HEALTHCOR PROJECTS SINCE 1988

Healthcor Projects (Pty) Ltd is an Authorised Financial Services Provider, No. 17862

BARGAINING COUNCIL BCCCI CONTRACT CLEANING SERVICES INDUSTRY KZN

FAMILY *CRISIS PLAN*

DEATH AND FUNERAL CLAIM FORM

This form MUST be completed and returned to **Healthcor Projects (Pty) Ltd.**
Leli fomu KUFANELWE ligcwaliswe bese libuyiselwa kwa **Healthcor Projects (Pty) Ltd.**

Please send this completed form with all relevant documentation to claims@healthcorsa.co.za
For assistance please call Healthcor Projects (Pty) Ltd on 064 922 8489 or 083 278 4680

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

PERSONAL PARTICULARS (PRINCIPAL MEMBER)

COMPANY NAME		POLICY NUMBER	
SURNAME		FIRST NAMES	
ID OR PASSPORT NO.			
DATE OF BIRTH	D D M M Y Y Y Y		
COMPANY BRANCH		COMPANY SITE	

PERSONAL PARTICULARS (OF CLAIMANT)

SURNAME		FIRST NAMES	
ID OR PASSPORT NO.			
DATE OF BIRTH	D D M M Y Y Y Y		
TELEPHONE NUMBER	CODE	CELLPHONE NUMBER	CODE
WORK NUMBER	CODE		

POSTAL ADDRESS	PHYSICAL ADDRESS (IF DIFFERENT)
POSTAL CODE	POSTAL CODE

PARTICULARS OF DECEASED

SURNAME		FIRST NAMES	
ID OR PASSPORT NO.			
DATE OF BIRTH	D D M M Y Y Y Y		
GENDER	☐ MALE ☐ FEMALE	RELATIONSHIP TO MEMBER	☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

IS THIS CLAIM IN RESPECT OF A DEPENDANT CHILD OVER THE AGE OF 21? ☐ YES ☐ NO

IF YES, PLEASE ATTACH DETAILS OF THE SCHOOL, COLLEGE OR UNIVERSITY ATTENDED BY THE PATIENT AND/OR PROOF THAT THE CHILD WAS TOTALLY DEPENDANT ON THE PRINCIPAL MEMBER.

DETAILS OF CLAIM

TYPE	☐	NATURAL DEATH	☐	ACCIDENTAL DEATH
EXACT CAUSE OF DEATH				
DATE OF DEATH	D D M M Y Y Y Y			
PLACE OF DEATH				
FUNERAL PARLOUR				

PAYMENT INSTRUCTIONS

ACCOUNT HOLDER'S NAME				
BANK / BUILDING SOCIETY		ACCOUNT TYPE		CURRENT
ACCOUNT NUMBER				TRANSMISSION
BRANCH CODE				SAVINGS

CAPACITY

DATE D D M M Y Y Y Y

SIGNATURE OF ACCOUNT HOLDER

TAKE NOTE:

Any benefits payable are to be made into a nominated beneficiary's bank account. No payments to a third party is permitted. Neither Groups R Us or Sanlam or Healthcor Projects (Pty) Ltd will be liable for any losses for payments where incorrect bank details have been provided.

DECLARATION BY CLAIMANT

1. I hereby declare that the person mentioned under claim details is nominated under the abovementioned policy, that all the particulars given are true and complete, and that his / her / my incapacitating condition was not wholly or partly, directly or indirectly caused by the contingencies mentioned in the exclusions of the policy in question.
2. I further declare that the above statements and answers to the questions under the relevant sections are true and completed in full, that I/we have not withheld any material information and that I/we undertake to furnish any documentation which may be required by the Insurer.
3. I expressly waive all provisions of law, custom or professional etiquette forbidding any physician or any other person attended or examined the deceased or any institution in which the deceased received treatment to disclose any knowledge or information which was thereby acquired and I/we authorise all such persons or agencies to furnish any information in their possession to the Insurer or its authorised representative.
4. I hereby authorise any hospital, physician or other person who has attended or examined the deceased to furnish to, Sanlam or its authorised representative, any information with respect to any illness or injury medical history consultation prescriptions or treatment and copies of all hospital or medical records.
5. I consent to Groups R Us / Healthcor Projects (Pty) Ltd or its authorised representatives from obtaining and processing my and the deceased's personal information and I understand why my /their personal information is required and the purpose it will be used.
6. I acknowledge I have the right to request from Groups R Us / Healthcor Projects (Pty) Ltd details of any of my personal information Groups R Us / Healthcor Projects (Pty) Ltd holds on my behalf and details of how my personal information has been processed and to lodge a complaint with the Information Regulator.

DATE D D M M Y Y Y Y

SIGNATURE

PRINCIPAL MEMBER / NOMINATED BENEFICIARY / EXECUTOR OF DECEASED ESTATE (NAME/SURNAME)

TO PROCESS YOUR CLAIM SUCCESFULLY PLEASE ATTACH

	Fully completed and claim form
	Certified ID / birth certificate copies - deceased and claimant
	Certified copy of death certificate
	A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care
	BI-1663 form / death registration form
	Accident / Police report (for accidental death claims only)
	Stamped copy of claimant's bank statement
	In the case of a dependant child over the age of 21, please attach details of the school, college or university attended by the deceased

DATE D D M M Y Y Y Y

SIGNATURE OF CLAIMANT

TAKE NOTE:

Any information that is not correct/accurate, and that cannot be confirmed by hospital administration or by the doctor(s) that attended to the patient, will be forwarded to the forensics department for investigation. The council/employer will be informed if any fraudulent information is being supplied and case will be reported to SAPS for further investigation.

Administered by GROUPS R US INSURANCE PARTNERS

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Underwritten by Sanlam

Tel: 064 922 8489/ 083 278 4680 PO B ox 1735, Umhlanga Rocks, 4320

Healthcor Projects (Pty) Ltd (CIPC Reg No. 1993/006077/07) is an authorised Financial Services Provider (FSP17862) and is underwritten by Sanlam Developing Markets (CIPC Reg No. 1911/003818/06), a licensed Life Insurer and authorised Financial Services Provider (FSP11230). Groups Are Us (Pty) Ltd t/a Groups R Us (CIPC Reg No. 2020/553498/07) is an authorised Financial Services Provider (FSP45735) and the appointed administrator.