

RETRENCHMENT CLAIM FORM

PERSONAL PARTICULARS
Policy number ID number
First name(s) of claimant
Surname of claimant
Date policy commenced d d m m y y y y y
Income tax reference number Income tax office
EMPLOYMENT DETAILS Name of employer (from whom you were retrenched)
Position held
Date of joining this employer d d m m y y y y Date last actively worked d d m m y y y y
Date last salary payable d d m m y y y y y
What would have been your normal date of retirement had you not been retrenched? d d m m y y y y y
When were you advised of your pending retrenchment? d d m m y y y y
How many employees were retrenched at the time you were retrenched?
Reason for retrenchment
Name of immediate manager (at date of retrenchment)
Contact details of this Tel (w)
manager Email address
PREVIOUS WORK HISTORY (for the past year)
Previous employer
Position held
Date of joining this employer d d m m y y y y y Last working day d d m m y y y y y
Please attach a copy of your certificate of service.
GENERAL HISTORY/OTHER PARTICULARS
Have you taken any sick-leave over the past two years? YES NO
If so, for how long on each occasion and for what medical reason?
What is your current medical status?
What is your current medical status?
Should you be taking any chronic medication or undergoing any regular medical or paramedical treatment, please provide details:

Nedgroup Life Assurance Company Limited. Reg No 1993/001022/06
1st Floor, Ridgeside Campus, 2 Ncondo Place, Umhlanga Rocks, 4320; PO Box 149175, East End, 4018. Tel 0860 263 543 Fax 0860 065 437 Website www.nedgrouplife.co.za.

We support resolution for unresolved disputes via the Ombudsman for Long-term Insurance. We are an authorised financial services provider (licence number 40915). We are a registered credit provider in terms of the National Credit Act (NCR Reg No NCRCP61).

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