

# Notification of potential disability claim

Employer / Fund Name Scheme Code		
In terms of the policy contract, the employer needs to notify Sanlam Corporate: Group Risk of potential new disability claims for their members and duly completed form must be submitted to Sanlam within the waiting period.  The employer must please e-mail the duly completed form to: <a href="mailto:sgrdisabilityclaims@sanlam.co.za">sgrdisabilityclaims@sanlam.co.za</a>		
SECTION A: Particulars of the fund/scheme		
Name of branch / participating employer		
Contact Person		
E-mail address		
Telephone number		
SECTION B: Personal details of the insured		
First name(s)		
Surname		
Gender  DSA identity number*	*Compulsory	
RSA identity number*	, ,	
If not RSA, passport number*	*Compulsory	
Passport expiry date	(dd/mm/yyyy)	
Date of birth	(dd/mm/yyyy)	
Occupation		
E-mail address Cell phone number		
Last date of performing their duties	(dd/mm/yyyy)	
Annual salary as on above mentioned date R		
SECTION C: Medical information (please attach available sick certificates and medical reports)		
Cause of illness / injury		
Name of treating doctor		
Contact number of doctor E-mail address of doctor		
<b>Important:</b> 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 claim, Sanlam will appreciate it if you will inform us in order to cancel the potential disability claim.		
Declaration		
The undersigned, declare on behalf of the fund / scheme, that the information provided above is complete and correct.		
Signed on behalf of the fund/scheme		
Name and Surname		
Signature Designation		
Place Date		



## **Sanlam Corporate: Group Risk**

### **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;
- for operational and administrative processes;
- 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.