



## Kennisgewing van potensiële ongeskiktheidseis Notification of potential disability claim

In terme van die polis moet die werkgewer Sanlam Groep Risiko van potensiële nuwe ongeskiktheidseise ten opsigte van sy lede in kennis stel en die voltooide vorm moet binne die wagperiode in Sanlam se besit wees.

*In terms of the policy contract, the employer needs to notify Sanlam 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. Besonderhede van fonds/skema Particulars of fund/scheme

Naam van fonds/skema  
Name of fund/scheme \_\_\_\_\_

Skema kode \_\_\_\_\_ Naam van deelnemende tak/werkgewer  
Scheme Code \_\_\_\_\_ Name of branch/participating employer \_\_\_\_\_

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

Telefoonnommer \_\_\_\_\_ Kontak persoon  
Telephone number ( ) \_\_\_\_\_ Contact person \_\_\_\_\_

### B. Persoonlike besonderhede van versekerde Personal details of the insured

Volle voorname en van  
Full names and surname \_\_\_\_\_

Geboortedatum \_\_\_\_\_ (dd/mm/eejj) Geslag Manlik  Vroulik   
Date of Birth / / (dd/mm/ccyy) Gender Male Female

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

E-posadres \_\_\_\_\_ Telefoonnommer \_\_\_\_\_  
E-mail address Telephone number ( )

Lidmaatskapnommer \_\_\_\_\_ Betaalstaatnr. (Indien enige)  
Membership number Pay-sheet no. (If any) \_\_\_\_\_

Laaste datum waarop hy/sy gewerk het \_\_\_\_\_ (dd/mm/eejj)  
Last date of performing his/her duties / / (dd/mm/ccyy)

Jaarlikse salaris soos op bogenoemde datum  
Annual salary as on above mentioned date R \_\_\_\_\_

### C. Mediese inligting (Heg asseblief sieksertifikate en mediese verslae aan indien beskikbaar) Medical information (Please attach available sick certificates and medical reports)

Oorsaak van siekte/besering  
Cause of illness/injury \_\_\_\_\_

Naam van behandelende dokter  
Name of treating doctor \_\_\_\_\_

Telefoonnommer van dokter \_\_\_\_\_ E-posadres van dokter  
Telephone number of doctor ( ) \_\_\_\_\_ E-mail address of doctor \_\_\_\_\_

#### Belangrik:

Dit is in die versekerde se eie belang om so spoedig moontlik 'n ongeskiktheidseis in te dien. Indien die versekerde egter besluit om nie met die ongeskiktheidseis voort te gaan nie, sal Sanlam dit waardeer as ons in kennis gestel word sodat die kennisgewing van die potensiële ongeskiktheidseis gekanselleer word.

#### 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.*

**Die werkgewer moet asseblief die volledig voltooide vorm faks of e-pos aan:**

Faksnommer (021)947-3207

E-posadres Disabilityclaimbenefits.EB@sanlam.co.za

**The employer must please either fax or e-mail the duly completed form to:**

Fax number (021)947-3207

E-mail address Disabilityclaimbenefits.EB@sanlam.co.za

**Verklaring  
Declaration**

Die ondergetekende, verklaar hiermee names die fonds/skema, dat die inligting hierbo verskaf volledig en korrek is.  
*The undersigned, declare on behalf of the fund/scheme, that the information provided above is complete and correct.*

**Geteken namens die fonds/skema  
Signed on behalf of the fund/scheme**

Voorletters en van

*Initials and surname* \_\_\_\_\_

Hoedanigheid

*Designation* \_\_\_\_\_

Handtekening

*Signature* \_\_\_\_\_

Plek

*Place* \_\_\_\_\_

Datum

*Date* \_\_\_\_\_

(dd/mm/eejj)

(dd/mm/ccyy)