



10 Muswell Road South, Bryanston  
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## HEALTH CONTINUATION PLAN CLAIM FORM

DECEASED'S DETAILS	
Full Name and Surname	<input type="text"/>
ID Number	<input type="text"/>
Place of Death	<input type="text"/>
Cause of Death	<input type="text"/>
Circumstances around Death	<input type="text"/>
Medical Aid Number	<input type="text"/>
Date of Death	<input type="text"/>

CLAIMANT'S DETAILS	
Full Name and Surname	<input type="text"/>
ID number	<input type="text"/>
Relationship to Deceased	<input type="text"/>
Contact Numbers: Cell No.	<input type="text"/>
Work No.	<input type="text"/>
Home No.	<input type="text"/>

DOCTOR'S DETAILS	
Details of Doctor who signed the Death Certificate:	
Name of Doctor	<input type="text"/>
Practice Number	<input type="text"/>
Contact Numbers: Cell No.	<input type="text"/>
Surgery	<input type="text"/>
Fax No.	<input type="text"/>

PAYEE DETAILS	
Full Name and Surname	<input type="text"/>
Name of Bank	<input type="text"/>
Branch Name	<input type="text"/>
Account Number	<input type="text"/>
Branch Code	<input type="text"/>
Account Type	<input type="text"/>

DECLARATION	
I hereby declare that all information supplied on this form is true and correct.	
Claimant's Signature: _____	Date: _____

**Please submit the following supporting documentation, certified by a Commissioner of Oaths:**

- Death certificate,
- ID documents of Claimant and Deceased
- Certified copy of Marriage Certificate / Proof of Relationship, if applicable
- Proof of Claimant's Bank Account (copy of cancelled cheque/bank statement/salary slip).
- Form BI1663-Notification of Death Form and Burial Order (Request copy from Undertaker)
- In the event of an Unnatural Death: Copy of Police Report, Accident Report, Certified Driver's License (if applicable) and Post Mortem Report are required.
- In the event of death due to Natural Causes within first 3 years of the policy: A Medical Report is required depending on the cause of death. MS Life will advise if required and the necessary form will be forwarded for completion by the treating doctor.
- Certificate of Medical Aid Membership.

If the required documentation is not clear, MS Life reserves the right to call for original documentation.