

FundsAtWork Claim form for Family Protector

Member number

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

Please attach the following documents:

- Death certificate.
- Deceased's ID / Passport (If you have an identity card, please submit a copy of the front and back of the card) / birth certificate.
- Copy of the BI 1663 (obtainable from the doctor who certified the death).
- Claimant's ID / Passport (If you have an identity card, please submit a copy of the front and back of the card) / birth certificate.
- If the deceased child does not bear the same surname as the member, proof in the form of an affidavit.
- If the deceased is a spouse, a copy of the marriage certificate.
- If a marriage certificate is not available, proof that a permanent life partnership existed, in the form of an affidavit.

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 (compulsory)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Residential address

Postal address Postal Code

Telephone - work Fax number

Telephone - home Cell number

Email address

Tax number Tax office

Section 3: Claimant's details (if different from member)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Residential address

Postal address Postal Code

Relationship to the member Fax number

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

Section 7: Health premium waiver

- The health premium waiver pays the contribution to the member's medical scheme on the member's acceptance of disability by Momentum FundsAtWork (if they have an income or lump sum disability benefit) or on the member's death (if they have a group life benefit).
- Momentum FundsAtWork will make the payment to the medical scheme.
- Annual increases for members on Momentum Health will be covered by the health premium waiver benefit.
- Annual increases on another medical scheme will be capped to the medical inflation rate.
- All claims are subject to receiving the relevant accompanying documentation.

This claim is a result of the member's: Disability Death

Medical scheme details

Name of the medical scheme	<input type="text"/>
Reference number	<input type="text"/>
Option	<input type="text"/>
Number of dependants	<input type="text"/>
Premium paid	R <input type="text"/>

Section 8: Payment details of medical scheme (other than Momentum Health)

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account type	Current/Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Account number	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>

Section 9: Declaration by employer

I (full names)

hereby declare that:

- The deceased was a member of the scheme at the date of death or a dependant of a member.
- All particulars furnished in this form and accompanying documentation are true and correct.
- I have made every effort to comply with the requirements stated in this document.

Signed at

Designation

Signature

Date - - 2 0

Official stamp of employer

Completed form to be faxed to 012 675 3970 or emailed to clientcontactcentre@momentum.co.za.

Terms and conditions

1. Momentum FundsAtWork will not be liable for any losses the claimant incurs if the information supplied is unclear, illegible or incorrect in any way.
2. No benefit will be paid if death is as a result of suicide or self-inflicted injury within the first two years of the member flexing their benefit.
3. Momentum FundsAtWork reserves the right to request further documentation / proof before finalising this claim.
4. Notification of a claim must be received within 3 months of the date of death for it to be admitted.
5. All requirements must be received within 4 months for the claim to be paid.
6. All claims are subject to receiving the relevant accompanying documentation as specified at the beginning of this form.

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 clientcontactcentre@momentum.co.za or fax it to +27 (0)12 675 3970.
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.