

## Assetlife

# Retrenchment Claim Form

### 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"/>	Gender	<input type="checkbox" value="M"/> <input type="checkbox" value="F"/>
Identity number	<input type="text"/>		
Policy number	<input type="text"/>		
Address	<input type="text"/>	Postal code	<input type="text"/>
Cell phone number	<input type="text"/>	Telephone number	<input type="text"/>
E-mail address	<input type="text"/>		
Date employment commenced	<input type="text" value="DD/MM/YYYY"/>	Date of retrenchment	<input type="text" value="DD/MM/YYYY"/>
Reason for retrenchment	<input type="text"/>		
Employer	<input type="text"/>		
Employee number	<input type="text"/>		
Employer contact person name	<input type="text"/>		
Contact person e-mail address	<input type="text"/>		
Contact person telephone number	<input type="text"/>		

### 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 relating to the retrenchment
3. Notice of termination stating the terms and conditions of the retrenchment agreement accepted by the claimant.
4. UI-19 Form

### SECTION C: INSURED DISCHARGE DECLARATION

I declare that to the best of my knowledge 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 my ex-employer or any other person who has information about my retrenchment to provide such information to Zestlife or any interested party nominated by Zestlife, who requires the information for the purpose of assessing my claim.

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 \_\_\_\_\_

DD/MM/YYYY

## **SECTION D: PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013**

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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. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

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