



## Statement on death

To be used for death claims in terms of a group life insurance policy (also includes reassurance of benefits of a pension fund).

### A Particulars of the employer

Name of Scheme or Fund \_\_\_\_\_ Code \_\_\_\_\_  
 Name of participating employer or branch \_\_\_\_\_

### B Particulars of employee (compulsory)

Full names and surname \_\_\_\_\_  
 Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy) Gender: Male ☐ Female ☐  
 Identity number \_\_\_\_\_  
 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Normal retirement age \_\_\_\_\_ Occupation \_\_\_\_\_  
 Premiums in respect of the insured are paid to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)  
 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 Sanlam or any other insurer or institution? Yes ☐ No ☐

If the insured received a disability benefit from Sanlam, please provide us with the relevant member or policy number.  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_

### C Particulars of deceased

Indicate if you claim for: Insured ☐ Spouse ☐

Full names and surname \_\_\_\_\_  
 Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy) Gender: Male ☐ Female ☐  
 Identity number \_\_\_\_\_  
 Date of death \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)  
 Cause of death (Note: If 'natural' or 'unnatural' please provide full details.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Commencement date of benefits \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)

Sum insured R \_\_\_\_\_

**D 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? |
|-------------------|---------------------------|-----------------------------|
|                   |                           |                             |
|                   |                           |                             |
|                   |                           |                             |
|                   |                           |                             |
|                   |                           |                             |

**E Payment instructions**

Sanlam must pay the benefit to the beneficiary(ies) indicated by the employer or fund, and whom the employer or fund hereby confirms is entitled to the benefit in terms of the policy or fund rules.

Important:

- The payment will only be made into the bank account of the beneficiary(ies) indicated herein.
- If there is more than one beneficiary, please attach an annexure with the particulars of the beneficiary(ies). The employer or fund must also sign the annexure.

**Banking details of the beneficiary**

Full names and surname \_\_\_\_\_

Account number \_\_\_\_\_

Name of bank \_\_\_\_\_ Branch code \_\_\_\_\_

Type of account: Current ☐ Savings ☐ Transmission ☐**Contact details of the beneficiary**

Postal address \_\_\_\_\_

Residential address \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

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

Full names and surname \_\_\_\_\_

Account number \_\_\_\_\_

Name of bank \_\_\_\_\_ Branch code \_\_\_\_\_

Type of account: Current ☐ Savings ☐ Transmission ☐**Contact details of the beneficiary**

Postal address \_\_\_\_\_

Residential address \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**F Declaration and signature by the employer or fund**

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, and we recommend that the claim be admitted.

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)

Please return the completed claim forms and supporting documents to:

The Manager  
Sanlam Group Risk: Death Claims (7408)  
Sanlam  
PO Box 1  
Sanlamhof  
7532

Telephone number: (021) 947 1810 Fax number: (021) 947 1288

E-mail address: sgrdeathclaims@sanlam.co.za

## Group Life Insurance: Documents required by Sanlam

### 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, 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). This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form.
- An original certified copy of the identity document of both the insured and the beneficiary.
- A Bank certified copy of the beneficiary's bank statement

#### Qualifying Spouse

- In the case of a deceased spouse, a copy of the *Spouses Life Insurance: Application for benefit* form.
- 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). This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form.
- In the case of a deceased spouse, an original certified copy of the marriage certificate; or
- 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
- In the case of a union where two persons lived together as if married, an affidavit stating that:
  1. Neither one of the couple living together is married; and
  2. The insured and the deceased were in a union where they were living together as if they were married, with the commitment of doing so permanently, and that they had been doing so for at least six months prior to the death of the deceased.
- An original certified copy of the identity document of both the insured and the deceased spouse.
- A bank certified copy of the beneficiary's bank statement

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

- Statement by Police Service (SAP Report)

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

- Universal Education Protector claim form in respect of each qualifying child