

**Email completed & signed documents to:**

claims@simply.co.za

**Or post to:**

Simply Financial Services

3rd Floor, Grove Exchange

9 Grove Avenue, Claremont 7945

*This form is to be completed by the employee or member*

Full name: ..... Policy number: .....

**SECTION A: CURRENT EMPLOYMENT DETAILS**

Please indicate if you are: ☐ Employed ☐ Self-employed ☐ Unemployed

**Employer or business details** *(if unemployed, please provide details of your last employment)*

Name of employer/business: .....

Physical address: .....

..... Email address: .....

Contact name: ..... Telephone number: .....

**Job profile** *(if unemployed, please provide details of your last employment)*

Job title: ..... Date employment commenced: .....

Please list your key/essential duties: .....

.....

Is your position: ☐ Permanent ☐ Temporary ☐ Full-time ☐ Part-time

If temporary, please confirm the contract end date: .....

How many hours do you work per week? .....

What environment do you work in? (e.g. office, outdoors, factory) .....

Are you exposed to any special conditions in your work environment, e.g. dangerous chemicals or fumes, extreme temperature, dampness or dust? .....

Does your work involve the use of specialist equipment and/or highly strenuous or potentially dangerous activities? .....



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Does your work involve management or supervision? (yes/no) .....

If yes, how many staff are you responsible for? .....

Does your job require any specialist training, skills or qualifications? (yes/no) .....

If yes, please provide further details: .....

Does your job involve shift work or on-call work? (yes/no) .....

If yes, please provide details of the shift patterns or the on-call work: .....

Does your job involve driving? (yes/no) .....

If yes, please provide details of the type of vehicle you drive and your average monthly mileage: .....

How far do you travel to work and what form of transport do you use? .....

Do your duties require any other travel (e.g. flying) and if so, how often? .....

**Additional questions for unemployed claimants** *Please attach your latest job description form*

Date last worked: .....

Reason for leaving: .....

Daily activities prior to illness: .....

**SECTION B: DISABILITY AND EMPLOYMENT**

*Please answer the following questions if you are an employee*

When were you last unable to work as a result of your current medical condition? .....

Does your job remain open for you to return to? (yes/no) .....

Have you discussed a return to work with your employer? (yes/no) .....

Can your employer offer alternate duties? (yes/no) .....

Could you return to work if modifications were made? (yes/no) .....



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*Please provide additional information in relation to your responses:*

What is your planned return to work date? .....

What was the date of your last performance review and what was your rating? .....

*Please answer the following questions if you are self-employed*

From what date have you been disabled from working? .....

Are you a sole proprietor or a partner? .....

How many partners are in the business? ..... How many staff do you employ?.....

Does your business continue in your absence? (yes/no) .....

If yes, who is running the business? .....

Do you have any continued involvement? (yes/no) .....

If yes, please confirm the extent of your involvement and explain what business activities you are undertaking:

Are you receiving and making telephone calls? How many per day? .....

How often do you attend the business premises? .....

Do you continue to manage/supervise staff? .....

How many hours per week are you working? .....

Do you continue to have contact with your clients? If yes, please provide further details: .....

Do you continue to receive a salary/income from the business? (yes/no) .....

If yes, please provide further details: .....



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What is your current monthly remuneration from the business? .....

Are you a provisional tax payer? (yes/no) ..... Income Tax number for SARS: .....

What is your planned return to work date? .....

Do you have any additional businesses? Please provide company names and details: .....

.....

.....

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.....

.....

.....

.....

SECTION C: PROFESSIONAL (WORK) QUALIFICATIONS

Date	Qualification

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### SECTION D: PREVIOUS WORK HISTORY

Date of employment	Job title	Employer name and address	Occupational duties

### SECTION E: EDUCATION

Date	Qualification



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**SECTION F: DECLARATION**

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

I have read and understand the terms and conditions of my policy.

I furthermore give the insurer consent to obtain further medical evidence or to contact my medical specialists or healthcare providers to discuss my condition in further detail.

I acknowledge that all information asked for in this form is taken into account when assessing the payment of benefit. Please also remember that if you do not answer the questions fully and accurately, the benefit may not be paid.

I understand that the Simply Financial Services (Pty) Ltd and Hollard Life Assurance Company Limited will keep my personal 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.

Name in block capitals: .....

Signature: ..... Date: .....



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