

Disability claim - potential claim notification

Line manager/HR department to complete this form

The details below are to notify Momentum of a potential disability claim.

Should the member wish to continue with a claim the following documents will be required:

- | | |
|---|--|
| 1. Employer declaration | 6. Copy of all available medical reports |
| 2. Employee declaration | 7. Copy of payslip as at date of disability |
| 3. Copy of employer issued job description | 8. Leave records for the 2 year period preceding the member's date of disability |
| 4. Confidential medical report completed by treating specialist | |
| 5. Copies of all diagnostic test results | |

The request for completion of this form in no way constitutes an admission of liability by the insurer/trustees.

Completed form to be faxed to 021 917 3711 or emailed to wcc@momentum.co.za or posted to PO Box 2212, Bellville, 7535, attention Momentum Group Insurance disability claims.

1. Scheme details

Scheme name	
Employer name	

2. Member details

Title		Initials	
First name/s			
Surname			
Date of birth	- -		
RSA ID	Yes No	ID/Passport No.	
Passport country of origin			
	Male	Female	
Telephone - work		Fax	
Telephone - home		Cell	
Email			
Residential address			
		Postal code	

3. Employment details

Company reference no./employee no.	
Date joined company	- -
Entry date to scheme	- -
Current job title	
Last day actively able to perform own occupation	- -
Last day physically at work	- -
Expected date of return to work	- -

4. Details of medical condition

Diagnosis and symptoms

5. Reason for notification

Reason for notification (Please tick ☒ the appropriate criteria)

Absenteeism

- ☐ Absent from work for 10 consecutive days
- ☐ Absent from work for five days (consecutive or non-consecutive) in any 30-day period, without medical evidence or notifying the company
- ☐ Consistently absent on Fridays and/or Mondays, or both
- ☐ Consistently absent for one or more days per month
- ☐ Total absence of 20 days or more in any one year

Productivity Loss

- ☐ Marked loss of productivity due to physical and/or psychological conditions

Injury

- ☐ Injury on duty requiring treatment, hospitalization or absence from work
- ☐ Injury off-site requiring treatment, hospitalization or absence from work

Impairment

- ☐ Employee complaint of disability/impairment/difficulty in meeting work requirements
- ☐ Employee declared disabled / unfit for work by treating doctor
- ☐ Employee has medical condition requiring treatment, hospitalization or absence from work

6. Notification completed by

Title		Initials	
First name/s			
Surname			
Designation			
Telephone		Fax	
Email			

	- -
Signature of employer	Date

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to wcc@momentum.co.za, fax it to Fax +27 (0)21 917 3711 or posted to PO Box 2212, Bellville 7535, attention Momentum Group Insurance disability claims.
2. Place your scanned signature in the signature block by following the steps outlined below.
 - Store your scanned signature as a PDF document in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

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