



Funeral insurance: Benefit claim form (insured & immediate family members)

Name of Policyholder: _____ Code _____

Name of participating employer or branch _____

Important Notes: This form must be completed by the Employer when a claim for an insured's or a family (qualifying spouse and/o, child/ren) members' funeral insurance benefit is submitted. The form consolidates all the various types of funeral insurance benefits that Sanlam are on risk for. If there are any discrepancies between these claim forms and the provisions of the policy, the provisions of the relevant policy will prevail.

Only the applicable sections must be completed in full. All references to insured will mean either employee or fund member.

Please return the completed claim forms and supporting documents to:

Address: The Manager Sanlam Corporate: Group Risk Death Claims (7408) PO Box 1 7532 Sanlamhof Telephone number: (021) 947 1810 Fax number: (021) 947 1288 E-mail address: sgrdeathclaims@sanlam.co.za

A Particulars of insured (Compulsory to be completed by the employer)

Full names and surname: _____

Date of birth: _____ (dd/mm/ccyy) Gender: Male [] Female []

Identity number: _____ Employee number: _____

Marital status: Single [] Divorced [] Widowed [] Married [] Date of marriage: _____ Co-habiting [] Since: _____

Date of entering service: _____ Date of permanent appointment: _____

Commencement date of insurance: _____ Last date of active service: _____

Premiums in respect of the insured were paid or will be paid up to: _____ (dd/mm/ccyy)

Was the insured covered in terms of the policy at date of death? Yes [] No []

Was the insured absent from duty without remuneration or with reduced remuneration at the time of death? Yes [] No []

If "Yes", state full particulars: _____

Was the insured a disability claimant on date of death? Yes [] No []

If "Yes", state full particulars: _____

B Particulars of the deceased insured

Name and surname: _____ Identity number: _____

Date of death: _____ (dd/mm/ccyy) Benefit: R _____

Cause of death (compulsory field) (if 'natural' or 'unnatural' please provide full details, including the SAPS Report)

(mark the applicable option with an "X")

- [] Cardiovascular disease e.g. heart attack, heart failure
[] Cerebrovascular disease e.g. stroke, aneurysm
[] Cancer
[] Respiratory disorder e.g. pneumonia
[] Blood disorder e.g. septicaemia, anaemia
[] Endocrine disorder e.g. diabetes, thyroid, pituitary glands, malnutrition
[] Urinary disorder e.g. kidney failure
[] Gastro intestinal disorder e.g. gall bladder, liver, stomach, pancreas, Crohns
[] Central nervous system e.g. Parkinson's, multiple sclerosis, epilepsy, motor neuron
[] Motor vehicle accident

Cause of death of the deceased insured *(continued)*

- Suicide
- Murder
- Other (provide description of exact cause of death if natural/unnatural on death certificate)

Declaration of identity *(by the employer)*

Please note: If the age and/or any name of the deceased as recorded by the employer differ from the death certificate the following declaration must be completed and signed.

I declare that the deceased and the insured, named above, are one and the same person.

Name and surname: _____ Capacity: _____

Signature: _____

C Particulars of family members entitled to funeral insurance benefits after the insured's death *(only if this benefit is applicable to the scheme)*

Important:

- The certificate will only be issued if we **receive this information within 12 months of date of death.**
- If this section is **not completed**, we will assume that there are **no qualifying members.**

	Relationship	First names and surname	Identity number	Gender	
				Male	Female
1	Spouse				
2					
3	Children				
4					
5					
6					
7					
8					
9					
10					

D Particulars of the deceased family member

Full names and surname: _____

Date of birth: _____ (dd/mm/ccyy) Gender: Male Female

Identity number: _____ Date of death: _____ (dd/mm/ccyy)

Cause of death (compulsory field) (if 'natural' or 'unnatural' please provide full details, including the SAPS Report)

(mark the applicable option with an "X")

- Cardiovascular disease e.g. heart attack, heart failure
- Cerebrovascular disease e.g. stroke, aneurysm
- Cancer
- Respiratory disorder e.g. pneumonia
- Blood disorder e.g. septicaemia, anaemia
- Endocrine disorder e.g. diabetes, thyroid, pituitary glands, malnutrition
- Urinary disorder e.g. kidney failure
- Gastro intestinal disorder e.g. gall bladder, liver, stomach, pancreas, Crohns
- Central nervous system e.g. Parkinson's, multiple sclerosis, epilepsy, motor neuron

Cause of death for the deceased family member *(continued)*

- Motor vehicle accident
- Suicide
- Murder
- Other (provide description of exact cause of death if natural/unnatural on death certificate)

Was the deceased family member covered by the policy on the date of death? Yes No

Premiums in respect of the deceased were paid or will be paid up to _____ (mm/ccyy)

Relationship of qualifying family member *(Please mark the applicable relationship with an X.)*

Immediate family member/s: Spouse

Child/ren:

Stillborn:

Benefit: R _____

E Banking details of the beneficiary

Please note: In the case of the death of the insured, please submit the nomination of beneficiary form completed by the insured, indicating to whom the funeral benefit must be paid.

Payment will only be made into a bank account held in the Republic of South Africa.

