



## Funeral Insurance: Benefit claim form (employee, spouse/children & extended family members)

Employer / Fund Name

Scheme Code

### Important Information

- This form must be completed by the Employer when a claim for an insured's or a family members' (qualifying spouse, child/ren and/or extended family) funeral insurance benefit is submitted.
- The form consolidates all the various types of funeral insurance benefits that Sanlam are on risk for. If there are any discrepancies between this claim form and the provisions of the policy, the provisions of the relevant policy will prevail.
- Only the applicable sections must be completed in full.
- All references to insured will mean either employee or fund member.
- Please e-mail the completed claim form and supporting documentation to: [sgdeathclaims@sanlam.co.za](mailto:sgdeathclaims@sanlam.co.za)

### SECTION A: Personal details of the insured

This section must be completed by the employer (compulsory)

First name(s)										
Surname										
RSA identity number*	*Compulsory				Date of birth	(dd/mm/yyyy)				
If not RSA, passport number*	*Compulsory				Passport expiry date	(dd/mm/yyyy)				
Marital Status	Single		Married		Co-habiting		Divorced		Widowed	
	Date of Marriage or Co-habiting since:					(dd/mm/yyyy)				
Employee number										
Date of entering service	(dd/mm/yyyy)				Date of permanent appointment	(dd/mm/yyyy)				
Commencement date of insurance	(dd/mm/yyyy)				Last date of active service	(dd/mm/yyyy)				
Premiums in respect of the insured were paid or will be paid up to:	(dd/mm/yyyy)									
Was the insured covered in terms of the policy at date of death?									Yes	No
Was the insured absent from duty without remuneration or with reduced remuneration at the time of death?									Yes	No
If Yes to the above question, please provide full particulars:										
Was the insured a disability claimant on date of death?									Yes	No
If 'yes' to the above question, please provide full particulars:										



## Sanlam Corporate: Group Risk

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

**SECTION B: Personal details of the deceased**

Indicate who is being claimed for (Please mark the applicable relationship with an X.)

Insured		Spouse		Child		Stillborn		
<b>Only applicable if Extended Family Funeral Insurance is provided for in terms of the policy:</b>								
Parent		Parent-in-law		Other (Extended Family)				
First name(s)								
Surname								
RSA identity number	*Compulsory			Date of birth	(dd/mm/yyyy)			
If not RSA, passport number*	*Compulsory			Passport expiry date	(dd/mm/yyyy)			
Was the deceased covered by the policy on the date of death?							Yes	No
Premiums in respect of the deceased were paid or will be paid up to:				(dd/mm/yyyy)	Date of death	(dd/mm/yyyy)		
Benefit amount	<b>R</b>							

**SECTION C: Cause of Death** (select applicable option – compulsory field)

If cause of death is 'unnatural', please provide the full details, including the SAPS report:

<input type="checkbox"/>	Cardiovascular disease e.g. heart attack, heart failure
<input type="checkbox"/>	Cerebrovascular disease e.g. stroke, aneurysm
<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Respiratory disorder e.g. pneumonia
<input type="checkbox"/>	Blood disorder e.g. septicaemia, anaemia
<input type="checkbox"/>	Endocrine disorder e.g. diabetes, thyroid, pituitary glands, malnutrition
<input type="checkbox"/>	Urinary disorder e.g. kidney failure
<input type="checkbox"/>	Gastro intestinal disorder e.g. gall bladder, liver, stomach, pancreas, Crohn's
<input type="checkbox"/>	Central nervous system e.g. Parkinson's, multiple sclerosis, epilepsy, motor neuron
<input type="checkbox"/>	Motor vehicle accident
<input type="checkbox"/>	Suicide
<input type="checkbox"/>	Murder
<input type="checkbox"/>	Other (provide description of exact cause of death if natural/unnatural on death certificate)

**SECTION D: Declaration of identity** (Completed by the employer)**Please note:** If the age and/or any name of the deceased as recorded by the employer differ from the death certificate the following declaration must be completed and signed.

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

Name and surname		Designation	
Signature		Place	
		Date	

**SECTION E: Personal details of family members entitled to funeral insurance benefits after the insured's death****Please Note:**

- Please complete this section only if paid-up funeral benefits are applicable to the scheme.
- The paid-up certificate will only be issued if we receive this information within 12 months of date of death.
- If this section is not completed, we will assume that there are no qualifying family members.

Relationship	First names and surname	Identity number
Spouse		
Children		

**SECTION F: Payment instructions****Please Note:**

- In the case of the death of the insured, the payment will only be made into the bank account of the beneficiary(ies), according to a valid beneficiary nomination form.
- In the absence of a valid beneficiary nomination form, the benefit will be paid to the deceased insured's estate.
- Payment will only be made into a bank account held in the Republic of South Africa.
- In the case of the death of a qualifying family member, the benefit will be paid into the bank account of the insured.

