

Death Claim Form

Medical Premium Waiver

SECTION A: INSURED DETAILS

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>		
Date of birth	<input type="text" value="DD/MM/YYYY"/>	Identity number	<input type="text"/>
Date of death	<input type="text" value="DD/MM/YYYY"/>	Policy number	<input type="text"/>
Cause of death	<input type="text"/>		

When did the condition start that caused the death?

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

Did the insured 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 death certificate of insured.
2. Copy of the insured ID document.
3. Proof of previous medical scheme contributions (not older than three months), reflecting dependant details and contribution amounts per principal member and dependant.
4. Proof of new medical scheme quote for new principal member and remaining dependants reflecting dependant details and contribution amounts per new principal member and dependant.
5. Copy of Notice of Death form (BI1663).
6. Completed Confidential Medical Report (if date of death is within 1 year from commencement of the policy).
7. Police statement if the death is due to an unnatural cause.

8. Copy of the post mortem or blood/alcohol tests if the death was caused by a motor vehicle accident where the claimant was the driver of the vehicle.

9. Proof of beneficiary bank account not older than 3 (three) months.

SECTION C: DETAILS OF BENEFICIARY

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>		
Relationship to insured	<input type="text"/>		
Payment of the monthly medical premium waiver benefit will be made to the above beneficiary			
Full names of account holder	<input type="text"/>		
Surname of account holder	<input type="text"/>		
Identity number of account holder	<input type="text"/>		
Bank name	<input type="text"/>	Branch code	<input type="text"/>
Branch name	<input type="text"/>		
Account number	<input type="text"/>	Account type	<input type="text"/>

SECTION D: DETAILS OF PERSON COMPLETING THIS FORM

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>		
Address	<input type="text"/>	Postal code	<input type="text"/>
Cell phone number	<input type="text"/>	Work telephone number	<input type="text"/>
E-mail address	<input type="text"/>		

I hereby waive any right to privacy and authorise the Insurer (or its appointed Administrator):

- to obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorise to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this claim for benefits under this Policy arising from this claim application, and;
- to disclose any insurance information (provided by me or on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Insurer or by the operators of such database; and
- to verify any information provided against other sources or databases;
- to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary in order to assess this claim; and
- where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

Signature _____

SECTION E: 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.

Zestlife is an Authorised Financial Services Provider. FSP no. 37485.

Underwritten by Guardrisk Life Limited, FSP No. 76, a licensed life insurer in terms of the Insurance Act.

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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.
