



## DEATH CLAIM FORM

### PARTICULARS OF THE EMPLOYER (please complete in full)

Name of participating employer or branch

Name of Scheme or Fund  Code

### PARTICULARS OF EMPLOYEE (compulsory)

Full names and surname

Date of birth         Gender: Male  Female

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

Date of Death

Tax Reference Number

Normal retirement age  Occupation

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

If "Yes", state full particulars:

Did the insured receive a disability benefit from any insurer or institution? Yes  No

If the insured received a disability benefit, please provide us with the relevant details.

Annual remuneration according to which the benefits in terms of the policy are calculated:

i) On policy anniversary immediately prior to death R

ii) On date of death R

iii) One year immediately prior to date of death R

### DETAILS OF BENEFICIARIES

PLEASE LIST KNOWN BENEFICIARIES OR POTENTIAL DEPENDANTS

FULL NAME	ID NUMBER	RELATIONSHIP TO DECEASED	POSTAL ADDRESS	CONTACT NUMBERS	% BENEFIT PAYABLE

**NOTE:** Disposal of benefits payable by the scheme is governed by Sec 37C of the Pension Funds Act, 1956. In terms of this section, benefits are paid to the dependants of the member (including the member's immediate family and anyone who was actually dependent on the member prior to his death) as well as to beneficiaries nominated in writing by the member prior to death. In all cases, the Uncover trustees are responsible for deciding how much of the benefit is paid to each dependant or nominated beneficiary and whether the benefit should be paid in the form of a lump sum or a pension.





UNIVERSAL EDUCATION PROTECTOR BENEFIT (if applicable)

Did the insured have school going children?

Yes  No

Please give the following information per child

Name of child/ren	Date of birth / ID number	What grade is the child in?

DECLARATION AND SIGNATURE BY THE EMPLOYER

HAS THE DECEASED AT ANY TIME NOMINATED A BENEFICIARY IN WRITING (If yes, please supply copy of most recent nomination)

Yes  No

ARE THERE ANY OUTSTANDING HOUSING LOANS FOR THE MEMBER (If yes, please provide details)

Yes  No

ARE THERE ANY GARNISHEE ORDERS BEING DEDUCTED FROM THE MEMBER'S SALARY (If yes, please provide details)

Yes  No

It is declared that this member commenced employment on  and was in our service at the date of death.

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

Authorised Signatory  Capacity

Place  Date

GROUP LIFE INSURANCE: DOCUMENTS REQUIRED BY EVOLUTION

Supporting documents that must be provided when a group life claim is submitted

Insured

- The original official death certificate or an original certified copy of the official death certificate. ENCLOSURE  TO FOLLOW
- An original certified copy of the Notification/ Register of Death / Still Birth (83/BI -1663) form. ENCLOSURE  TO FOLLOW
- An original certified copy of the identity document of both the insured and the beneficiary. ENCLOSURE  TO FOLLOW

Universal Education Protector (only if this benefit is applicable to the scheme)

- Universal Education Protector claim form in respect of each qualifying child. ENCLOSURE  TO FOLLOW

