



Unemployment/unable to earn an income cover assessment

Name of Employee:

Identity Number:

The above-mentioned person is the policyholder of a Capitec Bank Credit Insurance policy. We have been informed that they have recently become unemployed or are unable to earn an income.

In order for us to assess whether this client qualifies for the cover, we require the following supporting documents:

- Company stamped discharge certificate or termination letter / retrenchment letter
- Certificate of service
- UI19 form (if available)

In addition we require your assistance in completing the following tables:

Section 1: Employer Contact Details

Company Name:

Telephone number:

Fax number:

Email address:

HR Representative (Full Name):

Telephone number:

Position:

Section 2: Declaration

I hereby declare that the information provided within is correct and no information was withheld.

Signature: _____

Company Stamp

D D M M Y Y Y Y

Section 3: Employee Contact Details

Clock Number:

Employment Start Date:
D D M M Y Y Y Y

Position:

Termination Date:
D D M M Y Y Y Y

Reason for Termination of Employment (please select only one):

- | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|
| New technology | <input type="checkbox"/> | Reorganisation | <input type="checkbox"/> | Adverse conditions | <input type="checkbox"/> |
| Voluntary retrenchment | <input type="checkbox"/> | Operational requirements | <input type="checkbox"/> | Employee reductions | <input type="checkbox"/> |
| Closure of business | <input type="checkbox"/> | Liquidation | <input type="checkbox"/> | Seasonal contract | <input type="checkbox"/> |
| Employer contract not renewed | <input type="checkbox"/> | Medically unfit | <input type="checkbox"/> | Retirement | <input type="checkbox"/> |
| Employer contract ended | <input type="checkbox"/> | Dismissal | <input type="checkbox"/> | | |

Reason for dismissal

If Voluntary retrenchment has been selected, please confirm the following:

Did the employee select this to avoid being retrenched?

Did the employee select this to mutually terminate the employment relationship?

Would the employee still have been retrenched regardless of accepting the voluntary retrenchment package?

Was voluntary retrenchment offered to expedite the retrenchment process?

Was voluntary retrenchment initiated by employer or employee?

Has the employee been offered an alternative position in your company? Yes No

If, yes please elaborate

Has the employee joined any other employment since termination of service? Yes No

If "yes" where and since when, until when?

First Date of Consultation on LRA Sec 189 Process:
D D M M Y Y Y Y

Possible notification date of Retrenchment:
D D M M Y Y Y Y

Actual date of Personal Notification:
D D M M Y Y Y Y

Your prompt feedback is appreciated. If you have any questions, contact us on 0860 66 77 83 (option 5).

Sincerely

Credit Insurance Claims
Capitec Bank Ltd

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013
The privacy of our Insured is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.
The Insured's Personal Information will be used to assess this claim for the Insured. You hereby agree to give honest, accurate and up-to-date Personal Information of our Insured to assist us in assessing the risk insured against.
You acknowledge that any Personal Information supplied to us in respect of the Insured is provided according to the Applicable Laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available any Personal Information you have provided in respect of our Insured unless it is a requirement in terms of the Applicable Laws.