

## EDUCATOR BENEFIT CLAIM FORM: NOMINATED CARETAKER

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

### Claim:

This claim form must only be completed after we have issued an "Educator benefit certificate". You only need to complete this form once to claim the educator benefit in respect of an eligible child. The nominated caretaker (parent/guardian) of an eligible child must complete this form.

Please complete one form for each eligible child who is listed on the "Educator benefit certificate". It is essential that this form is fully completed to prevent any unnecessary delays due to missing or incomplete information.

### Tuition fees:

Each year we will require the educational institution that the child attends to complete the "Educator benefit claim form – educational institution" in respect of that year's tuition fees and/or residency fees in the event of the child attending a university. This form details the documents that we will need.

### All other benefits:

All other benefits (book allowance, uniform allowance, sport and culture allowance, achievement bonus but excluding the tuition fees), will be paid on an ad-hoc basis. No claim form has to be completed for these benefits. We will need the original or an original certified copy of the invoice from the book supplier and/or uniform supplier. Please refer to the "Educator benefit certificate" for details of the benefit structure.

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

- proof of banking details (cancelled cheque or stamped bank statement)
- an original signed "Educator benefit claim form - educational institution"

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:

Name of nominated caretaker (parent/guardian):

Name of trust (if applicable):

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"/> Gender: <input type="text"/>
Date of death:	<input type="text"/> (dd/mm/yyyy)

#### SECTION B: ELIGIBLE CHILD'S DETAILS

First names:	<input type="text"/>
Surname:	<input type="text"/>
Identity number:	<input type="text"/>
Please select the type of institution:	Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> High school <input type="checkbox"/> University <input type="checkbox"/> Technikon <input type="checkbox"/> College <input type="checkbox"/>
Name of Institution:	<input type="text"/>
Current year of study or grade:	<input type="text"/>

#### SECTION C: NOMINATED CARETAKER AND/OR TRUST DETAILS

Who is the nominated caretaker of the surviving children: Parent ☐ Guardian ☐

##### Nominated caretaker's details

First names:	<input type="text"/>
Surname:	<input type="text"/>
Identity number:	<input type="text"/>
Date of birth:	<input type="text"/> Gender: <input type="text"/>
Residential address:	<input type="text"/>
	<input type="text"/> Code: <input type="text"/>
Cellphone number:	<input type="text"/>
Alternative contact number:	<input type="text"/>
E-mail address:	<input type="text"/>

**Details of the trust (if applicable)**

Name of trust:	<input type="text"/>
Name of appointed attorneys:	<input type="text"/>
Contact person:	<input type="text"/>
Physical address:	<input type="text"/>
	<input type="text" value="Code:"/>
Contact number:	<input type="text"/>
E-mail address:	<input type="text"/>

**SECTION D: BANKING DETAILS**

All payments will be made (subject to the policy terms and conditions), to the relevant educational institution, residence, book supplier and/or uniform supplier. In the event that the selected nominated caretaker and/or trust make payment directly to any of these parties (excluding the educational institution and residence), we will reimburse the selected nominated caretaker and/or trust on receipt of proof of payment.

**Nominated caretaker**

Name of account holder:	<input type="text"/>
Name of Bank:	<input type="text"/>
Branch:	<input type="text"/>
Branch code:	<input type="text"/>
Account type:	<input type="text"/>
Account number:	<input type="text"/>

**Trust (if applicable)**

Name of account holder:	<input type="text"/>
Name of Bank:	<input type="text"/>
Branch:	<input type="text"/>
Branch code:	<input type="text"/>
Account type:	<input type="text"/>
Account number:	<input type="text"/>

## SECTION F: 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 authorise Hollard Group Risk to make payment as instructed above and I acknowledge that payment by Hollard Group Risk of the benefits claimed, shall release Hollard Group Risk from all liability in respect of such benefits.

I authorise any educational institution or other person to provide Hollard Group Risk with any information they may require relating to the child's educational expenses and/or achievements, which may be necessary for Hollard Group Risk's consideration of the claim.

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.

Signed at  on this  day of  20

Name of selected nominated caretaker

Signature

OR

Name of contact person at trust

Signature

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