



# Disability Claim Form

Complete where applicable using block letters or tick



Scheme Name:

Employer Name:

Employer Branch Name or Number:

Scheme Number:

## Personal particulars (please complete in full)

Surname & Title:

First Names and Initials:

Identification Number:

Date of Birth:  
dd/mm/yyyy

Member's Residential address:

  
  

Member's Postal address:

  
  

Member's contact numbers:

Cell:

Member's email address:

Marital Status:

Married

Single

Divorced

Widowed

Gender:

Employee number:

Income Tax number:

Revenue Office:

Date of disability:  
dd/mm/yyyy

Date of last contribution:  
dd/mm/yyyy

## Details of Occupation

Date started current job:	<input type="text"/>	Date of last actively able to this job:	<input type="text"/>
Position held:	<input type="text"/>		<input type="text"/>
List main duties:	<input type="text"/> <input type="text"/> <input type="text"/>		
Have you been able to perform any part of your main duties since the disability:	<input type="text"/>		
What was the highest level of schooling received: Standard/grade	<input type="text"/>	Year:	<input type="text"/>

## Details regarding impairment

List of complaints \_\_\_\_\_  
\_\_\_\_\_

When were these symptoms first noted? \_\_\_\_\_

What caused your impairment? \_\_\_\_\_  
\_\_\_\_\_

How has this impairment limited you from performing any particular part of your main duties?  
\_\_\_\_\_

Please print the name, address and telephone number of your doctor who is currently attending to you.  
\_\_\_\_\_  
\_\_\_\_\_

## Declaration

We declare that:

- The information contained herein is correct.
- We indemnify N-e-FG Administrators (Pty) Ltd and the Fund against any action and or liability arise as a result of any error or incorrect information supplied herein.

Signatures:

Member

on behalf of employer / trustees

Date

dd/mm/yyyy

Date

dd/mm/yyyy

### Disability Claim Form

N-e-FG Administrators (Pty) Ltd Licensed as a an Administrator in terms of section 13B of the Pension Funds Act number 24 of 1956.  
13B License number 24/425

Company stamp:



## Notes

**The following supporting documentation must be submitted:**

1. Disability form to be completed in full
2. Company stamp must be on the disability form
3. Certified copy of your ID
4. Sick leave records (2yrs)
5. Sick notes on file
6. Certified copy of bank statement
7. Copy of last payslip before disability
8. Full job description of all duties
9. Confidential medical report completed by the treating specialist
10. All medical reports relating to the claimants condition i.e. X-ray/scan reports, blood tests etc