

## Medical Certificate: Proof of continuation of disability

### Important Information

Please provide Sanlam with the following documentation:

- Specialist reports in your possession.
- Include your account for completing this form.

Please return the completed form to: [sgrdisabilityclaims@sanlam.co.za](mailto:sgrdisabilityclaims@sanlam.co.za)

### 1. Personal details of the insured

First name(s)			
Surname			
Gender			
RSA identity number*			*Compulsory
If not RSA, passport number*	Country of issue*		*Compulsory
Passport expiry date			(dd/mm/yyyy)
Nationality	RSA	Other (please state country)	
Date of birth (dd/mm/yyyy)	Country of birth		
Residential address			Postal code
Postal address			Postal code
E-mail address			
Cell phone number			

### 2. Report by Medical Practitioner

Since when has the insured been treated by you?		(dd/mm/yyyy)
What symptoms are the insured experiencing which affects their ability to work?		
Symptoms	Start date of symptoms / duration	



## Sanlam Corporate: Group Risk

Please return the completed form and supporting documents to:  
[sgrdisabilityclaims@sanlam.co.za](mailto:sgrdisabilityclaims@sanlam.co.za)

What, according to the diagnosis(es), is the cause of the symptoms?							
Illness	Degree of seriousness			Date of diagnosis / duration			
What are the complications or target organ impairment?							
Is the insured aware of the diagnosis?						Yes	No
On what date was the insured informed of the diagnoses?				(dd/mm/yyyy)			
Nature and duration of treatment applied:							
To what extent could further treatment alleviate the symptoms?							
Date of most recent examination of the insured				(dd/mm/yyyy)			
To qualify for a claim in terms of the disability benefits, the insured must be continuously and totally prevented from engaging in their regular occupation, as well as any other occupation that they could reasonably be expected to pursue, considering their training or experience.							
Do you regard the insured as disabled according to the above definition: <i>(please mark the applicable option and explain why)</i>							
• in respect of their regular occupation?							
• in respect of any other occupation?							
Why was the insured unable to perform the essential duties related to:							
• their regular occupation?							
• any other occupation?							
What part of the duties connected:							
• with their regular occupation, can the insured perform?							
• with any other occupation, can the insured perform?							
Will they possibly be able to perform all the duties again, related:							
• to their regular occupation?		No	Yes	If Yes, when?	(dd/mm/yyyy)		
• to any other occupation?		No	Yes	If Yes, when?	(dd/mm/yyyy)		
Will the use of aids, e.g. wearing built-up shoes, using a wheel chair, etc. enable the insured to:							
• follow their regular occupation?		No	Yes	If Yes, when?	(dd/mm/yyyy)		
• follow any other occupation?		No	Yes	If Yes, when?	(dd/mm/yyyy)		
Is excessive use of alcohol or drugs contributing to the symptoms / illness?						Yes	No
• if Yes, since when has the use been excessive?				(dd/mm/yyyy)			
• if treatment has been received, please indicate since when and which institution has provided this service:							

Since when has the insured been unable to follow their regular occupation on account of their disability?				
			(dd/mm/yyyy)	
Are you convinced that at present they are totally unable to work?			Yes	No
Please give any additional information that you regard as important for the assessment of the insured's inability to pursue their occupation:				
According to your experience, do most people engaging in a similar occupation and suffering a similar degree of illness, still find it possible to pursue their occupation?			Yes	No
Please supply the following information regarding other doctors who treated the insured for the abnormalities/disorders relating to the disability:				
Name of medical practitioner	Address of medical practitioner	Illness	Date (dd/mm/yyyy)	Duration
Which proposals would you submit to enable us and the employer to assist in rehabilitating the insured, so that they, in their own interest, will be able to make a sustainable living?				
Please provide full details of previous or other abnormal physical or mental conditions not relating to the disability:				
Condition	When did the insured become aware of it?	When was a medical practitioner first consulted about it?		
Would an operation, if not too risky, improve the insured's ability to work?			Yes	No
If Yes, would you say that any other reasonable person would undergo the operation?				
Any further relevant information:				
Would you recommend that we also consult a specialist in connection with the insured's disability?			Yes	No

**3. Particulars of medical practitioner**

Full names and surname			
Qualifications		Practice number	
Address			Postal code
E-mail address			
Contact number			

**4. Banking Details of medical practitioner**

Account holder			
Account number		Name of bank	
Type of account	Current	Savings	Branch code

Signature of medical practitioner		Place	
		Date (dd/mm/yyyy)	

**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](#).