

DISABILITY CLAIM FORM

(To be completed by employer)

Please note that it is essential to complete this form in full to prevent unnecessary delays as a result of missing information.

Return the completed form to lifecclaims@hollard.co.za or fax to 086 659 0135.

1. Details of employer

Name of company _____
 Physical address _____ Postal code _____
 Contact person _____
 Tel. no. _____ Fax no. _____
 Email address _____ Mandatory

2. Details of claimant

Full name _____
 Identity no.

Y	Y	M	M	D	D						
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 Home tel. no. _____ Work tel. no. _____
 Cell no. _____ Fax no. _____
 Email address _____ Mandatory
 Date joined the company

D	D	M	M	Y	Y	Y	Y
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3. Details of current employment

3.1 What is the claimant's current position? _____
 3.2 When was the claimant last able to perform his/her duties in full?

D	D	M	M	Y	Y	Y	Y
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 3.3 Is the claimant still working? YES NO
 If YES, give details of current activities _____
 3.4 Is the claimant a full-time employee? YES NO
 3.5 Date appointed to full-time staff

D	D	M	M	Y	Y	Y	Y
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 3.6 Salary prior to date of disability R _____
 3.7 Is the claimant still receiving a salary? YES NO
 3.8 Current salary amount R _____
 3.9 When do you intend ceasing this salary?

D	D	M	M	Y	Y	Y	Y
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 3.10 When do you expect the claimant to resume work?
 Part-time

D	D	M	M	Y	Y	Y	Y
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 Full-time

D	D	M	M	Y	Y	Y	Y
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 3.11 What do you understand to be wrong with your employee? (nature of illness/accident/injury)?

3.12 a. State the date of the first indication of disability

D	D	M	M	Y	Y	Y	Y
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b. State the nature of the first indication of disability

3.13 How does the disability affect the claimant's ability to perform his/her duties?

3.14 Supply full details of the claimant's sick leave (including days left) for the last 2 years, including copies of any medical certificates

3.15 Total number of days absent from work due to the above-mentioned illness/injury _____

3.16 Provide details (amount and time) of any advances or payments received by the employee from whatever source (e.g. from you, the employer, an insurance company, UIF or other source)

4. Experience and training

4.1 Provide a brief job history, including previous positions he/she held within your company

Date		Position held within company	Type of work done
From	To		

4.2 Provide details of formal training and any qualifications or highest grade attained

Date		College or institution	Nature of training	Grade/Standard achieved
From	To			

4.3 List any alternative duties within your organisation that the claimant could perform. In accordance with the revised Labour Relations Act, 1996, employers are obliged to be proactive in the realignment, reskilling and retraining of employees who are unable to perform their regular functions due to illness/accident/injury. Comment on any steps taken with regard to this particular member.



5. Job description

5.1 Summary of main duties

5.2 What equipment/machines/tools are used to perform this job (e.g. hammer, screwdriver, pen, pencil, computer, hydraulic lifts, etc.)?

5.3 Describe the minimum physical abilities that a healthy individual requires to do this job (e.g. percentages, kilograms, metres, hours, numbers (how much), bags or sacks (what))

	What/Where	How much
Lift – kilograms		
Carry – kilograms/metres		
Push – kilograms/metres		
Pull – kilograms/metres		
Climb – metres		
Stoop – percentage of day		
Stand – percentage of day		
Sit – percentage of day		
Walk – percentage of day		
Fine precise movement		
Control of tools		
Other		

5.4 Describe the minimum mental abilities that a healthy individual requires to do this job (e.g. describe the tasks requiring mental activity or attach examples)

Abilities required	Very often	Often	Seldom	Examples of tasks requiring these abilities
Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialised knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5.5 Describe the minimum communication skills required to do this job (e.g. describe the aspects requiring communication)

Communication skills required	Very often	Often	Seldom	Aspects of job requiring these communication skills
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5.6 Describe the work conditions (e.g. metres, percentages hours or actual descriptions)

Work conditions	Yes	Details	Work conditions	Yes	Details
Indoor	<input type="checkbox"/>		Outdoor	<input type="checkbox"/>	
Vibration	<input type="checkbox"/>		Noise	<input type="checkbox"/>	
Height	<input type="checkbox"/>		Depth	<input type="checkbox"/>	
Humid/cold temp	<input type="checkbox"/>		Wet	<input type="checkbox"/>	
Rough terrain	<input type="checkbox"/>		Smooth terrain	<input type="checkbox"/>	
Underground	<input type="checkbox"/>		Fumes	<input type="checkbox"/>	
Balance required	<input type="checkbox"/>		Dry	<input type="checkbox"/>	
Dust	<input type="checkbox"/>		Other	<input type="checkbox"/>	

5.7 What are the daily standard working hours? Start time _____ End time _____
 If shift work is required, provide details of alternate shift times Start time _____ End time _____
 Start time _____ End time _____

6. Declaration

We declare that the above information is true and correct to the best of our knowledge and that no information has been withheld and no relevant information regarding the circumstances has been omitted.

Completed by (full name and title) _____

Signature
 (employer) _____ **Date**

D	D	M	M	Y	Y	Y	Y
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Hollard Declaration

We respect and adhere to employee confidentiality and data privacy principals in relation to Personal Information. We will therefore only process this information for the purpose for which it is intended.

