



GREENLIGHT

RSA

MATERNITY BENEFIT CLAIM FORM

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 contracting party, life covered (if different to the contracting party) and the medical specialist.

Please email the completed form to claims@oldmutual.com

Intermediary/Admin support:

Name of contact person

Email address and telephone number of contact person

IMPORTANT NOTES

The premium must continue to be paid to avoid plan/benefits ceasing.

Please note that Old Mutual can only consider a claim on receipt of the following documents, marked with the contract number and intermediary code where applicable:

- Checkboxes for document requirements: ID copy, bank details, premium payment.

There may be further requirements before the claim can be considered

Guidelines on submission of a claim:

- PART 1 Must be completed and signed by the claimant/contracting party where appropriate.
PART 2 Must be completed and signed by the claimant's attending medical specialist.

PART 1 TO BE COMPLETED BY THE CLAIMANT

SECTION 1 DETAILS OF CONTRACTING PARTY

Is the life covered the same person? YES NO

Title: Mr Ms Mrs Other Initials

Surname/ Name of institution

Full names/ Contact person

Previous surname (if applicable)

ID/Passport/Institution registration number Date of birth

Income tax number

Residential address/ Physical address of institution Postal code

Postal address Postal code

Country of address

Contact number (Work) Code No.

(Home) Code No.

Cellphone number

Email address

SECTION 2 DETAILS OF LIFE COVERED (IF DIFFERENT TO CONTRACTING PARTY)

Title: Mr Ms Mrs Other Initials

Surname

Full names

Previous surname (if applicable)

ID/Passport number Date of birth

Income tax number

Residential address Postal code

Postal address Postal code

Country of address

Contact number (Work) Code No.
 (Home) Code No.
 Cellphone number

Email address

SECTION 3 DETAILS OF BENEFICIARY

Title: Mr Ms Mrs Other Initials

Surname/
Name of institution

Full names/
Contact person

Previous surname (if applicable)

ID/Passport/Institution registration number Date of birth

Income tax number

Residential address/
Physical address of institution Postal code

Postal address Postal code

Country of address

Contact number (Work) Code No.
 (Home) Code No.
 Cellphone number

Email address

SECTION 4 DETAILS OF CHILD

Surname

Full names

ID number Date of birth

Contract number

SECTION 5 DECLARATION BY CONTRACTING PARTY

PROTECTION OF PERSONAL INFORMATION ACT (POPIA) NOTICE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please SMS your ID number to **30994** if you would prefer not to receive such information and/or financial services.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life and Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

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

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za

I hereby declare that the life covered is the person assured under the abovementioned benefit(s), that all the particulars given are true and complete.

Signed at (place) on (date)

D	D	M	M	Y	Y	Y	Y
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Signature of contracting party

Signature of witness

Contract number

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PART 2 TO BE COMPLETED BY MEDICAL SPECIALIST

PARTICULARS OF MEDICAL SPECIALIST

I confirm that (name of mother),
 gave birth on , to a baby (gender of baby).

I certify that I have personally attended to the life covered and that the foregoing statement is correct to the best of my knowledge.

Initials Surname

Full names

Practice number

Qualification

Contact number

Address Postal code

Signed at (place)

on (date)

Signature of medical specialist

**DOCTOR'S
OFFICIAL
STAMP**

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



Old Mutual is a Licensed Financial Services Provider