momentum
employee benefits

# Concise Notification for Disability Benefits:
## Initial disability claim advice

### Line manager/HR department to complete this form

The request for completion of this form in no way constitutes an admission of liability by the insurer/trustees.
The details below are to notify Momentum of a potential or pending disability claim.

Momentum Contact: Momentum Disability Claims Management - Employee Benefits: Risk Solutions
Fax no. 021 9406167 Tel no. 021 9405377

### Employee Information

Fund name:

Company name:

Name of employee:

Date joined company D D - M M - Y Y Y Y

Entry date to scheme: current D D - M M - Y Y Y Y  Entry date to previous fund: D D - M M - Y Y Y Y

Occupation:

Department:

Date of birth D D - M M - Y Y Y Y  Company reference no./employee no.:

RSA ID Yes  No  ID/Passport No.

Employee's address

Postal code:

Tel No.  (W)

Cell

Last day actively able to perform own occupation: D D - M M - 2 0 Y Y

Last day physically at work: D D - M M - 2 0 Y Y

Expiry of sick leave benefits: D D - M M - 2 0 Y Y

**Signature of Employee**

D D - M M - 2 0 Y Y
**Date**

### Medical Information

Cause of sickness/illness/injury

Name of treating doctor:

Tel No. of doctor  Fax No. doctor

Email doctor:

## Line Manager Information

Contact person at the company:

Tel No. of contact person:

Email of contact person:

Line Manager Administrator:

**Signature of Line Manager**

D D - M M - 2 0 Y Y

**Date**

**Employer's Stamp**

Please Note

This constitutes a notification of a claim only. A comprehensive disability claim will need to be submitted by you within three months. This claim will have to include the following completed documents:

Statement by Employer
Statement by Employee
Statement by Attending General Practitioner
Statement by Attending Specialist
Certified copy of ID