



Employer Declaration

Please note:

- Complete all sections of this form, and ensure that it is signed and stamped before submitting it.
- Attach the following to this form:
 - Copy of payslip as at the last day actively at work
 - Copy of the employer-issued job description
 - Any medical certificate/medical information that the claimant may have
 - Sick leave records for the last 2 years preceding their date of disability

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

Section 1: Details of employee

First Names

Surname

ID /Passport Number

Name of Employer

Employer's Physical Address

Postal Code

Name of contact person at the company

Telephone Number (h) Email/Fax

Cellphone Number

Designation

Cellphone Number Email/Fax

Date employee joined company

D D M M Y Y Y Y

Did the employee work full time? Yes No

Date on which the employee returned to work (if they have returned after disability):

D D M M Y Y Y Y

Date the employee was last actively at work

D D M M Y Y Y Y

Section 1: Details of employee (continues)

What is the employees 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Section 2: Employee's occupation details (please attach their job description) before stopping work

Occupation

Summary of main duties, including hours worked before stopping work

To what extent does the employee need to do the following in an average work day?

Strength	How much?	What?
Lift – kilograms		
Carry – kilograms/metres		
Push – kilograms/metres		
Pull – kilograms/metres		
Hold – kilograms/metres		
Endurance	How much?	What or where?
Climb – metres		
Stoop – percentage of day		
Stand – percentage of day		
Sit – percentage of day		
Walk – smooth terrain	Metres p/d	
Walk – uneven terrain	Metres p/d	
Accuracy	How much?	What or where?
Fine, precise movements		
Control of tools		

Describe the minimum mental abilities that a healthy individual requires to do this job

	Very often	Often	Seldom
Literacy			
Numeracy			
Memory			
Problem solving			
Decision making			
Specialised knowledge			
Speaking			
Writing			
Listening			
Reading			
Public Speaking			

Section 2: Employee's occupation details (continues)

To what extent does the employee have to cope with the following demands on their body?:

	All the time	Most of the time	Some of the time	Never
Jarring				
Cold				
Heat				
Noise				
Dust				
Fumes				

In which of the following environments does the employee perform their duties?:

	All the time	Most of the time	Some of the time	Never
Outdoors				
Indoors				
Heights				
At Depths				

Working hours (include shift work if applicable) before stopping work

Have any attempts been made to adapt the employee's work environment to accommodate the condition, before stopping work? Yes No

If Yes, please provide a description

Specify the percentage of time spent on

Task	Percentage
Managerial	
Administration/clerical	
Supervisory	
Light manual	
Heavy manual	
Travel	
Machine operator	

What percentage and hours does your employee work each day?

	Percentage	Hours		Percentage	Hours
Outdoors			At depth		
Indoors			Wet areas		
Heights			Dry areas		

Section 2: Employee's occupation details (continues)

How often is the employee exposed to the following conditions?

	Always	Sometimes	Seldom	Never	Hours a day
Dust					
Vibration					
Noise					
Fumes					
Heat					
Cold					

Temperature range in place of work

Type of dust and fumes, if any?

Provide details of any safety hazards in the claimant's job

List all items, equipment, tools, materials and machinery used

How much time is spent on the following activities during the normal working day?

	Always	Sometimes	Seldom	Never	Hours a day
Sitting					
Standing					
Walking on even terrain (specify kilometers a day)					
Walking on uneven terrain (specify kilometers a day)					
Kneeling					
Stooping					
Bending					
Crouching					
Squatting					
Climbing					
Use of both hands					
Use of fine coordination					
Vision					
Hearing					
Physical strength or power					
Reaching above shoulder					
Reaching below shoulder					

Only complete the questions below if flying is a part of your employee's job:

Type of airplane flown

Average distance flown each week

Average number of hours flown each week

Section 2: Employee's occupation details (continues)

Indicate which of the following are inherent job requirements

	Always	Sometimes
Verbal communication		
Written communication		
Electronic communication		
Telephonic communication		
Communication with clients		
Communication with colleagues		
Reading		
Listening		
Conflict resolution		

Section 3: Accommodation in the workplace

Have any attempts been made at realignment to accommodate the employee?

Yes No

If Yes, describe in which capacity and for what period

What efforts have been made to retain, skill realign the employee in an alternative position?

Section 4: Medical condition

Has the employee been injured on duty or developed an occupational disease?

Yes No

Does the claim relate to an accident?

Yes No

Does the claim relate to an illness?

Yes No

If Yes, supply details of the injury, illness or accident.

Section 5: Declaration

I hereby declare that, to the best of my knowledge, the particulars above are true and complete. I hereby authorise that the information can be forwarded to Capitec Bank.

Signature: _____

Name: _____

Official Title _____

Date

D	D	M	M	Y	Y	Y	Y

Company Stamp