

## GUIDELINES FOR COMPLETION OF THIS FORM

The following guidelines will help Old Mutual to process this claim quickly and accurately:

1. Complete the application form fully and in detail as it gives us important information
2. Use the checklist below to ensure that you hand in all the necessary documents
3. If you are a beneficiary and wish to deal with Old Mutual directly about your claim or require assistance, please contact us using the details below

Documents required	Tick (✓)
Copy of death certificate, certified by a Commissioner of Oaths or the SAPS • If a handwritten abridged death certificate is submitted, this must be accompanied by a letter from the Department of Home Affairs with the reason why a handwritten abridged death certificate was provided.	
Notification of death/stillbirth form (DHA 1663/BI 1663)	
Police report for unnatural/accidental deaths	
Certified copy of employee's identity document	
Employee's latest payslip	
Completed Family Cover Benefit Claim form	
Bank statement and certified copy of beneficiary's identity document	
Completed Beneficiary Nomination form for family cover benefits	

Additional documents required if the deceased is an insured family member	Tick (✓)
Certified copy of insured family member's identity document/unabridged birth certificate	
Proof of relationship to the employee: • Certified copy of marriage certificate, or • Employer records, Beneficiary Nomination Form or Medical Aid Nomination Form, or • Declaration from a third party confirming the duration of the relationship, on a formal letterhead, signed and stamped, e.g. Tribal Chief, Minister of Religion (for an insured spouse - only if the above is not available) • Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available)	

### Submit the form electronically, by fax or post:

Email gapdeathclaims@oldmutual.com  
 Fax 021 509 4669  
 Address Group Assurance  
 Death Claims Team (6J)  
 Old Mutual  
 PO Box 2386  
 Cape Town 8000

You are welcome to contact us at 021 509 4351 should you require assistance with completing and submitting this form.

References in this application form to "Old Mutual Group Assurance" actually refer to "Old Mutual Life Assurance Company (South Africa) Limited".

### A note to beneficiaries

If you are a beneficiary completing this form, please provide us with your contact details in order to communicate with you directly or indicate below by ticking the box that you consent to communication being made via the Policyholder of this policy.

Consent provided for Old Mutual to communicate with the Policyholder

First name(s)

Surname

Email address

Cellphone number

## PROTECTION OF PERSONAL INFORMATION DISCLOSURE

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.

The Policyholder or members/lives assured have the right to complain to the Information Regulator, whose contact details are:

**Website** [justice.gov.za/inforeg/index.html](http://justice.gov.za/inforeg/index.html)

**Tel** 012 406 4818

**Fax** 086 500 3351

**Email** [inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)

Old Mutual's full privacy notice can be viewed at [www.oldmutual.co.za/privacy-policy/](http://www.oldmutual.co.za/privacy-policy/)

## EMPLOYER DECLARATION

I,  the undersigned, in my capacity as  and duly authorised to make this declaration, hereby declare:

- That the information provided in this claim is true and correct, and that no information has been omitted or withheld
- That the insured person whose death gave rise to this claim has in fact died
- That payment of the proceeds, due in respect of the above insured person in terms of the aforementioned policy, shall represent the full and final discharge of Old Mutual Group Assurance's liability in respect of this insured person

I indemnify Old Mutual Group Assurance against any claim that may arise from any incorrect information provided in this form.

Signed at  on this  day of  20

Full name

Telephone number code  number

Email address

Signature

## SCHEME DETAILS

Scheme name  Scheme code

Employer name

## EMPLOYEE DETAILS

First name(s)

Surname

Identity number

Date of birth

Date of joining employer

Date of joining scheme

Date of employee's death

Main cause of death

## DECEASED PERSON'S DETAILS - COMPLETE ONLY IF THE DECEASED IS AN INSURED FAMILY MEMBER

First name(s)

Surname

Identity number

Date of birth

Date of death

Gestational age of foetus  weeks Relationship to the employee

Main cause of death

## PAYMENT DETAILS

Please select an option below:

The most current nomination form has been attached to this claim application

No nomination form can be located from the deceased.

If there is no nomination form, please provide details of the next of kin (either surviving spouse, child, parent, brother or sister who is responsible for arrangements related to the deceased's death). Family cover benefits can only be paid to one beneficiary.

First name(s)

Surname

Identity number

Relationship to the employee

Email address

Cellphone number

**Bank account details of the person nominated in the beneficiary form or details of the deceased's estate.**

Nominated beneficiary

OR

Deceased Estate

Account holder's name

Bank name  Account number

Branch/SWIFT code

