

LA Wellness Funeral Cover Benefit claim form

Discovery Group Risk



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Vitality

Contact details

Telephone: 0860 543 322, email: la_wellnessfuneralclaims@discovery.co.za, PO Box 3888, Rivonia 2128, www.discovery.co.za.

How to complete this form

Purpose of this form

This is the member/claimants' statement under the LA Wellness Funeral Cover Benefit. Discovery Life Limited is the licensed life insurer and Discovery Group Risk is responsible for the assessment and payment of funeral claims.

Steps to complete this form

1. This form must be completed by the main member, in the event of a non-member claim, or by the claimant in the event of the main member's death.
2. Answer all questions, do not leave any questions blank (unless noted as optional) or cross any out.
3. You can complete the form electronically or print it out and complete it by hand.
4. Please complete all information in black ink, write one letter per block and print clearly.
5. To avoid any administrative delays or errors, please ensure this form is completed in full with accurate information and signed, and that the necessary supporting documents are attached.
6. Email the completed form and supporting documents to la_wellnessfuneralclaims@discovery.co.za or post it to PO Box 3888, Rivonia 2128.

If you do not understand any questions on the form, ask your financial adviser or contact Discovery Group Risk.

Checklist

Please use this checklist to ensure you have all the required supporting documentation to submit with the claim form to ensure ease of processing the claim.

- Beneficiary ID/passport document
- Beneficiary banking details
- Death certificate
- Notice of death (Please include the page of the Notice of death that reflects the actual cause of death)
- Police/accident report (Only required in the case of unnatural causes of death)
- Proof of gestational age for the stillborn baby (This can be a medical report or doctor's note confirming the gestational age)
- Member's ID document
- Deceased's ID document
- Proof of relationship
- Funeral Cover Benefit claim (Statement by police) form
- LA Wellness Beneficiary nomination form (Funeral Cover Benefit)

Please refer to the section on 'Required documents' at the end of this form for more details as to what exactly is required.

Member details

Member number (not compulsory)																									
Surname																									
First names																									
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y	ID/passport number														
Passport expiry date	D	D	-	M	M	-	Y	Y	Y	Y	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>										
Nationality																									
Residential address																									
Code																									
Cellphone number													Telephone number												
Email address																									

Details of deceased (if the deceased is not the main member under the policy)

Surname																									
First names																									
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y	ID/passport number														
Passport expiry date	D	D	-	M	M	-	Y	Y	Y	Y	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>										
Nationality																									
Residential address																									
Code																									

Relationship to member (Please mark the applicable relationship with an X)

Spouse

Child:

- Age 0 to 21 (24) years.
- A child who is incapacitated by mental or physical infirmity and unable to maintain themselves, provided that such child is wholly dependent on the member for support and maintenance.

Details of death

Date of death

D	D
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 -

M	M
---	---

 -

Y	Y	Y	Y
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 Time of death

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Place of death

Was the death due to natural causes? Yes No

Was the death due to unnatural causes? Yes No

Was the cause of death due to COVID-19 complications? Yes No

Please state the actual detailed reason for the cause of death below. (To confirm the actual cause of death, refer to the BI-1663 "Notice of death" or from the details received from a medical doctor)

In the case of an unnatural death, please state the police station where the death was reported.

Is an inquest going to take place? Yes No

Funeral parlour details

Name of funeral parlour

Town/city

Contact number of funeral parlour

 Date of funeral

D	D
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 -

M	M
---	---

 -

Y	Y	Y	Y
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Details of payment

- Payment will only be made to the nominated beneficiaries in accordance with the LA Wellnesss Funeral beneficiary nomination form or to the deceased estate.
- To ensure fast payment, and for your protection, payment will only be made by electronic fund transfer (EFT).
- No payment to a third-party including funeral parlours is allowed.
- We will need proof of the account (bank statement with account number and name of account holder). This proof cannot be older than three months.

I instruct Discovery Group Risk to pay the Funeral Cover Benefit by electronic fund transfer (EFT), as detailed below:

Please ensure the below account information is correct. Discovery Life Limited will not be held responsible for delays or other damages because of incorrect details being provided. If payment is needed to more than one recipient, please supply separate banking details.
Please note: No payments can be made to a non-South African (foreign) bank account.

Beneficiary name

ID/passport number

 Passport expiry date

D	D
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 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

Nationality

Date of birth

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

 Gender Male Female

Cellphone number

 Telephone number

Email address

Bank name

Branch name

Branch code

 Account type Current Transmission Savings

Account number

Declaration by principal member or claimant

I hereby confirm that the above information is true and correct, and that no information has been withheld or omitted. I understand fully and agree that the written statements and affidavits given in support of this claim, forms part of the claim. I agree that in the event of me withholding any material fact or me giving false information, the claimant will forfeit any and all benefits for this claim.

