

# hci PROVIDENT FUND

## BENEFIT CLAIM FORM

(to be completed whenever there is a claim on the Fund)

The completed claim form and any other documents required are to be posted or faxed to:

hci Provident Fund, P O Box 1964, ROODEPOORT, 1725

Tel: (011) 760-1685 Fax: (011) 760-1274

### **INSTRUCTIONS: Complete ALL sections.**

( A copy of member's ID document MUST be supplied with this application)

Where benefits EXCEED the Tax-Free Amount (of R1800), the following information is requested by the Receiver of Revenue (SARS), WITHOUT which the claim CANNOT be processed.

Title \_\_\_\_\_ Surname \_\_\_\_\_

First names \_\_\_\_\_

Income Tax No. \_\_\_\_\_ Receiver of Revenue's Office: \_\_\_\_\_

IF NO Income Tax Number, please supply I.D. number or date of birth and FULL residential address (not Box number)

I.D. No./Date of Birth \_\_\_\_\_

**Marital Status:**

Married  Single  Divorced

Postal address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_ Tel No. \_\_\_\_\_

Cheque to be collected?  YES  NO

**OR IF** payment is to be credited to the member's bank account

Name of Bank \_\_\_\_\_ Branch Code \_\_\_\_\_

Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

Last salon at which member was employed:

\_\_\_\_\_

Period during which contributions were made: From: \_\_\_\_\_

To: \_\_\_\_\_

Highest Average Salary (not exceeding R60'000) actually Earned \_\_\_\_\_

Date of Termination of Employment: \_\_\_\_\_

### **REASONS FOR WITHDRAWAL FROM PROVIDENT FUND:**

**NORMAL Retirement (Age: 60 yrs)** (Normal Retirement Age is the 1<sup>st</sup> day following your 60<sup>th</sup> Birthday)

**Early Retirement (Age: LESS than 60 yrs i.e. any time during the 10-yr period preceding Normal Retirement Age)**

**Late Retirement (Age: 60 yrs + i.e OVER the Age of 60 yrs)**

**N.B.** In the case of Early OR Late Retirement a Letter of Consent from your Employer **MUST** be ATTACHED.

**P.T.O**

Total and PERMANENT Disability

Ill Health

*In the case of Disability OR Ill Health a **FULL Doctor's Report** and supporting Medical Evidence **MUST** be ATTACHED to your Claim Form. (Your Doctor **MUST** also **COMPLETE** and **SUBMIT** a Medical-Boarding Form to us which can be obtained from our Claims Administrator.)*

Retrenchment (OR if Co. is CLOSING Down)

*(A Letter from your Employer confirming your Retrenchment **MUST** be ATTACHED)*

Emigrating Overseas (Emigration Papers from Customs & Excise **MUST** be ATTACHED)

LEAVING the Trade (A **WAITING** Period of 1 year **SHALL** apply to members **LEAVING** the Trade)

*(Should you be LEAVING the trade AND in order to enable us to track current trends and patterns in the Industry we would appreciate if you can indicate in the space **BELOW** exactly **WHY** you **LEFT** the trade?)*

Other Reason/s (Please Specify) \_\_\_\_\_

**DEATH** of the Principal Member (ATTACH a copy of the Death Certificate and Member's ID)

*(Beneficiary Nomination Form & a LIST of the Principal Member's Dependants **MUST** also be SUBMITTED)*

**DID YOU LEAVE THE TRADE BECAUSE YOU FELT:**

Unhappy with working environment in that specific Establishment. (Please **EXPLAIN** in FULL below)

Unhappy with working conditions in the Industry in General. (Please **EXPLAIN** in FULL below)

NOT the RIGHT Career for ME. (Please **EXPLAIN WHY** you FEEL this way below).

To Start OWN Business. (Please give FULL details below).  
*IF leaving to start your OWN business what type of business will you now be doing?*

.....

Inherited money OR Family Commitments. (Please specify below).

OTHER Reason/s (Please specify below).

**PLEASE GIVE FULL DETAILS OF WHY YOU LEFT THE TRADE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Was an EXIT Interview conducted by your Employer when you LEFT? ..... (YES/NO)*

*IS the Member's Identity Document (AND in case of Death the Death Certificate) ATTACHED?*

*IS ALL other relevant PROOF as REQUIRED ATTACHED?, I.E:*

- A Letter from your Employer in the case of Early/Late Retirement; OR in the case of Retrenchment;
- A FULL Doctor's Report AND Medically-Boarded Form in the case of Disability or Ill Health;
- Emigration Papers in the case of Emigration

\_\_\_\_\_  
**MEMBER's SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY**

Gross Amount to be paid by way of Lump Sum (before deduction of any amount owing) R\_\_\_\_\_

Total Contribution by Member to the Fund, excluding profits and interest R\_\_\_\_\_