

3. Employment Details of the Member (Continued)

Date on which the claimant returned (if he/she has returned after disability)

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Days absent from work in the last two years (Please attach sick leave records and medical certificates).

From Date								To Date				Number of working days							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				
Type of Leave Taken								Reason for Leave											

From Date								To Date				Number of working days							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				
Type of Leave Taken								Reason for Leave											

From Date								To Date				Number of working days							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				
Type of Leave Taken								Reason for Leave											

From Date								To Date				Number of working days							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				
Type of Leave Taken								Reason for Leave											

From Date								To Date				Number of working days							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				
Type of Leave Taken								Reason for Leave											

From Date								To Date				Number of working days							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				
Type of Leave Taken								Reason for Leave											

From Date								To Date				Number of working days							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				
Type of Leave Taken								Reason for Leave											

3. Employment Details of the Member (Continued)

From Date								To Date								Number of working days			
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				

Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days			
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				

Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days			
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				

Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days			
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				

Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days			
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				

Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days			
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				

Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days			
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				

Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days			
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D				

Type of Leave Taken																Reason for Leave															

3. Employment Details of the Member (Continued)

What attempts have been made to adapt the member's work environment or duties to accommodate his or her impairments? Please provide full details:

Was the member placed into another position prior to claiming for disability? Yes No

If Yes, please give details including job title and duties of the position, start and end date in this position and reason for member being placed in this position:

Was the member's normal occupation changed in any other way prior to claiming for disability? Yes No

If Yes, please give a detailed description of changes made, dates on which these changes were made and reasons for changes

What efforts have been made to retrain, skill, realign and accommodate the member in an alternative position?

Which aspects of the member's most recent job is he/she unable to do and why?

Can the member be placed in another/alternative occupation? Yes No

If No, please state why

If Yes, please give details of possible alternatives

3. Employment Details of the Member (Continued)

Will you be willing to accommodate the member in future?

Yes

No

When do you expect the claimant to resume his/her occupation?

On a part-time basis

Y	Y	Y	Y	M	M	D	D
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On a full-time basis

Y	Y	Y	Y	M	M	D	D
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Work Environment

Temperature range in place of work

				to		
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Decibel range in place of work

				to		
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Is the member exposed to any dust while working?

Yes

No

If Yes, please state the type of dust the member is exposed to:

Is the member exposed to any fumes while working?

Yes

No

If Yes, please list all fumes the member is exposed to:

Please give details of any known safety hazards in the member's job

Does the claimant's job involve any of the following?

	Yes	No	How Much?	What?
Lifting Weight				
Pushing Weight				
Carrying Weight				
Pulling Weight				

3. Employment Details of the Member (Continued)

Does the member's job involve any climbing?

Yes

No

If Yes, indicate what type of climbing (eg. Stairs, ladders, scaffolding) and frequency

How often is the claimant exposed to the following conditions?

	Always	Sometimes	Seldom	Never	Hours per day
Sitting					
Standing					
Walking on even terrain (Specify Kilometres per day)					
Walking on uneven terrain (Specify Kilometres per day)					
Kneeling					
Bending					
Climbing					
Use of both hands					
Use of fine co-ordination					
Physical strength or power					
Reaching above shoulders					
Reaching below shoulders					
Working in cramped spaces					

Where the member's job involves manual/ physical labour, please specify the task involved

Please list items used in the course of the member's work

Equipment used	
Tools used	
Materials used	
Machinery used	

Driving

Only complete this section if driving is a component of the member's job

License code/s required	
Type of vehicle/s driven	

3. Employment Details of the Member (Continued)

Average Distance Driven:

Per Day										Km
Per Week										Km
Per Month										Km

Flying

(Only complete this section if flying is a component of the claimant's job)

Type of Aeroplane	
Average Distance flown per week	
Average hours flown per week	

Communication Demands

Please indicate how much of the claimant's job requires the following Communication Requirements per day

	Always	Sometimes	Seldom	Never	Hours per day
Verbal Communication					
Written Communication					
Electronic Communication					
Telephonic Communication					
Communication with Client					
Communication Colleagues					
Reading					
Listening					
Conflict Resolution					

Cognitive Demands

Please indicate how much of the claimant's job requires the following Cognitive Requirements per day

	Always	Sometimes	Seldom	Never	Hours per day
Numeracy					
Calculations					
Memory					
Concentration					
Decision making					
Planning					
Administration					

4. Income Details of Member

Gross Pensionable monthly income on last day actively at work.

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When did this salary become effective?

Y	Y	Y	Y	M	M	D	D
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Average gross monthly earned (excluding overtime and any other non-pensionable allowances) during the year before the member's current condition

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When did he/she last receive a full salary

Y	Y	Y	Y	M	M	D	D
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Did the member's pensionable income fluctuate during the year prior to the commencement of his /her condition?

Yes

No

If Yes, please supply details:

Has the member suffered a loss of income since the onset of his/her condition?

Yes

No

If Yes, please supply details:

Gross monthly income before the condition

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Gross monthly income since the condition

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Date on which member returned to work (if they already returned after disability)

Y	Y	Y	Y	M	M	D	D
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Date on which member is expected to return to work (if they have not yet returned to work)

Y	Y	Y	Y	M	M	D	D
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Please provide full details of the member's salary over the last two years. If the member has worked for the employer for less than two years, please indicate the salary history from the date of appointment.

Date			
Amount of increase			
New salary			
Frequency paid			
Reason for change (increase, bonus, promotion)			
Estimated amount of additional earnings through overtime, commission etc.			
Date ceased			

7. POPIA Consent Clause - Employer - Disability

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

The privacy of our Insured 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.

The Insured's Personal Information will be used to assess this disability claim for the Insured.

You hereby agree to give honest, accurate and up-to-date Personal Information of our Insured to assist us in assessing the risk insured against.

You acknowledge that any Personal Information supplied to us in respect of the Insured is provided according to the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available any Personal Information you have provided in respect of our Insured unless it is a requirement in terms of the Applicable Laws.

Signed at													

Date							
Y	Y	Y	Y	M	M	D	D

Signatory First Name(s) and Surname																							

Signature