

## NOTIFICATION OF A POTENTIAL DISABILITY CLAIM

Please return to: Hollard Group Risk, Florence House, 22 Oxford Road, Parktown 2193 or PO Box 87419, Houghton  
Tel: (011) 351 5000. Fax: (011) 351 3079. Email: hgrdisability@hollard.co.za

### SCHEME DETAILS

Employer/Policyholder:

### CLAIMANT'S PERSONAL DETAILS

First names:

Surname:

Identity number:

### REASON FOR NOTIFICATION

a. Has the member been absent from work for longer than 14 days?

 Y  N

b. Date when the member was last able to work:

 D  D  M  M  Y  Y  Y  Y

c. Is this absence from work due to:

- An accident
- Illness
- Hospitalisation
- Do not know

Please attach all relevant medical certificates.

### ADDITIONAL COMMENTS

  
  

### DECLARATION

Employer name

Employer signature

 D  D  M  M  Y  Y  Y  Y

Date