



Disability claim form

To be completed by the claimant

The request for completion of this form in no way constitutes an admission of liability by Capitec Bank.

This declaration will form the basis on which the claim is assessed. Please ensure that each question is answered and the information given is complete and accurate. Distortion of information could be used as a basis for the claim being declined. The request for completion of this form in no way constitutes an admission of liability by the insurer.

Complete all sections of this form, and ensure that it is signed before submitting it. Failure to do so nullifies the submission of this form.

Attach the following to this form:

- Copy of ID
- Copy of payslip as at the last day actively at work
- Job description
- Any medical certificates/medical information that the claimant may have

Delays in submitting this and other required documentation results in delays in finalising the claim. We therefore urge you to complete and submit the claims package as soon as possible.

We will also require the Disability Claim Employer Declaration and Disability Claim Confidential Medical Report with copies of all relevant clinical investigation findings in order to assess this claim.

The completed form, together with supporting documents, must be faxed, emailed or submitted to a Capitec Bank branch.

Please note that the form must be completed in full. Do not leave any blank spaces or cross anything out.

Section 1: Policy holder particulars

Date of Birth

D	D	M	M	Y	Y	Y	Y		

First Names

Surname

ID /Passport Number

Gender: Male

Female

Marital Status: Married

Single

Divorced

Widowed

Home language

Residential/Business Address

Postal Code

Postal Address

Postal Code

Telephone Number (h)

Email/Fax

Cellphone Number

Alternative contact name and surname

Relationship

Cellphone Number

Email/Fax

Section 2: Occupation details

Date joined company

D	D	M	M	Y	Y	Y	Y

Date when you started in your current occupation

D	D	M	M	Y	Y	Y	Y

Date when you were last actively able to do this job

D	D	M	M	Y	Y	Y	Y

Have you been able to perform any part of your main duties since the commencement of your health condition?

Yes No

If Yes, please provide a description

What is your current employment status?

Working full time	<input type="checkbox"/>	Working part time	<input type="checkbox"/>
On paid sick leave	<input type="checkbox"/>	On unpaid leave	<input type="checkbox"/>
Laid off or retrenched	<input type="checkbox"/>	Under notice of termination of service	<input type="checkbox"/>

What was the date of termination of service

D	D	M	M	Y	Y	Y	Y

Section 3: Education details

Trade certificate obtained

In-house training received

Highest level of schooling	Year	Standard/Grade	School

Academic qualifications (e.g. degrees), technical qualifications (e.g. NTC, diplomas)

Year	Qualification	Institution

Section 4: Employment history

Apart from your present occupation, supply a brief job history, including previous positions held.

Dates	Company	Position held	Brief description of work done	Reason for leaving
D D M M Y Y Y Y				

What other jobs may you be able to do given your qualifications and work experience?

When do you expect to return to work?

D	D	M	M	Y	Y	Y	Y

Section 5: Details of medical conditions

Describe your illness or injury:

What are the symptoms of your illness or injury?

When did you first consult a medical practitioner in connection with this condition?

D	D	M	M	Y	Y	Y	Y

If your health status has been changed by an illness, when was it first diagnosed?

D	D	M	M	Y	Y	Y	Y

How has it been treated?

Medications Exercise Operation Other

If other, please specify:

If your health status has been changed by an injury, provide the date of the injury:

D	D	M	M	Y	Y	Y	Y

Cause of the injury:

How has it been treated?

Medications Exercise Operation Other

Cause of the injury:

How has the condition affected you in performing your work duties?

How has your condition affected you in performing your daily tasks, e.g. self-care, home maintenance, ability to travel?

What type of transport do you use and has your condition interfered with this?

