# Disability claim - Notification and consent form





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Telephone 0860 543 322, email: groupriskclaims@discovery.co.za, PO Box 3888, Rivonia 2128, www.discovery.co.za.

### How to complete this form

### Purpose of this form

This form should be completed to notify us of a potential disability claim.

### Steps to completing this form

- 1. This form must be completed by the member, employer/employer representative or financial adviser.
- 2. Answer all questions, do not leave any questions blank (unless noted as optional) or cross any out.
- 3. You can complete the form electronically or print it out and complete it by hand.
- 4. Please complete all information in black ink, write one letter per block and print clearly.
- 5. To avoid any administrative delays or errors, please ensure this form is completed in full with accurate information and signed, and that the necessary supporting documents are attached.
- 6. Email the form to groupriskclaims@discovery.co.za.

Please note: If you do not understand any questions on the form, ask your financia	al adviser or contact Discovery Group Risk.													
Required documents														
Please provide the required supporting documents with the submission of the com-	pleted form.													
Copy of power of attorney (if applicable)  Medical certificates and reports  Leave records														
Employer or policyholder details														
Group scheme name														
Group scheme number														

Member details																														
Member number																					Ī									
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If yes, please state rea										۵.۵.,	9	,,,,		,		,,														
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Signed at (town or city)																												
Authorised signatory																		Date	e D	D		M	M		Υ	Υ	Y	Y
Declaration (if form	n co	omį	ole	ted	by	the	me	emb	er)																			
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Signed at (town or city)																												
Member signature																		Date	e D	D	-	M	M	-	Y	Υ	Υ	Υ

### 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.