Prospercare
benefit solutions

DEATH CLAIM NOTIFICATION

SCHEME DETAILS:			
Scheme name:		**Scheme number:**	

PRINCIPAL LIFE ASSURED DETAILS:		**Policy Number:**	
Policy Holder Full names:		**Company number:**	
		Date of entry:	
Nationality:		**Date of birth:**	
Country of birth:		**Claim Amount:**	
Country of residence:		**Payable to Company:**	
ID No./Passport No.:		**Contact Number:**	
Payable to:	**Undertaker or Society** ☐ **Claimant** ☐ **Third party nominee** ☐		
***PPR Rule 2A.10.1 and 2A.10.2: Payment to a specific parlour or a third party is voluntary and by choice of the claimant as elected at claim stage.**			

DECEASED DETAILS:			
Full Name(s):		**Relation to Member:**	
Surname:		**Nationality:**	
ID No./Passport No.:		**Country of birth:**	
Date of birth:		**Country of residence:**	
Date of Death:		**Place of Death:**	
Cellphone number:		**Cause of Death:**	
Physical address:			

CLAIMANTS DETAILS: (Beneficiary's details: In case of member's death)			
Full Name(s):		**Relation to Deceased:**	
Surname:		**Country of Birth:**	
ID No./Passport No.:		**Nationality:**	
Date of birth:		**Country of residence:**	
Contact Number:		**Nominated Beneficiary:**	
Physical address:			

REQUEST TO PAY A BENEFIT TO SOMEONE OTHER THAN THE BENEFICIARY

I, _____ with ID/passport number_____ the original beneficiary of the above Claim Benefit authorises the Receiver,

Full Names _____ID number_____ to receive the benefit that is due to me. The Receiver will handle the claim on my behalf and collect the benefits from NESS on my behalf.

I acknowledge that the Funeral Cover that is claimed through Funeral Parlour (where applicable) will be utilised for the service by the parlour. I therefore agree that the claim amount must be paid to the parlour (where applicable) for discharging the service.

_____ _____

SIGNITURE OF THE CLAIMANT **DATE**

BANK DETAILS:			
Account Holder:		**Bank Institution:**	
Branch:		**Account Number:**	

By signing this form; I certify that the above information is true and correct; I declare that the official documents attached hereto, were issued by the Department of Home Affairs of South Africa; I understand that the claim can only be processed once the claimant has submitted all the relevant documents; Furthermore, I give the Insurer and NESS permission to use my information to check whether it appears on any sanction/crime watch lists, as required by law, and to inform the relevant legal bodies if it does appear on any sanction/watch lists. I understand that, in terms of the law, the Insurer/NESS cannot pay any benefits/refunds to me if my details are on any sanction lists

_____ _____

FULL NAMES OF THE CLAIMANT **ID/PASSPORT NUMBER OF THE CLAIMANT**

_____ _____

SIGNITURE OF THE CLAIMANT **DATE**

FOR OFFICE USE ONLY ***REPORT ON CLAIM ASSESMENT***			
APPROVED/DECLINED:		**ASSESSOR:**	
Date Received:		**Date Assessed:**	
Date Paid:		**Signature:**	
Remarks:			

ATTACH THE FOLLOWING ORIGINAL DOCUMENTS (tick on the box if attached)

- ☐ Computerised death certificate (abridged certificates or medical reports unacceptable)
- ☐ Copy of ID/Passport document of the deceased (must be stamped "DECEASED") and be certified by the South African Police Service or Commissioner of Oath.
- ☐ Copy of ID/Passport document of the claimant certified by South African Police Service or Commissioner of Oaths
- ☐ Copy of BI -1663 (Page 1-3)
- ☐ Supporting proof of relationship if the Principal Life Assured and spouse are not legally married.
- ☐ Copy of Police report if death is due to unnatural causes.
- ☐ Copy of pay slip.
- ☐ Copy of bank statement.

