

# FAMILY CRISIS PLAN

## DEPENDANT INFORMATION FORMS

### Adding dependant information and submitting claims:

**IMPORTANT** Please ensure that all members (Contract cleaners) submit their **dependant nomination forms** to their HR to scan and email to Healthcor Projects so that there is a record that these documents have been sent and to ensure that family dependants are covered. Kindly ensure that all contract cleaners complete their dependant nomination forms and ensure that original forms are handed to HR department, Area Manager or Supervisor to save copies on Human Resources databases and for Safe record keeping. All contract cleaners' dependant nomination forms are to be emailed to [helpdesk@healthcorsa.co.za](mailto:helpdesk@healthcorsa.co.za) and cc [queries@healthcorsa.co.za](mailto:queries@healthcorsa.co.za).

Ensure that claim forms are handed to your employer or supervisor to submit to Healthcor Projects within 6 months from date of incident. All claims received after 6 months from date of incident will be regarded as stale claims.

Queries toll free number:	<b>0800 800 030</b>
Call / WhatsApp number:	<b>064 922 8489</b>
Claim forms email:	<b><a href="mailto:claims@healthcorsa.co.za">claims@healthcorsa.co.za</a></b>
Dependant Nomination forms email:	<b><a href="mailto:helpdesk@healthcorsa.co.za">helpdesk@healthcorsa.co.za</a> cc: <a href="mailto:queries@healthcorsa.co.za">queries@healthcorsa.co.za</a></b>

### For more information or assistance contact

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