

Claim for Terminal Illness Benefit

Employer / Fund Name

Scheme Code

Important Information

- The benefit under this product is paid in cases of any disease or condition that reaches terminal state with death expected within 6 months despite optimal treatment.
- Please return the completed form to: sgrdisabilityclaims@sanlam.co.za

SECTION A: Declaration by the employer

1. Personal details of the insured

First name(s)										
Surname										
RSA identity number*								*Compulsory		
If not RSA, passport number*								*Compulsory		
Passport expiry date								(dd/mm/yyyy)		
Date of birth								(dd/mm/yyyy)		
Marital status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Cell phone number										
E-mail address										
Occupation										
What illness/impairment has led to this claim?										

2. Particulars of membership

Pay-sheet no. (if any)											
Date of entering service								(dd/mm/yyyy)			
Date of permanent appointment								(dd/mm/yyyy)			
Commencement date of insurance								(dd/mm/yyyy)			
Have contributions in respect of the insured been paid regularly and up to date?								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3. Signed by the employer on behalf of the fund/scheme

We, the undersigned, declare on behalf of the fund/scheme that the information provided above is complete and correct.

Signature (on behalf of scheme / HR)		Signature (the insured's manager, supervisor or any other person who is familiar with the circumstances)	
Designation		Designation	
Date (dd/mm/yyyy)		Place	



Sanlam Corporate: Group Risk

Please return the completed form and supporting documents to:
sgrdisabilityclaims@sanlam.co.za

SECTION B: Declaration by the physician			
Initials and surname			
Practice number			
Qualifications			
Address			Postal code
Contact number			
E-mail address			
Important Information			
<ul style="list-style-type: none"> • The benefit under this product is paid in cases of any disease or condition that reaches terminal state with death expected within 6 months despite optimal treatment. • Please present Sanlam with a report(s) stating the diagnosis, stage of disease, treatment, prognosis and present functional impairment and give an opinion on the patient's ability to perform the normal actions and functions in connection with the physical care of their person. • Please supply Sanlam with copies of the special investigations confirming the diagnosis and stage of disease or condition e.g.: <ul style="list-style-type: none"> - Pathology reports and reports confirming metastasis in cancer - Kidney functions in renal failure - CD-4 count in immune-suppressed patients - Lung functions or blood-gasses in respiratory failure 			
Signature		Place	
		Date (dd/mm/yyyy)	

Disclaimer: Party Due Diligence requirements

In line with the FIC Amendment Act, 2017 and other Party Due Diligence requirements, Sanlam has the obligation to identify and verify all persons or entities we interact with. Thus, please provide the information as requested in the forms.

Sanlam reserves the right to cancel the insurance immediately if any of the obligations in terms of the FIC Amendment Act, 2017 and other Party Due Diligence requirements are not met.

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](#).