

TRANSPORT SECTOR RETIREMENT FUND



DISABILITY CLAIM



EMPLOYER STATEMENT To be completed by the employer

A. CURRENT EMPLOYER INFORMATION

Name of Employer			
Employer Address			
Type of Business		Employer's Tel. No	
Contact Person's Name		Contact Person's Tel. No	
Contact Person's Email Address		Contact Person's Fax No	

B. MEMBER DETAILS

Surname of Member			
First Name of Member			
Employee No		System No	
Date Joined Service	D D M M Y Y Y Y	Date Joined Fund	D D M M Y Y Y Y
Date of Disability	D D M M Y Y Y Y	Annual Income at Date of Disability	R 0 0 0 0 0 0 0 0
Date of Last Contribution	D D M M Y Y Y Y	Amount of Contribution	R 0 0 0 0 0 0 0 0
Driver's Licence Number		Expiry Date	D D M M Y Y Y Y

C. OCCUPATION DETAILS

Highest level of schooling attained	Standard	Year attained	
Inception Date of Current Job	D D M M Y Y Y Y	Date at which the member was last able to do this job	D D M M Y Y Y Y
Position Held			
What was the member's job category? (Please mark the most applicable)			
Managerial	Machine operator (e.g. driving or using of a machine to perform a task)	Other (please specify below)	
Supervisory	Light manual labour (e.g. physically packing or sorting)		
Clerical	Heavy manual labour (e.g. physically digging or loading)		
List of Main Duties			

Please describe the minimum physical abilities that a healthy individual requires to do his / her job (e.g. percentages, kilograms, metres, hours, numbers (how much), bags, sacks (what))

Strength	How much?	What?
Lift - kilograms		
Carry - kilograms / metres		
Push - kilograms / metres		
Pull - kilograms / metres		
Hold - kilograms / metres		
Endurance	How much?	What?
Climb - metres		
Stoop - percentage of day		
Stand - percentage of day		
Sit - percentage of day		
Walk - smooth terrain (metres per day)		
Walk - uneven terrain (metres per day)		
Accuracy	How much?	What?
Fine, precise movement		
Control of tools		

Please describe the minimum mental abilities that a healthy individual requires to do his / her job (e.g. describe the tasks requiring mental activity or include examples)

	Very often	Often	Seldom
Literacy			
Numeracy			
Memory			
Problem solving			
Decision making			
Specialised knowledge			

In view of the member's current condition, please describe the mental effort it takes to do this job (e.g. memorising, calculating, etc.)

Please describe the minimum communication skills that a healthy individual requires to do this job (e.g. describe the aspects requiring communication)

	Very often	Often	Seldom
Speaking			
Writing			
Listening			
Reading			
Public speaking			

How often does the member work in the following conditions?

	Very often	Often	Seldom
Dust			
Vibration			
Nosie			
Fumes			
Heat			
Cold			

How much of the member's time is spent in the following conditions?

	Percentage / Hours
Outdoors	
Indoors	
Height	
Depth	
Wet areas	
Dry areas	

What are the standard working hours per day?

Have any attempts been made to adapt the member's work environment or duties to accommodate his / her condition?	Yes		No	
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If yes, provide full details thereof

Has the member been offered alternative employment within your company?

	Yes		No	
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If yes, provide details thereof

If no, provide reasons therefore

Has the member partially or fully recovered, or is the member expected to partially or fully recover?

	Yes		No	
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If 'Yes', when did or when is the member expected to return to work?

	D	D	M	M	Y	Y	Y	Y
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Has the member been able to perform any part of his / her main duties or another job since the member first became disabled?

	Yes		No	
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If Yes, please provide details, including dates, job description and remuneration

D. IMPAIRMENT DETAILS

List of Complaints:

Provide details of when these symptoms first became apparent:

Describe how these symptoms and or impairment have limited the member from performing any of his / her main duties:

Please supply full details of the member's sick leave for the past two years, including copies of medical certificates for any absence exceeding two days. Also, indicate days on which the member left work early, if available.

Date from	Date to	Working days absent	Illness or injury

E. EMPLOYER DECLARATION

EMPLOYER STAMP	<p>Declaration by employer (authorised personnel only):</p> <p>I, _____ (full name) in the capacity of, _____ (designation), hereby confirm and declare that:</p> <p>All information provided in this Employer Statement is true and correct to the best of my knowledge and belief. I confirm that the options in terms of the Rules of the Fund have been fully explained to the member and that the member is aware of the content of the Employer Statement and any liabilities that he/she may have. In the event of any loss suffered as a result of any details provided on this Employer Statement being inaccurate or incorrect, neither the Fund nor the Fund Service Providers can be held liable for such losses.</p>
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Signature of Authority _____ Date Signed: _____

Notes:

In some instances, further documents and /or information may be required to determine the validity of a claim. All documents required in the claim notification must be submitted and failure to do so timeously, may result in claim payments being delayed and / or Disability risk benefit claims being declined. Disability Claims are assessed on receipt of complete documentation, including the fully completed Employer Statement, and failure to do so, will result in the delay of processing the claim.

F. SUBMISSION DETAILS

Claim Type	Electronic	Fax	Telephone Enquiries	Physical address
Disability	members@rflipf-sanlam.co.za	011 544 8302	011 544 8300	SALT Employee Benefits (Pty) Ltd, Central Park Office No 400, 16th Road Randjespark Office Block Q, Midrand

SALT Employee Benefits (Pty) Ltd, an authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act 37, of 2002 ("FAIS Act") with FSP Number 18929 is the appointed administrator to Transport Sector Retirement Fund. SALT Employee Benefits is committed to compliance with the requirements prescribed in the FAIS Act. All disclosures are available on request.