Retrenchment Claim Form

Evolution Life is a division of OPCO 365 (Pty) Ltd, a registered Financial Services Provider (FSP9945) with Reg. No. 2001/004440/07
and underwritten by Old Mutual Alternative Risk Transfer Limited ("OMART") a licensed Life Insurer
P O Box 19610, Tecoma, 5210

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: creditlife@evolution.za.com
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realclaims@evolution.za.com

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Evolving cover. For life.

A. HOW TO FILL IN THE APPLICATION FORM

1. Complete the form in black ink and in block letters.
2. Submit the form to Evolution Life using any of the above contact details.
3. To assess the claim fully, the following documents are required.

CHECKLIST FOR SUBMISSION

3.1. A certified copy of Identity Document of claimant; ☐

3.2. Proof of banking details of claimant; ☐

3.3. Proof of residence of claimant (e.g bank statement with a full address); ☐

3.4. A certified copy of employment agreement or cretified copy of the last salary advise; ☐

3.5. Retrenchment letter by employer (on company letterhead). This letter must comply with current legislation regarding retrenchment. Any letter not complying with these requirements will not be accepted and no claim will be considered; ☐

3.6. Employer Retrenchment claim form comleted by the employer; ☐

3.7. Proof of continued unemployment; ☐

Evolution Life will contact you once we have assessed the claim. Depending on the circumstances, there may be other requirements over and above those listed in this document. Please make sure that you complete this form in full and meet all the requirements set out in this form to prevent hold up of claim payment.

B. PERSONAL STATEMENT BY THE LIFE ASSURED (TO BE FULLY COMPLETED IN ALL INSTANCES)

Policy number

Names

Surname

Date of Birth (D D M M Y Y) ID number

Physical Address

Area Code

Home No. Work No.

Cell No. Fax No.

E-mail address

Occupation

Name of last Employer

Contact Person at Work

Do you or have you in the past held any senior government, political, or public-sector position in South Africa (including but not limited to: minister, mayor, senior government official, judge, traditional leader, ambassador, or executive of a government department or public entity)? Yes ☐ No ☐

C. REASONS FOR TERMINATION (TICK WHERE APPLICABLE)

Retrenchment	☐	Company Liquidated	☐
Employed on contract basis	☐	End of probation	☐
Company Closed	☐	Resigned	☐
Employed on temporary basis	☐	Dismissed	☐

Other Reasons (give details)

PLEASE NOTE: That in the event of any modification or variation of this standard form, OMART through Evolution Life will regard this form as being invalid and of no force & effect.

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D. EMPLOYER DETAILS

Company name

Address

Tel No.

Facsimile No.

E-mail address

Employee No.

Date first employed (D D M M Y Y Y Y)

Date on which you were first advised of a possibility of retrenchment (D D M M Y Y Y Y)

E. RETRENCHMENT CLAIM DECLARATION

I, the claimant, hereby make claim to the benefits of the above assurance contract/s and declare foregoing answers and statements are true to the best of my knowledge and belief, and I have not kept material facts from OMART or Evolution Life.

I agree that all information and documentation submitted in support of this claim shall constitute and form part of this claim. I further agree that the supply of this form or of any other forms supplemental to Evolution Life shall not constitute an admission by it that there was any assurance in force on the life in question or a waiver of any of its rights of defence in law.

I acknowledge and agree that any benefits payable in respect of this claim shall be forfeited if I, or anyone action on my behalf or with me knowledge and consent, have knowingly withheld any material fact or submitted any false information in respect of the claim.

I further agree that upon payment by OMART or Evolution Life of the benefits hereby claimed, OMART shall be discharged from all liability in respect of such benefits.

Signed at (Place)

On (date) (D D M M Y Y Y Y)

Sign Here

Life Assured's Signature

Life Assured's Name (Please print)

If any false statements are made, or if any inaccurate or false information is given by you in your forms or ancilliary documentation, which may lead to your claim being approved, or any fraudulent declaration is made by you, your cover will be void and no benefits under this policy will be payable and all premiums paid will be forfeited.

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