

Funeral aid insurance
Application for benefit
Name of Scheme _____ **Code** _____

Important:

This form is to be completed when:

- the insurance of an employee commences in terms of the policy or,
- a change in the information regarding the insured's family members as indicated in *Section B* becomes applicable.

In the event of the death of the insured or a family member of the insured, a copy of this form must accompany the death claim documents.

A Particulars of the insured (To be completed by the employer)

Full names _____

Surname _____

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

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

Employee number _____

Date of entering service ____ / ____ / ____ Date of permanent appointment ____ / ____ / ____

Certified on behalf of the employer that the above information is correct.

Full names and surname _____

Signature _____ Capacity _____

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

B Application by the insured

I hereby make application for the funeral aid benefits in terms of the policy to be applicable to my family members as indicated below:

	Relationship	First names and surname	Date of birth	Gender	
				Male	Female*
1	Spouse		/ /		
2			/ /		
3			/ /		
4	Children		/ /		
5			/ /		
6			/ /		
7			/ /		
8	Parents		/ /		
9			/ /		
10			/ /		

C Declaration by the insured

When claiming a benefit for a family member, I acknowledge that the onus will be upon me to prove the relationship of such person to me.

Signature of insured _____ Date ____ / ____ / ____

Signature of witness _____ Date ____ / ____ / ____

Funeral aid insurance

Benefit claim for an insured

Name of Scheme _____ Code _____

Important:

- This form is to be completed when a claim for a funeral aid benefit in respect of an insured is submitted.
- All sections must be completed in full.

A Particulars of the insured *(To be completed by the employer)*

Full names _____

Surname _____

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

Employee number _____

Date of entering service ____ / ____ / ____ Date of permanent appointment ____ / ____ / ____

Date of last active service ____ / ____ / ____ Date of commencement of insurance ____ / ____ / ____

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

Cause of death _____

Was deceased an insured in terms of the policy at date of death? Yes ☐ No ☐

Was the deceased absent from duty without remuneration or with reduced remuneration at the time of death? Yes ☐ No ☐

If so, state full particulars _____

Benefit R _____

Premiums in respect of the deceased were paid/ will be paid up to ____ / ____ (mm/ccyy)

B Documents required by Sanlam

- 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.
- A copy of the "Application for funeral benefit" form.
- An original certified copy of the ID of both the insured and the nominee/beneficiary.

C Declaration of identification

If the age of the deceased as recorded by the employer differs by more than five years from the age recorded on the death certificate and/or if any name on such records differs from the other, or the deceased is over 70 years of age, the following declaration must be completed and signed.

I declare that the deceased and the insured, named above, are one and the same person.

Name and surname _____ Capacity _____

Signature _____

D Particulars of family members entitled to benefits

Relationship		First names and surname	Date of birth	Gender Male Female*	
1	Spouse		/ /		
2			/ /		
3			/ /		
4	Children		/ /		
5			/ /		
6			/ /		
7			/ /		
8	Parents		/ /		
9			/ /		
10			/ /		

E Banking details of the beneficiary

Full names and surname _____

Bank account number _____

Name of bank _____ Branch code _____

Type of account: Current ☐ Savings ☐ Transmission ☐

F Declaration and signature by the employer

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)

Details of undersigned

Name in print _____

Postal address _____ Postel code _____

Contact details: Telephone (work) () Fax (work) ()

Cell phone _____

E-mail address: _____

Important notes

- Please note that the name, signature, occupation, date, address and telephone particulars of the Commissioner of Oaths must be clearly indicated on documents certified by him/ her. All claim forms must be duly signed on behalf of the Scheme.
- If the employer has already paid the funeral benefit amount or an advance sum to the insured's dependants, we must please be provided with proof of such payment.

Please return the completed claim forms and supporting documents to:

SGR: Death Claims (7408)

Sanlam

PO Box 1

Sanlamhof

7532

Telephone: (021) 947 1810

Fax: (021) 947 1288

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

Funeral aid insurance
Benefit claim for an insured's family member
Name of Scheme _____ **Code** _____

Important:

- This form is to be completed when a claim for a family member of an insured is submitted.
- All sections must be completed in full.

A Particulars of the insured

Full names _____

Surname _____

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

Employee number _____

Date of permanent appointment ____ / ____ / ____ Date of commencement of insurance ____ / ____ / ____

Was the employee an insured in terms of the policy on the date of death of his/her family member? Yes ☐ No ☐

Was the employee absent from duty without remuneration or with reduced remuneration on the date of his/her family member's death. Yes ☐ No ☐

If so, state full particulars _____

B Particulars of the deceased family member

Full names _____

Surname _____

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

Date of death ____ / ____ / ____ Cause of death _____

Relationship of qualifying family member (Please mark the applicable relationship with an X.)

