

TRANSPORT SECTOR RETIREMENT FUND



FUNERAL / DEATH AND DISABILITY CLAIM NOTIFICATION



TYPE OF CLAIM AND SECTIONS TO BE COMPLETED PER CLAIM TYPE

TYPE OF CLAIM (Mark with "X")	SECTIONS TO COMPLETE IN FULL								CHECKLIST
Funeral / Death Claim	A	B	C	D	E	F	G	H	THIS DOCUMENT HAS TO BE COMPLETED IN FULL. REFER TO SECTION H FOR DOCUMENTS TO ATTACH
Disability Claim	A	B	C	D	E	F	G	H	

A. CURRENT EMPLOYER INFORMATION

Name of Employer			
Employer Address			
Region	Contact Person's Cell No		
Contact Person's Name	Contact Person's Tel. No		
Contact Person's Email Address	Contact Person's Fax No		

B. MEMBER DETAILS

Surname of Member			
First Name of Member			
Member's Physical Address	Country		Code
Member's Postal Address	Country		Code
Employee No	System No		
Gender (Female/Male)	ID/Passport No		
Date of Birth	Date Joined Fund		
Date of Last Contribution	Amount of Contribution		

C. DECEASED DETAILS

Surname of Deceased	Relationship to Member		
First Name of Deceased			
Date of Birth	ID/Passport Number		
Date of Death	Marital Status		

D. BENEFICIARY / CLAIMANT DETAILS

Name of Beneficiary / Claimant			
Relationship to the Deceased			
Physical Address	Country		Code
Postal Address	Country		Code
Cell No	Landline Tel No		
Email address	Fax No		
Alternate Person	Contact No of Alternate Person		

E. MEMBER TAXATION INFORMATION

Tax Number of Main Member	
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F. BENEFICIARY / CLAIMANT BANK DETAILS

Name of Account Holder	Name of Bank	
Name of Branch	Type of Account	
Account No	Branch Code	

Please note that the Funeral benefit will be paid into the above bank account and authorisation is hereby irrevocably given to the Fund and/or the Fund Service Provider to pay such benefit by Electronic Fund Transfer (EFT). Neither the Fund nor the Fund Service Providers will be held liable for any errors, omissions or incorrect details in the information provided. The onus lies with the Member or Claimant.

G. MEMBER / BENEFICIARY / CLAIMANT DECLARATION

H. DOCUMENTS TO ATTACH			
	FUNERAL	DEATH	DISABILITY
CERTIFIED DEATH CERTIFICATE	X	X	
CERTIFIED COPY OF ID FOR:			
MEMBER	X	X	X
SPOUSE	X	X	
BENEFICIARIES / CLAIMANT	X	X	
CERTIFIED COPY OF UNABRIDGED BIRTH CERTIFICATE FOR CHILD(REN)	X	X	
CERTIFIED COPY OF MARRIAGE CERTIFICATE (TRADITIONAL)	X	X	
NOTICE OF DEATH (BI-1663)	X	X	
BANKING DETAILS NOT OLDER THAN THREE MONTHS FOR:			
MEMBER			X
SPOUSE	X	X	
BENEFICIARIES / CLAIMANT	X	X	
CERTIFIED COPY OF AFFIDAVIT FOR:			
MEMBER			
SPOUSE	X	X	
BENEFICIARIES / CLAIMANT	X	X	
WITNESSES	X	X	
COPY OF LATEST PAYSIP	X	X	X
CONFIDENTIAL MEDICAL REPORT BY ATTENDING PHYSICIAN			X
PROOF OF SCHOOLING	X		
CONTRIBUTION HISTORY OF MEMBER	X	X	X
NOMINATION OF BENEFICIARY FORM		X	
EMPLOYER STATEMENT SIGNED AND DATED BY THE EMPLOYER			X
MEMBER STATEMENT SIGNED AND DATED BY THE MEMBER			X
JOB DESCRIPTION			X
MAINTENANCE ORDER/DIVORCE ORDER		X	X
PROOF OF INDEBTEDNESS IN TERMS OF SECTION 19 (5) (a) AND OR 37D OF THE PENSION FUNDS ACT		X	X

Notes:

In some instances, further documents and /or information may be required to determine the validity of a claim. All documents required in the claim notification must be submitted and failure to do so timeously, may result in claim payments being delayed and / or certain risk benefit claims being declined. Claims are assessed on receipt of complete documentation, including certified documents as indicated above, and failure to do so, will result in the delay of processing the claim.

SUBMISSION DETAILS

Claim Type	Electronic	Fax	Telephone Enquiries	Physical address
Funeral / Death	members@tsrf.salteb.co.za	011 544 8302	011 544 8300	SALT Employee Benefits (Pty) Ltd, Hertford Office Park Building B, Bekker Rd Vorna Valley, Midrand 1685.
Disability	members@tsrf.salteb.co.za	011 544 8302	011 544 8300	

I. EMPLOYER DECLARATION

<p>EMPLOYER STAMP</p>	<p>Declaration by employer (authorised personnel only):</p> <p>I, _____ (full name), in the capacity of _____ (designation), hereby certify that all information provided in this Claim Notification and supporting documents are true and correct to the best of my knowledge and belief. I confirm that the options in terms of the Rules of the Fund have been fully explained to the member and the member is aware of the contents of the Claim Notification and any liabilities that he / she may have in this regard. In the event of any loss suffered as a result of any details provided on this Claim Notification and supporting documents being inaccurate, incorrect, incomplete or fraudulent, neither the Fund nor the Fund Service Providers can be held liable for such loss</p>
<p>Signature of Authority</p>	<p>Date Signed:</p>

SALT Employee Benefits (Pty) Ltd, an authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act 37, of 2002 ("FAIS Act") with FSP Number 18929 is the appointed administrator to Transport Sector Retirement Fund. SALT Employee Benefits is committed to compliance with the requirements prescribed in the FAIS Act. All disclosures are available on request. The funeral scheme is underwritten by 3Sixty Life Ltd with FSP Number 15107.