



GREENLIGHT

RSA

RETRENCHMENT BENEFIT CLAIM FORM

STATEMENT BY EMPLOYER

Contract number

Grid for contract number

Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

Grid for intermediary code

Please print in block letters using black or blue ink.

This form is issued without admission of liability and must be completed and signed by the personnel officer of the institution where the life covered was/is employed.

Please email the completed form to claims@oldmutual.com

Intermediary/Admin support:

Form for contact person details

SECTION 1 DETAILS OF LIFE COVERED

Form for life covered details including title, surname, ID/passport number, date of birth, and contact information

SECTION 2 DETAILS OF EMPLOYER

Form for employer details including name, address, contact number, and industry

SECTION 3 DETAILS OF THE LIFE COVERED'S RETRENCHMENT

Period during which the Life Covered was in your employ (where the date when employment terminated is the effective date of retrenchment)

From To

Nature of the employee's job immediately prior to retrenchment:

Job title

Full-time Part-time Permanent Temporary Contract member of staff

Date when you first discussed the possibility of retrenchment with any of your employees

Date when Life Covered was officially notified of his/her retrenchment

(Please attach a copy of the written notice of termination of employment that was given to the employee.)

Reason for retrenchment:

- internal restructuring (e.g. downsizing, job function no longer required)
- company merger
- company sale
- economic conditions (e.g. employer liquidation or bankruptcy, lack of business, employer's loss of a key contract)
- other (please specify)

Did the employee's employment terminate for any of the following reasons?

- retirement (early, normal or ill-health) YES NO
 - resignation or voluntary retrenchment YES NO
 - dismissal YES NO
 - a fixed term employment contract coming to an end YES NO
 - nervous breakdown, stress, burnout, disability or illness YES NO
- Has the life covered, to the best of your knowledge, engaged in any form of gainful employment since leaving your employ? YES NO

SECTION 4 DECLARATION BY EMPLOYER

I, the undersigned, declare that the details provided in this form are true, correct and complete.

Signed at (place) on (date)

Name of authorised official

Capacity

Signature of authorised official



Old Mutual Claim Contact Details:			
Email	claims@oldmutual.com	Fax number	0860 60 45 02
Telephone number	RSA: 0860 10 22 74 International: +27 21 503 1802	Address	PO Box 202, Mutualpark 7451, South Africa.



Contract number

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