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| --- |
| **(To be completed by employer)** |

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| **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 and the above documents to** lifeclaims@hollard.co.za **or fax to 086 659 0135.** |

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| --- |
| Details of employer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of company |  | | | |
| Physical address |  | | | |
| Contact person |  | | | |
| Tel. no. |  | Fax no. | |  |
| E-mail address |  | | Mandatory | |

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| --- |
| Details of claimant |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | | | |
| ID no. |  |  | | |
| Home tel. no. |  | Work tel. no. | |  |
| Cell no. |  | Fax no. | |  |
| E-mail address |  | | Mandatory | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date joined the company** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | |

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| --- |
| Details of current employment |

|  |  |
| --- | --- |
| What is the claimant’s current position? | |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **When was the claimant last able to perform his/her duties in full?** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the claimant still working? | | | Yes | No |
| If yes, give details of current activities | |  | | |
|  |  | | | |
| Is the claimant a full-time employee? | | | Yes | No |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date appointed to full-time staff** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | |
| **Salary prior to date of disability** | | R |

|  |  |  |
| --- | --- | --- |
| Is the claimant still receiving a salary? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Current salary amount** | | R |
| **When do you intend ceasing this salary?** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | |
| When do you expect the claimant to resume work? | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part-time** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | Full-time | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | |
| What do you understand to be wrong with your employee? (nature of illness/accident/injury)? | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **a. State the date of the first indication of disability** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | |
| **b. State the nature of the first indication of disability** | | |
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| How does the disability affect the claimant’s ability to perform his/her duties? | | |
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| Supply full details of the claimant’s sick leave (including days left) for the last 2 years, including copies of any medical certificates | | |
|  |  | |
|  |  | |
|  |  | |
| Total number of days absent from work due to the above-mentioned illness/injury | |  |
| 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) | | |
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| Experience and training |

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| --- | --- | --- | --- | --- | --- | --- |
| 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** |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
| Provide details of formal training and any qualifications or highest grade attained | | | | | | |
|  | **Date** | | **College or institution** | **Nature of training** | | **Grade/Standard achieved** |
|  | **From** | **To** |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
| 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. | | | | | | |
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| Job description |

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| --- | --- |
| Summary of main duties | |
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| What equipment/machines/tools are used to perform this job (e.g. hammer, screwdriver, pen, pencil, computer, hydraulic lifts, etc.)? | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | | |  |
| 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** |  | |  |  |  | |
| **Numeracy** |  | |  |  |  | |
| **Memory** |  | |  |  |  | |
| **Problem solving** |  | |  |  |  | |
| **Decision making** |  | |  |  |  | |
| **Specialised knowledge** |  | |  |  |  | |
| 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** |  | |  |  |  | |
| **Writing** |  | |  |  |  | |
| **Memory** |  | |  |  |  | |
| **Listening** |  | |  |  |  | |
| **Reading** |  | |  |  |  | |
| **Public speaking** |  | |  |  |  | |
| Describe the work conditions (e.g. metres, percentages hours or actual descriptions) | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Work conditions** | **Yes** | **Details** |  | **Work conditions** | **Yes** | **Details** |
| **Indoor** |  |  |  | **Outdoor** |  |  |
| **Vibration** |  |  |  | **Noise** |  |  |
| **Height** |  |  |  | **Depth** |  |  |
| **Humid/cold temp** |  |  |  | **Wet** |  |  |
| **Rough terrain** |  |  |  | **Smooth terrain** |  |  |
| **Underground** |  |  |  | **Fumes** |  |  |
| **Balance required** |  |  |  | **Dry** |  |  |
| **Dust** |  |  |  | **Other** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |

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| 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 | |
|  | | | | |