

Member details

Member number																									
Surname																									
First names																									
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y	ID/passport number														
Passport expiry date	D	D	-	M	M	-	Y	Y	Y	Y	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>										
Nationality																									
Cellphone number													Telephone number												
Email																									
Member's job title																									
Date of employment	D	D	-	M	M	-	Y	Y	Y	Y															

General medical information

The last date the member attended work and was capable of performing their normal duties - -

What is the reason for notifying us of this possible disability claim? (For example, this may include the member's diagnosis, the nature of the member's condition, or type of injury.)

Is this notification a result of work-related factors?

Yes No

If "Yes", please give details. (For example an injury on duty, conflict experienced at work, workload, etc.)

Please complete the details of the treating doctors below:

Name of treating doctor	Speciality/qualifications	Contact details

Is this a late notification? (i.e. submitted within 3 months of diagnosis/disability) Yes/No

Yes No

If yes, please state reasons for this:

Declaration (if form completed by the employer / employer representative or financial adviser)

I confirm that the above information is true and correct, and that no information has been withheld or omitted. I understand fully and agree that the written statements and affidavits given in support of this claim forms part of the claim. I agree that in the event of me withholding any material fact or me giving false information, the member may forfeit any and all benefits for this claim.

Surname																								
First names																								
Designation																								

Signed at (town or city)

Authorised signatory

Date - -

Declaration (if form completed by the member)

I confirm that the above information is true and correct, and that no information has been withheld or omitted. I understand fully and agree that the written statements and affidavits given in support of this claim forms part of the claim. I agree that in the event of me withholding any material fact or me giving false information, I may forfeit any and all benefits for this claim.

Signed at (town or city)

Member signature

Date - -

How to submit complaints

You can submit your complaint to us on the below contact details or to the other mentioned stakeholders if you are still not satisfied with the outcome.

Discovery Group Risk contact centre

Telephone: 0860 047 687

Email: Group_Risk_Complaints@discovery.co.za

The Information Regulator (South Africa)

JD House, 27 Stiemens Street

Braamfontein, Johannesburg, 2001

P.O Box 31533

Braamfontein, Johannesburg, 2017

Complaints email: POPIAComplaints.IR@justice.gov.za and PAIAComplaints.IR@justice.gov.za

General enquiries email: inforeg@justice.gov.za

For advice related complaints, you may approach the office of the FAIS Ombud on the following details:

Kasteel Park Office Park, Orange Building, 2nd Floor,

Cnr of Nossob and Jochemus Street, Erasmuskloof, Pretoria.

Phone: 012 762 5000 / 012 470 9080

Fax: 012 348 3447 / 012 470 9097

Postal Address: P.O. Box 74571, Lynwood Ridge, 0040

Website: faisombud.co.za

If we have not resolved a complaint to your satisfaction using the contact details above, you may contact the Long-term Insurance Ombud (LTIO) for further recourse:

Third Floor, Sunclare Building,

21 Dreyer Street,

Claremont,

Cape Town,

7700

021 657 5000 / 0860 103 236

info@ombud.co.za

Privacy Statement

When you engage with us, you trust us with personal information about yourself, your spouse, your dependants and beneficiaries. We are committed to protecting your right to privacy and will take all reasonable steps to keep your personal information safe and confidential. The purpose of this Privacy Statement is to set out how we collect, use, share, process and secure/store your personal information, in line with the Protection of Personal Information Act ("POPIA"). Although we may change/update this statement at any time, the link below will always be the most updated version that is available on our website.

[Click here](#) to view our Privacy Statement.