Credit Insurance Disability Claim Form
Employer Declaration

To be completed by the Claimant's employer

Complete all sections of this form, and ensure that it is signed, dated and stamped before submitting it.

Attach the following to this form:

- Copy of proof of income as at the date of disability
- Copy of the employer-issued job description (where applicable)
- Any medical certificate/medical information that the claimant may have relating to the claim
- All certificates of fitness
- Sick, attendance or leave records for the last 2 years preceding their date of disability
- Clock-in and clock-out records

The completed form, together with supporting documents, must be emailed to **insuranceclaims@capitec.com** or submitted to a Capitec Bank branch.

Section 1: Details of employee

First names

Surname

ID /Passport number

Alternate contact details (Emergency contact), in case we cannot get hold of the employee

Name and Surname

Relationship

Cellphone number

Email

Employer Details

Name of Employer

Employer's physical address

Postal code

Name of contact person at the company

Telephone number (h)

Email

Cellphone number

Designation

Section 2: Employee's Occupational details

Date employee joined the company: D D M M Y Y Y Y

Did the employee work full time: Yes No

Date the employee was last able to perform their normal duties D D M M Y Y Y Y

If the employee works underground, when was the last date they went underground due to their medical condition? D D M M Y Y Y Y

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Section 2: Employee's Occupational details (continued)

What is the employees current employment status?

Working full-time ☐ Working part-time ☐

On paid sick leave ☐ On unpaid leave ☐

Laid off or retrenched ☐ Under notice of termination of service ☐

What was the date of termination of service

D	D	M	M	Y	Y	Y	Y	

Occupation

Summary of main duties, including hours worked before their condition:

Please indicate, with an X, the physical demands of the employee's job

	Always	Never
Sedentary		
Light		
Medium		
Heavy		
Very Heavy		

Indicate from below which competencies are required to perform the employee's job

	Very often	Often	Seldom
Literacy			
Numeracy			
Memory			
Problem solving			
Decision making			
Specialised knowledge			
Speaking			
Writing			
Listening			
Reading			
Public Speaking			

Indicate which of the following are inherent job requirements

	Always	Seldom
Verbal communication		
Written communication		
Electronic communication		
Telephonic communication		
Communication with clients		
Communication with colleagues		
Conflict resolution		

Section 2: Employee's Occupational details (continued)

How often is the employee exposed to the following conditions

	Always	Sometimes	Never
Dust			
Vibration			
Noise			
Fumes			
Heat			
Cold			

List all items, equipment, tools, materials and machinery used

Section 3: Accommodation in the workplace

Have any attempts been made at realignment to accommodate the employee? Yes ☐ No ☐

If Yes, describe in which capacity:

Section 4: Medical condition

Has the employee been injured on duty or developed an occupational disease? Yes ☐ No ☐

If yes please supply us with all IOD forms/medicals

Does the claim relate to an accident? Yes ☐ No ☐

Does the claim relate to an illness? Yes ☐ No ☐

If Yes, supply details of the injury, illness or accident.

Section 5: Other Insurance

Does your company have other insurance for your employees? Yes ☐ No ☐

Has a claim been submitted to the other Insurer Yes ☐ No ☐

If yes, please provide the details of the other insurer:

Insurer name

Insurer contact number

Insurer email address

Contact person

Section 6: Declaration

I hereby declare and warrant that the answers given by me in this claim form are, in every respect, true and correct, and that no material information has been withheld nor relevant circumstances omitted.

I authorise that the information can be forwarded to Capitec Bank. I also hereby authorise Capitec Bank to release the aforementioned information to other parties involved in the claim.

Signature: _____

Name: _____

Official title _____

Date | | | | | | | | |
D D M M Y Y Y Y

Company Stamp

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 disability 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.