

FundsAtWork Namibia Employer's declaration for a disability claim

Member number

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

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Please attach the following:

- Payslip for the month of disability
- Certified copy of original identity document
- Fully completed job description form
- Sick leave records covering the last two years, with copies of any sick leave certificates

Section 1: Member details

Title Initial/s First name

Surname

Date of birth - - Employee number

Date member entered the scheme - -

Section 2: Employer details

Employer's name

Scheme name

Scheme code

Postal address

Postal Code

Telephone - work Fax

Section 3: Member's attendance details

Date employment commenced -

Last active day at work, attending to all normal duties -

Was the member in permanent employment on the last day of work? Yes No

If not, please give details

Date on which the member returned to work (if they have returned after disability) -

Days absent from work in the last two years:

Date (from)	Date (to)	Number of working days absent	Type of leave taken (annual/sick/unpaid etc)	Reason

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Section 7: Other compensation for disability

Please list all sources (of which you are aware) from which the member may receive compensation as a result of disability.

	Social Security Commission	Pension or provident fund	Other
Amount of benefit			
How payable? (monthly/lump sum)			
Date on which the benefit is or becomes payable			
Period the benefit is payable for			
Name of insurer/fund and policy number/s (if applicable)			

Section 8: Declaration by employer (authorised signatory)

I hereby declare that I have personally examined and attended to the member and that the contents of this report are true and correct.

Name	<input type="text"/>		
Designation	<input type="text"/>		
Member's signature	<input type="text"/>		Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - 2 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Completed form together with supporting documents to be faxed to +264 61 299 7537 or emailed to fundsatworknamibia@momentum.co.na

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

- Print out the form, sign and scan it and send it back via email to fundsatworknamibia@momentum.co.za or fax it to +264 61 234 851.
- Place your scanned signature in the signature block.
 - Store your scanned signature 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.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.