

Please complete in black pen and tick the appropriate blocks

1. Policy Details

Policy Number:	
Name of Owner of the Policy:	

2. Claim Procedure

Please ensure the following documentation is included when submitting the funeral claim

Tick the boxes if you attached the below documents with the claim form

- This Duly Completed Claim Form;
- Signed POPI Act Consent (see Section 7 below);
- An original certified copy of the Identity Document of the Main Member. If a smartcard ID is issued, we require front and back copy, therefore, the green barcoded ID will be invalid;
- An original certified copy of the Identity Document of the Deceased. If a smartcard ID is issued, we require copy of front and back, therefore, the green barcoded ID will be invalid;
- An original certified copy of the DHA-5 Death Certificate;
- An original copy of the Notice of Death DHA-1663 form - Section A and B (obtainable from the Undertakers or Hospital);
- Confirmation of banking details in the form of a bank letter or bank statement;
- Proof of address of the Beneficiary not older than 3 (three) months;
- An original certified copy of Main Member or Deceased marriage certificate if the deceased is the spouse;
- **Stillbirth** – proof of term of pregnancy i.e. Doctors note

For difference in surname between Main Member & Deceased:

- An original certified copy of Main Member or Deceased marriage certificate if it reflects both surnames of the main member and deceased;
OR
- x1 Sworn Third Party Affidavit (template attached) to confirm the relation between Main Member & Deceased and give the reason for the difference in surname (A Third Party is a family friend, neighbour, colleague, priest, doctor, community leader)

For parent in-laws or extended in-laws with the same surname as the policyholder:

- An original certified copy of Main Member or Deceased marriage certificate if it reflects both surnames of the main member and deceased

3. The Deceased's Personal Details

Name:	<input type="text"/>
ID Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address:	<input type="text"/>
Occupation:	<input type="text"/>
Date of Death:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Town (place) of Death:	<input type="text"/>
Medical Cause of Death: (e.g. stroke, heart attack, etc.)	<input type="text"/>
Name and Telephone no of Employer:	<input type="text"/>
Name and Telephone no of Doctor who completed the Notice of Death (form DHA 1663):	<input type="text"/>
Serial number of DHA 1663 Certificate:	<input type="text"/>
Name and Telephone number of the Deceased's usual Doctor or Hospital/Clinic that they visited regularly:	<input type="text"/>

4. Prior Funeral Cover

Did the deceased have any alternate cover in place 31 days before this policy commenced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, was such policy cancelled and replaced with this one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, was the deceased listed on the alternate policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had the waiting period for natural death already expired on the alternate policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide us with:		
(a) Proof of alternate cover;		
(b) Confirmation from the Insurer that the policy was paid up to date, and;		
(c) Proof of the cancellation		

5. Particulars of Funeral/Cremation

Town (place) where Deceased was Buried/Cremated:	<input type="text"/>
Date of Funeral/Cremation:	<input type="text"/>
Name of Funeral Undertaker:	<input type="text"/>

6. 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, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) 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 and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable Us to fulfil our obligations in terms of this Claim;
3. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
4. Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signature of Claimant:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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7. Claimant Consent

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

1. 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;
2. 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
3. to verify any information provided against other sources or databases;
4. 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
5. where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

The Claimant Accepts the Declaration:

Yes

No

8. Particulars of Claimant

Please transfer the proceeds into my bank account below. Payment of the benefit as indicated will release Guardrisk Life of its liability in respect of this claim

Name of Bank:	<input type="text"/>	Branch Code:	<input type="text"/>
Account Number:	<input type="text"/>	Type of Account:	Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>
Full Name:	<input type="text"/>	Branch Name:	<input type="text"/>
ID Number:	<input type="text"/>		
Address:	<input type="text"/>		
Mobile Number:	<input type="text"/>	Email:	<input type="text"/>
Occupation:	<input type="text"/>		
Signature of Claimant:	<input type="text"/>	Signature of Guardian (if applicable):	<input type="text"/>
Date:	<input type="text"/>		

9. Unison Claims Department

Telephone Number: (021) 464 4960

Toll Free Number: 0800 004 550

Fax: 086 666 5507

Email: funeralclaims@urma.co.za

Unison's follow-up process with the client to finalise the claim:

- ✓ At receipt of claim documents, Unison assesses the documents and immediately advises client via email/WhatsApp/SMS or telephone of outstanding documents/requirements;
- ✓ If no documents / response are received within 2 working days, another follow-up is done with the client via email/WhatsApp/SMS or telephone;
- ✓ If no documents / response are received within 2 weeks from the last follow-up, another follow-up is done via email/WhatsApp/SMS or telephone;
- ✓ If within another 2 weeks, the outstanding documents / response is not received we will advise client in writing that claim is closed until outstanding documents are received.

Underwritten by Guardrisk Life Limited, a licensed life insurer and an authorised financial services provider (FSP No 76)

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