

# FundsAtWork Namibia Dread disease claim form

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:

- Claimant's payslip
- A certified copy of claimant's ID/Passport

## Section 1: Scheme details

Name of scheme

Scheme code

Name of employer

## Section 2: Member details

Title  Initial/s  First name

First name

Surname

Date of birth  -  -

National identity document Yes  No  Identity / Passport number

Passport country of origin

Telephone - work  Fax

Telephone - home  Cellphone number

Residential address

Postal address  Postal Code

Email address

Tax Office  Tax number

Occupation

Commencement date of employment  -  -

Commencement date of cover  -  -

## Section 3: Diagnosis

Date of diagnosis  -  -

Has the claimant previously received any benefit from any other life insurance company? Yes  No

If Yes, please supply details

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**Section 4: Payment details**

Name of account holder (claimant)

Name of financial institution

Account number

Account type                      Current                       Transmission                       Savings

Branch name                       Branch code   -   -

**Section 5: Declaration**

Name of person completing this form

Designation

Telephone - work

**Employer's signature**

Date     -     - 2 0

I hereby authorise any medical attendant, hospital or any other person who has information about my state of health, to provide such information to Momentum.

**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](mailto: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:**

1. Print out the form, sign and scan it and send it back via email to [fundsatworknamibia@momentum.co.za](mailto:fundsatworknamibia@momentum.co.za) or fax it to +264 61 234 851.
2. 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.