Claim for Terminal Illness Benefit: Declaration by employer

Please return the completed form to: **Sanlam Corporate: Group Risk - Disability Claims**

Postal address PO Box 1, Sanlamhof, Bellville 7532 Fax number (021) 947-3207
E-mail address EBDisabilityClaimsBenefits@sanlam.co.za

Particulars of employer

Name of fund/scheme _____ Code _____

Name of branch/participating employer _____

Particulars of insured

Full names and surname _____

Date of birth _____ *(dd/mm/ccyy)* Gender: Male ☐ Female ☐

Identity number _____

Marital status: Single ☐ Married ☐ Divorced ☐ Co-habiting ☐ Widowed ☐

Telephone number (_____) _____ Cell phone number _____

E-mail address _____

Occupation _____

What illness, impairment has led to this claim? _____

Particulars of membership

Membership number _____ Pay sheet number *(if available)* _____

Date of entering service _____ *(dd/mm/ccyy)* Date of permanent appointment _____

Date of commencement of membership _____ *(dd/mm/ccyy)*

Have contributions in respect of the insured been paid regularly and up to date? Yes ☐ No ☐

We, the undersigned, declare on behalf of the employer that the information provided above is complete and correct.

Signed on behalf of the employer

Signature _____ Designation _____

Signature _____ Designation _____

Date _____ *(dd/mm/ccyy)* Place _____

Declaration by Physician

Initials and surname _____

Practice number _____ Qualifications _____

Telephone number (_____) _____ Fax number (_____) _____

Address _____

E-mail address _____

The benefit under this product is paid in cases of any disease or condition that reaches terminal state with death expected within 6 months despite optimal treatment. Please present us with a report(s) stating the diagnosis, stage of disease, treatment, prognosis and present functional impairment and give an opinion on the patient's ability to perform the normal actions and functions in connection with the physical care of his/her person. Please supply us with copies of the special investigations confirming the diagnosis and stage of disease or condition e.g.:

- Pathology reports and reports confirming metastasis in cancer
- Kidney functions in renal failure
- CD-4 count in immuno-suppressed patients
- Lung function or blood-gasses in respiratory failure

Signature _____

Date _____ *(dd/mm/ccyy)* Place _____