REF NO 200

NOTIFICATION OF IMPENDING DISABILITY FORM

(To be completed by the Employer)

FOR

SOUTH AFRICAN LOCAL AUTHORITIES PENSION FUND MEMBERS

The completed form together with the supporting documents, must be sent via email by the Employer to:
riskclaims@fairsure.co.za

The submitted details below serve to notify, Prosperity Insurance Company Limited and the Soma Initiative of a potential or pending disability claim.

CHECKLIST:

All available Medical Certificates	
All available Sick Leave Notes	
All available Medical Reports	

This form should be completed under the following circumstances:

- where a member is on sick leave for more than 30 consecutive days
- where a member is not achieving work requirements as a result of persistent or chronic ill health and/or injury
- where a member's extended absence from work on account of pending medical treatment or surgery is expected or anticipated
- where a member wishes to apply for a disability benefit, or has been "boarded" by his attending medical practitioner, and the Employer is preparing the initial claim package for submission

Please forward, together with all available medical certificates / sick leave notes / medical reports, etc, to:

The Soma Initiative (Pty) Ltd
P.O Box 2475
Clareinch
7740
Tel: (021) 6711977
Fax: (021) 6706930
E-mail: disability@soma-i.co.za

DETAILS OF POTENTIAL CLAIMANT

Surname		**First name(s):**	
Date of birth		Title	
Employer Name		ID Number	
Company Reference No.		Gender	
Occupation			
Name of Contact Person		E-mail address	
Designation of Contact Person		Date of Notification	
Telephone No. (Office)		Code	
Cellular telephone No.			

Submitted to SOMA by: _____

Title, Initials and Surname