

Initial Disability Claim Advice

IMPORTANT INFORMATION

1. The details below are to notify Bryte Life Company Limited of a potential or pending disability claim. This form should be completed under the following circumstances:

- A member on sick leave for more than 14 days
- A member not meeting work requirements as a result of ill health and a disability claim may be indicated
- Expecting a member's extended absence from work on account of pending medical treatment or surgery
- Meeting the deadline for claim submission while preparing initial claim package

Please forward, together with available medical certificate/ sick leave notes/ medical reports, to Byte Life Company Limited

Tel: +27 (0) 11 463 4755

E-mail: callcentre@medworx.co.za

Fax: +27 (0) 11 706 5540

2. Complete with black ink, print clearly and ensure that all relevant fields are completed in full.

3. Bryte respects your constitutional right to privacy. We are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI") regarding the acquisition, usage, retention, transmission and deletion of your personal information. We will check and validate the information you provide through legal means. We have high level security measures in place to protect your personal information. Your personal information herein collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. Your information shall be kept confidential, however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Sharing of information includes, but is not limited to, information sharing as arranged via the South African Insurance Association.

You hereby give consent and fully understand the reason for Bryte to process, use, share and retain your personal information for its designated purpose and you confirm the accuracy of the information.

You may request Bryte to amend, update, change or correct your personal information processed by us by sending a request to your broker or your nearest Bryte office. For a full version of the Consent to Process Personal Information is available on this link (<http://www.brytesa.com/forms/personal-information/>) for download

You further consent to Bryte retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

DETAILS

Fund Name:					
Company Name:					
Contact Person:					
Fax Number:		Tel Number:			
E-mail address:					
Name of Claimant:					
Date of Birth	Y	Y	/	M	/ D D
Company Reference Number:					
Occupation:					
Last day actively at work:					
Cause of Disability: (if known)					
Name of person submitting initial claim advice:					
Designation:					
Date:					