

Old Mutual Life Assurance Company (South Africa) Limited, registration number 1999/004643/06 (Old Mutual), a licensed Financial Services Provider.

GUIDELINES

A Maternity Leave Benefit is paid to the employer in a single lump sum.

- Please answer all questions.
- Write in clear blue or black block letters so that it is easy to read.
- Please use the checklist to ensure that you send in all the necessary documents.

Item	Tick
This application form – completed and signed by the employer	
A copy of the employee's Identity Document	
A copy of the latest pay slip reflecting the full salary	
For commission earners, salary records for the last 12 months	
In case of adoption, a letter from the social worker accredited to handle the adoption. For all other cases, a medical certificate to confirm birth.	

- Contact us on +27 21 504 8758 if you have any questions on submitting a claim.
- Send this application form and the relevant attachments to Old Mutual via e-mail, fax or post.

South Africa

E-mail newclaims@oldmutual.com

Fax 021 509 6855

Post Group Assurance: Income Protection Claims (6M)
Old Mutual
PO Box 1659
Cape Town 8000

Namibia

nam-gapnewclaims@oldmutual.com

061 299 3729

Employee Benefits
Old Mutual
PO Box 25548
Windhoek

SCHEME DETAILS

Scheme name

Scheme code

EMPLOYEE DETAILS

Employee's surname

Employee's first name(s)

Employee number

Employment date

Date insurance cover began

MATERNITY LEAVE DETAILS

The Maternity Leave Benefit covers the employee's actual maternity or adoption leave and excludes any sick leave, annual leave or unpaid leave taken before or after the official maternity leave period.

Length of maternity/adoption leave granted months

First day of maternity/adoption leave

Last day of maternity/adoption leave

EMPLOYEE'S INCOME DETAILS

Annual income for the current year

Annual income for the previous two years

EMPLOYER'S CONTACT DETAILS

Employer name

Address

Name of contact person

Telephone

Code

Number

Cellphone

Email address

EMPLOYER'S BANK DETAILS

Name of account holder

Name of bank

Name of branch

Account number

Branch code

Type of account

Savings

Cheque

Transmission

DECLARATION BY EMPLOYER

I declare that the above information is true and correct and that no information has been withheld or omitted.

LINE MANAGER

Name

Telephone

Code

Number

Email address

Signature

Date

HUMAN RESOURCE CONSULTANT

Name

Telephone

Code

Number

Email address

Signature

Date