



Declaration by claimant for advised self-isolation for Covid-19 (Corona Virus) contact/infection

Important:

- To be completed by the claimant. (If abroad, provide all medical documentation in English)
- An accurately completed form is essential in order to avoid delays in the assessment process. Please complete all questions.
- Legible copies of original documents may be submitted instead of the originals.

Please supply the following additional completed document:

- Legible copies of any proof of A, B or C. (If available.)

Contact details for Living Benefit Claims

Telephone number: (021) 916-3455
 Fax number: (021) 947-5804
 e-mail address: sickness@sanlam.co.za

Plan number(s) _____

Particulars of claimant

Surname _____

Full first names _____

Date of birth _____ (dd/mm/ccyy)

Residency: SA resident Non-SA resident (Specify) _____

Current residential address _____

General practitioner's contact details (we will only contact the doctor if sick leave exceeds 14 days):

Name and surname of treating doctor _____

Contact number _____

Please comment on any symptoms that you experience

Date of symptom onset: _____ (dd/mm/ccyy)

Symptoms (tick all that apply):

Fever ($\geq 38^{\circ}\text{C}$) Cough Chills Sore throat Shortness of breath

Vomiting Diarrhoea Myalgia/body pains No symptoms yet/currently

Other (Specify if "other") _____

A. Prerequisite for self-isolation (mark all that apply)

Question	Yes	No	Unknown
Did you have close physical contact with a known 2019-nCoV case in the last 21 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have close physical contact with an ill traveller from China or from other countries where 2019-nCoV is circulating or where human infections have recently occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you visited a health care facility (as a patient or visitor) in China or in other countries where 2019-nCoV is circulating or where human infections have recently occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you travelled to/from Wuhan, China or in countries where 2019-nCoV is known to be circulating or where human infections have recently occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any travel outside SA in the last 21-days, please complete section below for countries visited:

Country visited (Please specify the city travelled to) _____

Date of departure (travel to area) _____ (dd/cc/mmyy)

Date of return (travel from area) _____ (dd/cc/mmyy)

Information regarding self-isolation

Who advised you to self-isolate? Please indicate below.

Employer

Government

If from employer, please provide contact details of employer or HR department. Also provide the official letter from your employer with the instruction to self-isolate.

Contact number: _____

e-mail address: _____

If by government authority, we may require proof of medical isolation at our discretion.

Dates for recommended self-isolation

From: _____ (dd/mm/ccyy) to _____ (dd/mm/ccyy)

Please provide details regarding the advice that was received:

B. Occupational consideration (mark all that apply)

Are you a healthcare worker?

Yes No

Are you self-employed?

Yes No

Are you able to work from home?

Yes No

Is your self-isolation part of a HR policy at your workplace?

Yes No

C. Underlying factors/comorbid conditions/treatment/management

Please include any chronic condition you may have:

Sanlam reserves the right to request proof of the information you have shared in Sections A, B and C. To ensure an effective and seamless claims experience, please include all proof that you have available.