

Loss of Income

CLAIM FORM

ACCOUNT HOLDER/POLICY HOLDER/CLAIMANT PERSONAL INFORMATION	
Title	
Surname	
Initials	
First Name	
Date of Birth	
ID number of Insured	
Telephone number (mobile)	
Postal address	
Email address	
Account Number – Store card/credit card/loan	
Policy number	

IMPORTANT DOCUMENTS WE REQUIRE TO PROCESS YOUR CLAIM
Letter from Employer on company letterhead
UI 19 Form (obtained from Employer)
Affidavit (if requested)
ID of Insured
Bank statements not older than 3 (three) months
Email documents to claims@rcsgroup.co.za with claim form

DECLARATION:

I, the claimant, hereby certify that all the information I have provided relative to this claim is true and correct.
 I acknowledge that it is the claimant's responsibility to prove a valid claim exists and that RCS can only assess a claim on submission of documentation. If I do not meet these conditions within 4 (four) months of the date of the event giving rise to a claim, the claim may be rejected and I will lose all benefits in respect of the claim.

Signature

Date

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EMPLOYER INFORMATION	
TO BE COMPLETED BY THE CLAIMANT	
Name of Employer	
Contact number of Employer and name of HR person	
Employee payroll number	
Date employed	
What was your occupation immediately before your loss of income?	
What date were you first made aware of your impending loss of income?	
What was your last day of work?	
What is the reason for your loss of income? Please select from the list below – PLEASE CIRCLE ANSWER Staff reduction YES / NO Voluntary retrenchment YES / NO Medical boarding YES / NO Resignation YES / NO End of fixed term contract YES / NO Dismissal YES / NO Other (if other please specify in the next block) >>	
Have you received any verbal or written reprimand that which constituted part of your Employer's disciplinary procedure in the 6 (six) months prior to termination of employment? If YES kindly elaborate	
INDUSTRIAL ACTION	
Is any industrial court action pending? If YES please provide information	
Please note: The insurer reserves the right to reclaim the benefit paid if you are reinstated and your company reimburses you for lost income	

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PROCESSING OF PERSONAL INFORMATION IN TERMS OF POPI 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.

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 utilized 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 utilized 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.

Signature	
Date	

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