

## Loss of Income – Employer's Declaration

The information requested herein is material to the assessment of the claim and must be completed accurately and comprehensively. The claim will be assessed based on this information and in accordance with the policy terms and conditions, which form a binding contract between the Insurer and the Insured.

### 1. Employer details

Full names of contact person \_\_\_\_\_  
Designation \_\_\_\_\_  
Name of employer \_\_\_\_\_  
Telephone number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Line manager \_\_\_\_\_  
Contact number \_\_\_\_\_

### 2. Life insured details (employee)

Policy number \_\_\_\_\_  
Full names of employee \_\_\_\_\_  
ID number \_\_\_\_\_  
Employee number \_\_\_\_\_

### 3. Loss of Income details

Date on which employment commenced? \_\_\_\_\_  
Date when employee was last actively at work? \_\_\_\_\_  
Effective date of employee's loss of income? \_\_\_\_\_  
Was the employee a permanent employee/ temporary employee/contract worker? \_\_\_\_\_  
Was the Employee a partner in a partnership, a member of a Close Corporation, the director of a company, self-employed or employed by a family-owned business? \_\_\_\_\_  
Was the employee consulted prior about the loss of income? \_\_\_\_\_  
When did the company first notify the employee of possible loss of income? \_\_\_\_\_

#### 4. Declaration

I hereby declare and warrant that the above answers are true and correct, and that no material information has been withheld or omitted.

Full names \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



#### **Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013**

The privacy of our Insured is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

The Insured's Personal Information will be used to assess this retrenchment/loss of income claim for the Insured. You hereby agree to give honest, accurate and up-to-date Personal Information of our Insured to assist us in assessing the risk insured against.

You acknowledge that any Personal Information supplied to us in respect of the Insured is provided according to the Applicable Laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available any Personal Information you have provided in respect of our Insured unless it is a requirement in terms of the Applicable Laws.