

# Comprehensive 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   -   -

Entry date to scheme: current   -   -     Entry date to previous fund:   -   -

Occupation:

Department:

Date of birth   -   -     Company reference no./employee no.:

RSA ID  Yes  No  ID/Passport No.

Employee's address

Postal code:

Tel No.  (W)

Cell

Disability benefits under: (Please tick the appropriate blocks)

Current scheme:

Sick leave	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>
Dread disease	<input type="checkbox"/>	Lump sum installments	<input type="checkbox"/>
Lump sum	<input type="checkbox"/>	Monthly income continuation	<input type="checkbox"/>
Total & temporary	<input type="checkbox"/>		

Previous scheme:

Sick leave	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>
Dread disease	<input type="checkbox"/>	Lump sum installments	<input type="checkbox"/>
Lump sum	<input type="checkbox"/>	Monthly income continuation	<input type="checkbox"/>
Total & temporary	<input type="checkbox"/>		

Last day actively able to perform own occupation:   -   -

Last day physically at work:   -   -

Expiry of sick leave benefits:   -   -

Name of attending doctor:

Doctor's qualifications/speciality:

Tel No.

Fax No.

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, hospitalisation or absence from work
- Injury off-site requiring treatment, hospitalisation or absence from work

Impairment

- Employee complaint of disability/impairment/difficulty in meeting work requirements
- Employee complaint of/ apparently suffering from stress that reduces productivity

Sick leave benefit

- Require an independent opinion on the sick leave period taken

If yes, give details

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Please comment on all absenteeism in the past 24 months:

Date	Reason	Doctor involved

(continued)

Date	Reason	Doctor involved

<b>Signature of Line Manager</b>	
D D - M M - 2 0 Y Y	
<b>Date</b>	<b>Employer's Stamp</b>
<b>Signature of Employee</b>	
D D - M M - 2 0 Y Y	
<b>Date</b>	

**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 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