

OCCUPATION QUESTIONNAIRE

Employee/member's Name:	Policy Number:
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A. CURRENT EMPLOYMENT DETAILS:

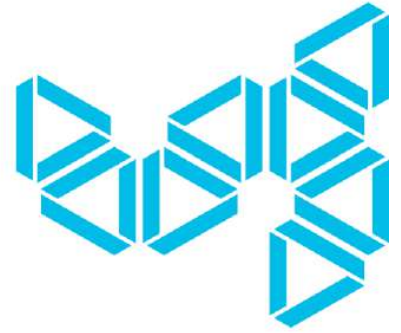
A 1. Employer or business details: *(If unemployed, please provide details of your last employment)*

a) Name and address of employer or business: _____

b) Contact name: _____

c) Telephone number: _____

d) Email address: _____



A 2. Employment Details

a) Date employment commenced? _____

b) Job title: _____

c) Please list their key/essential duties: _____

d) Full-time Part-time How many hours work per week? _____

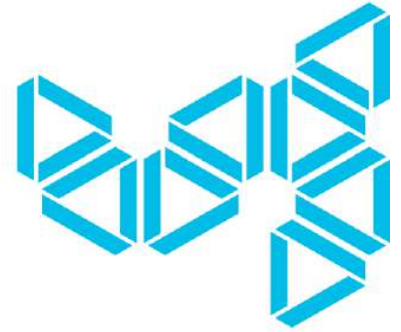
e) Is shift work or on-call work involved? No Yes

If yes, please provide details of the shift patterns or the on-call work and typical working

hours: _____

f) Have there been any performance issues in the last 12 months No Yes

If yes, please provide further details: _____



g) Date of last performance review and grade/rating: _____

A 2. Employment Details

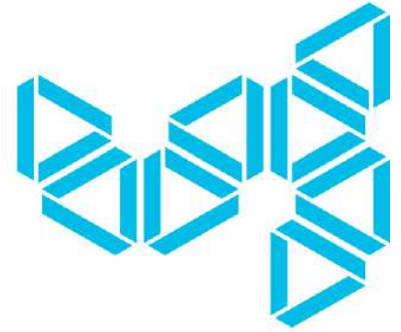
a) What is the work environment? (e.g. office, outdoors, factory): _____

b) Please highlight any special conditions that the employee/member may be exposed to in their work environment, for example dangerous chemicals or fumes, extreme temperature or dampness, dust, etc.: _____

A 3. Job Activities

a) Please highlight whether the employee/member's work involves the use of specialist equipment and/or highly strenuous or potentially dangerous activities: .: _____

b) Does the work involve management or supervision? No Yes
If yes, how many staff is the employee/member responsible for? _____



- c) Does the job require any specialist training, skills or qualifications? No
- Yes

If yes, please provide further details: _____

- d) Does the job involve driving: No Yes

If yes, please provides details of the type of vehicle driven and the average monthly mileage: _____

- e) Does the job require any form of travelling such as flying? Please specify if local or international and frequency of travel: _____

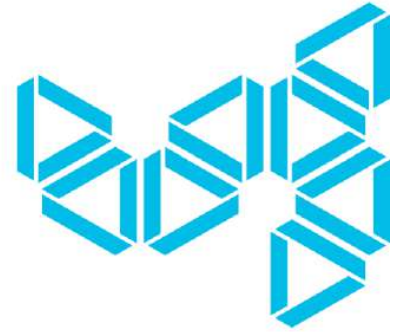
Please attach a copy of the employee/member’s latest job description form

B. ABSENCE FROM WORK

- a) What was the employee/member’s last active day at work as a result of their current medical condition? _____

- b) Please provide details of all leave/time off taken over the past 12 months:

Type of leave	Details	Beginning date	End date
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C. DISABILITY AND REHABILITATION

a) Prior to their current absence, had any changes already been made to the employee/member’s duties or work environment to accommodate their illness/disability? No Yes

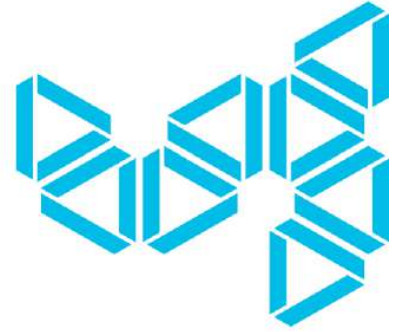
If yes, please provide further details: _____

b) Does the employee/member’s job remain open for them to return to? No Yes

c) Have you discussed a return to work with the employee/member? No Yes

d) Are alternate duties available? No Yes

If so, please provide details on alternate duties: _____



- e) Are modifications required? No Yes
- f) What is the estimated return to work date? _____

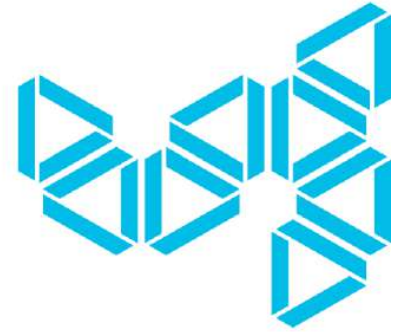
- g) Will you be able to accommodate a return to work on reduced hours in order to facilitate a return to work? No Yes
- h) What employee-assistance services are available to assist the employee with a return to work (e.g. psychologist services, wellness clinics etc.)? _____

- i) Is Ill Health Early Retirement being considered? No Yes

If appropriate, please attach details of the employee/member’s return to work plan outlining the dates, hours and duties they will be undertaking.

E. PROFESSIONAL (WORK) QUALIFICATIONS

Date	Qualification



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F. PREVIOUS WORK HISTORY

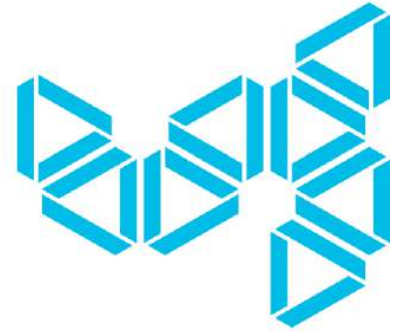
Has the employee/member's occupation changed during the last 12 months? No Yes

If yes, please provide details of the reason for the change and the effective date of the change: _____

G. DECLARATION

I declare that the above statements are to my knowledge true and complete.

Signature:	Date:
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Name in block capitals:	

I hereby confirm that the above information is true and accurate as supplied by myself.

I understand that the RMA Life Assurance Company Limited will keep this information protected as required by South African Law, and will only share the information with a third party for the purposes of assessment of the claim.