Additional documentation to be submitted:

- ☐ Child of 21 not yet 26 and full-time student –confirmation satisfactory to NESS from the recognized educational institution to confirm fulltime study at the time the death occurred.
- ☐ Child over 21 and mentally retarded or totally and permanently disabled, any of the following documents must be submitted:
  Confirmation, satisfactory to NESS of disability grant
  Medical aid application of Principal Member Medical Report
- ☐ If the surname of the deceased (spouse or child) is different to that of the Principal Life Assured, please provide an explanation for the difference in surname and provide supporting documents:

If the Spouse's surname is different, please attach any of the following documents: (tick on the box if attached)

- ☐ Copy of marriage certificate.
- ☐ Confirmation of customary union issued by Magistrate Lobola Letter
- ☐ Letter from the Tribal chief

If the Child's surname is different, please attach any of the following documents: (tick on the box if attached)

- ☐ Registration/ Birth certificate reflecting parent's details.
- ☐ Baptismal Certificate reflecting parents' details.
- ☐ Adoption papers.
- ☐ Copy of Medical aid membership.
- ☐ Marriage and birth registration in respect of stepchildren.

PROTECTION OF PERSONAL INFORMATION DECLARATION

The Protection of Personal Information Act (POPIA) requires **Prospercare Benefit Solutions Pty Ltd ("Prospercare"); NESS Consulting Services Pty Ltd ("NESS") and "Insurer" (as stated in the Policy Terms and Conditions furnished with the Participation Certificate)** to inform you how we use, disclose, and destroy personal information we obtain from you. Prospercare, NESS and Insurer is committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, securely, and according to applicable law. Prospercare, NESS and Insurer undertake not to divulge to any party not signatory to this Policy, any information you supplied and relating to your Benefits without your prior written consent, unless required by law.

By signing this declaration, I consent to the following:

- My personal information may be collected, processed, recorded, used, and must be safeguarded during the rendering of financial services to me by Prospercare, NESS and Insurer.
- My personal information will be used only for the purposes for which it was collected and agreed to with me.
- Prospercare, NESS and Insurer may add to my personal information, with information received from other product providers and third parties to offer a more comprehensive and appropriate service to me.

- Prospercare, NESS and Insurer may verify, share, and disclose my personal information to their product providers and third parties whose services or products they use in order to adequately and appropriately render financial services to me.
- Prospercare, NESS and Insurer may also disclose my information where it has a duty or a right to disclose in terms of applicable legislation, the law or where it may be necessary to protect its rights.
- Prospercare, NESS and/or Insurer may collect and process my personal information for Prospercare, NESS and/or Insurer's own marketing purposes to ensure their products and services remain applicable and appropriate.
- Prospercare, NESS and Insurer will adequately protect my personal information to avoid unauthorized access and use of my personal information.

Furthermore, I understand that:

- I have the right to access my personal information.
- I have the right to ask Prospercare /NESS to update, correct or delete my personal information on reasonable grounds.
- Once I object to NESS or Prospercare processing my personal information, Prospercare and/or NESS may no longer process my personal information, within reasonable parameters unless to conclude outstanding business. If I object to the Insurer and/or NESS processing my personal information, the processing of the claim may cease as the processing of the personal information is material during the processing of the claim for settlement.
- Should I wish to withdraw my consent to process my personal information, I must do so in writing, addressed to NESS/ Prospercare Information Officer. You can contact the Information Officer on
    - NESS Information Officer 011 715 9700
    - Sanlam Information Officer 011 359 3058
    - Avbob Information Officer
    - Prospercare Benefit Solutions 011 675 3570
- Once I withdraw my consent for, I understand that the Insurer and NESS are still obliged under other legislation to keep the information for at least 5 years after termination of the relationship between the Insurer, NESS and myself.

I acknowledge that I have read and understood this declaration.

_____ _____

SIGNITURE OF THE CLAIMANT DATE

PAID UP BENEFITS (TO BE COMPLETED ONLY IF APPLICABLE)			
Supply full details of eligible dependents of the deceased Principal Member, who qualify for a Paid-up Benefit, under the fund:			
Name and Surname:	***Relation to Member:***	***ID Number:***	***Date of Birth:***
	SPOUSE		Y Y Y Y M M D D
CHILDREN:			
			Y Y Y Y M M D D
			Y Y Y Y M M D D
			Y Y Y Y M M D D
			Y Y Y Y M M D D
			Y Y Y Y M M D D
If a claim is in respect of a Paid-up Benefit - Paid-up Certificate No:			

_____

Claimants Initials