



VALUE ADDED PLAN CLAIM FORM

One form per claim

Authorised Financial Services Provider
FSP#10134

MHA Client Services Department

Fax Number: 087 230 1789 | Email: info@mhasa.co.za | claims@mhasa.co.za
Sharecall: 0861 001 788

1. POLICY INFORMATION

Policy Number

2. CLAIM DOCUMENTATION TO BE SUBMITTED WITH A DULY COMPLETED CLAIM FORM

- | | |
|---|--|
| <input type="checkbox"/> Affidavit declaring relationship to the Deceased | <input type="checkbox"/> Certified copy of death certificate |
| <input type="checkbox"/> Certified copy of Deceased's identity document | <input type="checkbox"/> Certified copy of Beneficiary's identity document |
| <input type="checkbox"/> Police Report (in the event of accidental death) | <input type="checkbox"/> Stamped bank statement (of Beneficiary's bank account) |
| <input type="checkbox"/> Copy of latest payslip (only if policy is paid via persal or payroll) | <input type="checkbox"/> Copy DHA-1663 |

3. DETAILS OF POLICYHOLDER

Name Surname
 ID Number Date of Birth
 Tel No (H) Tel No (W) Cell No
 Fax No Email Address
 Postal Address Code

4. DETAILS OF DECEASED

Name Surname
 ID Number Date of Birth
 Date of death Cause of death
 Relationship Principal Spouse Child Parent Extended Other
 Gender Male Female

5. DETAILS OF BENEFICIARY

Name Surname
 ID Number Date of Birth
 Tel No (H) Relationship to Deceased
 Cell No
 Postal Address Code

6. BENEFIT PAYMENT DETAILS OF BENEFICIARY - PROOF OF BANKING DETAILS MUST BE ATTACHED - IN THE EVENT YOU OPT FOR A CASH PAYOUT

Name of Account Holder
 Name of Bank FNB ABSA NEDBANK STD BANK BIDVEST CAPITEC OTHER
 Account Number
 Branch Name Branch Code
 Type of Account Cheque Savings Transmission

7. IMPORTANT NOTIFICATION - CLAIMS WILL ONLY BE PAID IF:

- All premiums have been paid in accordance with the terms and conditions.
- All documents required are submitted with a duly completed claim form;
- All waiting periods in terms of the policy provisions have been completed;
- The claim is made in good faith.
- For claims assistance please contact the MHA call centre on 0861 001 788. Claims can also be sent to claims@mhasa.co.za or fax: 087 230 1789
- These benefits do not become paid-up on death of the Policyholder.
- These benefits must be claimed within six months from the date of death of an Insured Life.
- Benefits are paid, as reflected in the Policy Schedule and determined by the relevant policy plan.
- The benefit will be provided/paid to the Policyholder, in the event of the death of an Insured Life.
- In the event of the death of the Policyholder, the benefit will be paid to the appointed beneficiary (over the age of 18 years) or his/her duly authorised representative.
- In instances where no beneficiary has been appointed, or where the beneficiary has pre-deceased the Policyholder, or when the beneficiary cannot be located for a period of three months after the death, the benefit will be paid to the estate of the Policyholder.
- In the event of a minor (under the age of 18 years) being appointed as the beneficiary, the benefit will be paid into the Policyholder's deceased estate.

8. PERSONAL INFORMATION

Guardrisk Life Limited ("Guardrisk") / Management Holdings Pty Ltd ("MHA") may use personal information about you, As defined in the Protection of Personal Information Act, MHA may use personal information about you that MHA lawfully obtained in the past or may obtain in the future, including the information provided to MHA for this form, for the following reasons:

- To consider applications for policies of which you are the Policyholder of life assured.
- To market MHA and its associates products and services.
- For all purposes of such policies, issued in the past or in the future, particularly to consider claims for benefits and to trace persons who could receive benefits (tracing fees may be deducted from the benefits)

MHA respects the confidentiality of all personal information. In terms of the regulatory framework within which MHA / Guardrisk Life Limited operate, may be required to confirm and disclose information relating to claims, insurance and financial history with other FSP's, insurers, government bodies and credit bureaus. This is applicable to anyone who is covered under this policy. This will enable MHA / Guardrisk Life Limited to ensure sound insurance practices, prevent fraud and to offer the product effectively.

If the Policyholder is not willing for this information to be confirmed or disclosed MHA / Guardrisk Life Limited will not be able to provide cover. By taking this policy the Policyholder acknowledges that he / she has provided the required consent, as signed in the application to which these terms and conditions are annexed.

Please state preferred method of contact: Post Email SMS

Do you give MHA permission to contact you regarding additional products? Yes No

Do you give MHA's associates permission to contact you regarding additional products? Yes No

9. THIRD PARTY MANDATE AND INDEMNITY

I, the Policyholder / Beneficiary of (policy number) , do hereby expressly authorise Guardrisk / MHA, to pay the claim value to Mahala Loyalty Programme (Pty) Ltd ("Mahala") the appointed service provider of the value-added benefits as reflected in the Policy Document and therefore indemnify Guardrisk / MHA against any claim whatsoever arising out of, or in connection with, this Third Party Payment instruction. I will assume personal liability for any claim, loss and / or damage of whatever nature which Guardrisk / MHA may suffer as a result of this Third Party Payment instruction.

I, the undersigned do hereby declare that I have read and understood the standard terms and conditions as well as any declaration and amendment hereto. I hereby indemnify Guardrisk / MHA against all losses or damage, which they may sustain, as a result of transactions.

I acknowledge in my personal capacity and in my capacity as representative / beneficiary of the deceased, hereby indemnify MHA against any claim made by any person, pursuant to any benefit paid by the Scheme.

Signed at (place) _____ this _____ day of _____ 20____
 transactions entered into on the basis of this delegation of authority by myself to Mahala.

	X	
Full name of Policyholder / Beneficiary	Policyholder / Beneficiary Signature	Date

