

Funeral Aid Insurance: Application for benefit

Name of scheme Natal Joint Municipal Pension & KwaZulu-Natal Joint Municipal Provident Funds **Code** _____

Important:

This form must be completed when:

- the insured's cover commences in terms of the policy; or,
- there is a change in the information of the insured's family members, as indicated in Section B.

In the event of the death of the insured or a family member of the insured, a copy of this form must accompany the death claim documents.

A Particulars of insured (To be completed by the Member)

Full names and surname _____

Identity number

Date of birth ____ / ____ / ____ (dd/mm/ccyy) Gender: Male Female

Marital status Single Married Divorced Co-habiting Widowed

B Application for funeral aid benefits

I hereby apply for the funeral aid benefits, in terms of the policy, to be applicable to my family members as indicated below:

*If a person is in a co-habiting relationship, the partner can only be nominated if neither one of the couple living together is married.

Relationship	First names and surname	Identity number	Gender *	
			Male	Female
1 *Spouse				
2 Children				

C Declaration by the insured

I declare that when I claim a benefit for a family member, I will prove my relationship to such a person.

Signature of insured _____ Date ____ / ____ / ____

Signature of witness _____ Date ____ / ____ / ____

E Banking details of the beneficiary

Full names and surname _____
Bank account number _____
Name of bank _____ Branch code _____
Type of account: Current Savings Transmission

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

Full names and surname _____
Bank account number _____
Name of bank _____ Branch code _____
Type of account: Current Savings Transmission

F Declaration and signature by the HR Office

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.

Details of undersigned

Full names and surname _____
Postal address _____ Postal code _____
Contact details: Telephone (work) () _____ Fax (work) () _____
Cell phone _____
E-mail address: _____

Signature _____ Capacity _____

Signature _____ Capacity _____

Place _____

Date _____ / _____ / _____ (dd/mm/ccyy)

Important notes

- Please note that the name, signature, occupation, date, address and telephone particulars of the Commissioner of Oaths must be clearly indicated on documents certified by him or her.
- All claim forms must be duly signed on behalf of the Front office or Funeral parlour.
- If the Front office or Funeral parlour has already paid the funeral benefit amount or an advance sum to the insured and or the insured's dependants, we must please be provided with proof of such payment.

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: schemedeathclaims.EB@sanlam.co.za

Funeral aid insurance: Documents required by Sanlam

Supporting documents that must be provided when a Funeral Aid Benefit claim is submitted.

Principal Member

- A copy of the *Application for funeral 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 Notification/ Register of Death / Still Birth (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

- A copy of the *Application for funeral 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 Notification/ Register of Death / Still Birth (83/BI –1663) form.
- An original certified copy of the marriage certificate.
- 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.
- 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.

Qualifying child

- A copy of the *Application for funeral 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 Notification/ Register of Death / Still Birth (83/BI –1663) form.
- In the case of a stillborn child, we also require a letter from the doctor in attendance or the hospital, confirming the duration of the gestation period.
- An original certified copy of the identity document of both the insured and the deceased child.
- A sworn affidavit stating that the deceased child was the insured's or the spouse's child if the surnames of the insured and the qualifying child differ.
- If a qualifying child is unmarried and over the age of 21 years, but under the age of 26 years, proof of full-time attendance at an approved educational institution.
- A medical certificate in the case of a qualifying child over the age of 21 years who is incapacitated by a physical or mental infirmity from maintaining himself or herself.
- A Bank certified copy of the beneficiary's bank statement.