

BRIGHTROCK

Funeral claim form Group Risk

Please complete this form and email it to claims@brightrock.co.za or fax it to 0862 62 77 44.

Policy owner or employer details

BrightRock group risk policy number

7

Employer's name

Contact person first name(s)

Contact person surname

Contact number(s)

Claim details

BrightRock group risk member number

7

Deceased first name(s)

Deceased surname

Deceased national identification number

Relationship to life insured (if not the life insured)

Marital status

Claim date

D

D

M

M

Y

Y

Y

Y

Claim amount

R

Beneficiary details

Relationship to the deceased

First name(s)

Surname

Preferred name

Sex

Male

Female

Date of birth

D

D

M

M

Y

Y

Y

Y

National identification number

Nationality, if you've provided a passport number

Cell phone

Work number

Email



Payment details

Name of account-holder	<input type="text"/>
Name of bank	<input type="text"/>
Account number	<input type="text"/>
Account type	<input type="text"/>
Branch name	<input type="text"/>
Branch number	<input type="text"/>

Your declaration

You hereby claim the benefits of the funeral cover above and declare the following:

1. The answers you've given and statements you've made are true and correct, and that you haven't withheld any material information from BrightRock.
2. You agree that the written statements and affidavits submitted in support of this claim are part of the claim.
3. You agree that this claim to BrightRock will be invalid if BrightRock doesn't have a valid funeral contract with the life insured.
4. Should a claim be rejected on the grounds of fraud, BrightRock has the right to cancel the policy. Should BrightRock cancel the policy and its benefits due to fraud, no benefit will be payable, and all premiums received will not be refunded. If there is fraud, you won't be able to obtain cover on any of BrightRock's products and we'll reject any application that you make to BrightRock.
5. We may investigate any claim we receive. The investigation will dictate the timeframe in which we'll make a decision on the claim.
6. You acknowledge that once BrightRock has paid the claim, we'll have no further liability in respect to this claim.
7. You acknowledge that BrightRock can access your records from the credit bureau for verification and tracing information for assessing this claim.
8. You consent to the exchange of information, including medical information, between BrightRock (and its representatives) and any medical practitioner or any other life office or any other party.

You've read and understand the disclosures above. Yes No

First name(s)

Surname

National identification number

Signed at on this day of 20

Your signature

Required documentation checklist

On the death of the employee or member:

- An original or a certified copy of the death notification – DHA 1663 and/or DHA 1680 (death certification by chief)
- A certified copy of the member's national identity document
 - For foreign nationals, a certified copy of the member's passport and death certificate BI-20
 - An English translation of the document, if submitted in another language (by an official translator such as an official from the relevant embassy or accredited by the SA Translators Institute)
- Certified copies of the national identity documents or birth certificates of each eligible child, spouse and beneficiary
- The member's most recent beneficiary nomination form
- Proof of bank account for each beneficiary: account statements on bank headers (stamped by the bank)

On the death of a member's spouse:

- A certified copy of the spouse's death certificate
- A certified copy of the member's national identity document
 - A certified copy of the deceased's national identity document
 - A certified copy of the member and their deceased spouse's marriage certificate. If a marriage certificate is not available, proof that a permanent life partnership existed – for example, an affidavit

On the death of a member's child:

- A certified copy of the child's death certificate
- A certified copy of the member's national identity document
 - A certified copy of the child's national identity document or birth certificate
 - If the surname of a child is different to that of the member, an affidavit from one of the parents as proof of relationship
 - If it's a stillbirth, a doctor's note confirming the gestation period at the date of death
 - For a child in full-time study (if the benefit is applicable per policy), proof of registration as a student in the year of death
 - For a disabled child (mentally or physically), medical proof the child had a mental or physical disability

On the death of a member's parent or extended family member:

- A certified copy of the parent's death certificate
- A certified copy of the member's national identity document
 - A certified copy of the parent's national identity document
 - A certified copy of a marriage certificate. If a marriage certificate is not available, proof that a permanent life partnership existed (for the death of a spouse or parent-in-law)

Declaration and signature

Claimant

Signed at on this day of 20

Name of claimant

Signature of claimant

Policy owner or employer

You, (full name/s) hereby declare that:

- The deceased was a member of the company or fund or a dependant of a member at the date of death;
- All information provided in this form and accompanying documentation is true and correct.

Signed at on this day of 20

Name of signatory

Signature on behalf of policy owner or employer

Official company stamp