



GREENLIGHT

RSA

DISABILITY BENEFIT CLAIM FORM 7 DAY WAITING PERIOD STATEMENT BY CONTRACTING PARTY

Contract number

Grid for contract number

Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

Grid for intermediary code

Please print in block letters using black or blue ink.

This form is issued without admission of liability and must be signed by the contracting party and life covered (if different to the contracting party).

Please email the completed form to claims@oldmutual.com

Intermediary/Admin support:

Form for contact person details

IMPORTANT NOTES

The premium must continue to be paid to avoid plan/benefits ceasing.

Please note that Old Mutual can only consider a claim on receipt of the following documents, marked with the contract number and intermediary code where applicable:

- Checkboxes for document requirements: ID, bank details, hospital discharge, sick certificate

There may be further requirements before the claim can be considered.

SECTION 1 DETAILS OF CONTRACTING PARTY

Is the life covered the same person? YES NO

Main form for contracting party details including title, name, address, and contact information

**SECTION 2 DETAILS OF LIFE COVERED (IF DIFFERENT TO CONTRACTING PARTY)**

Title: Mr  Ms  Mrs  Other  Initials

Surname

Full names

Previous surname (if applicable)

ID/Passport number  Date of birth

Income tax number

Residential address  Postal code

Postal address  Postal code

Country of address

Contact number (Work) Code  No.   
 (Home) Code  No.   
 Cellphone number

Email address

**SECTION 3 BANKING DETAILS OF CONTRACTING PARTY (OR BENEFICIARY, IF DIFFERENT)**

Name of bank

Branch name  Branch code

Account holder name

Account number  ID number of account holder

Account holder relationship:  Own account  Joint account  
 Type of account:  Cheque  Savings  Transmission

**SECTION 4 DETAILS OF TREATMENT**

4.1 On what date did you first consult a medical practitioner in connection with your current medical condition?

Please provide name(s) and address(es) of all medical practitioner(s) and hospital(s) involved, and referral date(s)

Name	Address	Medical condition	Date	Duration

4.2 Have you been hospitalised as a result of your current medical condition? YES  NO

If "YES", please provide the following detail and attach a copy of the hospital discharge records.

Name (medical practitioner/hospital)	Address	Medical condition/procedure	Date admitted	Date discharged

Contract number



## SECTION 7 INCOME INFORMATION

7.1 Please provide full details of your earnings in the 12 months prior to commencement of your medical condition. Also provide details of any fluctuating income (commission, bonuses, etc.) received in the three years prior to commencement of your medical condition.


Additional requirements may be requested at Old Mutual's discretion, e.g. salary slips, tax returns.

## SECTION 8 ADDITIONAL INFORMATION

8.1 Have you travelled or resided outside the RSA in the past 12 months?

YES  NO

If "YES", please provide full details including dates.


## SECTION 9 DECLARATION BY LIFE COVERED AND CONTRACTING PARTY

### PROTECTION OF PERSONAL INFORMATION ACT (POPIA) NOTICE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please SMS your ID number to **30994** if you would prefer not to receive such information and/or financial services.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life and Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

Website [www.justice.gov.za/inforeg/index.html](http://www.justice.gov.za/inforeg/index.html)  
Contact Number 012 406 4818  
Fax 086 500 3351  
Email [inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)

To view our full privacy notice and to exercise your preferences, please visit our website on [www.oldmutual.co.za](http://www.oldmutual.co.za)

1. I hereby declare that the details provided in this form are true, correct and complete
2. I declare that the medical condition that led to the disablement of the life covered is not directly or indirectly caused by any of the medical conditions excluded in the terms and conditions of the contract

Signed at (place)  on (date)

Signature of contracting party

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Signature of life covered (if different to the contracting party)

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### Old Mutual Claim Contact Details:

Email [claims@oldmutual.com](mailto:claims@oldmutual.com)  
Telephone number RSA: 0860 10 22 74  
International: +27 21 503 1802

Fax number 0860 60 45 02  
Address PO Box 202, Mutualpark 7451, South Africa.

Contract number



Old Mutual is a Licensed Financial Services Provider