

## Protection of Personal Information Disclosure

**Why Personal Information is required:** Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- to protect Sanlam Life's interests; and
- any purposes related to the above.

Failure to provide the mandatory information will prejudice your insurance cover.

**Changing and correcting Personal Information:** You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

**Other parties that may receive the Personal Information:**

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).



## IncomeCare Rehabilitation Questionnaire: Insured

Please return the completed form to: [rehabilitation.eb@sanlam.co.za](mailto:rehabilitation.eb@sanlam.co.za)

Employer \_\_\_\_\_ Fund/Scheme Code \_\_\_\_\_

### Particulars of insured

Full names and surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (dd/mm/ccyy) Gender: Male ☐ Female ☐

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

Identity number \_\_\_\_\_

E-mail address \_\_\_\_\_

Home telephone number ( ) \_\_\_\_\_ Cell phone number \_\_\_\_\_

Work telephone number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_

### Particulars of Direct Manager

Name and surname \_\_\_\_\_

Contact details ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

### Particulars of Human Resources manager

Name and surname \_\_\_\_\_

Contact details ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

### Particulars of the medical doctor currently treating you

Name and surname \_\_\_\_\_

Contact details ( ) \_\_\_\_\_

Diagnosis made by doctor	Date of diagnosis (dd/mm/ccyy)

Did you undergo any operations pertaining to this diagnosis? Yes ☐ No ☐ If "Yes", please provide more detail.

What medicine are you currently taking? Please indicate the name, dosage and duration.

Description of medicine (name)	Dosage	Duration (from...to...)

## Particulars of the therapist currently treating you

Name and surname \_\_\_\_\_

Contact details (\_\_\_\_\_) \_\_\_\_\_

What therapy (e.g. occupational, physio-, speech, psychotherapy or biokinetics) was recommended?

\_\_\_\_\_

Are you currently still receiving therapy? Please describe what type and frequency of sessions.

\_\_\_\_\_  
 \_\_\_\_\_

If not, are you planning to undergo therapy? Please indicate what therapy?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What discomfort/difficulties do you still experience which precludes you from performing your daily job functions?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you made use of the Employee Assistance Program Services? Yes ☐ No ☐

Does your medical aid cover the cost of your therapy consultation? Yes ☐ No ☐

If "No", attach proof of Medical Aid depletion

When are you expected to return to work? Date \_\_\_\_\_ (dd/mm/ccyy)

When have you returned to work? Date \_\_\_\_\_ (dd/mm/ccyy)

## Statement by insured

I declare that I am aware that Sanlam has an obligation to process my personal, medical information being supplied to and shared with Sanlam's medical advisor and claims team, including representatives, reinsurance partners, medical doctors, rehabilitation practitioners and service providers involved in my rehabilitation for the purpose of exploring and advancing rehabilitation options and where required, to improve or maintain my ability to work and/or for the assessment of a claim which I may be eligible for with Sanlam and for the improvement of the product and service offering of Sanlam to its clients

I declare that I have no objections to medical information being supplied to the medical advisor and case management consultant of Sanlam and that I do not object to medical doctors, rehabilitation practitioners and service providers involved in my rehabilitation sharing information for the purpose of exploring and advancing rehabilitation options.

I also irrevocably authorise any medical practitioner, medical specialist, health professional, hospital, medical scheme, or any other person or institution who may be in possession of or who may later obtain possession of any information regarding my health, whether such information pertains to the past or to the future, to disclose such information to Sanlam and I agree that this authorisation will also remain in force even after my death.

Signature of insured \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/ccyy) Place \_\_\_\_\_