

NOTIFICATION OF A POTENTIAL DISABILITY CLAIM

Please return to: Hollard Group Risk, Florence House, 22 Oxford Road, Parktown 2193 or PO Box 87419, Houghton
 Tel: (011) 351 5000. Fax: (011) 351 3079. Email: hgrdisability@hollard.co.za

PRIVACY

We respect the confidentiality of your personal and medical information. If necessary, we may need to share either your 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 declaration of health, you hereby confirm that you consent to us processing and sharing your personal and medical information with other third parties.

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?

 Y N

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

c. Is this absence from work due to:

- An accident
- Illness
- Hospitalisation
- Do not know

Please attach all relevant medical certificates.

ADDITIONAL COMMENTS

DECLARATION

Employer name

Employer signature

Date