



CLAIM NOTIFICATION FORM

Policyholder: _____

Policy No: _____ Member Group No: _____

Scheme No: _____

Principal Member Name: _____

Principal Member was actively employed at the date the death occurred Yes No

Name of Deceased: _____

Date of Death: _____

Relationship to Principal Member: _____

Age at death: _____

Documentation attached to substantiate the claim:

1. **Proof of Death** - original or certified copy attached:
 - BI-5
 - BI-20
 - BI-18
 - BI-1663
2. Certified copy of Principal Member's Identification Document for South African citizens
4. Certified copy of Principal Member's Passport for foreign nationals
5. Certified copy of deceased's Identity Document for South African citizens
6. Certified copy of deceased's Passport for foreign nationals
7. Copy of Principal Member's most recent payslip/schedule for the month in which the death occurred (Employer Plans only)
8. Copy of the beneficiary's bank statement reflecting bank name, account number and account holder's details
9. Applicable supporting documents. (refer reverse)
10. Eligible dependants of the deceased Principal Member, who qualify for a Paid-up Benefit, under the fund are:

Relationship	Name and Surname	ID Number	Date of Birth
Spouse			
Children	1.		
	2.		
	3.		
	4.		
	5.		
	6.		

11. If a claim in respect of a Paid-up Benefit - Paid-up Certificate No: _____

12. **SETTLEMENT OF BENEFIT:** **Cheque** **Electronic Funds Transfer**

The settlement details of claim:

Cheque: Payable to: _____

Relationship to Deceased: _____

Cheque will be collected by: _____

EFT: Bank Account Holder: _____

Bank Name: _____ Branch Name : _____

Bank Account No: _____ Branch Code: _____

Original ID Document of Beneficiary must be produced and will be verified.

COMPANY STAMP

Signature of Claimant: _____ Date: _____

Name of Policyholder / Claimant: _____

Designation: _____

Telephone: () _____ Fax: () _____

DOCUMENTATION TO BE SUBMITTED WITH THE CLAIM NOTIFICATION FORM

1. **Proof of Death:**

- (BI-5) Original computer produced or faxed certified copy of Death Certificate, for all people with a valid South African Identification Document or who are registered on the South African population register
or
- (BI-18) Original or faxed certified copy of unabridged Death Certificate
or
- (BI-20) Original or faxed certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents, or in respect of all people not registered on the South African population register
and
- A copy of the BI-1663 (Notification of death)

Documentation submitted, other than those requested, will not be accepted. Only Proof of Death stamped with the Official Home Affairs stamp, with the number in black, will be accepted.

Driving Licence Cards are not acceptable as proofs of identity.

Certified Documents:

Name signature, organisation, date, address and telephone details to be clearly indicated on documents certified by a Commissioner of Oaths.

2. Certified copy of Principal Member's Identification Document for South African citizens.
3. Certified copy of Principal Member's Passport for foreign nationals
4. Certified copy of deceased's Identity Document for South African citizens
5. Certified copy of deceased's Passport for foreign nationals
6. Copy of Principal Member's most recent payslip (for the month in which the death occurred) (Employer Plans only).
7. Copy of the beneficiaries bank statement reflecting Bank name, account number and account holders details
8. **Supporting documents in respect of:**
 - If the child has attained age 22 (twenty two) but has not yet attained age 26 (twenty six) and is a full-time student, the following must be submitted:
 - Confirmation satisfactory to Safrican, from a recognised educational institution, to confirm full-time study at the time the death occurred. Part-time and correspondence students are not covered.
 - Last academic report from a recognised educational institution.
 - Children who are mentally retarded or totally and permanently disabled (as determined by Safrican), before age 22, who are unable to care for themselves, any **one** of the following must be submitted:
 - Confirmation satisfactory to Safrican of State Disability Grant.
 - Medical Aid application of Principal Member

- Medical Report
 - An illegitimate / adopted child, proof of such illegitimacy or adoption must be attached.
Where the surname of deceased (spouse or child) is different to that of the Principal Member, kindly provide an explanation for the difference in surname and submit supporting documents. Affidavits are not accepted for children over 1 (one) year old.
 - In respect of the surname difference of a spouse, any 2 (two) of the following:
 - Letter from Tribal Chief, signed and stamped.
 - Company Beneficiary Nomination Form. The document must have been completed at least six months prior to death (Employer Plans only).
 - Letter providing customary and/or common law marriage from the Department of Home Affairs (not an affidavit).
 - Medical Aid card reflecting dependants' details.
 - Any legal policy document where the spouse has been nominated at least 6 (six) months prior to death.
 - In respect of the difference of surname of a child - any 2 (two) of the following:
 - Birth Certificate reflecting both parent details (BI-19)
 - Baptismal Certificate reflecting both parent details
 - Adoption papers
 - Marriage Certificate and Birth Registration in respect of Stepchildren, Medical Aid Membership card reflecting the Eligible Child's details
9. **Retrenchment (if applicable):**
On retrenchment, the Principal Member will be issued with a Retrenchment Certificate indicating period of cover. This certificate must be submitted when a claim is lodged.
10. **Accidental Death Benefit:**
In respect of an Accidental Death Claim, together with the documentation as required for the category of a Principal Member and/or Spouse, a medical report from a medical specialist and/or a police report must be submitted, clearly indicating how, where and when the bodily injury was sustained. – A police report is compulsory for all the unnatural deaths.
11. The Beneficiary of a claim collecting a benefit cheque must produce Identification.

Safrican reserves the right to request further documentation or information as it may deem necessary to accurately assess the claim.

Head Office:
PO Box 616 Johannesburg, 2000
Tel: (011) 727-5400
Claims Fax:
(011)727 -5582 / 0866773224

Cape Town:
PO Box 4921 Cape Town, 8000
Tel: (021) 419-0090
Claims Fax: (021) 409-6368

Port Elizabeth:
PO Box 35036 Newton
Park, 6055
Tel: (041) 363-1477
Claims Fax: (041) 396-0054

Durban:
PO Box 5008 Durban, 4000
Tel: (031) 305-1800
Claims Fax: (031) 336-0866

Bloemfontein:
PO Box 100962, Brandhof, 9324
Tel: (051) 430 1201
Claims Fax: (051) 430 1206

Polokwane:
PO Box 1021, Polokwane, 0700
Tel: (015) 291 3358
Claims Fax: (015) 291 3336

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