

Meat Trade Provident Fund

Registration Number: 12/8/37876/1

Dear Member/Employer,

Disability Claim:

Please could the notification form be completed by the employer and returned to us at their earliest convenience so that we can lodge the claim with the underwriter. The following documents will be required for the assessment of the claim:

- Claim forms to be completed in full – attached
- Copies of existing medical reports and/or test results supporting the condition being claimed for
- Certified copy of ID
- Job description
- All Leave records

Kindly be advised that premiums in respect of the insured are payable until the outcome of the claim is known.

Kind regards,