

Spouse Life Cover and Funeral Cover Benefit claim form

Discovery Group Risk
GRF138



Contact details

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 is the employer's statement for their claim under the Discovery Group Risk policy.

Steps to complete this form

1. This form must be completed by an authorised signatory of the scheme who is a board member or the employer.
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 completed form and supporting documents to groupriskclaims@discovery.co.za or post it to PO Box 3888, Rivonia 2128.

If you do not understand any questions on the form, ask your financial adviser or contact Discovery Group Risk.

Checklist

Please use this checklist to ensure you have all the required supporting documentation to submit with the claim form to ensure ease of processing the claim.

- Beneficiary ID document
- Beneficiary banking details
- Death certificate
- Notice of death (Please include the page of the Notice of death that reflects the actual cause of death)
- Police/accident report (Only required in the case of unnatural causes of death)
- Member's ID document
- Deceased's ID document
- Proof of relationship
- Member's proof of income
- Member's banking details
- Life Cover and Funeral Cover Benefit claim (Statement by police) form
- Proof of payment of the benefit made by the employer to the claimant. Only required in the case that the employer advanced the payment of the Funeral Cover Benefit.

Please refer to the section on 'Required documents' at the end of this form for more detail as to what exactly is required.

Discovery Group Risk reserves the right to ask for any extra information and documents it views necessary to process the claim. Incomplete details and unclear documents may cause delays and may be requested again.

Employer or Policyholder details

Please note that this section is not compulsory.

Employer name	<input type="text"/>
Group scheme name	<input type="text"/>
Group scheme number	<input type="text"/>

Member details

Member number (not compulsory)																										
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																										
Residential address																										
Code																										
Cellphone number													Telephone number													
Email address																										

Details of deceased (Spouse's details)

Relationship to member																										
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																										
Residential address																										
Code																										

Details of death

Date of death	D	D	-	M	M	-	Y	Y	Y	Y	Time of death														
Place of death																									

Was the death due to natural causes? Yes No

Was the death due to unnatural causes? Yes No

Was the cause of death due to COVID-19 complications? Yes No

Please state the actual detailed reason for the cause of death below. (To confirm the actual cause of death, refer to the BI-1663 (Notice of death) or from the details received from a medical doctor).

In the case of an unnatural death, please state the police station where the death was reported.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is an inquest going to take place? Yes No

When did the health of the deceased first begin to worsen? (if applicable)

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

When did the deceased first consult a doctor for his or her illness? (if applicable)

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

ID/passport number	<input type="text"/>	Date of birth	<input type="text"/> D <input type="text"/> D	-	<input type="text"/> M <input type="text"/> M	-	<input type="text"/> Y <input type="text"/> Y	<input type="text"/> Y <input type="text"/> Y
ID/passport number	<input type="text"/>	Passport expiry date	<input type="text"/> D <input type="text"/> D	-	<input type="text"/> M <input type="text"/> M	-	<input type="text"/> Y <input type="text"/> Y	<input type="text"/> Y <input type="text"/> Y
Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>					
Nationality	<input type="text"/>							
Cellphone number	<input type="text"/>	Telephone number	<input type="text"/>					
Email address	<input type="text"/>							
Account holder name	<input type="text"/>							
Bank name	<input type="text"/>							
Branch	<input type="text"/>							
Branch code	<input type="text"/>	Account Current	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>	
Account number	<input type="text"/>							

Declaration

I hereby 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 claimant will forfeit any and all benefits for this claim.

Signed at (town or city)	<input type="text"/>												
Surname	<input type="text"/>												
First names	<input type="text"/>												
Designation of company representative	<input type="text"/>												
Authorised signatory	<input type="text"/>						Date	<input type="text"/> D <input type="text"/> D	-	<input type="text"/> M <input type="text"/> M	-	<input type="text"/> Y <input type="text"/> Y	<input type="text"/> Y <input type="text"/> Y

EMPLOYER STAMP

Required documents

Member (Beneficiary) documents

- A copy of the member's proof of earnings (for example their last payslip).
- Certified copy of the member's identity document or a certified copy of both the front and back of the member's smart ID.
- Member's banking details in the form of a copy of a bank statement stamped by the bank, stating the branch code and account number, and not older than three months.
- Proof of member's relationship to deceased (for example a certified copy of the marriage certificate, affidavit or certified lobola letter signed by chief/priest) stating relationship to the deceased.
- For a Civil Union marriage:
A copy of the Civil Union partnership certificate.
- For a customary marriage:
A copy of the registration certificate issued by the Department of Home Affairs or an affidavit as confirmation of the customary marriage. Where the affidavit is not sufficient we may request for an additional affidavit from two people who had attended the marriage ceremony.
- Where two individuals lived together as if they were married:
An affidavit confirming that none of these individuals are married and that the couple lived together as if they were married, also with the intention of living together permanently (Both parties should have been committed to each other and lived together for more than six months before the death).

Death documents

- If the cause of death is an unnatural cause, please complete and provide the Life Cover and/or Funeral Cover Benefit claim (Statement by police) form or an accident report.
- Certified copy of the death certificate (only a computerised BI-5 certificate is acceptable for South African citizens and a hand written certificate is acceptable for foreign nationals who died in South Africa).
- Certified copy of the spouse's identity document or a certified copy of both the front and back of the spouse's smart ID.
- Copy of the Notice of Death/Still Birth(BI 1663/DHA 1663) document (issued by the attending doctor / funeral parlour at the time of death).

Advancement payment details:

- Proof of payment of the benefit made by the employer to the claimant. Only required in the case that the employer advanced the payment of the Funeral Cover Benefit.

Certified copies are copies of the original documents where these copies have been checked against the original by a Commissioner of Oaths (for example, the police or bank) and stamped to show they are copies of the original.

Discovery Group Risk reserves the right to ask for any extra information and documents it views necessary to check the claim. Incomplete details and unclear documents may cause delays and may be requested again.

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

Telephone number: +27 (0) 10 023 5207

Cellphone number: +27 (0) 82 746 4173

Complaints email address: complaints.IR@justice.gov.za

General email address: inforeg@justice.gov.za

For advise 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,

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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.