



GREENLIGHT

RSA DISABILITY CLAIM FORM
BUSINESS OVERHEADS REPLACER

Contract number

Grid for contract number

Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

Grid for intermediary code

Please print in block letters using black or blue ink.

This form is issued without admission of liability and must be completed and signed by the contracting party/authorised official.

Please email the completed form to claims@oldmutual.com

Intermediary/Admin support:

Name of contact person

Email address and telephone number of contact person

IMPORTANT NOTES

The premium must continue to be paid to avoid plan/benefits ceasing.

Please note that Old Mutual can only consider a claim on receipt of the following documents, marked with the contract number and intermediary code where applicable:

- A certified copy of the life covered's ID and/or contracting party's ID if different
Proof of bank details, e.g. cancelled cheque, bank statement not older than 3 months, confirmation on a bank letterhead
Copies of documents of proof of expenses

There may be further requirements before the claim can be considered.

SECTION 1 DETAILS OF CONTRACTING PARTY

Is the life covered the same person? YES NO

Title: Mr Ms Mrs Other Initials

Surname/ Name of institution

Full names/ Contact person

Previous surname (if applicable)

ID/Passport/Institution registration number Date of birth

Income tax number

Residential address/ Physical address of institution Postal code

Postal address Postal code

Country of address

Contact number (Work) Code No.

(Home) Code No.

Cellphone number

Email address

1. I hereby declare that the details provided in this form are true, correct and complete
2. I hereby also irrevocably give the abovementioned auditors/accountants permission to give Old Mutual any information required to assess this claim

DETAILS OF CONTRACTING PARTY/AUTHORISED OFFICIAL

Name

Address

Postal code

Contact number Code No.

Capacity (e.g. owner, partner)

Signed at (place) on (date)

Signature of contracting party or authorised official

Old Mutual Claim Contact Details:

Email claims@oldmutual.com

Fax number 0860 60 45 02

Telephone number RSA: 0860 10 22 74
International: +27 21 503 1802

Address PO Box 202, Mutualpark 7451, South Africa.

Contract number



Old Mutual is a Licensed Financial Services Provider