**Banking Details of the beneficiary**

Name of account holder			
Name of bank		Account number	
Name of branch		Branch code	
Type of account	Current	<input type="checkbox"/>	Savings <input type="checkbox"/>

**Contact details of the beneficiary**

Residential / postal address			
		Postal Code	
Contact number(s)	Cell phone		Alternative
E-mail address			
Relationship to the insured			

**SECTION F: Declaration**

This section must be signed by the employer on behalf of the scheme

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

Signature 1		Signature 2	
Initials and surname		Initials and surname	
Designation		Designation	
Date (dd/mm/yyyy)		Place	

## Documents required by Sanlam

Supporting documents that must be provided when a death claim is submitted.

### Important Note:

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 or her.

### For the insured (i.e. employee/fund member)

	A copy of the Application for funeral insurance form.
	A certified copy of the identity document of both the insured and the beneficiary. If the identify card is used, please provide a copy of both sides of the card.
	A certified copy of the official death certificate, certified by a Commissioner of Oaths.
	Notice of Death / Stillbirth DHA-1663 A form (all the pages). <i>(This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form).</i>
	If the death occurred at home the DHA-1680 form is required with the DHA-1663.
	For deaths due to unnatural causes a South African Police Service (SAPS) report is required.
	For deaths caused by a motor vehicle accident, include the Accident Report.
	Funeral nomination form confirming to whom the benefit must be paid.
	A bank certified copy of the beneficiary's bank statement.

### For the qualifying spouse

	A copy of the Application for funeral insurance form.
	A certified copy of the identity document of both the insured and the deceased spouse.
	A certified copy of the official death certificate, certified by a Commissioner of Oaths.
	Notice of Death / Stillbirth DHA-1663 A form (all the pages). <i>(This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form).</i>
	If the death occurred at home the DHA-1680 form is required with the DHA-1663.
	For deaths due to unnatural causes a South African Police Service (SAPS) report is required.
	An original certified copy of the marriage certificate; or <ol style="list-style-type: none"> <li>1. 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</li> <li>2. In the case of a union where two persons lived together as if married, an affidavit stating that:             <ol style="list-style-type: none"> <li>a) they have been doing so for a continuous period of at least six consecutive months; and</li> <li>b) they continued doing so until the time of death of the spouse.</li> </ol> </li> </ol> <i>Please note:</i> Sanlam may request satisfactory proof of permanency of the relationship.
	A bank certified copy of the insured's bank statement.

<b>For the qualifying child</b>	
	A copy of the Application for funeral insurance form.
	A certified copy of the identity document of both the insured and the deceased child.
	A certified copy of the official death certificate, certified by a Commissioner of Oaths.
	Notice of Death / Stillbirth DHA-1663 A form (all the pages). (This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form).
	In the case of a stillborn child, we together with the Notice of Death / Stillbirth DHA-1663 A form, also require a letter from the doctor in attendance or the hospital, confirming the duration of the gestation period.
	If the death occurred at home the DHA-1680 form is required with the DHA-1663.
	For deaths due to unnatural causes a South African Police Service (SAPS) report is required.
	In addition, the following documents in the case of: <ol style="list-style-type: none"> <li>1. the surnames of the insured and the qualifying child differ, a sworn affidavit stating that the deceased child was the insured's or the spouse's child;</li> <li>2. a qualifying child placed in the insured's foster care as envisaged in terms of applicable legislation, the <i>order of the children's court</i> to this effect;</li> <li>3. a qualifying child who is formally adopted in terms of applicable legislation, the <i>registered adoption order</i> to this effect;</li> <li>4. a qualifying child is unmarried and over the age of 21 years, but under the age of 26 years, <i>proof of full-time attendance at an approved educational institution</i>; or</li> <li>5. the child is incapacitated by a physical or mental infirmity from maintaining himself or herself, and such incapacity commenced when the child was either under the age of 21 years or under the age of 26 years while a full-time student at an educational institution, a <i>medical certificate</i>.</li> </ol>
	A bank certified copy of the insured's bank statement.
<b>For the qualifying parent or parent-in-law (Only if this benefit is applicable to the scheme)</b>	
	A copy of the Application for funeral insurance form.
	A certified copy of the identity document of both the insured and the deceased parent or parent-in-law.
	A certified copy of the official death certificate, certified by a Commissioner of Oaths.
	Notice of Death / Stillbirth DHA-1663 A form (all the pages). (This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form).
	If the death occurred at home the DHA-1680 form is required with the DHA-1663.
	For deaths due to unnatural causes a South African Police Service (SAPS) report is required.
	A bank certified copy of the insured's bank statement.
<b>For the qualifying extended family member (Only if this benefit is applicable to the scheme)</b>	
	A copy of the Application for funeral insurance form.
	A certified copy of the identity document of both the insured and the deceased extended family member.
	A certified copy of the official death certificate, certified by a Commissioner of Oaths.
	Notice of Death / Stillbirth DHA-1663 A form (all the pages). (This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form).
	If the death occurred at home the DHA-1680 form is required with the DHA-1663.
	For deaths due to unnatural causes a South African Police Service (SAPS) report is required.
	A sworn affidavit stating that the deceased extended family member was dependent on the insured for maintenance.
	A bank certified copy of the insured's bank statement.
<b>For Accident Insurance (Only if this benefit is applicable to the scheme)</b>	
	Statement by the South African Police Service (SAPS) report.
	Accident report and the toxicology report
	A post-mortem report

### 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](#).