

## NOTIFICATION OF TEMPORARY ABSENCE FROM WORK

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

Temporary absence from work is allowed for a period of up to 6 months provided the absence is intended to be temporary, you continue to receive a salary unless your employer grants unpaid leave in writing, and premiums continue to be paid by your employer. If you are temporarily absent from work more than once, the absences must be separated by at least 3 consecutive months. If they are not, they will be added together to determine whether you are absent for longer than the 6 month limit.

Should you be temporarily absent from work for more than 6 months, you can request for us to consider extending your period of cover by completing the form below.

### SECTION A: MEMBER DETAILS

First names:

Surname:

Identity number:

Date of birth: (dd/mm/yyyy)

Policyholder / Employer:

Policy number:

### SECTION B: TEMPORARY ABSENCE DETAILS

Date temporary absence will start: (dd/mm/yyyy)

Date temporary absence will end: (dd/mm/yyyy)

Please advise the reason for temporary absence and include any information which may be relevant to the assessment of this request:

### SECTION C: PRIVACY

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 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 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 with Hollard Group or another organisation for marketing additional products and/or services.

## SECTION D: 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. I agree that any benefits in respect of a claim shall be forfeited if any false information is submitted or any material fact is withheld from Hollard Group Risk.

I have read, understand and agree to the privacy statement in this form which details 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 name of member

Full name of employer representative

Designation

Designation of employer representative

Date

Date

Signature of member

Signature of employer representative