

Group Risk Life Cover Benefit Claim Form - Unapproved Life Cover

How to complete this form

Please complete this form to claim for death benefits under the Triarc Group Risk policy

1. An authorised signatory of the Fund, that is a board member or the owner of the business, must complete the form.
2. Answer all questions in full. Do not leave any questions blank or cross any out.
3. Certified copy (by a Commissioner of Oaths) of the death certificate (only computerised BI-5 acceptable).
4. Certified copy (by a Commissioner of Oaths) of the deceased's identity document.
5. Copy of the notice of death/still birth (DHA 1663).
6. Copy of Triarc Beneficiary Nomination form.
7. Certified copy (by a Commissioner of Oaths) of the beneficiary's identity document (if applicable).
8. Banking details of beneficiary including a cancelled cheque or bank statement stamped by the bank stating the branch code.
9. Proof of earnings of principal member.
10. Proof of relationship to deceased, for example certified copy (by a Commissioner of Oaths) of the marriage certificate.
11. Please complete all information in black ink, print clearly – one letter per block.
12. E-mail the completed form to employeenefits@triarc.co.za.
13. For any queries, please contact Triarc Group Risk on 087231 0222

1. Scheme Details

Scheme Name	Policy Number
Employer Name	
Postal Address	
Code	
Contact Person	
Designation	Office Telephone Number
E-mail Address	

2. Details of Deceased (Continued)

Date health of member first began to worsen? (if applicable)

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date member first saw a doctor for their illness? (if applicable)

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

3. Funeral Parlour Details

Name of Funeral Parlour

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Funeral

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

4. Educator Policy Details

Is this Benefit Offered by Fund?

	Yes			No
--	-----	--	--	----

Number of Qualifying Children

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please note payment will be directly to the institution

If the member's children are entitled to the Educator Policy, please provide the following information:

1. Certified copy of unabridged birth certificate/s.
2. Certified copy of adopt on certificate/s (if applicable).
3. Proof of registration at relevant institution.
4. Certified copy of results or report card.
5. Beneficiary nomination form.
6. Proof of member's payments, maintenance orders, divorce decree.

1	Initials					Surname																	
	Date of Birth																						
		Y	Y	Y	Y	M	M	D	D	ID Number													
	Educational Institution / Facility																						

2	Initials					Surname																	
	Date of Birth																						
		Y	Y	Y	Y	M	M	D	D	ID Number													
	Educational Institution / Facility																						

4. Educator Policy Details (Continued)

3	Initials	Surname
	Date of Birth	ID Number
	Y Y Y Y M M D D	
Educational Institution / Facility		

4	Initials	Surname
	Date of Birth	ID Number
	Y Y Y Y M M D D	
Educational Institution / Facility		

5	Initials	Surname
	Date of Birth	ID Number
	Y Y Y Y M M D D	
Educational Institution / Facility		

5. Details of Parent/Guardian of Children

Initials			

Surname															

Maiden or Previous Name															

Date of Birth							
Y	Y	Y	Y	M	M	D	D

ID Number									

Country of Origin															

Postal Address															

E-mail Address															

Cellphone Number							

Telephone Number (H)							

Telephone Number (W)							

6. Details of Payment

Payment of the Life Cover benefit - We instruct Triarc to pay the Life Cover benefit by Electronic Funds Transfer (EFT) as detailed here:

1. To ensure fast payment and for your protection, payment will only be made by Electronic Funds Transfer
2. Payment will only be made to the policy owner or nominated beneficiary
3. No payment to a third party will be allowed
4. We will require proof of the account (cancelled cheque or bank statement with account number and name of account holder)

Please ensure the account information is correct. Triarc will not be held responsible for delays or other damages because of incorrect details being provided. If payment is required to more than one account, please provide proof of all account details. No payments can be made to a non-South African bank.

1	Beneficiary Name												
	Amount						Option						
										Rand Amount		Percentage	
	Account holder												
	Name of Bank												
	Branch Code					Account Type							
						Current			Transmission		Savings		
Account Number													

2	Beneficiary Name												
	Amount						Option						
										Rand Amount		Percentage	
	Account holder												
	Name of Bank												
	Branch Code					Account Type							
						Current			Transmission		Savings		
Account Number													

6. Details of Payment (Continued)

3	Beneficiary Name																					
	Amount															Option						
																Rand Amount		Percentage				
	Account holder																					
	Name of Bank																					
	Branch Code															Account Type						
																Current		Transmission			Savings	
Account Number																						

7. 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) and Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

--

Company Stamp

--

