

PERSONAL PARTICULARS

Policy number ID number

First name(s) of claimant

Surname of claimant

Date policy commenced

Income tax reference number Income tax office

EMPLOYMENT DETAILS

Name of employer (from whom you were retrenched)

Position held

Date of joining this employer Date last actively worked

Date last salary payable

What would have been your normal date of retirement had you not been retrenched?

When were you advised of your pending retrenchment?

How many employees were retrenched at the time you were retrenched?

Reason for retrenchment

Name of immediate manager (at date of retrenchment)

Contact details of this manager Tel (w)

Email address

PREVIOUS WORK HISTORY (for the past year)

Previous employer

Position held

Date of joining this employer Last working day

Please attach a copy of your certificate of service.

GENERAL HISTORY/OTHER PARTICULARS

Have you taken any sick-leave over the past two years? YES NO

If so, for how long on each occasion and for what medical reason?

What is your current medical status?

Should you be taking any chronic medication or undergoing any regular medical or paramedical treatment, please provide details:

Have you taken part in any labour action (ie voluntary strike, wage disputes, etc) over the past 12 months? YES NO

If answer is YES, please provide details:

Please ensure that you attach a copy of your original letter of appointment to your company, as well as a copy of a statement from your employer confirming your retrenchment.

Have you been offered any position(s)? YES NO

If YES, please supply details:

Have you accepted a position with any company? YES NO

If YES, please supply the name of the company:

--

Contact person Contact no

Date of commencement of employment

Have you registered for UIF? YES NO

Please supply your UIF no

DECLARATION BY CLAIMANT

- 1 I hereby declare that the information contained herein is true in all respects.
- 2 Accepting that I am thereby curtailing my right to privacy, but to facilitate the assessment of the risks, and the consideration of any claim for benefits, under a policy related to this or any other proposal for insurance made by me, or in respect of me as the insured life, I irrevocably authorise Nedgroup Life:
 - 2.1 to obtain from any person, whom I hereby so authorise and request to give, any information that Nedgroup Life deems necessary; and
 - 2.2 to share with other insurers that information and any information contained in this proposal or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Nedgroup Life or by the operators of such database.

Signature

Date

Address of claimant

Line 1	<input style="width: 900px;" type="text"/>
Line 2	<input style="width: 900px;" type="text"/>
Suburb	<input style="width: 900px;" type="text"/>
Town	<input style="width: 900px;" type="text"/>

Code

Tel (h) Tel (w) Cell