



CLAIM NOTIFICATION FORM

POLICY HOLDER DETAILS

POLICYHOLDER	
MEMBER GROUP NUMBER	
SCHEME NUMBER	
PRINCIPAL MEMBER NAME	

DECEASED

Name of the deceased: _____

ID no. of the deceased: _____

Date of death: _____ Age at death: _____

Relationship of Deceased to the Principal member: _____

SETTLEMENT OF BENEFIT

Cheque

Electronic Funds Transfer

Cheque		Electronic Funds Transfer	
Payable to:		Bank Account Holder:	
Relationship to deceased		Bank Name:	
Cheque will be collected by		Branch Name:	
It is important that the Beneficiary presents their original Identity Document (South African Citizen) or Passport (foreign national) when collecting a cheque from any Corner Life Offices. Drivers licence Cards will not be accepted.		Bank Account Number:	
		Branch Code:	

ADDRESSES FOR SENDING ALL CLAIM CORRESPONDENCE

Postal Address: _____

_____ Code: _____

Fax: () _____ E-mail: _____

Tel: () _____ Date: _____

Name and Signature of the Policyholder/ Claimant: _____

Designation _____

(For claiming purposes post, fax or e-mail this page only – see page 4 for Contact details)

Corner Life is an authorized Financial Services Provider (FSP No.48310)

**DOCUMENTATION TO BE SUBMITTED WITH
THE CLAIM NOTIFICATION FORM**

1. Proof of Death:

- (BI-5) Original computer produced or faxed certified copy of Death Certificate, for all people with a valid South African Identification Document or who are registered on the South African population register or
- (BI-18) Original or faxed certified copy of unabridged Death Certificate or
- (BI-20) Original or faxed certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents, or in respect of all people not registered on the South African population register.
- Copy of the Notification of death (BI-1663).
- Certified copy of Principal Member’s Identification Document for South African citizens or Passport for foreign nationals.
- Certified copy of deceased’s Identity Document for South African citizens or Passport for foreign nationals.
- Certified copy of claimant’s Identity Document.

- Copy of Principal Member's most recent payslip (for the pay period immediately prior to death or month in which the death occurred (Employer Plans only).
- Copy of Principal Member's application form.
- Copy of the beneficiary's bank statement reflecting Bank name, account number and account holder's details.

2. Supporting documents in respect of:

The child has attained age 22 (twenty two) years but has not yet attained age 26 (twenty six) and is a full-time student, the following must be submitted:

- Confirmation satisfactory to Corner Life (last academic report from a recognised educational institution), to confirm full-time study at the time the death occurred. Part-time and correspondence students are not covered.

Children who are mentally retarded or totally and permanently disabled (as determined by Corner Life), before age 22 years, who are unable to care for themselves, any **one** of the following must be submitted:

- Confirmation satisfactory to Corner Life of a State Disability Grant
- Medical Aid application of Principal Member
- Medical Report

An illegitimate / adopted child, the following must be submitted:

- proof of such illegitimacy or adoption must be attached.

Surname of deceased (Spouse or Child) is different to that of the Principal Member submitted:

An explanation for the difference in surname and submit the following supporting documents. Affidavits are not accepted for children over 1 (one) year old.

In respect of the surname difference of a Spouse, any 2 (two) of the following:

- Marriage Certificate
- Letter from Tribal Chief, signed and stamped.
- Company Beneficiary Nomination Form. The document must have been completed at least 6 (six) months prior to death (Employer Plans only).
- Letter providing customary and/or common law marriage from the Department of Home Affairs (not an affidavit).
- Medical Aid card reflecting dependants' details.
- Any legal policy document where the Spouse has been nominated at least 6 (six)

months prior to death.

In respect of the difference of surname of a Child - any 2 (two) of the following:

- Birth Certificate reflecting both parent details (BI-19)
- Adoption papers.
- Baptismal Certificate reflecting both parent details (for Eligible Children age 5 years and younger).
- Marriage Certificate and Birth Registration in respect of Stepchildren
- Medical Aid Membership card reflecting the Eligible Child's details.

3. Please note that all persons insured under the policy must be related to the Principal Member and/or policy payer, and the Principal Member and/or policy payer must have an insurable interest in all insured persons under the policy.

4. Retrenchment (if applicable):

On retrenchment, the Principal Member will be issued with a Retrenchment Certificate indicating period of cover.

- This certificate must be submitted when a claim is lodged.

5. Accidental Death Benefit:

In respect of an Accidental Death Claim, together with the documentation as required for the category of a Principal Member, Spouse, Child and/or other dependant, submit the following:

- Medical report from a medical specialist; and/or
Police report must be submitted, clearly indicating how, where and when the bodily injury was sustained (**compulsory**).

6. Paid –up Benefit (if applicable)

A claim is in respect of a Paid-up Benefit, the following must be submitted:

- Paid-up Certificate
- List of eligible dependants of the Principal Member under the fund indicated as follows:

Relationship	Name and Surname	Identity Number	
Spouse			
Children	Name and Surname	Identity Number	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			

7. The Beneficiary of a claim collecting a benefit cheque must produce Identification.

Documentation submitted, other than those requested, will not be accepted.

Only Proof of Death stamped with the Official Home Affairs stamp, with the number in black, will be accepted.

Certified Documents:

Name, signature, organisation, date, address and telephone details must be clearly indicated on documents certified by a Commissioner of Oaths.

Corner Life reserves the right to request further documentation or information as it may deem necessary to accurately assess the claim.

Contact Information for submission of claims:

No	Branch	Address	Telephone	Fax	E-mail
1.	Head Office	7 th & 8 th floor Samancor House 88 Marshall street, johannesburg , 2001	(011) 334 0062	(086) 246 1233 / (086) 410 3234	claims@cornerlife.co.za
2.	Pretoria	Shop 6B Prinsman Place, 327 Francis Baard (schoeman) street. Pretoria 0002	(012) 320 0162	(086) 246 1233 / (086) 410 3234	claims@cornerlife.co.za
3.	Richardsbay	19A Bellingham Park, Penny Lane, 3900	(035) 789 0509	(086) 246 1233 / (086) 410 3234	claims@cornerlife.co.za
4.	Durban	Office 207 112-116 Stamfordhill Road Wheeler house, Greyville, 4001	(031) 301 1589	(086) 246 1233 / (086) 410 3234	claims@cornerlife.co.za
5.	Pietermaritzburg	Shop 2 7Eleven Centre ,255 Chief Albert Lithuli Street, Pietermaritzburg, 3201	(033) 342 3740	(086) 246 1233 (086) 410 3234	claims@cornerlife.co.za
6.	East London	28 Central Square 44 Union Street East London, 5200	(043) 722 3148	(086) 246 1233 / (086) 410 3234	claims@cornerlife.co.za