

GUIDELINES

A Maternity Leave Benefit is paid to the employer in a single lump sum.

- Please answer all questions
- Write in clear blue or black block letters so that it is easy to read
- Please use the checklist to ensure that you send in all the necessary documents

Item	Tick
This application form – completed and signed by the employer	
A copy of the employee's Identity Document	
A copy of the latest pay slip reflecting the full salary	
For commission earners, salary records for the last 12 months	
In case of adoption, a letter from the social worker accredited to handle the adoption. For all other cases, a medical certificate to confirm birth.	

- Contact us on 0860 103 659 if you have any questions on submitting a claim
- Send this application form and the relevant attachments to Old Mutual via email, fax or post

South Africa

Email gapdisabilityassessments@oldmutual.com

Fax 021 509 6855

Post Group Assurance: Income Protection Claims (6J)
Old Mutual
PO Box 1659
Cape Town 8000

Namibia

Email nam-gapnewclaims@oldmutual.com

061 299 3729

Employee Benefits
Old Mutual
PO Box 25548
Windhoek

PROTECTION OF PERSONAL INFORMATION DISCLOSURE

The personal information received by Old Mutual in accordance with this contract will be used, as and when appropriate, for the following purposes:

- Underwriting
- Assessment and processing of claims
- Claims checks (Life and Claims Register)
- Fraud prevention and detection
- Tracing beneficiaries
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verification of the personal information provided

Personal Information will be de-identified when used for market research and statistical analysis.

When Old Mutual engages service providers to process personal information on its behalf or to render services to it, Old Mutual may share some personal information with these service providers, subject to confidentiality agreements being in place between Old Mutual and such service providers. Should these service providers be abroad, Old Mutual will not share the personal information with them unless it is satisfied that adequate security measures are in place to protect the personal information.

The Policyholder is advised and encouraged to inform all members/lives assured that Old Mutual holds and is processing their personal information for the purposes noted above. The Policyholder or a member/life assured may access the personal information relating to him or her and, subject to the provisions this contract may request the correction of any errors or the deletion of this information. In certain cases the Policyholder and members/lives assured have the right to object to the processing of their personal information.

The Policyholder or members/lives assured have the right to complain to the Information Regulator, whose contact details are:

Website justice.gov.za/inforeg/index.html
Tel 012 406 4818
Fax 086 500 3351
Email inforeg@justice.gov.za

Old Mutual's full privacy notice can be viewed at oldmutual.com/privacy-notice

SCHEME DETAILS

Scheme name

Scheme code

EMPLOYEE DETAILS

Employee's
surname

Employee's
first name(s)

Employee
number

Employment
date

D	D	M	M	Y	Y	Y	Y
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Date insurance
cover began

D	D	M	M	Y	Y	Y	Y
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MATERNITY LEAVE DETAILS

The Maternity Leave Benefit covers the employee's actual maternity or adoption leave and excludes any sick leave, annual leave or unpaid leave taken before or after the official maternity leave period.

Length of maternity/adoption leave granted months

First day of maternity/adoption leave

Last day of maternity/adoption leave

EMPLOYEE'S INCOME DETAILS

Annual income for the current year R

Annual income for the previous two years 20 R 20 R

EMPLOYER'S CONTACT DETAILS

Employer name

Address
 Postal code

Name of contact person

Telephone Code Number

Cellphone

Email address

EMPLOYER'S BANK DETAILS

Name of account holder

Name of bank Name of branch

Account number Branch code

Type of account: Savings Cheque Transmission

DECLARATION BY EMPLOYER

I declare that the above information is true and correct and that no information has been withheld or omitted.

LINE MANAGER

Name

Telephone Code Number

Email address

Signature Date

HUMAN RESOURCE CONSULTANT

Name

Telephone Code Number

Email address

Signature

Date



Old Mutual is a Licensed Financial Services Provider