

FUNERAL BENEFIT CLAIM FORM (including service benefits)

Please return to: Hollard Group Risk, 22 Oxford Road, Parktown, or PO Box 87428, Houghton 2041.
Tel: (011) 351 5000, Fax: (011) 351 3262, email: hgradmin@hollard.co.za

SECTION A: HOW TO CLAIM

It is essential that this form is fully completed to prevent any unnecessary delays due to missing or incomplete information. This form should be completed by the policyholder. Please complete only one form per deceased. If we ask for an original certified copy of a document we will not accept a certified copy of a previously certified copy.

This form is structured in ten sections:

- Section A: How to claim (informative section)
- Section B: Policy details
- Section C: Employer's details
- Section D: Main member's personal details
- Section E: Deceased's personal details
- Section F: General details
- Section G: Claim details
- Section H: Banking and beneficiary details
- Section I: Service benefits
- Section J: Declaration

This fully completed form should be accompanied by the following supporting documentation:

- an original certified copy of the main member's identity document
- an original certified copy of the deceased's death certificate
- a copy of the completed BI-1663
- an original certified copy of the deceased's identity document
- a copy of the main member's last payslip
- proof of banking details (cancelled cheque or bank statement)
- an original certified copy of the beneficiary's identity document
- a copy of the accident report form from the South African Police Service (if applicable)
- if applicable, proof of the deceased's relationship to the main member, i.e. marriage certificate, birth certificate or affidavit

Please note that the request for completion of this form in no way constitutes an admission of liability by Hollard Life.

SECTION B: POLICY DETAILS

Employer:

Policyholder:

Policy number:

Membership / Employee number:

SECTION C: EMPLOYER'S DETAILS

Name of company:

Physical address:
 Code:

Postal address:
 Code:

Contact person:

Job title:

Telephone number:

Fax number:

Email address:

SECTION D: MAIN MEMBER'S PERSONAL DETAILS

First names:

Surname:

Identity number:

Date of birth: D D M M Y Y Y Y Gender: M F

SECTION E: DECEASED'S PERSONAL DETAILS

Please complete this section if the deceased is not the main member, but another insured (the main member's spouse or child or parent).

First names:

Surname:

Identity number:

Date of birth: Gender: M F

Relationship to main member:

SECTION F: GENERAL DETAILS

Month for which the last risk contribution was paid: M M Y Y Y Y

Was the main member actively at work on the date of death? Y N

If "No" please give the date when the main member was last at work and the reason for absence: D D M M Y Y Y Y

Has the main member been employed in any territory outside the SADC region? Y N

(SADC region means the Southern African Development Community comprising Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, the Republic of South Africa, Swaziland, Tanzania, Zambia and Zimbabwe)

If "Yes" please provide details, including period of employment:

SECTION G: CLAIM DETAILS

Date of death:

D	D	M	M	Y	Y	Y	Y
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Cause of death:

If death is a result of an accident please answer the questions below:

The accident occurred at (place):

On (date):

D	D	M	M	Y	Y	Y	Y
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At (time):

H	H	h	M	M
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Name of Police Station where accident was reported:

The SA Police case number:

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Describe fully how the accident happened:

SECTION H: BANKING DETAILS

Payment will be made to the policyholder, or as instructed by the policyholder.

Please select to whom payment must be made:

Policyholder

Other

If policyholder, please provide the policyholder's banking details:

Name of account holder:

Name of bank:

Branch:

Branch code:

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Account type:

Account number:

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If other, please list the beneficiaries below and provide the banking details. Note that payment is only done via EFT (electronic fund transfer) and that no third party payments are allowed – payment will only be made to the beneficiary's bank account.

Name of beneficiary A

Identity number:

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Benefit %:

Relationship to deceased:

Address:

Code:

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Name of bank:

Branch:

Branch code:

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Account type:

Account number:

Name of beneficiary B

Identity number:

Benefit %: Relationship to deceased:

Address:

Code:

Name of bank:

Branch:

Branch code:

Account type:

Account number:

Name of beneficiary C

Identity number:

Benefit %: Relationship to deceased:

Address:

Code:

Name of bank:

Branch:

Branch code:

Account type:

Account number:

SECTION I: SERVICE BENEFITS

If the deceased is a spouse or a child, the service benefits will be made available to the main member.

If the deceased is the main member, the service benefits will be made available to the beneficiary nominated by the main member before his death. If no beneficiary was nominated the employer must tell us who the beneficiary is.

Please provide the main member or beneficiary details so that we can arrange for the settlement of the service benefits.

First names:

Surname:

Telephone number:

Fax number:

Email address:

SECTION J: DECLARATION

I declare that the answers and statements I have made are true to the best of my knowledge and I have not withheld any material facts from Hollard Life. In the event that this claim or any supporting claim documentation is found to be fraudulent, Hollard Life reserves the right to proceed with the appropriate action against the claimant.

I authorise Hollard Life to make payment as instructed above and I acknowledge that payment by Hollard Life of the benefits claimed, shall release Hollard Life from all liability in respect of such benefits.

I authorise any medical practitioner, hospital or other person to provide Hollard Life with any information they may require relating to the deceased's medical history and/or injury, which may be necessary for Hollard Life's consideration of the claim.

Signed at on this day of 20

Name of authorised signatory

Designation

Signature

Company stamp

For and on behalf of the policyholder