

## Policy information

Start date of policy

d	d	m	m	y	y	y	y
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Policy number

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Page  of

Group name / administrator

As the person claiming, you must give all information and documents necessary and sufficient to consider and finalize your claim. Our claim rules and practice will apply. Please complete this form fully and correctly, and sign it, in black ink. Then, give it to us with all the documents we need at any of our offices countrywide or e-mail to claims@dignity.co.za or fax it to 012 548 4726 / 012 546 0728. We pay valid claims for funeral benefits within 48 hours, after we have received all required information and documents. Other benefits may take longer.

## Documents you must give to us

- certified copy of the deceased's death certificate
- certified copy of the deceased's ID document - stamped deceased
- certified copy of the deceased's marriage certificate or divorce order
- DHA1663 form/notification of death
- DHA 1680 form / declaration by traditional leader (if applicable)
- certified copy of your ID document
- latest statement of the bank account into which cash benefits must be paid, showing the name of account holder and account number
- in the event of unnatural death:
  - SAPS investigation officer's report
- if you are claiming for a child:
  - certified copy of the child's birth certificate
  - guardianship letter, if applicable

## The deceased

Surname

First names

ID number

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Marital status

single <input type="checkbox"/>	married <input type="checkbox"/>	divorced <input type="checkbox"/>	widowed <input type="checkbox"/>
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Street address before death

code

Last occupation

Employer

Tel of employer

Date of death

d	d	m	m	y	y	y	y
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Cause of death

## If death was due to unnatural causes - like an accident

Name of undertaker

Any evidence or suspicion of suicide?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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Date reported

d	d	m	m	y	y	y	y
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SAPS station - incident reported

Tel

## About the funeral

Name of undertaker

Date of funeral

d	d	m	m	y	y	y	y
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Contact person at the undertaker

Tel of undertaker

E-mail

Policy number

**About you, the person claiming**

Surname

First names

ID number

Relationship to the deceased

Tel of person claiming

Mobile of person claiming

E-mail

Street address

code

Postal address

code

Job title

Employer

**Change of beneficiary**

I, \_\_\_\_\_ with ID number

the original beneficiary of the above deceased, authorize \_\_\_\_\_ "the Receiver" as the appointed beneficiary to handle the claim on my behalf, and to collect the benefits from Dignity Life on my behalf, and instruct the Receiver to use proceeds of the claim to pay for the funeral services rendered. Any monies remaining after the payment of the funeral expenses should be paid to me by the Receiver. Should the Receiver not pay the remainder of the funds to me, I will not have a claim against Dignity Life for the shortfall, as the arrangement for the payment is between me, the Receiver.

**Particulars of bank account of appointed beneficiary or claimant**

Account holder

Name of Bank

Name of branch

Branch code

Account no

Type of account

current

savings

transmission

Claim amount

**I, the person claiming declare**

I have not withheld any information or documents that Dignity Life needs to consider and finalize this claim. This form has been completed fully and correctly. Everything in it is true, and I understand it and agree with it. I authorize you, Dignity Life, to get information and documents that are necessary and sufficient to consider and finalize this claim from other persons and entities - including from medical practitioners, hospitals, other insurers, credit bureaus, previous or present employers, any public official or body. I authorize all such other persons and entities to provide such information and documents to you. I understand my claim can be delayed if additional documents or information are requested.

Signature

Date