

GUIDELINES FOR COMPLETION OF THIS FORM

The following guidelines will help Old Mutual Group Assurance to process your claim quickly and accurately:

1. These claim forms must be completed by an authorised representative of the employer.
2. Complete the application form fully and in detail as it gives us important information.
3. Write your answers in clear black or blue block letters so that it is easy to read.
4. If the form is completed electronically, please print, sign, stamp and scan the form to send to us.
5. Use the checklist below to ensure that you hand in all the necessary documents.

Documents required	Tick
Copy of death certificate, certified by a Commissioner of Oaths or the SAPS <ul style="list-style-type: none"> • If a handwritten abridged death certificate is submitted, this must be accompanied by a letter from the Department of Home Affairs with the reason why a handwritten abridged death certificate was provided. 	
Notification of death/stillbirth form (DHA 1663/BI 1663)	
Police report for unnatural/accidental deaths	
Certified copy of employee's identity document	
Employee's latest payslip	
Bank statement and certified copy of beneficiary's identity document (ONLY if payable to beneficiary)	
Claim application form completed by the authorized representative of the employer	

Additional documents required if the deceased is an insured family member	Tick
Certified copy of insured family member's identity document/unabridged birth certificate	
Proof of relationship to the employee: <ul style="list-style-type: none"> • Certified copy of marriage certificate, or • Employer records, Beneficiary Nomination Form or Medical Aid Nomination Form, or • Declaration from a third party confirming the duration of the relationship, on a formal letterhead, signed and stamped, e.g. Tribal Chief, Minister of Religion (for an insured spouse – only if the above is not available). • Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available). 	

Submit the form electronically, by fax or post:

Email gapdeathclaims@oldmutual.com
 Fax 021 509 4669
 Address Group Assurance
 Death Claims Team (6M)
 Old Mutual
 PO Box 2386
 Cape Town
 8000

You are welcome to contact us at 021 509 4351 should you require assistance with completing and submitting this form.

References in this application form to "Old Mutual Group Assurance" actually refer to "Old Mutual Life Assurance Company (South Africa) Limited".

SCHEME DETAILS

Scheme name
Scheme code
Employer name

EMPLOYEE DETAILS

First name(s)
Surname
Identity number
Date of birth
Date of joining employer
Date of joining scheme
Employee date of death
Main cause of death

DECEASED PERSON'S DETAILS – COMPLETE ONLY IF THE DECEASED IS AN INSURED FAMILY MEMBER

First name(s)
Surname
Identity number
Date of birth
Gestational age of foetus weeks
Relationship to the employee
Date of death
Main cause of death

PAYMENT DETAILS

- In terms of the Family Benefit policy contract, Old Mutual must pay the benefits strictly in accordance with the written confirmation and instruction from the Employer/Proposer.
- The benefit will be electronically transferred to the relevant bank account in terms of the Policy Contract.
- Benefit payable to:
- If the benefit is payable to an international bank account, please provide the International Bank Account Number (IBAN) and SWIFT Bank Identifier Code (SWIFTBIC).

Bank account details

Name of account holder
Identity number
Name of bank
Account number
Branch/SWIFT code

Beneficiary contact details for confirmation of payment

Email address
Cellphone

EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM

I, the undersigned, in my capacity as and duly authorised to make this declaration, hereby declare:

- a) That the information provided in this claim is true and correct, and that no information has been omitted or withheld.
- b) That the insured person whose death gave rise to this claim has in fact died.
- c) That payment of the proceeds, due in respect of the above insured person in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Group Assurance's liability in respect of this insured person.

I indemnify Old Mutual Group Assurance against any claim that may arise from any incorrect information provided in this form.

I hereby instruct Old Mutual Group Assurance to pay the Family Cover benefit due to the person above.

Signed at on this day of 20

Name

Telephone code number

Email address

Signature



Old Mutual is a Licensed Financial Services Provider