



# RETRENCHMENT CLAIM FORM

COMPLETED BY EMPLOYER

Contract number

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This form must be accurately completed and signed by the personnel officer of the institution where the insured person was/is employed.

Please email the completed form to [contactus@oldmutual.com](mailto:contactus@oldmutual.com)

To be completed by the adviser/admin support person if applicable.

Role:  Adviser  Admin support person

First name(s) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adviser code 

--	--	--	--	--	--

## SECTION 1 EMPLOYEE'S DETAILS

Title: Mr  Ms  Mrs  Other 

--	--	--	--	--	--

 Initials 

--	--	--	--	--	--

Surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Previous surname (if applicable) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name(s) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 ID/Passport number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee number/ staff code 

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## SECTION 2 EMPLOYER'S DETAILS

Name of employer 

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Physical address 


 Postal code 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of address 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone (Work) Code 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 No. 

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 Cellphone number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## SECTION 3 RETRENCHMENT DETAILS

Period during which the employee was in your employ (where the date when employment terminated is the effective date of retrenchment).

From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nature of the employee's job immediately before retrenchment:

Job title 

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Full-time  Part-time  Permanent  Temporary  Contract

Industry in which the above-mentioned employer participates (e.g. retail, fishing, manufacturing, mining, hospitality, financial services, construction).

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Contract number 

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Date when you first discussed the possibility of retrenchment with this employee

DDMMYYYY

Date when employee was officially notified of their retrenchment

DDMMYYYY

(Please attach a copy of the written notice of termination of employment that was given to the employee).

Reason for retrenchment:

- Internal restructuring (e.g. downsizing, job function no longer required)
- Company merger
- Company sale
- Economic conditions (e.g. employer liquidation or bankruptcy, lack of business, employer's loss of a key contract)
- Other (please specify)

Text input field for specifying other reasons.

Did the employee's employment terminate for any of the following reasons?

- Retirement (early, normal or ill-health) Yes  No
- Resignation or voluntary retrenchment Yes  No
- Dismissal Yes  No
- A fixed-term employment contract coming to an end Yes  No
- Medically boarded as a result of: nervous breakdown, stress, burnout, disability or illness Yes  No
- Has the employee, to the best of your knowledge, engaged in any form of gainful employment since leaving your employ? Yes  No

**SECTION 4 EMPLOYER'S DECLARATION**

Full name(s)

Capacity

Address  Postal code

Telephone (Work) Code  No.  Cellphone number

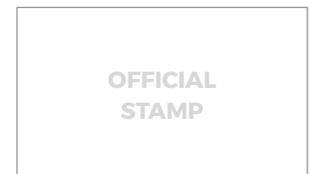
Email address

I certify that the information provided is complete, true and correct according to the records of our company and that I have the necessary authority within the company to access this information. I confirm that I will adhere to all the applicable Data Protection legislation.

Date DDMMYYYY

Signature line for authorised official.

Signature of authorised official



**Contact us**

- 0860 222 274
- contactus@oldmutual.com
- PO Box 4512, Cape Town, 8000, South Africa



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