

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-12
2. Copy of Principal Member's Identification Document or Passport.
3. Copy of deceased's Identification Document or Passport.
4. Copy of Principal Member's most recent payslip (for the month in which the death occurred or prior to death in respect of Principal Member's death)
5. Supporting documents applicable. (refer reverse)
6. Eligible dependants of the deceased Principal Member, who qualify for a Paid-up Benefit, under the fund:

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

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

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

The settlement details of claim:

Cheque Payable to: _____ Relationship: _____

• Cheque will be collected by: _____

• Post to: _____

Code: _____

EFT Bank Account Holder: _____

Bank Name: _____ Branch: _____

Bank Account No: _____ Branch Code: _____

- ID Document of Beneficiary produced and verified.

COMPANY STAMP

Signature of Claimant: _____ Date: _____

Name of Policyholder / Claimant: _____ Designation: _____

Telephone: () _____ Fax: () _____

DOCUMENTATION TO BE SUBMITTED WITH CLAIM NOTIFICATION

1. **Proof of Death:**

- (BI-5) Original computer produced or certified copy Death Certificate.
- (BI-20) Original or certified copy of Abridged Death Certificate with Home Affairs stamp and number in black.
- (BI-12) Original or certified copy of the Medical Certificate, in respect of stillbirth only, signed by a Medical Practitioner or District Surgeon.

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.

Certified Documents:

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

2. Copy of Principal Member's Identification Document.
3. Copy of deceased's Identification Document or Passport.
4. Copy of Principal Member's most recent payslip (for the month in which the death occurred or prior to death in respect of Principal Member's death).
5. **Supporting documents in respect of:**
 - Child over 21 not yet 26 and a full time student - 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.
 - Child over 21 and mentally retarded or totally and permanently disabled, any one of the following documents must be submitted:
 - Confirmation, satisfactory to Safrican of Disability Grant.
 - Medical Aid application of Principal Member
 - Medical Report
 - An illegitimate / adopted child, proof attached.

- Surname of deceased (spouse or child) is different to that of the Principal Member, provide explanation of difference in surname and supporting documents.

In respect of the surname difference of a spouse, any on of the following:

- Copy of Marriage Certificate
- Confirmation of Customary Union issued by a Magistrate
- Letter from Tribal Chief

In respect of the difference of surname of a child - any one of the following:

- Registration / Birth Certificate reflecting parent details
- Baptismal Certificate reflecting parent details
- Adoption papers
- Copy of IRP 2 / Medical Aid Membership
- Marriage & Birth Registration in respect of Stepchildren

5. **Retrenchment:**

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.

6. **Accidental Death Benefit:**

In respect of an Accidental Death Claim, together with the documentation as required for submission of a claim, a medical report from the specialist or a police report must be submitted, clearly indicating how, where and when the bodily injury was sustained.

7. 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.

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