Signed at (town or city)	<input type="text"/>
Surname	<input type="text"/>
First names	<input type="text"/>
Member/claimant's signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Required documents

Member documents

- Certified copy of the member's identity document or a certified copy of both the front and back of the member's smart ID.
- Dated and signed LA Wellness Beneficiary nomination form (Funeral Cover Benefit).

Beneficiary documents

- Certified copy of the beneficiary's identity document/passport or a certified copy of both the front and back of the beneficiary's smart ID.
- Beneficiary's banking details in the form of a copy of a bank statement stamped by the bank, stating the branch code and account number, and not older than three months.
- Proof of relationship to deceased (for example a certified copy of the marriage certificate, affidavit or certified lobola letter signed by chief/priest) stating relationship to the deceased.
 - For a Civil Union marriage: A copy of the Civil Union partnership certificate.
 - For a customary marriage: A copy of the registration certificate issued by the Department of Home Affairs or an affidavit as confirmation of the customary marriage.
Where the affidavit is not sufficient we may request for an additional affidavit from two people who had attended the marriage ceremony.
- Where two individuals lived together as if they were married:
An affidavit confirming that none of these individuals are married and that the couple lived together as if they were married, also with the intention of living together permanently (Both parties should have been committed to each other and lived together for more than six months before the death).

Death documents

- If the cause of death is an unnatural cause, please complete and provide the Funeral Cover Benefit claim (Statement by police) form or an accident report.
- Certified copy of the death certificate (only a computerised BI-5 certificate is acceptable for South African citizens and a hand written certificate is acceptable for foreign nationals who died in South Africa).
- Certified copy of the deceased's identity document or birth certificate or a certified copy of both the front and back of the deceased's smart ID.
- Copy of the Notice of Death/Stillbirth (BI 1663/DHA 1663) document (issued by the attending doctor or funeral parlour at the time of death).
- Please provide proof of gestational age for the stillborn baby (This can be a medical report or doctor's note confirming the gestational age).

Certified copies are copies of the original documents where these copies have been checked against the original by a Commissioner of Oaths (for example, the police or bank) and stamped to show they are copies of the original.

Discovery Group Risk reserves the right to ask for any additional information and documents it deems necessary to process the claim. Incomplete details and unclear documents may cause a delay in processing the claim and will be requested again.

How to submit complaints

You can submit your complaint to us on the contact details below.

Discovery Group Risk contact centre

Telephone: 0860 047 687

Email: Group_Risk_Complaints@discovery.co.za

If you are not satisfied with the outcome, you can escalate your complaint to the other stakeholders listed below.

For information related complaints, you may approach the Information Regulator (South Africa) on the following details:

JD House, 27 Stiemens Street

Braamfontein, Johannesburg, 2001

Postal address: P.O Box 31533, Braamfontein, Johannesburg, 2017

Complaints email: POPIAComplaints@inforegulator.org.za (should you feel that your personal information has been violated)

PAIAComplaints@inforegulator.org.za (should your PAIA request be denied/there is no response from us for access to records)

General enquiries email: enquiries@inforegulator.org.za

Website: www.inforegulator.org.za

For advice related complaints, you may approach the office of the FAIS Ombud on the following details:

Kasteel Park Office Park, Orange Building, 2nd Floor,

Cnr of Nossob and Jochemus Street, Erasmuskloof, Pretoria, 0048

Postal address: P.O. Box 74571, Lynwood Ridge, 0040

Telephone: 012 762 5000 / 012 470 9080

Fax: 012 348 3447 / 012 470 9097

Email: info@faisombud.co.za

Website: www.faisombud.co.za

If we have not resolved a complaint to your satisfaction using the contact details above, you may contact the Ombudsman for Long-term Insurance (OLTI) for further recourse:

Third Floor, Sunclare Building,

21 Dreyer Street, Claremont, Cape Town, 7700

Telephone: 021 657 5000 / 0860 103 236

Email: info@ombud.co.za

Website: www.ombud.co.za

Privacy Statement

When you engage with us, you trust us with personal information about yourself, your spouse, your dependants and beneficiaries. We are committed to protecting your right to privacy and will take all reasonable steps to keep your personal information safe and confidential. The purpose of this Privacy Statement is to set out how we collect, use, share, process and secure/store your personal information, in line with the Protection of Personal Information Act ("POPIA"). Although we may change/update this statement at any time, the link below will always be the most updated version that is available on our website.

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