zestlife
Cover you can trust.
People you can depend on.

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Claim Form

In respect of a potential permanent disability claim for a Medical Premium Waiver Policy

SECTION A: INSURED DETAILS

This declaration will form the basis on which your claim is assessed. Please ensure that each question is answered and the information given is complete and accurate. Any misstatement could be used as a basis for the claim not being admitted.

Title ____ Full names ____

Surname ____

Date of birth DD/MM/YYYY Gender M F Identity number ____

Address ____ Postal code ____

Cell phone number ____ E-mail address ____

Telephone number (home) ____ Policy Number ____

Do you belong to a medical scheme as the PRINCIPAL member? Yes ☐ No ☐

If yes:

Medical scheme name ____

Medical scheme plan type ____

Medical scheme membership number ____

Medical Scheme Dependant Details

Names of principal member and dependants	Surname	Date of birth (ddmmyyyy) or ID number	Relationship to principal member	Monthly medical contribution

SECTION B: SUPPORTING DOCUMENTATION REQUIRED

The following documents must be submitted with the claim form:

1. Copy of the insured ID document. ☐
2. Employer declaration including job description of employee. ☐
3. Medical report completed by the doctor who treated the life insured. ☐
4. Medical reports supporting the permanent disability. ☐
5. Proof of medical scheme contributions (not older than three months), reflecting dependant details and contribution amounts per principal member and dependant. ☐
6. Copies of certificate/s, diploma/s, degree/s for qualifications obtained listed in Section D. ☐

SECTION C: DISABILITY DETAILS

Date of disability DD/MM/YYYY When did the condition start that caused the disability? DD/MM/YYYY

Cause of disability

Was the disability caused by attempted suicide, self-inflicted injury or transgressing any law or as a result of participating in a war or hazardous activities? Yes ☐ No ☐

SECTION D: EDUCATION DETAILS

Highest standard/grade passed

Driver's license codes

Name(s) of universities/colleges or technikons attended

Degrees and/or certificates obtained/or courses passed

Trade certificates obtained

In-house training received

SECTION E: MEDICAL INFORMATION

Conditions for which claiming for

Details of accident causing the injury

Date of accident causing the injury DD/MM/YYYY

Details of any hospitalisations within the last two years

Name of hospital				
Condition				
Date of admission				
Date of discharge				

Details of any surgery performed within the last ten years

Current treatment. Please list all medication you are on and the dosages.

SECTION F: DETAILS OF MEDICAL PRACTITIONERS AND REHABILITATION EXPERTS

General Practitioner or rehabilitation expert

Full names | Date first seen DD/MM/YYYY

Surname

Telephone number

Specialist

Full names | Date first seen DD/MM/YYYY

Surname

Telephone number

Speciality

Specialist

Full names | Date first seen DD/MM/YYYY

Surname

Telephone number

Speciality

SECTION G: EMPLOYMENT HISTORY

Please indicate your full employment history at your employer, from the most recent to the earliest position.

	Most recent	**Previous**
Date started		
Job title		
Name of employer		
Educational qualifications required for that position		
Broad description of work done		
Date ceased		

When do you expect to take up any occupation in the future?

On a part-time basis? DD/MM/YYYY On a full-time basis? DD/MM/YYYY

What is your current employment status? Please tick the appropriate box.

Working full-time	☐	Working part-time	☐
On sick leave	☐	On unpaid leave	☐
Laid off or retrenched	☐	Dismissed	☐

SECTION H: DECLARATION

I declare to the best of my knowledge that all the particulars given on this claim form are true and correct, and that no material information has been withheld or omitted.

I hereby authorise any medical practitioner, hospital or any other person who has information about my health to provide such information to Zestlife or any interested party nominated by Zestlife who requires this information for the purpose of accessing my claim.

I hereby authorise Zestlife to furnish any medical information contained in medical reports or otherwise which they have obtained in the course of the assessment of my claim, to any medical practitioner or allied medical practitioner (eg occupational therapist, physiotherapist or psychologist) who may require such information for the purpose of assisting Zestlife in the assessment of my claim.

Signature ____________________ DD/MM/YYYY

Witness ____________________ DD/MM/YYYY

SECTION I: PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013

Your privacy 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 and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.