Full names and surname: _____

Account number: _____ Name of branch: _____

Name of bank: _____ Branch code: _____

Type of account: Current Savings Transmission

Contact details of the beneficiary

Postal address: _____
_____ Postal code: _____

Residential address: _____
_____ Postal code: _____

Telephone number: () _____ Relationship: _____

Banking details of the beneficiary *(only if there is more than one beneficiary)*

Full names and surname: _____

Account number: _____ Name of branch: _____

Name of bank: _____ Branch code: _____

Type of account: Current Savings Transmission

Contact details of the beneficiary

Postal address: _____
_____ Postal code: _____

Residential address: _____
_____ Postal code: _____

Telephone number: () _____ Relationship: _____

F Disclaimers

Party Due Diligence requirements

In line with the FIC Amendment Act, 2017 and other Party Due Diligence requirements, Sanlam has the obligation to identify and verify all persons or entities we interact with. Thus, please provide the information as requested in the forms.

Sanlam reserves the right to cancel the insurance immediately if any of the obligations in terms of the FIC Amendment Act, 2017 and other Party Due Diligence requirements are not met.

Protection of Personal information

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- to protect Sanlam Life's interests; and
- any purposes related to the above.

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

Declaration and signature by the employer or fund

Please note: All claim forms must be duly signed on behalf of the scheme.

We, the undersigned, hereby declare that the deceased qualified for benefits in terms of the policy at the date of death and that the above information is complete and correct, and we recommend that the claim be admitted.

Details of undersigned

Full names and surname _____

Postal address _____

Postal code _____

Contact details: Work _____ Fax _____ Cell _____

E-mail address: _____

Signature _____ Capacity _____

Signature _____ Capacity _____

Date _____ (dd/mm/ccyy) Place _____



Funeral Insurance: Documents required by Sanlam

Supporting documents that must be provided when a funeral benefit claim is submitted.

Important notes: Please note that the name, signature, occupation, date, address and telephone particulars of the Commissioner of Oaths must be clearly indicated on documents certified by him or her.

Principal Member

- A copy of the *Application for funeral insurance* form.
- An original certified copy of the identity document of both the insured and the beneficiary.
- The original official death certificate or an original certified copy of the official death certificate, certified by a Commissioner of Oaths other than the Commissioner of Oaths of the employer concerned.
- An original certified copy of the Notice of Death / Stillbirth DHA-1663 A form (all the pages). (*This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form*).
- If the death occurred at home the DHA-1660 form is required with the DHA-1663.
- For deaths due to unnatural causes a SAPS report is required.
- Funeral nomination form confirming to whom the benefit must be paid.
- Proof of banking details for the beneficiary.

Qualifying spouse

- A copy of the *Application for funeral insurance* form.
- An original certified copy of the identity document of both the insured and the deceased spouse.
- The original official death certificate or an original certified copy of the official death certificate, certified by a Commissioner of Oaths other than the Commissioner of Oaths of the employer concerned.
- An original certified copy of the Notice of Death / Stillbirth DHA-1663 A form (all the pages). (*This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form*).
- If the death occurred at home the DHA-1660 form is required with the DHA-1663.
- For deaths due to unnatural causes a SAPS report is required.
- An original certified copy of the *marriage certificate*; or
 1. In the case of a marriage recognised as a customary marriage, a *certificate of registration or an affidavit in respect of a customary marriage*. Should the affidavit not be sufficient, we may insist on affidavits by two persons who attended the marriage ceremony; or
 2. In the case of a union where two persons lived together as if married, an *affidavit* stating that:
 - a) Neither one of the couple living together is married; and
 - b) The insured and the deceased were in a union where they were living together as if they were married, with the commitment of doing so permanently, and that they had been doing so for at least six months prior to the death of the deceased.
- Proof of banking details for the beneficiary.

Qualifying child

- A copy of the *Application for funeral insurance* form.
- An original certified copy of the identity document of both the insured and the deceased child.
- The original official death certificate or an original certified copy of the official death certificate, certified by a Commissioner of Oaths other than the Commissioner of Oaths of the employer concerned.
- An original certified copy of the Notice of Death / Stillbirth DHA-1663 A form (all the pages). (*This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form*).
- In the case of a stillborn child, we together with the Notice of Death / Stillbirth DHA-1663 A form, also require a letter from the doctor in attendance or the hospital, confirming the duration of the gestation period.
- If the death occurred at home the DHA-1660 form is required with the DHA-1663.
- For deaths due to unnatural causes a SAPS report is required.
- In addition, the following documents in the case of:
 1. the surnames of the insured and the qualifying child differ, a *sworn affidavit* stating that the deceased child was the insured's or the spouse's child;
 2. a qualifying child placed in the insured's foster care as envisaged in terms of applicable legislation, the *order of the children's court* to this effect;
 3. a qualifying child who is formally adopted in terms of applicable legislation, the *registered adoption order* to this effect;
 4. a qualifying child is unmarried and over the age of 21 years, but under the age of 26 years, *proof of full-time attendance at an approved educational institution*; or
 5. the child is incapacitated by a physical or mental infirmity from maintaining himself or herself, and such incapacity commenced when the child was either under the age of 21 years or under the age of 26 years while a full-time student at an educational institution, a *medical certificate*.
- Proof of banking details for the beneficiary.

Accident Insurance (*Only if this benefit is applicable to the scheme*):

Statement by Police Service (SAP Report).