

SARS 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

Form fields for Employee Information including Fund name, Company name, Name of employee, Date joined company, Entry date to scheme, Occupation, Department, Date of birth, RSA ID, Employee's address, Tel No., Cell, Last day actively able to perform own occupation, Last day physically at work, and Expiry of sick leave benefits.

Medical Information

Form fields for Medical Information including Cause of sickness/illness/injury, Name of treating doctor, Tel No. of doctor, Fax No. doctor, and Email doctor.

Human Resources Administrator Information

Contact person at the company:

Tel No. of contact person:

Email of contact person:

Human Resources Administrator:

Human Resources Team Leader:

<input type="text"/>	<input type="text"/>
Signature of Human Resources Administrator <input type="text"/> Date <input type="text"/>	Employer's Stamp <input type="text"/>
Signature of Human Resources Team Leader <input type="text"/> Date <input type="text"/>	

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
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