



Statement on death

To be used for death claims in terms of a group life insurance policy (also includes reassurance of benefits of a pension fund).

A Particulars of the employer

Name of Scheme or Fund _____ Code _____
 Name of participating employer or branch _____

B Particulars of employee (compulsory)

Full names and surname _____
 Date of birth ____ / ____ / ____ (dd/mm/ccyy) Gender: Male Female
 Identity number _____
 Marital status: Single Divorced Widowed
 Married Date of marriage ____ / ____ / ____ Co-habiting Since ____ / ____ / ____
 Date of entering service ____ / ____ / ____ Date of permanent appointment ____ / ____ / ____
 Commencement date of insurance ____ / ____ / ____ Last date of active service ____ / ____ / ____
 Normal retirement age _____ Occupation _____
 Premiums in respect of the insured are paid to ____ / ____ / ____ (dd/mm/ccyy)
 Was the insured absent from duty without remuneration or with reduced remuneration at the time of death? Yes No
 If "Yes", state full particulars:

Did the insured receive a disability benefit from Sanlam or any other insurer or institution? Yes No

If the insured received a disability benefit from Sanlam, please provide us with the relevant member or policy number.

Annual remuneration according to which the benefits in terms of the policy are calculated:

- i) On policy anniversary immediately prior to death R _____
 ii) On date of death R _____
 iii) One year immediately prior to date of death R _____

C Particulars of deceased

Indicate if you claim for: Insured Spouse

Full names and surname _____

Date of birth ____ / ____ / ____ (dd/mm/ccyy) Gender: Male Female

Identity number _____

Date of death ____ / ____ / ____ (dd/mm/ccyy)

Cause of death (Note: If 'natural' or 'unnatural' please provide full details.)

Commencement date of benefits ____ / ____ / ____ (dd/mm/ccyy)

Sum insured R _____

D Universal Education Protector Benefit (If applicable)

Did the insured have school going children?

Yes No

Please give the following information per child

Name of child/ren	Date of birth / ID number	What grade is the child in?

E Payment instructions

Sanlam must pay the benefit to the beneficiary(ies) indicated by the employer or fund, and whom the employer or fund hereby confirms is entitled to the benefit in terms of the policy or fund rules.

Important:

- The payment will only be made into the bank account of the beneficiary(ies) indicated herein.
- If there is more than one beneficiary, please attach an annexure with the particulars of the beneficiary(ies). The employer or fund must also sign the annexure.

Banking details of the beneficiary

Full names and surname _____

Account number _____

Name of bank _____ Branch code _____

Type of account: Current Savings Transmission **Contact details of the beneficiary**

Postal address _____

Residential address _____

Telephone number () _____ Relationship _____

Banking details of the beneficiary (if there is more than one beneficiary)

Full names and surname _____

Account number _____

Name of bank _____ Branch code _____

Type of account: Current Savings Transmission **Contact details of the beneficiary**

Postal address _____

Residential address _____

Telephone number () _____ Relationship _____

F Declaration and signature by the employer or fund

We, the undersigned hereby declare that the deceased qualified for benefits in terms of the policy at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted.

Signature _____ Capacity _____

Signature _____ Capacity _____

Place _____

Date ____ / ____ / ____ (dd/mm/ccyy)

Please return the completed claim forms and supporting documents to:

The Manager

Sanlam Group Risk: Death Claims (7408)

Sanlam

PO Box 1

Sanlamhof

7532

Telephone number: (021) 947 1810

Fax number: (021) 947 1288

E-mail address: schemedeathclaims.EB@sanlam.co.za

Group Life Insurance: Documents required by Sanlam

Supporting documents that must be provided when a group life claim is submitted

Insured

- The original official death certificate or an original certified copy of the official death certificate, certified by a Commissioner of Oaths other than the Commissioner of Oaths of the employer concerned.
- An original certified copy of the Notification/ Register of Death / Still Birth (83/BI –1663) form
- An original certified copy of the identity document of both the insured and the beneficiary
- A bank certified copy of the beneficiary's bank statement

Qualifying Spouse

- In the case of a deceased spouse, a copy of the "Spouses Insurance: Application for benefit " form.
- The original official death certificate or an original certified copy of the official death certificate, certified by a Commissioner of Oaths other than the Commissioner of Oaths of the employer concerned.
- An original certified copy of the Notification/ Register of Death/ Still Birth (83/B1 – 1663) form
- In the case of a deceased spouse, an original certified copy of the marriage certificate; or
- In the case of a marriage recognised as a customary marriage, a certificate of registration or an affidavit in respect of a customary marriage. Should the affidavit not be sufficient, we may insist on affidavits by two persons who attended the marriage ceremony; or
- In the case of a union where two persons lived together as if married, an affidavit stating that:
 1. Neither one of the couple living together is married; and
 2. The insured and the deceased were in a union where they were living together as if they were married, with the commitment of doing so permanently, and that they had been doing so for at least six months prior to the death of the deceased.
- An original certified copy of the identity document of both the insured and the deceased spouse.
- A bank certified copy of the beneficiary's bank statement

Accident Benefit (only if this benefit is applicable to the scheme)

- Statement by Police Service (SAP Report)

Universal Education Protector (only if this benefit is applicable to the scheme)

- Universal Education Protector claim form in respect of each qualifying child