fax number (021)947-3207
 E-mail address EBDisabilityClaimsBenefits@sanlam.co.za

Declaration

The undersigned, declare on behalf of the fund/scheme, that the information provided above is complete and correct.

Signed on behalf of the fund/scheme

Initials and surname _____
 Designation _____
 Signature _____
 Place _____
 Date ____/____/____ (dd/mm/ccyy)