

In-Hospital Claim Form

(To be completed by the Human Resources Manager)

FOR

**SOUTH AFRICAN LOCAL AUTHORITIES PENSION FUND
MEMBERS**



NOTE: The completed In-Hospital Claim Form and supporting documents
(refer to Checklist) to be faxed by the Employer to:

Prosperity Management *Africa* (Pty) Ltd: **Fax no 0866840305**

IMPORTANT NOTES AND CHECKLIST:

- The Checklist and document is to be completed by the Employer HR;
- Attach / include all the documents required by Prosperity Management *Africa* as per the Checklist hereinafter;
- Please complete ALL questions – if a question is not applicable please mark “N/A” or “Unknown”;
- Information can be filled in by hand or electronically;
- For any queries please contact the Prosperity Help Desk on (021) 913 0116.

CHECKLIST DOCUMENTATION REQUIRED BY PROSPERITY	Completed Mandate for Payment Ref No. 401	
	Certified copy of the Claimant’s Identity Document (Commissioner of Oaths or SAPS)	
	Hospital Letter/Invoice as proof of Hospitalization for 24 hours or more as a result of an Accident	

1. EMPLOYER DETAILS

Fund Name	SALA PENSION FUND	Member Pension Number	
Employer/ Council Name		Province/ Region	
Contact Number			

2. MEMBER’S PERSONAL DETAILS

Surname		Initials	
Date of Birth (YYYYMMDD)		Title	
ID Number			

3. CONFIRMATION OF PAYMENT

Please indicate to whom Prosperity needs to confirm payment:

Surname & Full Names	
E-mail Address	

Postal Address			
			Postal Code
Fax Number	Code		
Phone Number	Code		

4. DECLARATION AND AUTHORITY TO PAY CLAIM

I/we the undersigned on behalf of the Employer, in my/our capacity as _____ and duly authorised to make this declaration, hereby declare:

- i. That the Claimant was Hospitalized for 24 hours or more as a result of an Accident and is a legitimate Member of the SALA Pension Fund.
- ii. That payment of the proceeds due in respect of the Member shall represent the full and final discharge of Prosperity Management *Africa* (Pty) Ltd’s liability in respect of the In-Hospital Accidental claim.
- iii. That any act of dishonesty or fraud in relation to this claim will nullify any entitlement to a benefit.

Signed at _____ on this _____ day of _____

Print Name

Signature