

Disability Claim Form – PHI

Fund members

Please submit all claim forms and supporting documents to:

The National Bargaining Council for the Electrical Industry SA

Contact person: Nomsa Magagula

Phone number: 011 339 2312

Email: ecifund@nbcei.co.za or nomsam@nbcei.co.za

Head office physical address: 122 Queen Street, Kensington, Johannesburg

Name of Administrator: Phakama Administration Services

Email: claims@phakama.co.za

Fax No: +27 (0) 86 514 1115

Address: Private Bag X13, Lynnwood Ridge, 0040

Disability assessments are conducted by: SOMA initiative

Soma Help Desk: (021) 670 6920

Checklist

Please submit all relevant documentation detailed below so that the claim can be processed quickly. Please note that incomplete forms or documentation will result in delays in the processing of the claim. The Insurer may at their discretion request additional claim requirements to validate the claim.

- Disability claim form
- Proof of identity of the claimant (copy of ID book/Smart Id/Passport/Birth Certificate)
- Copy of claimant's sick leave records
- Copy of the claimant's last payslip (month of disability)
- Certificate of Medical Attendant completed by the doctor who treated the claimant
- Certificate of Medical Attendant completed by the treating specialist
- Police Report - completed by the Investigating Officer (if applicable)
- Accident report (in the event of a Motor vehicle Accident or Pedestrian vehicle Accident)



Policy details

Policy number: _____

Name of employer: _____

Contact person: _____

Contact number: _____

Date of employment:

D	D	M	M	Y	Y	Y	Y	Y
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Employee/membership number: _____

Claimant's details

First name: _____

Surname: _____

Gender: Male Female

Date of birth:

D	D	M	M	Y	Y	Y	Y	Y
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RSA ID: Yes No

ID number/Passport number:

Passport country of origin: _____

Issue date:

D	D	M	M	Y	Y	Y	Y	Y
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Expiry date:

D	D	M	M	Y	Y	Y	Y	Y
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Country of Birth: _____

Citizenship: _____

Email address: _____

Contact number: _____

Residential address: _____

Telephone number (home): _____

Cell phone number: _____

Occupation: _____

General details

Month last risk contribution was paid:

M	M	Y	Y	Y	Y	Y
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Last date the main member was at work:

D	D	M	M	Y	Y	Y	Y	Y
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Disability details

What was the cause of disability? _____

When were you diagnosed with this disability? _____

When did you first consult with your regular doctor for this condition? _____

When did you first suffer from symptoms resulting in your seeking medical assistance? _____

What symptoms did you experience? _____

Do you have difficulty performing any of the following activities, and if so, to what degree is the limitation? (Use a scale of 1 (cannot perform at all) to 10 (no impact)).

Activity	Description	Scale (1 to 10)
Washing	The Policyholder is permanently unable to attend to his or her bathing, showering, washing and drying-off independently and is entirely dependent on another person to assist with these tasks.	
Dressing	The Policyholder is permanently unable to attend to his or her own dressing needs and is entirely dependent on another person to put on or take off clothes, fasten garments and/or attend to the wearing or use of artificial limbs or assistive devices.	
Transferring & Mobility	The Policyholder is permanently unable to move from one place to another without total reliance on another person.	
Toileting	The Policyholder is incontinent and is permanently unable to attend to his or her bladder and bowel actions without assistance and supervision.	
Feeding	The Policyholder is permanently unable to feed him or herself and always requires assistance to eat, including special preparation of food to ingest it.	



