

# Spouse's Cover Claim Form

Member number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Please attach the following documents if deceased is a South African citizen:**

- Proof of marriage/ spouse/ Life partner must be provided. If a marriage is registered a marriage certificate is not needed. If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanent Life Partner, the attached Momentum affidavit must be completed and signed before a Commissioner of Oaths.

**Please attach the following documents in addition to the above if the deceased is a Foreign National:**

- Latest copy of ID or back and front copies of ID Card or birth certificate
- A copy of the deceased member's passport and death certificate. An English translation if document submitted in another language
- For proof of marriage / spouse a marriage certificate is needed. If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanent Life Partner, the attached Momentum affidavit must be completed and signed before a commissioner of oaths

**Please note that the processing of the claim is subject to the following conditions:**

- All applicable sections must be completed in full.
- All copies must be legible, and photocopies must be clear.

**Please fill in this form in the fields provided. Use the tab key to move from one field to the next.**

## Section 1: Employer details

Employer's name

Employee number

## Section 2: Member details

Title  Initials  First name/s

Surname

Date of birth   -   -

RSA ID Yes  No  ID/Passport no

Passport country of origin

Marital status of the member at the time of death  Single  Married  Permanent Life Partner  Divorced  Widowed

Last known residential address

Postal Code

Last known postal address

Postal Code

Last known Tel no: Work  Fax number

Last known Tel no: Home  Cellphone no

Last known email address

## Section 3: Deceased spouse's details

Title  Initials  First name/s

Surname

Date of birth   -   -

Date of death   -   -

RSA ID Yes  No  ID/Passport no

Passport country of origin

Relationship to member  Spouse  Permanent Life Partner

Last known Tel no: Work  Fax no

Last known Tel no: Home  Cellphone no

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Section 3: Deceased spouse's details (continued)

Deceased's postal address prior to death

Postal Code

Deceased's residential address prior to death

Postal Code

### Section 4: Payment details

Name of payee

Account holder's name

Name of Bank

Account type  Current/Cheque  Savings  Transmission  Branch office

Account number  Branch code  -  -

Signed at

Members' signature

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

### Section 5: Declaration by employer

I  (full names)

hereby declare that:

- At the time of death of the spouse the member's cover under the insurance policy was active;
- All particulars furnished in this form and accompanying documentation to the best of my knowledge are true and correct; and
- I have made every effort to comply with the requirements stipulated in this form.

Signed at

Designation

Signature on behalf of employer

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

**When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.**

#### Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to [momentumcorporateclient@momentum.co.za](mailto:momentumcorporateclient@momentum.co.za).
2. Place your scanned signature in the signature block.
  - Store your scanned signature in a safe place on your computer.
  - Select the 'comments' tab from your menu in Adobe.
  - Select the 'add stamp' icon.
  - Select custom stamps.
  - Create custom stamps.
  - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
  - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
  - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.

## Affidavit - Permanent Life Partner

**I, the undersigned**

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address

Postal code

**My contact details are:**

Cellphone no  Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**The deceased,** Title  Full name

RSA ID  Yes  No  ID / Passport no

Passport country of origin

was my permanent life partner since   -   -    , until the time of his or her death.

we were living together in a joint household which we mutually shared at

Residential address

Postal code

from   -   -     until the time of my partner's death   -   -

We were financially dependent on each other;

The financial dependent amount is R  per month

We have  children born from our "union" or jointly raised during our union namely

Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We shared the following living expenses:

We jointly owned the following assets and liabilities:

Please provide specific detail/s that can objectively prove/substantiate the content of proof of your partner with supporting evidence on the following:

**Insurance policy**

I nominated my partner

Title  First name

Surname

as a beneficiary under my  insurance policy

Policy Details

**Will and testament**

I nominated my partner/or my partner nominated me in our will under clause.

**Medical Aid**

I was covered under my partner's medical aid

Name of medical aid

from  -  -  until the time of his/her death  -  -

OR My partner

Title  First name

Surname

was covered under my medical aid from  -  -  until the time of his/her death  -  -

**In addition, the following information confirms my relationship to the deceased**

Signed at

**Deponent**  **Date**

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

**Commissioner of Oaths**  **Date**

Title  First name

Surname

Address

Postal code

## Affidavit - For marriages concluded under tenets of any other religion

**I, the undersigned**

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address

Postal code

**My contact details are:**

Cellphone number  Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**The deceased,** Title  Full name

RSA ID  Yes  No  ID / Passport no

Passport country of origin

was my husband/Wife since   -   -     , until the time of his or her death.

I confirm that our marriage was in terms of  Islamic law  Hindu law  Buddhist law  Other

The marriage was performed by: Title  First name

Surname

(Religious leader/ Designation)

Place

I attach a copy of a certificate issued by the authority (e.g. Muslim Judicial Council).

Signed at

**Deponent**  **Date**    -   -

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

<b>Commissioner of Oaths</b>	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>										

Title  First name

Surname

Address

Postal code

## Affidavit - African Customary Marriages

**I, the undersigned**

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address

Postal code

**My contact details are:**

Cellphone no  Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**The deceased,**

Title  Full name

RSA ID  Yes  No  ID / Passport no

Passport country of origin

was my husband/Wife since   -     -       , until the time of his or her death.

I confirm the following:

Our marriage was a customary union; (select whichever is applicable):

My late husband

Title  First name

Surname

paid lobola to my father/Guardian parent(s)

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

or with my and my father's consent on   -     -       that being our date of marriage;

**or**

My family and I paid lobola to my late wife's father/Guardian parent

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

with the intent of making her my lawful wife as per the custom on   -     -       that being our date of marriage;

the payment of/or part thereof of lobola, we have been living together as husband and wife from this date until the time of his death

**I attach a copy of the following**  proof of lobola letter  Certificate issued by any council or authority.  (select whichever is applicable)

Signed at

**Deponent**  **Date**    -     -

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

<b>Commissioner of Oaths</b>	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title  First name

Surname

Address

Postal code



**Affidavit - Where child/ren surname differs**  
(To be completed by the parent not claiming)

**I, the undersigned**

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address

Postal code

**My contact details are:**

Cellphone no  Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**I confirm the following:**

The deceased

Full Name

RSA ID  Yes  No  ID / Passport no

Passport country of origin

born on   -   -     was my biological child or my spouse's   child.

The deceased's surname was different from the members' due to the following reasons:

**I attach proof of the following showing that he/she was my child: (select whichever is applicable):**

- Medical aid certificate
- School fees receipts/statements;
- Beneficiary nomination form of any policy or product;
- Any other form of proof.

Signed at

**Deponent**  **Date**    -   -

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at																
<b>Commissioner of Oaths</b>						Date	D	D	-	M	M	-	Y	Y	Y	Y
	Title		First name													
Surname																
Address																
														Postal code		