



# KZN

MUNICIPAL PENSION FUND  
Together We Grow Your Wealth

## Disability Claim – Potential Claim Notification

Line manager/HR department to complete this form.

The details below are to notify KZN Municipal Pension Fund of potential disability claim. Should the member wish to continue with a claim the following documents shall be submitted.

1. Employer Statement
2. Employee Statement
3. Employee Job Description
4. Confidential medical report completed by treating
5. Copies of all diagnostic test results
6. Copy of available medical reports
7. Certified ID copy
8. Copy of Pay-slip as at date of disability
9. Leave records for the 2 year period preceding the member's date of

The request for completion of this form in no way constitutes an admission of liability by the Trustees. Completed form to be sent to **KZN Municipal Pension Fund, 16 Floor, 22 Dorothy Nyembe Street, The Marine Building, Durban Central, 4001 - Contact No. 031 322 9001**

### 1. Member Details

Title	<input type="text"/>	Initials	<input type="text"/>
First name/s	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	ID/Passport No.	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Phone - Work	<input type="text"/>		
Phone - Home	<input type="text"/>	Cell	<input type="text"/>
E-Mail	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>

### 2. Employment details

Employee No.	<input type="text"/>
Date joined company	<input type="text"/>
Entry Date to Scheme	<input type="text"/>
Current Job Title	<input type="text"/>
Date last able to perform duties	<input type="text"/>

Date last at work                      -   -

Date expected to return to work     -  -

Date of next sick leave cycle          -

### 3. Reason for notification (Please tick the appropriate criteria)

**Absenteeism**

- Absent from work for 10 consecutive days
- Absent from work for 5 days (consecutive or non-consecutive) in any 30- day period, without medical evidence
- Notifying absent on Friday and /or Mondays, or both
- Consistently absent for one or more days per month
- Total absence of 20 days or more in any one year

**Productivity Loss**

- Marked loss of productivity due to physical and /or psychological conditions Injury
- Injury on duty requiring treatment , hospitalization or absence from work
- injury off-site requiring treatment, hospitalization or absence from work

**Impairment**

- Employee complaint of disability /impairment/difficulty in meeting work requirements
- Employee declared unfit for work by treating doctor
- Employee has medical condition requiring treatment, hospitalization or absence from work

### 4. Notification – completed by

Title                           Initials                   

First name/s                   

Surname                   

Designation                   

Telephone - Work                                                 Cell                   

E-Mail                   

I understand that my right to privacy is curtailed to the extent permitted by me in this authorization and I hereby indemnify KZN Municipal Pension Fund against any claim of whatever nature, arising out of or in connection with the furnishing of medical information as contemplated in this consent form.

<div data-bbox="156 1601 699 1720" data-label="Text" style="border: 1px solid black; min-height: 50px;"></div>	<div data-bbox="877 1601 1436 1720" data-label="Text" style="border: 1px solid black; min-height: 50px;"></div>
<p><b>Signature of Employer</b></p>	<p><b>Signature of Employee</b></p>
<p><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"/></p> <p>Date</p>	<p><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"/></p> <p>Date</p>