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NECESSARY DOCUMENTS TO FILL IN:

- You (member) fill in section 1
- Your credit institution fills in section 2
- Your employer fills in section 3

INFORMATION TO COMPLETE THIS APPLICATION PACK



GUIDELINES FOR COMPLETING THIS FORM

1. Fill in all the information on the claim, we can process information quicker this way.
2. Print, stamp and sign the form if you are completing it electronically, then scan and email it to us.
3. Please send us the claim within the submission period as per the policy contract. If the claim is sent after this time, it may be declined due to late submission.
4. Do you have all the necessary documents to submit this application? Use the checklists below to assist you.

IMPORTANT:

Attach all relevant documents based on the list below, then tick them off as you have done so.

DOCUMENTS THAT WE ALWAYS NEED TO COMPLETE THE ASSESSMENT OF THIS CLAIM	✓
Completed and signed member application	
Completed and signed policyholder declaration	
Completed and signed employer report	
Notification of retrenchment letter. This needs to be on the company letterhead and needs to confirm the date of retrenchment	
Certificate of service	
Copy of the member's identity document (and marriage certificate if the member's surname has changed)	
UI-19 form (only in South Africa)	
Policyholder/Credit Institution banking details on the bank letterhead	
Minimum installment amount	
Remaining outstanding loan amount	
Credit loan agreement	
Home loan statement	



SEND THE COMPLETED DOCUMENTS TO US:

Email gapdisabilityassessments@oldmutual.com
Fax 021 509 6855

Post Old Mutual Group Assurance Claims (6M)
 PO Box 1659
 Cape Town 8000
 South Africa

You may also call our HR 911 helpline on 021 509 3911 for any assistance with the claims process.





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

General enquiries: enquiries@inforegulator.org.za

Complaints: 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/

APPLICATION FOR RETRENCHMENT BENEFITS

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SECTION 1: **MEMBER APPLICATION** (to be completed by the member)**ABOUT THE BENEFIT**

- The purpose of this benefit is to cover the credit repayment requirements when you become retrenched.
- The benefit is paid for a limited period of time and will stop when:
 - you reach ceasing age, or
 - you are re-employed, or
 - you pass away, or
 - your payment period (as per the policy contract) expires.
- Our claims department may contact you to clarify any details or obtain more information.

DECLARATION BY THE MEMBER

I, , declare that the information provided by me is true and correct, and that I have provided complete answers.

If you are unable to sign this form, a next of kin can sign on your behalf and can send us an affidavit confirming the relationship and the reason that you are unable to sign the application form.

**A NOTE ON FRAUD**

By signing this document, you acknowledge that submitting a false claim is a criminal offence and can result in fines and/or imprisonment.

1.1 PERSONAL INFORMATION

Surname	<input type="text"/>	
First name(s)	<input type="text"/>	
ID Number	<input type="text"/>	
Physical address	<input type="text"/>	
	Postal code	<input type="text"/>
Postal address (if different from above)	<input type="text"/>	
	Postal code	<input type="text"/>
Telephone number	Cellphone number	<input type="text"/>
Email address	<input type="text"/>	

1.2 CLAIM DETAILS

Employer you are being retrenched from

Date joined the Employer

Main activity/Industry of the employer

Your occupation

Employment status: Permanent Contractor

Have you been subject to any disciplinary action in the last 12 months? YES NO

Date you became aware of the retrenchment

Date you were officially notified of the retrenchment

The last active day of employment (end of notice period)

Retrenchment type: Voluntary Involuntary

Retrenchment reason

Date credit loan cover commenced

1.3 AUTHORISATION BY THE MEMBER

You declare and authorise us to obtain and share personal information:

I, , expressly consent and authorise Old Mutual:

- to obtain from any employer, other insurer and any other person who or institution which may be in possession of, or later acquire, any information concerning my occupation, earnings and insurance cover, and
- to share this information with other parties, the employer, fund, ombudsman, legal representatives or other insurers if necessary, for the purpose of the assessment of my claim.

I agree that Old Mutual may use the personal information provided to them in order to verify my identity and check the validity of my claim and to detect and prevent fraud.

I agree that Old Mutual may further use and keep my personal information for historical, statistical, compliance with legal or regulatory requirements and for research purposes, subject to the provisions in the Protection of Personal Information Act 4 of 2013.

I understand that my right to privacy is curtailed to the extent permitted by me in this authorisation. I understand that Old Mutual needs this information to facilitate the assessment of my claim under a group policy.

1.4 INDEMNITY

I indemnify Old Mutual and any entity that forms part of the Old Mutual group of companies, including but not limited to any director, employee or agent of these entities and hold them harmless against any claim, loss or damage arising as a result of a breach of the Protection of Personal Information Act by my employer or other insurer sent to them by Old Mutual with my consent for the purpose of assessment and review in relation to my claim.

Surname

First name(s)

Date

Your signature

APPLICATION FOR RETRENCHMENT BENEFITS

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SECTION 2: **POLICYHOLDER (CREDIT INSTITUTION) DECLARATION**

(to be completed by the policyholder)

**IMPORTANT NOTES FOR THE POLICYHOLDER**

1. Are you in an officially recognised position in order to sign these forms? Please complete the declaration below.
2. If you provide us with complete and accurate information, we are better able to pay valid claims.

DECLARATION BY THE POLICYHOLDER

I, the undersigned, in my capacity as and duly authorised to make this declaration as the policyholder, hereby declare that the information I provide in this claim is true and correct, and that no information is omitted or withheld.

I indemnify Old Mutual Life Assurance Company South Africa (OMLACSA) against any claim that may arise from any incorrect information provided in this form.

Surname First name(s) Telephone number Cellphone number Email address Signature

Date

 2.1 MEMBER DETAILSSurname First name(s)

Date the member's loan commenced

Date the member's credit loan cover commenced

EMPLOYER REPORT

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SECTION 3: **EMPLOYER REPORT** (to be completed by the employer)**GUIDELINES AND IMPORTANT INFORMATION FOR THE EMPLOYER**

1. To assess retrenchment claims, Old Mutual needs information from the member's employer regarding their employment and retrenchment.
2. Please complete the questionnaire by hand, writing as legibly as possible, or compile a typed report that includes all the aspects covered in this questionnaire.

3.1 EMPLOYEE DETAILSEmployee's surname Employee's first name(s) **3.2 EMPLOYMENT DETAILS**Employment dates to Type of employment contract: Permanent Part-time Fixed-term Casual Employee's occupation Employee's annual salary **3.3 RETRENCHMENT DETAILS**Date employee was informed of termination Date of retrenchment Reason for retrenchment: Operational Liquidation Adverse conditions Restructure Retrenchment process followed: Voluntary Involuntary Fixed-term contract Was there a reasonable offer of alternative employment from the employer? YES NO