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| **Our issuing this form for you to complete does not imply admission of any liability by Nedgroup Life.** |

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| **In the case of a natural death** | | | | | | | | | | | | | | | | | | | | |
|  | Completed claim form |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Copy of your ID document |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Retrenchment letter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | UI19 or certificate of service |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PERSONAL PARTICULARS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy number | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| First name(s) of claimant | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Main member's surname | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date policy commenced | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Income tax reference number | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Income tax office | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **EMPLOYMENT DETAILS** |
| Name of employer (from whom you were retrenched) |
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| Position held | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date last actively worked | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of joining this employer | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date last salary payable | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| What would have been your normal date of retirement had you not been retrenched? | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| When were you advised of your pending retrenchment? | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| How many employees were retrenched at the time you were retrenched? | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Reason for retrenchment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of immediate manager (at date of retrenchment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Contact details of this manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tel (w) | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |

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| **PREVIOUS WORK HISTORY (for the past year)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous employer | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Position held | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of joining this employer | | | | | | |  |  |  |  |  |  |  |  |  |  | Last working day | | | | |  |  |  |  |  |  |  |  |

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| Please attach a copy of your certificate of service. |

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| **GENERAL HISTORY/OTHER PARTICULARS** |  | | | |
| Have you taken any sick-leave over the past two years? | Yes | No |  |  |

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| If so, for how long on each occasion and for what medical reason? |
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| What is your current medical status? |
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| Should you be taking any chronic medication or undergoing any regular medical or paramedical treatment, please provide details: |
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| Have you taken part in any labour action (ie voluntary strike, wage disputes, etc) over the past 12 months? | Yes | No |

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| If answer is YES, please provide details: |
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| Have you accepted a position with any company? | Yes | No |

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| If YES, please supply the name of the company: |
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| Contact person | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Contact no | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of commencement of employment | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Have you registered for UIF? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | |
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| Please supply your UIF no | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | |  | | |

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| **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:
   1. to obtain from any person, whom I hereby so authorise and request to give, any information that Nedgroup Life deems necessary; and
   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.

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| Signature | | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  |  |  |  |  |

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| **Address of claimant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tel (h) | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Tel (w) | | |  |  |  |  |  |  |  |  |  |  |
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| Email address |  |

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