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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 ☐ Working part time ☐

On paid sick leave ☐ On unpaid leave ☐

Laid off or retrenched ☐ Under notice of termination of service ☐

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?

Section 5: Details of medical conditions (continues)

If you use private health facilities, provide the contact details for your treating general practitioner

Name and Surname

Address

Cellphone/Tel

Email/Fax

Date of Last Consultation with This Doctor

D D M M Y Y Y Y

If you use private health facilities, provide the contact details for your treating specialist:

Hospital or Clinic

Telephone

Name of Doctor

Your Patient Number

Date of Last Appointment

D D M M Y Y Y Y

Date of Your next Appointment

D D M M Y Y Y Y

Please attach a copy of any medical reports or a copy of your patient file.

Have you, in the last 5 years, suffered from any serious disease, illness or health problems? Yes ☐ No ☐

If Yes, state the nature of the disease, illness or health problem.

Have you been admitted to hospital in the last 2 years? Yes ☐ No ☐

If Yes, please complete the following:

Date Admitted	Hospital	Treating Doctor and Contact Number	Reason for Admission	Date Discharged
D D M M Y Y Y Y				

Please complete if your health problem arose from an accident or other violent means:

Date of Accident	What Type of Accident/Incident Occurred	Police Station Where Reported	Police Case Number
D D M M Y Y Y Y			

Details of any surgery performed in the last year:

Current treatment: Is any further treatment or operations contemplated? If Yes, provide details:

List the medication you are on including the dosages.

Section 5: Details of medical conditions (continues)

Did any of the following contribute in any way to your disability? Yes ☐ No ☐

Failure to seek timely and adequate medical attention or to heed medical advice given? Yes ☐ No ☐

Consumption of alcohol or taking drugs or narcotics (except under medical direction) Yes ☐ No ☐

Attempted suicide or self-inflicted injury? Yes ☐ No ☐

If you answered Yes to any of these questions, please provide full details of the circumstances:

Section 6: Employer details

Name of employer/company

Contact person

Cellphone/Tel

Section 7: Declaration

I, ……..being aware of my rights pertaining to privacy of my medical records and or information, do hereby give my informed consent and hereby authorise any medical practitioner, hospital, employer or other person to furnish Capitec Bank, insurer and all other parties with any information relating to my illness or injury. I further authorise Capitec Bank to gather information regarding my employment. I also hereby authorise Capitec Bank to release the aforementioned information to other parties involved in the claim. I hereby declare and warrant that the answers given by me in this claim form are, in every respect, true and correct, and that no material information has been withheld nor relevant circumstances omitted.

Signed at: _____

Signature: _____

D D M M Y Y Y Y

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

to establish and verify your identity in terms of the Applicable Laws;

to enable Us to fulfil our obligations in terms of this Claim; to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;

Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;

Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.