



Statement on death: claim form

Employer / Fund Name

Scheme Code

Important Information

- The form is to be used for death claims in terms of a group life insurance policy (also includes reassurance of benefits of a pension fund) and/or a spouse insurance policy.
- All references to insured will mean either employee or fund member.
- Please e-mail the completed claim form and supporting documentation to: sgrdeathclaims@sanlam.co.za

SECTION A: Personal details of the insured

This section must be completed by the employer (Compulsory)

First name(s)										
Surname										
RSA identity number*	*Compulsory									
If not RSA, passport number*	*Compulsory									
Passport expiry date	(dd/mm/yyyy)									
Date of birth	(dd/mm/yyyy)									
Income tax number										
Employee number										
Marital status	Single		Married		Co-habiting		Divorced		Widowed	
	Date of Marriage or Co-habiting since:									
Date of entering service	(dd/mm/yyyy)									
Date of permanent appointment	(dd/mm/yyyy)									
Commencement date of insurance	(dd/mm/yyyy)									
Last date of active service	(dd/mm/yyyy)									
Normal retirement age										
Date of last premium paid for the insured	(dd/mm/yyyy)									
Occupation										
Was the insured absent from duty without remuneration or with reduced remuneration at the time of death?	Yes		No							
If Yes, please provide full particulars:										
Did the insured receive a disability benefit from Sanlam or any other insurer or institution?	Yes		No							
If the insured received a disability benefit from Sanlam, please provide the relevant member or policy number below:										
Annual remuneration according to the benefit amounts calculated in terms of the policy:										
i) On policy anniversary immediately prior to death	R									
ii) On the date of death	R									
iii) One year prior of death	R									



Sanlam Corporate: Group Risk

Please return the completed form and supporting documents to:
sgrdeathclaims@sanlam.co.za

SECTION B: Personal details of the deceased

Indicate who is being claimed for:	Insured		Spouse	
First name(s)				
Surname				
RSA identity number*			*Compulsory	
If not RSA, passport number*			*Compulsory	
Passport expiry date			(dd/mm/yyyy)	
Date of birth			(dd/mm/yyyy)	
Date of death			(dd/mm/yyyy)	
Total sum insured	R			

SECTION C: Cause of death (select applicable option – compulsory field)

If cause of death is 'unnatural', please provide the full details, including the SAPS report:

☐	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
☐	Suicide
☐	Murder
☐	Other (provide description of exact cause of death whether natural / unnatural was indicated on death certificate)

SECTION D: Universal Education Protection Benefit (If applicable)

At the time of death, did the insured have children in school?	Yes		No	
Confirm the following information per eligible child:				
Name of child	Date of birth / ID number	Current level of education (Grade 1, etc.)		

SECTION E: Payment Instructions**Important Information:**

- In the case of the death of the insured, the payment will only be made into the bank account of the beneficiary(ies), according to the fund rules or according to a valid beneficiary nomination form:
Sanlam must pay the benefit to the Fund in case of approved life insurance (the Fund will distribute according to Section 37C of the Pension Funds Act) or strictly according to a valid beneficiary nomination form in respect of unapproved life insurance benefits.
- In the absence of a valid nomination form in respect of unapproved life insurance, the benefit will be paid to the deceased insured's estate.
- Should a beneficiary in respect of unapproved life insurance die before the insured, then that portion of the benefit allocated to the deceased beneficiary is payable to the deceased insured's estate.
- Payment will only be made into a bank account held in the Republic of South Africa.
- In the case of the death of the spouse, the benefit will be paid into the bank account of the insured.

Indicate if benefit payment is according to:	Fund Rules		Valid beneficiary nomination form (<i>attached</i>)	
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Banking details of the beneficiary

Please provide us with proof of the banking details for the account holder from the bank as well as the following information:

Name of account holder				
Name of bank				
Account number				
Type of account	Current		Savings	
Name of branch				Branch code

Contact details of the beneficiary

Residential / postal address				Postal code	
Contact number(s)	Cell phone		Alternative		
E-mail address					
Relationship to the insured					

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

Please provide us with proof of the banking details for the account holder from the bank as well as the following information:

Name of account holder				
Name of bank				
Account number				
Type of account	Current		Savings	
Name of branch				Branch code

Contact details of the beneficiary

Residential/postal address				Postal code	
Contact number(s)	Cell phone		Alternative		
E-mail address					
Relationship to the insured					

SECTION E: Declaration

This section must be signed by the employer or fund 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, that the above information is complete and correct.

Signature 1		Signature 2	
Initials and surname		Initials and surname	
Designation		Designation	
Date (dd/mm/yyyy)		Place	

Documents required by Sanlam

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

Important Note:

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.

For the Insured (i.e. employee/fund member)

	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). (<i>This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form</i>).
	If the death occurred at home the DHA-1660 form is required with the DHA-1663.
	For deaths due to unnatural causes a South African Police Service (SAPS) report is required.
	In the case of an unapproved Death cover, a valid Beneficiary Nomination form must be attached.
	A bank certified copy of the beneficiary's bank statement.

For the Qualifying Spouse

	In the case of a deceased spouse, a copy of the <i>Spouse Registration</i> 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). (<i>This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form</i>).
	If a spouse dies at home the DHA-1660 form is required with the DHA-1663.
	For deaths due to unnatural causes a South African Police Service (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) they have been doing so for a continuous period of at least six consecutive months; b) they continued doing so until the time of death of the spouse. <i>Please note:</i> Sanlam may request satisfactory proof of the permanency of the relationship.
	A bank certified copy of the insured's bank statement.

For Accident Insurance (only if this benefit is applicable to the scheme)

	Statement by the South African Police Service (SAPS Report)
	Accident Report and the toxicology report
	A post-mortem report

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

	Universal Education Protector claim form in respect of each eligible child.
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Disclaimer: 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 Disclosure

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;
- for operational and administrative processes;
- 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 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](#).