

NOTIFICATION OF A POTENTIAL DISABILITY CLAIM

Please return to: Hollard Group Risk, 1st Floor, 34 Melrose Boulevard, Melrose Arch or Postnet Suite 196, Private Bag X1, Melrose Arch, 2076
Tel: (011) 351 5000. Fax: (011) 351 3079. Email: hgrdisability@hollard.co.za

PRIVACY

We respect the confidentiality of your personal and medical information as well as your privacy. If necessary, we may need to share either your and/or the insured's personal or medical information, or both, with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal and medical information, and signing this form, you hereby confirm that you consent to us processing and sharing your and/or the disabled person's personal and medical information with other third parties. We will treat this information with caution and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared within the Hollard Group or another organisation for marketing additional products and/or services to you.

SCHEME DETAILS

Employer/Policyholder:

CLAIMANT'S PERSONAL DETAILS

First names:

Surname:

Identity number:

REASON FOR NOTIFICATION

a. Has the member been absent from work for longer than 14 days?

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b. Date when the member was last able to work:

DDMMYYYY

c. Is this absence from work due to:

- An accident
- Illness
- Hospitalisation
- Do not know

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Please attach all relevant medical certificates.

ADDITIONAL COMMENTS

DECLARATION

I declare that the answers and statements I have made are true to the best of my knowledge and I have not withheld any material facts from Hollard Life. In the event that this claim or any supporting claim documentation is found to be fraudulent or misrepresented, Hollard Life reserves the right to proceed with the appropriate action against the claimant.

I have read, understand and agree to the privacy statement in this form which includes the collection and processing of personal information. If I am agreeing to the aforementioned on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so.

Signed at on this day of 20

Name and Surname of authorised signatory
who warrants his/her authority to sign on
behalf of the policyholder:

Please include an electronic signature
(if available):

Identity Number of authorised signatory:

Designation of authorised signatory:

Telephone number of authorised signatory:

Email address of authorised signatory:

Hollard is committed to “Creating and securing a better future” and therefore subscribes to an internal Anti-Fraud policy. Please report any suspicious or unethical activity anonymously on 0801 516 170 (toll free) or via email at Hollard@tip-offs.com.