

2. Details of Employee

Initials	Surname

Date of Birth	ID Number																
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Y	Y	Y	Y	M	M	D	D										

Country of Origin

Scheme Name	Policy Number

Employer Name

3. Details of Children

- The Educator benefit covers up to four (4) children of the employee.
- To qualify, a child should be younger than 25 years
- If the employee had more than four children, complete the application form for the eldest four children who qualify.

1	Name																																								
	Surname																																								
	Date of Birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">M</td><td style="width: 12.5%;">M</td><td style="width: 12.5%;">D</td><td style="width: 12.5%;">D</td> </tr> <tr> <td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td> </tr> </table>								Y	Y	Y	Y	M	M	D	D									ID Number															
	Y	Y	Y	Y	M	M	D	D																																	
	For which academic year is this claim?	School Grade				Year at Tertiary																																			
	Details of Educational Institution																																								
	Name																																								
	Telephone Numbe																																								
	Postal Address																																								
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E-mail Address																																									

Triarc is an authorised Financial Services Provider FSP45009. Triarc Insurance Products are underwritten by Guardrisk Life Limited, a licensed life insurer with FSP76

3. Details of Children (Continued)

2	Name																									
	Surname																									
	Date of Birth										ID Number															
	Y	Y	Y	Y	M	M	D	D																		
	For which academic year is this claim?										School Grade					Year at Tertiary										
	Details of Educational Institution																									
	Name																									
Telephone Numbe																										
Postal Address																										
																				Code						
E-mail Address																										

3	Name																									
	Surname																									
	Date of Birth										ID Number															
	Y	Y	Y	Y	M	M	D	D																		
	For which academic year is this claim?										School Grade					Year at Tertiary										
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	Name																									
Telephone Numbe																										
Postal Address																										
																				Code						
E-mail Address																										

3. Details of Children (Continued)

4	Name																							
	Surname																							
	Date of Birth												ID Number											
	Y Y Y Y M M D D																							
	For which academic year is this claim?												School Grade						Year at Tertiary					
	Details of Educational Institution																							
	Name																							
Telephone Number																								
Postal Address																								
Code																								
E-mail Address																								

Attachments – submit the following documents with the claim

Certified copy of the child's unabridged birth certificate/adoption certificate/identity document.

Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available).

An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included.

For children at school, attach the school's invoice for the relevant annual school fees.

For students at a tertiary institution, attach all these documents:

- The institution's invoice or statement of account
- Latest academic results, certified by a commissioner of oaths or the police
- Details on bursaries, if applicable

4. Declaration

I declare my answers and statements are true and correct and I have not omitted or withheld any material fact from Triarc.

I understand and accept that it may be necessary for Triarc to disclose the benefit payment details to the policyholder, beneficiaries and/or their respective agents, including their financial service providers.

Triarc is authorised to make payment as instructed and I acknowledge that payment, by Triarc of the benefits claimed, will release Triarc from all liability for such benefits.

Signed at													

Date							
Y	Y	Y	Y	M	M	D	D

Signatory First Name(s)																							

Signatory Surname																							

Designation													

Signature

5. POPIA Consent Clause - Claim Form

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

Your privacy 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 and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable Us to fulfil our obligations in terms of this Claim;
3. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
4. Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws.

Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.

Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signed at													

Date							
Y	Y	Y	Y	M	M	D	D

Signatory First Name(s) and Surname																							

Signature