



Life Hero

Underwritten by Guardrisk Microinsurance Limited, an authorised financial services provider (FSP No 51674) and a licensed insurer.

CLAIM FORM

claim@lifehero.co.za 0861 551 2705

012 348 8310 (Administrator Phakama) OR 010 001 1001 (Life Hero)

DETAILS OF THE POLICY

Plan Type: Policy Number:

DETAILS OF THE PRINCIPAL INSURED

Surname: Name: ID no.:

DETAILS OF THE DECEASED

Surname: Name: ID no.:

Date of Birth: Principal Insured Spouse Common Law Spouse Child Extended Family Member

Entry Date: Date of Death: Cause of Death: Natural Unnatural Suicide

Specify exact cause of death:

INDICATE THE TYPE OF CLAIM AMOUNT

Funeral LIFE HERO Single Family Benefit Amount:

DETAILS OF THE NOMINATED BENEFICIARY

Surname: Name: Contact number:

Country of Birth: Citizenship: ID no.:

Occupation: Employer:

Relationship to the Principal Insured: Email:

Physical Address:

Code:

CLAIMANT DECLARATION

I hereby waive any right to privacy and authorise the Insurer (or its appointed Administrator):
• to obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorise to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this claim for benefits under this Policy arising from this claim application, and;
• to disclose any insurance information (provided by me or on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as

a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Insurer or by the operators of such database; and
• to verify any information provided against other sources or databases;
• to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary in order to assess this claim; and
• where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

Name & Surname: Signature: Date: Place:

PRIOR FUNERAL COVER

Is this Policy a replacement policy for existing funeral cover? Yes No
If YES, was the prior policy cancelled and replaced with this one? Yes No
If YES, were all lives to be covered listed on the alternate policy? Yes No
Had the waiting period for natural death already expired on the alternate policy? Yes No

Please provide us with:

- a) proof of alternate cover
- b) confirmation from the insurer the policy was paid up to date, and
- c) proof of the cancellation

Name & Surname: Signature: Date: Place:

PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;

- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws. You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Name & Surname: Signature: Date: Place:

COMPLETE THIS SECTION IF THE NOMINATED BENEFICIARY AUTHORISES THE PAYMENT OF THE CLAIM TO A 3RD PARTY

I, the above nominated beneficiary, hereby appoint the 3rd party below as the person/entity to whom the Insurer must pay the benefit due upon successful validation of this claim. I also hereby indemnify Life Hero against all/any claim by any party for any benefit or money, loss

of damages incurred or suffered, in respect of, or caused by any representation made by me to Life Hero and/or the payment by Life Hero to the below mentioned person/entity of any benefit in respect of the claim lodged.

Surname: Name: ID no.:

Contact number: Relationship to the Principal Insured:

Name of entity (e.g. Funeral Parlour): Registration no.:

Signature of nominated beneficiary consenting to the above:

BANKING DETAILS OF THE NOMINATED BENEFICIARY TO RECEIVE THE BENEFIT

Account Holder Name: Bank:

Bank Account No.: Branch Code:

Type of Account: Cheque Savings Transmission Other: Specify:

POLICY CONTINUATION / CANCELLATION OPTION (if applicable)

Note: if the claim is for the Principal Insured, the surviving Spouse has the option to continue with the Policy. Please indicate the option chosen. Continue with the Policy: Yes No

If "Yes" please confirm the name and surname of the Spouse who will take over the policy.

(For the continuation option to come into effect, Life Hero will require a new application form with account details, declarations and all FICA questions answered).

Surname: Name:

ID no.: Contact number:

DOCUMENTS TO BE SUBMITTED TO LIFE HERO

DOCUMENTS	Principal Insured	Spouse	Child	Stillborn
Claims for Funeral				
Life Hero Claim Form	x	x	x	x
Certified copy of ID document: Deceased	x	x	x	
Certified copy of death certificate	x	x	x	x
DHA 1663 / DHA 1680	x	x	x	x
Marriage Certificate		x		
Police Report in the event of a motor vehicle accident. Where the death is under investigation or in the event of suicide	x	x	x	x
Birth / Baptism Certificate			x	
Beneficiary / Claimant ID document	x			
Proof of bank details / Bank statement of Beneficiary	x	x	x	x
Certified copy of Mother’s ID document				x
An unabridged death certificate issued by the Hospital (usually handwritten)				x
If a student and dependent: registration at tertiary institution stating full time student and dependent			x	
Doctors letter of confirmation in the event of a mentally or physically disabled child			x	
Doctors letter of confirmation in the event of a stillborn birth				x

FICA SCREENING OF POLICYHOLDER/ BENEFICIARY - ANTI-MONEY LAUNDERING PROVISIONS AND INFLUENTIAL PERSONS DECLARATION

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. It differentiates between a politically exposed person, domestic prominent influential person, foreign prominent public official and a known close associate or family of domestic prominent influential persons and foreign prominent public officials. More than one of the definitions can apply to the same person. Read the explanations at the end of this form, indicate which explanations apply to you and give your reason.

Politically exposed person
 Domestic prominent influential person
 Foreign prominent public official
 Known close associate
 Family member

DEFINITIONS OF INFLUENTIAL PERSONS

- A Politically exposed person is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation. Examples: A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organisation.
- A Prominent influential person refers to any individual who is or has in the past been entrusted with prominent functions in a particular country. A South African PIP would be known as a Domestic PIP. A Foreign Prominent Public Official (FPPO) would be someone who holds a Prominent Public Official (PPO) position in a foreign country. Examples: Premier of a province, member of a foreign royal family, government minister or equivalent senior politician, leader of a political party, high ranking member of the military/police, etc.
- A known close associate is an individual who is closely connected to a prominent person, either socially or professionally. The term “close associate” is not intended to capture every person who has been associated with a prominent person. Examples: Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.
- A family member is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Examples: Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

SANCTION SCREENING: TO BE COMPLETED BY ADMINISTRATOR – OFFICE USE ONLY

FOR COMPLETION BY THE ADMINISTRATOR FICA CONFIRMATION

Is the Beneficiary:

- on a sanctioned list Yes No
- a Politically Exposed Person (PEP) Yes No
- a Prominent Influential Person (PIP) Yes No
- a Domestic Prominent Influential Person (DPIP) Yes No
- a Foreign Prominent Public Official (FPPO) Yes No

Administrator Name:

Administrator Signature:

Date application form processed: Y Y Y Y M M D D

Commencement date of Policy: Y Y Y Y M M D D