

NOTIFICATION FORM: POTENTIAL DISABILITY CLAIM

This form is to notify Hollard Group Risk of a potential disability claim. Providing accurate and complete information during the claim application will ensure timely processing of your claim and help us determine eligibility for benefits.

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

If you require assistance or have any questions, do not hesitate to contact our team for guidance. We are committed to providing you with the support and assistance you need during this process.

PART 1: SCHEME AND MEMBER DETAILS

Employer / Policyholder

Member first name(s) and surname

Member ID number / Passport number (if no RSA ID)

PART 2: CLAIM NOTIFICATION DETAILS

Date the member was last able to work

Reason for claim notification:

Frequent absenteeism and/or depleted leave balances

Absent from work for 10 consecutive working days

Marked loss of productivity due to a medical condition

Planned medical procedure / hospital admission

Injury on duty

Injury / accident off-site

Medical condition

Other

PART 3: AUTHORISED SIGNATORY DETAILS (individual authorised to act on the policyholder's behalf)

First name(s) and surname

Designation

ID number

Contact number

Email address

Signature

Date signed (dd/mm/yyyy)