

## **DEATH WITH EDUCATOR BENEFIT CLAIM FORM**

Hollard Group Risk extends our heartfelt condolences on the loss of the insured.

It is essential that this form is fully completed to prevent any unnecessary delays due to missing or incomplete information. This form should be completed by the policyholder / authorised employer representative.

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

The request for completion of this form in no way constitutes admission of liability by Hollard Group Risk.

### **REQUIRED DOCUMENTS**

The fully completed form should be accompanied by the documentation listed below. Please indicate whether the relevant documents are attached. Hollard Group Risk reserves the right to request additional information if necessary.

#### **General documents for Death with Educator Benefit Claims**

- Copy of the deceased's death certificate.
- Copy of the deceased's identity document (copy of ID Book / front and back of Smart ID Card).
- Copy of the deceased's last payslip.
- Copy of the completed DHA 1663 (notice of death / stillbirth) report.
- Copy of the Police Report for Unnatural Cause of Death from the South African Police Service (if applicable).
- Copy of each child's unabridged birth certificate.
- A trustee resolution or recent beneficiary nomination form stating the names of the children.
- An affidavit stating why a child's surname is different to that of the deceased (if applicable).
- Copy of the adoption certificate (if applicable).
- Proof of registration at the relevant institution (if currently attending).
- Copy of the parent's identity document (if nominated caretaker is the surviving parent).
- Proof of the nominated guardian (if not the parent).
- Copy of the guardian's identity document (if nominated caretaker is a guardian).
- Proof of the trust (if applicable).

#### **Additional Documents Required for Approved Death Benefit Claims**

- Proof of the Retirement Fund's banking details, not older than 3 months (bank statement/ account confirmation letter from bank).

#### **Additional Documents Required for Unapproved Death Benefit Claims**

- Copy of the last completed nomination of beneficiary form.
- Copies of the beneficiaries' identity documents (copy of ID Book / front and back of Smart ID Card), or birth certificates (for minors). This should be for the beneficiaries indicated in the latest beneficiary nomination form.
- Proof of the beneficiaries' banking details not.

## SECTION A: POLICY DETAILS

Employer/ Policyholder:

Policy number:

Membership / Employee number:

## SECTION B: EMPLOYER'S DETAILS

Name of company:

Physical address:

Code:

\*Company Authority name:

Company Authority ID number:

Job title / designation:

Contact number:

Email address:

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First names:

Surname:

Identity number:

dd/mm/yyyy

dd/mm/yyyy

## SECTION D: GENERAL DETAILS

mm/yyyy

No

*If "No" please provide details below*

dd/mm/yyyy

Reason for absence from work:

R

Has the deceased been absent from \*Southern Africa?

Yes

No

\*Southern African: Angola, Botswana, Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Zambia

If "Yes" please provide details, including period absent from Southern Africa:

#### SECTION E: CLAIM DETAILS

Date of death:

dd/mm/yyyy

Cause of death:

Was the death as a result from an accident?

Yes

No

*If death is a result of an accident please ensure a Police Report is attached to this claim application.*

#### SECTION F: BANKING DETAILS (APPROVED DEATH BENEFIT CLAIMS ONLY)

Payment will be made to the Retirement Fund. Please provide the Retirement Fund's banking details below.

Name of account holder (Retirement Fund):

Name of bank:

Branch:

Code:

Account type:

Account number:

#### SECTION G: BANKING DETAILS (UNAPPROVED DEATH BENEFIT CLAIMS ONLY)

Payment will be made to the nominated beneficiaries (as per the nomination of beneficiary form). In the absence of the nomination of beneficiary form, payment will be made to the estate and details of the estate should be completed in Beneficiary A below.

Note that payment is only done via EFT (electronic fund transfer) and that no third-party payments are allowed. Payment will only be made to the beneficiary's bank account.

**Name of beneficiary A:**

Identity number:

Benefit percentage:

%

Relationship to deceased:

Contact number:

Physical address:

Code:

Name of bank:

Branch:

Code:

Account type:

Account number:

**Name of beneficiary B:**

Identity number:

Benefit percentage:

 %

Relationship to deceased:

Contact number:

Physical address:

Code:

Name of bank:

Branch:

Code:

Account type:

Account number:

**Name of beneficiary C:**

Identity number:

Benefit percentage:

 %

Relationship to deceased:

Contact number:

Physical address:

Code:

Name of bank:

Branch:

Code:

Account type:

Account number:

**Name of beneficiary D:**

Identity number:

Benefit percentage:

 %

Relationship to deceased:

Contact number:

Physical address:

Code:

Name of bank:

Branch:

Code:

Account type:

Account number:

## SECTION H: EDUCATOR BENEFIT REQUIREMENTS

You need to advise us of the details of the nominated caretaker (parent/guardian) and/or trust, as well as details of all the surviving children under the age of 25.

After a death benefit claim has been successfully assessed, an “Educator Benefit Certificate” will be issued to the nominated caretaker (parent/guardian). This certificate will detail the nature of the benefits, the claim requirements and list all eligible children.

Please refer to the group policy document and policy schedule for more information on the nature of the educator benefit.

Relationship of the nominated caretaker with 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"/>
Residential address:	<input type="text"/>
	<input type="text" value="Code:"/>
Contact number:	<input type="text"/>
Email address:	<input type="text"/>

### DETAILS OF 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"/>
Email address:	<input type="text"/>

### DETAILS OF SURVIVING CHILDREN

Child 1: full name and surname:	<input type="text"/>
Identity number:	<input type="text"/>
Date of birth:	<input type="text"/>
Is the child currently attending an educational institution?	Yes                      No
Current year of studies (if applicable):	<input type="text"/>

**Child 2: full name and surname:**

Identity number:

Date of birth:

Is the child currently attending an educational institution?

Yes

No

Current year of studies (if applicable):

**Child 3: full name and surname:**

Identity number:

Date of birth:

Is the child currently attending an educational institution?

Yes

No

Current year of studies (if applicable):

**Child 4: full name and surname:**

Identity number:

Date of birth:

Is the child currently attending an educational institution?

Yes

No

Current year of studies (if applicable):

## SECTION I: PRIVACY STATEMENT

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share your personal information 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 parties as is applied by us. By providing the required personal information and signing this form, you consent to us processing and sharing your personal information with 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 for marketing additional products and/or services.

## SECTION J: DECLARATION AND CONSENT

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. If 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 of the benefits claimed, shall release Hollard Group Risk from all liability in respect of such benefits. I consent to any medical practitioner, hospital or other third party to provide Hollard Group Risk with any information they may require relating to the deceased (e.g. medical information, accident and police reports etc.), which may be necessary for assessment of the claim.

For unapproved death benefit claims: I confirm that the nomination of beneficiary form provided to Hollard Group Risk is the last / most recently completed one in the member's personal file.

Company Authority signature

Date