

# Notification of travel or residence outside South Africa (territorial limitations)

| Employer Name | Scheme Code |  |
|---------------|-------------|--|
|---------------|-------------|--|

## **Important Information**

- The group insurance can be extended for an employee who is physically outside the borders of the Republic of South Africa, subject to the terms and conditions as specified in the territorial limitations section of the group policy. Premiums remain payable in respect of these employees.
- The employer must complete this form to request an extension of the employee's group insurance cover should the
  employee be travelling or residing outside the borders of the RSA for an uninterrupted period exceeding 6 months.
- Once and extension has been granted, the employer must complete this form again every 12 months thereafter to request a further extension, should the employee still be travelling or residing outside the RSA.
- It is not necessary to inform Sanlam of an employee who is travelling or residing outside South Africa for an uninterrupted period of 6 months or less.
- By completing and submitting the form, the employee does not automatically qualify for an extension of group insurance cover. Extension of group insurance cover only applies once confirmation has been received from Sanlam, and new conditions may be applicable.

| SECTION A: Personal details of the employee |  |         |  |         |  |          |  |             |              |           |  |
|---|--|---------|--|---------|--|----------|--|-------------|--------------|-----------|--|
| 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) |           |  |
| Commencement date of insurance              |  |         |  |         |  |          |  |             | (dd/mm/yyyy) |           |  |
| Employee number                             |  |         |  |         |  |          |  |             |              |           |  |
| Marital status:                             |  |         |  |         |  |          |  |             |              |           |  |
| Single                                      |  | Married |  | Widowed |  | Divorced |  | Co-habiting |              | Customary |  |



# Sanlam Corporate: Group Risk

## SECTION B: Details of the travel & request for extension of cover

Please Note: Policy conditions applicable to employees traveling and residing abroad.

The extension of cover applies to:

Please complete the following details

Date (dd/mm/yyyy)

Country employee will be visiting or residing in

- foreign country, is legally permitted under the specific foreign country's applicable laws to be insured under a Sanlam group insurance policy and have applied for the necessary permission from the relevant foreign authority (if required).
- uninterruptedly to Sanlam in respect of such employee.

- The following standard territorial limitations, with regards to income disability insurance claims, will apply:
  Sanlam reserves the right to have the final assessment of disability claims done locally (in the RSA).
  After Sanlam has admitted a claim for the payment of monthly disability income instalment, it may at any time thereafter, and as frequently as deemed necessary, require the disabled employee to again submit medical evidence and other information to assess whether the disabled employee condition is still deemed totally
  - medical treatment.

| Reason for travel  |                         |          |                        |  |  |  |              |              |  |  |
|--|-------------------------|----------|------------------------|--|--|--|--------------|--------------|--|--|
| Date of departure from   | RSA                     |          |                        |  |  |  |              | (dd/mm/yyyy) |  |  |
| Date of return to RSA  |                         |          |                        |  |  |  | (dd/mm/yyyy) |              |  |  |
| Current work responsib   | ilities (while in RSA): |          |                        |  |  |  |              |              |  |  |
|  |                         |          |                        |  |  |  |              |              |  |  |
| Will the nature of the employee's work responsibilities change?  |                         |          |                        |  |  |  |              |              |  |  |
| If Yes, then please prov   | vide details.           |          |                        |  |  |  |              |              |  |  |
|  |                         |          |                        |  |  |  |              |              |  |  |
|  |                         |          |                        |  |  |  |              |              |  |  |
| Duration of extension of group insurance cover: Extension after 6 months   |                         |          |                        |  |  |  |              |              |  |  |
| (Select one of the options with a tick in the applicable box)  Extension for another 12 months   |                         |          |                        |  |  |  |              |              |  |  |
|  |                         |          |                        |  |  |  |              |              |  |  |
| SECTION C: Declarati   | on and signature by the | employer |                        |  |  |  |              |              |  |  |
| We, the undersigned, hereby declare that the above information is complete and correct, that the employee currently qualifies for insurance in terms of the policy, and that premiums will be paid continuously and uninterruptedly. |                         |          |                        |  |  |  |              |              |  |  |
| Details of the undersi   | gned                    |          |                        |  |  |  |              |              |  |  |
| First name(s)  |                         | Firs     | First name(s)          |  |  |  |              |              |  |  |
| Surname  |                         | Sur      | ırname                 |  |  |  |              |              |  |  |
| Contact numbers  |                         | Cor      | Contact numbers        |  |  |  |              |              |  |  |
| E-mail address   |                         | E-m      | mail address           |  |  |  |              |              |  |  |
| Signatures   |                         |          |                        |  |  |  |              |              |  |  |
|  |                         |          |                        |  |  |  |              |              |  |  |
| Employer (Signature 1)   |                         | Em       | Employer (Signature 2) |  |  |  |              |              |  |  |
| Designation  |                         | Des      | Designation            |  |  |  |              |              |  |  |
|  |                         |          |                        |  |  |  |              |              |  |  |

Place

#### **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.