

## 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 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.**

The personal information received by Old Mutual in accordance with this contract will be used, as and when appropriate, for the following purposes:

- Underwriting
- Assessment and processing of claims
- Claims checks (Life and Claims Register)
- Fraud prevention and detection
- Tracing beneficiaries
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verification of the personal information provided

Personal Information will be de-identified when used for market research and statistical analysis.

When Old Mutual engages service providers to process personal information on its behalf or to render services to it, Old Mutual may share some personal information with these service providers, subject to confidentiality agreements being in place between Old Mutual and such service providers. Should these service providers be abroad, Old Mutual will not share the personal information with them unless it is satisfied that adequate security measures are in place to protect the personal information.

The Policyholder is advised and encouraged to inform all members/lives assured that Old Mutual holds and is processing their personal information for the purposes noted above. The Policyholder or a member/life assured may access the personal information relating to him or her and, subject to the provisions this contract may request the correction of any errors or the deletion of this information. In certain cases the Policyholder and members/lives assured have the right to object to the processing of their personal information.

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

**Tel** 012 406 4818  
**Fax** 086 500 3351  
**Email** info@justice.gov.za  
**Website** www.justice.gov.za/info@index.html

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

