

Certificate of continued disability in terms of income received

Tick where applicable

To be completed by the claimant

Please use black pen and block letters

NB: It is important that this form is completed with details that are accurate, true and in full and that you sign the form as it constitutes a legal document

1. Claimant's personal details

Surname _____ First names _____

Date of birth

D	D	M	M	Y	Y	Y	Y
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Identity no.

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Current residential address _____
_____ Code _____

Current postal address _____
_____ Code _____

Telephone No. (Code) _____ (Where you can be contacted during the day)

Cellular No. _____

E-mail address _____

Please supply your tax reference number: _____

Note that disability income benefits are taxable as income, and should be declared to SARS.

2. Details regarding any income earned

2.1 Have you participated in any form of work for remuneration since Altrisk has been paying your benefit? If so, please supply details below.

Type of work	From when	To when	Amount paid	How has your illness/injury made it difficult for you to do this work?

2.2 Have you received payment from any of the following sources?

	Yes/No	Amount received	Lump sum or monthly payment?	Payment made from (date)	Payment made to (date)
Workmen's compensation (WCA/COID)					
Unemployment insurance fund (UIF)					
3 rd party claim					
Any other insurance benefit					
Commission					
Other (please specify)					

I hereby declare that the above information is true and correct, and authorize Hollard Life to verify this information, if deemed necessary.

Date

D	D	M	M	Y	Y	Y	Y
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Signature of _____
claimant

Signature of _____
witness

Name and address of witness _____

Code

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