

## 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 0860 103 659 if you have any questions on submitting a claim.
- Send this application form and the relevant attachments to Old Mutual via email, fax or post.

**South Africa**  
 Email gapdisabilityassessments@oldmutual.com  
 Fax 021 509 6855  
 Post Group Assurance: Income Protection Claims (6J)  
 Old Mutual  
 PO Box 1659  
 Cape Town 8000

**Namibia**  
 nam-gapnewclaims@oldmutual.com  
 061 299 3729  
 Employee Benefits  
 Old Mutual  
 PO Box 25548  
 Windhoek

## PROTECTION OF PERSONAL INFORMATION DISCLOSURE

The Old Mutual Group may use, share or obtain your personal information (including criminal and/or health information) for the following purposes:

- Underwriting
- Assessment and processing of claims
- Where applicable, credit reference searches or verification, credit scoring and assessment and credit management
- Verification of personal information (including your identity, address and banking details)
- Updating your personal information
- Claims checks (Industry Life and Claims Register(s))
- Tracing beneficiaries
- Tracing you where you are uncontactable
- Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice
- Market or customer satisfaction research or statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements and in connection with legal proceedings
- 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 agree that Old Mutual may view, search and update your information.

You agree that your medical information may be obtained from and shared with relevant third parties, including reinsurers.

You may access your personal information that we hold and may also, under certain circumstances, 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)  
 General enquiries: [enquiries@inforegulator.org.za](mailto:enquiries@inforegulator.org.za)  
 Complaints: [popiacomplaints@inforegulator.org.za](mailto:popiacomplaints@inforegulator.org.za)

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

## 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  R

Annual income for the previous two years  20  R  20  R

## EMPLOYER'S CONTACT DETAILS

Employer name

Address   
 Postal code

Contact person's first name(s)

Contact person's surname

Telephone number Code  Number

Cellphone number

Email address

## EMPLOYER'S BANK DETAILS

Name of account holder

Bank name  Branch name

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

First name(s)

Surname

Telephone number Code  Number

Email address

Signature  Date

### HUMAN RESOURCE CONSULTANT

First name(s)

Surname

Telephone number Code  Number

Email address

Signature

Date