Spouse ☐

Children

Age less than 6 years or still-born	<input type="checkbox"/>
Age 6 years and over, but younger than 14 years	<input type="checkbox"/>
Age 14 years and over	<input type="checkbox"/>
Major child	<input type="checkbox"/>

Parent ☐

C Banking details of the beneficiary

Full names and surname _____

Bank account number _____

Name of bank _____ Branch code _____

Type of account: Current ☐ Savings ☐ Transmission ☐

D Declaration and signature by the employer

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)

Details of undersigned

Name in print _____

Postal address _____ Postal code _____

Contact details: Telephone (work) () _____ Fax (work) () _____

Cell phone _____

E-mail address: _____

Important notes

- Please note that the name, signature, occupation, date, address and telephone particulars of the Commissioner of Oaths must be clearly indicated on documents certified by him/ her. All claim forms must be duly signed on behalf of the Scheme.
- If the employer has already paid the funeral benefit amount or an advance sum to the insured's dependants, we must please be provided with proof of such payment.

Please return the completed claim forms and supporting documents to:

SGR: Death Claims (7408)

Sanlam

PO Box 1

Sanlamhof

7532

Telephone: (021) 947 1810

Fax: (021) 947 1288

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

Funeral aid insurance

Documents required by Sanlam

The following supporting documents of the deceased family member must please be attached to this claim form.

Death of a qualifying spouse

- A copy of the *Application for funeral 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.
- In the case of a deceased spouse, an original certified copy of the marriage certificate.
- 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.
- In the case of a union where two persons lived together as if married, an affidavit stating that 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.

Death of a qualifying child

- A copy of the *Application for funeral 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.
- In the case of a stillborn child, we also require an original certified copy of the Notification/ Register of Death/ Still Birth (83/BI –1663) form, as well as a letter from the doctor/hospital in attendance, confirming the duration of the gestation period.
- An original certified copy of the identity document of both the insured and the deceased child.
- A sworn affidavit stating that the deceased child was the insured's or his/ her spouse's child if the surnames of the insured and the qualifying child differ.
- If a qualifying child is over the age of 21 years, but under the age of 26 years, proof of full-time attendance of School/ University/ Technicon or approved educational institution.
- A medical certificate in the case of a qualifying child over the age of 21 years who is incapacitated by a physical or mental infirmity from maintaining himself/ herself.

Death of a qualifying parent or parent-in-law

- A copy of the *Application for funeral 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 identity document of both the insured and the deceased parent.
- A sworn affidavit stating that the deceased parent was the insured's or his/ her spouse's qualifying parent.

Death of a qualifying extended family member

- A copy of the *Application for funeral 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 identity document of both the insured and the deceased extended family member.
- A sworn affidavit stating that the deceased extended family member was dependent on the insured for maintenance.

Funeral aid insurance
Notification of qualifying family members

Name of Scheme _____ Code _____

Important:

This *Funeral benefit application*-form must be completed when an insured's service with the employer is terminated owing to ill-health and/or the policy stipulates that the insured qualifies for a **Funeral Aid Benefit** after the normal retirement age with waiver of any further premium payments.

A Particulars of the insured (To be completed by the employer)

Full names _____

Surname _____

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

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

Employee number _____

Date of entering service ____ / ____ / ____ Date of permanent appointment ____ / ____ / ____

B Application by the insured

I hereby apply for the benefits that are applicable to my family members according to the policy. I acknowledge that I will be responsible to prove the relationship of a family member when I submit a claim for a benefit for such a person.

C Particulars of family members entitled to benefits (To be completed by the insured)

A benefit in respect of a person mentioned below will only be payable if, at claim stage, satisfactory proof is provided to Sanlam that such a person complies with all the requirements contained in the policy issued by Sanlam.

Relationship	First names and surname	Date of birth	Gender	
			Male	Female*
1 Spouse		/ /		
2		/ /		
3		/ /		
4 Children		/ /		
5		/ /		
6		/ /		
7		/ /		
8 Parents		/ /		
9		/ /		
10		/ /		

D Declaration by the insured

I, the undersigned, hereby declare that:

- I understand the statement in Section B of this form;
- The information as supplied in Section C is correct.

Signature _____

Place _____

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

E Declaration by the employer

I, the undersigned, hereby declare that:

- The insured qualifies for the funeral aid cover in terms of the policy;
- The insured's disability claim has been approved, or
- The insured reached the normal retirement age and qualifies for the waiver of premiums benefit by virtue of the policy;
- The information as supplied in paragraph A is correct.

Signature _____

Place _____

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