

RETRENCHMENT CLAIM FORM

ACCOUNT HOLDER INFORMATION

Surname	<input type="text"/>
First name	<input type="text"/>
ID number of insured	<input type="text"/>
Card account number(s)	<input type="text"/>
Personal Loan account number(s)	<input type="text"/>

CLAIMANT INFORMATION

Name of claimant	<input type="text"/>										
ID number	<input type="text"/>										
Postal address	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
Telephone numbers	Home	Work	Cell	Fax							
	<input type="text"/>										
Email address	<input type="text"/>										

DECLARATION:
I hereby certify that the above details are true and correct.

Signature	<input type="text"/>	D	D	M	M	Y	Y	Y	Y
		Date							

IMPORTANT: DOCUMENTS REQUIRED TO BE ATTACHED TO THIS CLAIM FORM

<input type="text"/>	Retrenchment Declaration (Pg 2)
<input type="text"/>	Certified retrenchment letter on company letterhead
<input type="text"/>	Certified ID
<input type="text"/>	UI 19 Form "obtained from employer"
<input type="text"/>	Affidavit



Ground Floor Liberty Grande Building,
Corner of Voortrekker Road and
Vanguard Drive, Goodwood, 7460

PO Box 111, Goodwood, 7459
Tel: 0861 729 727
Fax: 0861 237 483
email: claims@rcsgroup.co.za

www.rcs.co.za

RCS Cards (Pty) Ltd.
Reg. No. 2000/01789/07
A member of the Foschini Group
FSP Reg. No.: FSP44481
NCR Reg. No.: NCRCP38

RETRENCHMENT DECLARATION

TO BE COMPLETED BY CLAIMANT

DETAILS OF EMPLOYER

Name of employer	<input type="text"/>											
Postal address of employer	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
Date employed by employer	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>				
What was the date you last attended work?	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>				
What was your occupation immediately before retrenchment/redundancy?	<input type="text"/>											
Reason for retrenchment/redundancy?	<input type="text"/>											
									Staff reduction	<input type="text" value="Y"/>	<input type="text" value="N"/>	
									Voluntary retrenchment	<input type="text" value="Y"/>	<input type="text" value="N"/>	
									Medical boarding	<input type="text" value="Y"/>	<input type="text" value="N"/>	
									Resignation	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Have you received any verbal or written reprimand which constituted part of your employer's disciplinary procedure in the six months prior to termination of employment?											<input type="text" value="Y"/>	<input type="text" value="N"/>

INDUSTRIAL COURT ACTION

Is any industrial court action pending?	<input type="text" value="Y"/>	<input type="text" value="N"/>
<p>PLEASE NOTE: Guardrisk reserves the right to reclaim the benefit paid if you are reinstated and your company reimburses you for lost income.</p>		

R. Aug 13



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