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 sgrdisabilityclaims@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)*