Liberty Corporate – A division of Liberty Group Limited Reg. No. 1957/002788/06
An Authorised Financial Services Provider (Licence No. 2409)
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NOTIFICATION OF A POSSIBLE DISABILITY CLAIM

Member's Surname & First Name/s _____

ID Number | | | | | | | | | | | | | |

Telephone no. (h) _____ (w) _____

E-mail address _____ (Cell) _____

Residential address _____

Postal address _____

Scheme name _____

Scheme number _____

Employer _____

Employer's address _____

Contact person _____ Telephone no. _____

Email address _____

Intermediary name _____

Telephone no. _____ Facsimile no. _____

Postal address _____

E-mail address _____

Type of benefit

☐ Occupational Income Plus Plan ☐ Progressive Income Plus Plan

☐ Occupational Capital Disability ☐ Progressive Capital Disability

Employment details

Date member joined the company _____

Date member joined the scheme _____

Member's Job title and brief job description _____

Has the member stopped working? ☐ Yes ☐ No

If yes, state the last day that the member was actively at work _____

If no, provide full details of the actual duties the member is currently performing and the hours worked

_____

_____

_____

_____

Medical information

Medical diagnosis of member's condition _____

Details of member's General Practitioner

Name _____

Physical address _____

Telephone number _____ Facsimile no. _____

Details of member's treating specialist / hospital / clinic

Name _____

Physical address _____

Telephone number _____ Facsimile no. _____

Notification submitted by _____

Signed at: _____ this _____ day of _____ 20 _____

_____

Signature