Medical information

Name of Medical aid: _____

Medical aid number: _____

Please complete this section:

Name of Doctor	Condition treated	Date of treatment	Treatment prescribed

Medical practitioners and rehabilitation expert details

Please complete each section below:

General Practitioner

Name of Doctor	Doctor's contact details	Name of facility (e.g., hospital)	Date of consultation	Treatment details	Date of last consultation



Specialist

Name of Doctor	Doctor's contact details	Name of facility (e.g., hospital)	Date of consultation	Treatment details	Date of last consultation

Employment history

Please indicate your recent employment history:

Name of current employer: _____

Phone number of employer: _____

Email address of employer: _____

Contact person and designation: _____

When was the last salary payment? _____

Description of current duties: _____

Permanently or temporary employed: _____

Any expectation to change occupations in the future? _____

Will the above change in occupation be on a part-time or full-time basis? _____

What is your current employment status?

Working full-time: _____ Working part-time: _____

On sick leave: _____ On unpaid leave: _____

Laid off or retrenched: _____ Medically Boarded: _____

DECLARATION

I, the Claimant, do hereby warrant the above information as the truth. I authorise any hospital, clinic, doctor or other individual to furnish the Insurer with all information in respect of my claim, including any copies of medical records, consultations, medical history, sickness or injuries the deceased might have had with any institution. I have not withheld any information which could be material to the assessment of the claim.

I hereby waive any right to privacy and authorise the Insurer (or its appointed Administrator):

- to obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorise to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this claim for benefits under this Policy arising from this claim application; and
- to disclose any insurance information (provided by me or on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as a group, at any time and in such detailed, abbreviated, or coded form as may from time to time be decided by the Insurer or by the operators of such database; and
- to verify any information provided against other sources or databases; and
- to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary in order to assess this claim; and
- where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

I further confirm that the information I have provided is true and accurate and constitutes a full disclosure of information.

Claimant's full name: _____

Claimant's Signature

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Date

Anti-money Laundering Provisions and Influential Persons Declaration

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. It differentiates between a politically exposed person, domestic prominent influential person, foreign prominent public official and a known close associate or family of domestic prominent influential persons and foreign prominent public officials. More than one of the definitions can apply to the same person. Read the explanations at the end of this form, indicate which explanations apply to you and give your reason.

<input type="checkbox"/>	Politically exposed person	<input type="text"/>
<input type="checkbox"/>	Domestic prominent influential person	<input type="text"/>
<input type="checkbox"/>	Foreign prominent public official	<input type="text"/>
<input type="checkbox"/>	Known close associate	<input type="text"/>
<input type="checkbox"/>	Family member	<input type="text"/>

Definitions of influential persons

- **A Politically exposed person** is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation. **Examples:** A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organisation.
- **A Prominent influential person** refers to any individual who are or have in the past been entrusted with prominent functions in a particular country. A South African PIP would be known as a Domestic PIP. A Foreign Prominent Public Official (FPPO) would be someone who holds a Prominent Public Official (PPO) position in a foreign country. **Examples:** Premier of a province, member of a foreign royal family, government minister or equivalent senior politician, leader of a political party, high ranking member of the military/police, etc.
- **A known close associate** is an individual who is closely connected to a prominent person, either socially or professionally. The term "close associate" is not intended to capture every person who has been associated with a prominent person. **Examples:** Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.
- **A family member** is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. **Examples:** Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

Declaration in respect of the protection of personal information act

Processing of Personal Information in terms of the Protection of Personal Information 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, 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.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by Us 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 Policy.
- 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.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone, or fax number) to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.

You understand that if the Administrator/Insurer has utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk or with the Information Regulator once established.

Claimant's full name: _____

Claimant's Signature

Date

Office use only – To be completed by the Administrator – FICA Confirmation

Is the claimant/beneficiary:	Yes	No
a Politically Exposed Person (PEP)?	<input type="checkbox"/>	<input type="checkbox"/>
a Domestic Prominent Influential Person (DPIP)?	<input type="checkbox"/>	<input type="checkbox"/>
a Foreign Prominent Public Official (FPPO)?	<input type="checkbox"/>	<input type="checkbox"/>
on a Sanction List?	<input type="checkbox"/>	<input type="checkbox"/>

Administrator full name: _____

Administrator Signature

Date