

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		
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	PART 1: SCHEME AND MEMBER DETAILS	
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Contact number Email address	Designation	
Contact number Email address	ID number	
Email address	TO number	
	Contact number	
	Email address	
Signature Date signed (dd/mm/vvvv)	Signature	Date signed (dd/mm/yyyy)