

## EDUCATOR BENEFIT CLAIM FORM: EDUCATIONAL INSTITUTION

Please return to: Hollard Group Risk, Florence House, 22 Oxford Road, Parktown 2193 or PO Box 87419, Houghton 2041.  
Tel: (011) 351 5000. Email: hgradmin@hollard.co.za

This fully completed form should be accompanied by the following supporting documentation:

- proof of banking details (cancelled cheque or stamped bank statement)
- an original certified copy of the results document issued by the educational institution
- an original certified copy of the statement for tuition fees reflecting the fees for the year and all payments received
- an original or original certified copy of the statement for residency fees reflecting the fees for the year and all payments received (if applicable)

Please note that the request for completion of this form in no way constitutes an admission of liability by Hollard Group Risk.

### PRIVACY STATEMENT

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share either your and/or the beneficiary's personal information, or both, with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal information, and signing this form, you hereby confirm that you consent to us processing and sharing your and/or the beneficiary's personal information with other third parties. We will treat this information with caution and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared within the Hollard Group or another organisation for marketing additional products and/or services to you.

### SECTION A: EDUCATOR BENEFIT DETAILS (to be completed by nominated caretaker and/or trust)

Educator benefit certificate number:	<input type="text"/>
Name of nominated caretaker (parent/guardian):	<input type="text"/>
Name of trust (if applicable):	<input type="text"/>

**In the event that the educator benefit certificate number is not available, please provide us with the below information in respect of the deceased parent.**

First names:	<input type="text"/>
Surname:	<input type="text"/>
Identity number:	<input type="text"/>
Date of birth:	<input type="text" value="(dd/mm/yyyy)"/>
Gender:	<input type="text"/>
Date of death:	<input type="text" value="(dd/mm/yyyy)"/>

**SECTION B: EDUCATIONAL INSTITUTION DETAILS** (to be completed by the educational institution)

Please select the type of institution:      Pre-primary school ☐      Primary school ☐      High school ☐  
University ☐      Technikon ☐      College ☐

Name of Institution:

Physical address:   
 Code:

Contact Person:

Telephone number:

E-mail address:

**SECTION C: BANKING DETAILS** (to be completed by the educational institution)

Payment will be made to the educational institution only.

Name of account holder:

Name of Bank:

Branch:

Branch code:

Account type:

Account number:

**SECTION D: CHILD'S DETAILS** (to be completed by the educational institution)

First names:

Surname:

Gender:

Identity number:

Date of birth:  (dd/mm/yyyy)

Current year of study or grade:

**If the child is attending a primary or high school:**

Did the child pass the previous year?      Yes ☐      No ☐      N/A ☐

**If the child is attending a tertiary educational institution:**

**Did the child pass all the previous year's subjects?**      Yes ☐      No ☐      N/A ☐

If the child did not pass all subjects, please advise which subjects were passed and which subjects were failed:

Subject	Passed	Failed	Subject	Passed	Failed

#### SECTION E: TUITION ACCOUNT DETAILS (to be completed by the educational institution)

Monthly tuition fees: R

Discount on tuition if paid annually in advance: R / %

Annual tuition fees: R

Are any costs for extra-mural activities excluded from the tuition fee structure? Yes ☐ No ☐

If "Yes", please provide details:

Extra-mural activity	Amount	Extra-mural activity	Amount

Please provide details of any amounts paid by the nominated caretaker (parent/guardian) and/or trust since the date of death of the deceased parent:

Month paid for	Date paid	Amount paid

Total amount outstanding for the applicable year: R

#### SECTION F: RESIDENCY ACCOUNT DETAILS (if applicable)

In the event of the child attending a university, please complete this section if any residency fees are applicable:

Monthly tuition fees: R

Discount on tuition if paid annually in advance: R / %

Annual tuition fees: R

Please provide details of any amounts paid by the nominated caretaker (parent/guardian) and/or trust since the date of death of the deceased parent:

Month paid for	Date paid	Amount paid	Month paid for	Date paid	Amount paid

Total amount outstanding for the applicable year:

R

#### SECTION G: DECLARATION

I declare that the answers and statements I have made are true to the best of my knowledge and I have not withheld any material facts from Hollard Group Risk. In the event that this claim or any supporting claim documentation is found to be fraudulent, Hollard Group Risk reserves the right to proceed with the appropriate action against the claimant.

I have read, understand and agree to the privacy statement in this form which includes the collection and processing of personal information. If I am agreeing to the aforementioned on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so.

Full names of authorised signatory:

Identity Number of authorised signatory:

Designation of authorised signatory:

Telephone number of authorised signatory:

Email address of authorised signatory:

Signed at

on this

day of

20



Signature

Educational institution stamp

Hollard is committed to "Creating and securing a better future" and therefore subscribes to an internal Anti-Fraud policy. Please report any suspicious or unethical activity anonymously on 0801 516 170 (toll free) or via email at [Hollard@tip-offs.com](mailto:Hollard@tip-offs.com).