

FundsAtWork Namibia Notification for a potential 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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Should the member wish to continue with a claim, the following documents will be required:

- Employee declaration
- Job description
- Sick leave records
- Certified copy of ID
- Copy of payslip
- Copy of medical reports

Section 1: Scheme details

Name of employer	<input type="text"/>		
Scheme code	<input type="text"/>		
Scheme name	<input type="text"/>		
Telephone - work	<input type="text"/>	Fax	<input type="text"/>

Section 2: Member details

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>													
First name	<input type="text"/>																	
Surname	<input type="text"/>																	
Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
National identity document	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Identity / Passport number	<input type="text"/>												
Passport country of origin	<input type="text"/>																	
Telephone - work	<input type="text"/>	Fax	<input type="text"/>															
Telephone - home	<input type="text"/>	Cellphone number	<input type="text"/>															
Residential address	<input type="text"/>																	
	<input type="text"/>																	
	<input type="text"/>																	
Postal address	<input type="text"/>	Postal Code	<input type="text"/>															
	<input type="text"/>																	
	<input type="text"/>	Postal Code	<input type="text"/>															

Section 3: Employment details

Current job title	<input type="text"/>
Duties	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

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Section 4: Details of medical condition

Section 5: Reason for notification (please tick)

Member has been off sick for more than 10 consecutive work days

Member has been declared disabled by treating doctor

Member had an injury on duty/traumatic incident

Other reasons (please give details)

Date last actively at work - - Expected date of return - -

Section 6: Declaration

We, the undersigned, hereby declare that to the best of our knowledge, the above details are true and correct, and that no material information has been withheld or omitted

Name and surname

Designation

Employer's signature Date - - 2 0

Completed form together with supporting documents to be +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.