



## Funeral Insurance: Claim form

Name of scheme \_\_\_\_\_ Code \_\_\_\_\_

### Important:

- This form must be completed by the Employer when a claim for an insured's or a family members' funeral insurance benefit is submitted.
- Only the applicable sections must be completed in full.
- Please note that this form consolidates all the various types of funeral insurance benefits that Sanlam are on risk for. If there are any discrepancies between these claim forms and the provisions of the policy, the provisions of the relevant policy will prevail.

### A Particulars of the insured (compulsory)

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

Identity number \_\_\_\_\_

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

Marital status: Single  Divorced  Widowed

Married  Date of marriage \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Co-habiting  Since \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee number \_\_\_\_\_

Date of entering service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of permanent appointment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Commencement date of insurance \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last date of active service \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Premiums in respect of the insured were paid or will be paid up to \_\_\_\_ / \_\_\_\_ (mm/ccyy)

Was the insured covered in terms of the policy at date of death? Yes  No

Was the insured absent from duty without remuneration or with reduced remuneration at the time of death? Yes  No

If 'Yes', state full particulars:

\_\_\_\_\_  
\_\_\_\_\_

### B Particulars of the deceased insured

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

Cause of death (if 'natural' or 'unnatural' please provide full details)

\_\_\_\_\_  
\_\_\_\_\_

Benefit R \_\_\_\_\_

### C Declaration of identity

If the age and/or any name of the deceased as recorded by the employer differ from the death certificate the following declaration must be completed and signed.

I declare that the deceased and the insured, named above, are one and the same person.

Name and surname \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_

## D Particulars of family members entitled to funeral insurance benefits after the insured's death *(only if this benefit is applicable to the scheme)*

- Important:**
- The certificate will only be issued if we receive this information within 12 months of date of death.
  - If this section is not completed, we will assume that there are no qualifying members.

| Relationship |          | First names and surname | Identity number | Gender |        |
|--------------|----------|-------------------------|-----------------|--------|--------|
|              |          |                         |                 | Male   | Female |
| 1            | Spouse   |                         |                 |        |        |
| 2            |          |                         |                 |        |        |
| 3            |          |                         |                 |        |        |
| 4            | Children |                         |                 |        |        |
| 5            |          |                         |                 |        |        |
| 6            |          |                         |                 |        |        |
| 7            |          |                         |                 |        |        |
| 8            |          |                         |                 |        |        |
| 9            |          |                         |                 |        |        |
| 10           |          |                         |                 |        |        |

## E Particulars of the deceased family member

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

Identity number \_\_\_\_\_

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

Gender: Male  Female

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

Cause of death (if 'natural' or 'unnatural' please provide full details)

\_\_\_\_\_  
\_\_\_\_\_

Was the deceased covered by the policy on the date of death? Yes  No

Premiums in respect of the deceased were paid or will be paid up to \_\_\_\_ / \_\_\_\_ (mm/ccyy)

Relationship of qualifying family member *(Please mark the applicable relationship with an X.)*

Spouse  Children

Extended family members: (if applicable in terms of the policy)

Parent  Parent-in-law  Other (name the relationship) \_\_\_\_\_

Benefit R \_\_\_\_\_

**F 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 (only 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 \_\_\_\_\_

**G Declaration and signature by the employer**

We, the undersigned, hereby declare that the deceased qualified for benefits in terms of the policy at the date of death and 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 scheme.
- If the employer has already paid the funeral insurance benefit amount or an advance sum to the insured 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: sgrdeathclaims@sanlam.co.za



## Funeral Insurance: Documents required by Sanlam

### Supporting documents that must be provided when a Lump sum funeral benefit claim is submitted.

#### Principal Member

- A copy of the *Application for funeral insurance* 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.
- 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 insurance* 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.
- 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 insurance* 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 stillborn child, we together with the Notice of Death / Stillbirth DHA-1663 A form , 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.
- In the case of a child placed in the insured's foster care as envisaged in terms of applicable legislation, the order of the children's court to this effect
- In the case of a child who is formally adopted in terms of applicable legislation, the registered adoption order to this effect
- 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, if the child is incapacitated by a physical or mental infirmity from maintaining himself or herself, if such incapacity commenced when the child was either under the age of 21 years or under the age of 26 years while a full-time student at an educational institution.
- A Bank certified copy of the beneficiary's bank statement

#### Qualifying parent or parent-in-law (Only if this benefit is applicable to the scheme)

- A copy of the *Application for funeral insurance* 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.
- An original certified copy of the identity document of both the insured and the deceased parent or parent-in-law.
- A sworn affidavit stating that the deceased parent was the insured's or the spouse's qualifying parent.
- A Bank certified copy of the beneficiary's bank statement

**Qualifying extended family member (Only if this benefit is applicable to the scheme)**

- A copy of the *Application for funeral insurance* 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.
- An original certified copy of the identity document of both the insured and the deceased extended family member.
- A sworn affidavit stating that the deceased extended family member was dependent on the insured for maintenance.
- 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)