

Unemployment/Inability to Earn an Income Cover Assessment

Employer declaration

Name of Employee:

Identity Number:

The above-mentioned person is the policyholder of a Capitec Bank Credit Insurance policy. We have been informed that they have recently become unemployed or are unable to earn an income.

This form should be completed by an authorized signatory of the company. Please complete all sections of this form, and ensure that it is signed, dated and stamped before submitting it.

If any of the following documents are available, please attach them to this form to assist with the assessment process.

- Company stamped discharge certificate or termination letter / retrenchment letter
- Certificate of service
- UI19 form (if available)

The completed form, together with supporting documents must be emailed to Insuranceclaims@capitec.com

Section 1: Employer Contact Details

Company name:

Telephone number:

Email address:

HR Representative (Full Name):

Telephone number:

Position:

Section 2: Employee Details

Employee Number: Employment Start Date:
D D M M Y Y Y Y

Employee's new contact Number:

Personal Email address:

Employees alternative contact details:
 (Emergency contact)

Position:

Termination Date:
D D M M Y Y Y Y

Employment Category

Fixed term Contract Permanent Limited Duration Contract Seasonal

Section 3: Reasons for termination of Employment

Reason for Termination of Employment (please select only one):

Resignation	<input type="checkbox"/>	Reorganisation	<input type="checkbox"/>	Adverse conditions	<input type="checkbox"/>
Voluntary retrenchment	<input type="checkbox"/>	Operational requirements	<input type="checkbox"/>	Employee reductions	<input type="checkbox"/>
Closure of business	<input type="checkbox"/>	Liquidation	<input type="checkbox"/>	Fixed term contract ended	<input type="checkbox"/>
Employer contract not renewed	<input type="checkbox"/>	Medically unfit	<input type="checkbox"/>	Retirement	<input type="checkbox"/>
Employer contract ended	<input type="checkbox"/>			Dismissal	<input type="checkbox"/>
Reason for dismissal	<input type="text"/>				
Other (specify)	<input type="text"/>				

If Voluntary retrenchment has been selected, please confirm the following:

Was the option of voluntary retrenchment and/or a voluntary severance package offered prior to the initial retrenchment notification process? Yes No

Did the employee select this to mutually terminate the employment relationship? Yes No

Would the employee still have been retrenched regardless of accepting the voluntary retrenchment package? Yes No

Was voluntary retrenchment offered to expedite the retrenchment process? Yes No

Who initiated the voluntary retrenchment? Employer Employee

Has the employee been offered an alternative position in your company? Yes No

If, yes please elaborate

First Date of Consultation on LRA Sec 189 Process:
D D M M Y Y Y Y

Notification date of possible retrenchment:
D D M M Y Y Y Y

Actual date of Personal Notification:
D D M M Y Y Y Y

Your prompt feedback is appreciated. If you have any questions, contact us on 0860 66 77 83 (option 6).

Section 4: Declaration

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

I authorize that the information can be forwarded to Capitec Bank and also hereby authorize Capitec Bank to release the aforementioned information to other parties involved in the claims

Date
D D M M Y Y Y Y

Signature: _____

Name: _____

Official Title _____

Official Stamp

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