



Loss of Income Benefit Claim Form

Confidential

Please select the applicable product(s)

- | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Absa Vehicle and Asset Finance Credit Protection Plan | <input type="checkbox"/> Absa Credit Card Facilities Protection Plan |
| <input type="checkbox"/> Absa Express Loans Credit Protection Plan | <input type="checkbox"/> Absa Micro Loans Credit Protection Plan |
| <input type="checkbox"/> Absa Overdraft Facility Credit Protection Plan | <input type="checkbox"/> Absa Personal Loans Credit Protection Plan |
| <input type="checkbox"/> Absa Revolving Facility Credit Protection Plan | <input type="checkbox"/> Absa Study Loans Credit Protection Plan |
| <input type="checkbox"/> Absa @Ease – only retrenchment benefit applicable | |

Policy/Account number

Section 1: Details of Life Assured

- 1.1 Full name Surname
- 1.2 Identity/Passport number
- 1.3 Postal address
 Postal code
- 1.4 Residential address
 Postal code
- 1.5 Email
- 1.6 Cellphone Telephone (H)

Section 2: Details of Employer

- 2.1 Name of employer
- 2.2 Nature of employer's business
- 2.3 Name of immediate manager
- 2.4 Contact details of employer/manager: Tel (W) Email
- 2.5 Nature of Employment: Permanent Temporary Part-time employed Contract worker
- 2.6 Date of commencement of employment with this employer (dd/mm/ccyy)
- 2.7 Last active day of employment (dd/mm/ccyy):
- 2.8 Occupation immediately prior to your inability to earn an income
- 2.9 Date on which you first became aware of the possible retrenchment/redundancy/forced unpaid leave (inability to earn an income) (dd/mm/ccyy):
- 2.10 Date of official notification of retrenchment/redundancy/forced unpaid leave (inability to earn an income)
- 2.11 Number of employees retrenched/made redundant/forced to take unpaid leave by the Employer:
- 2.12 Reason for inability to earn an income: Retrenchment Redundancy Forced unpaid leave
 Other If "Other", please provide details
- 2.13 If retrenchment, was it voluntary or involuntary?
- 2.14 Were you offered an alternative position? Yes No
If answered "Yes", please provide details
- 2.15 Did you suffer total loss of Income? Yes No

Section 3: Self-employed individuals

3.1 Source of income: Self-employed professional Business Owner Director

3.2 Nature of business

3.3 Loss of income start date (dd/mm/ccyy)

3.4 Reason for loss of income

3.5 Did you suffer total loss of Income? Yes No

Indemnity

I, the undersigned claimant, certify that all information provided by me, in respect of this claim is true and correct. I am the main member/beneficiary/executor/of this policy and as such entitled to receive the benefit paid. I indemnify Absa Life Limited against any further claims in respect of this policy.

Signature

Date (dd/mm/ccyy)

Loss of Income Claim requirements

Please provide us with the following information in order for us to assess your claim:

- 1 Fully completed claim form.
- 2 Certified copy of your identity document/passport.
- 3 Official retrenchment letter on the employer's letterhead, signed by the HR Manager or Senior Management.
- 4 3 (Three) month's bank statements prior to loss of income if you use any other bank than Absa Bank.
- 5 3 (Three) month's pay slips prior to loss of income.

Contract workers

If you are a contract worker, please provide us with the following information in order for us to assess you claim:

- 1 Fully completed claim form.
- 2 Certified copy of identity document/passport.
- 3 Copy of your employment contract.
- 4 3 (Three) month's bank statements prior to loss of income if you use any other bank than Absa Bank.
- 5 3 (Three) month's pay slips prior to loss of income.

Self-employed individuals

If you are self-employed, please provide us with the following information in order for us to assess you claim:

- 1 Fully completed claim form.
- 2 Certified copy of identity document/passport.
- 3 6 (Six) month's bank statements of your personal and business accounts prior to loss of income if you use any other bank than Absa Bank.
- 4 Your most recent notification of assessment (ITA34) – available from SARS.

Please note that receipt of the above documentation does not imply liability for payment of the claim by Absa Life, but failure to submit any of the above will result in the claim being given no further consideration.

The documents should be emailed to creditlifeclaims@absa.co.za

Any further queries kindly contact the Absa Life Call Centre.

Telephone: 0860 227 253

Monday – Friday 08:30 – 16:30 and Saturdays 08:30 – 12:30.