momentum

Disability claim - potential claim notification

Line manager/HR department to complete this form

The details below are to notify Momentum of a potential disability claim.

Should the member wish to continue with a claim the following documents will be required:

1. Employer declaration
2. Employee declaration
3. Copy of employer issued job description
4. Confidential medical report completed by treating specialist
5. Copies of all diagnostic test results
6. Copy of all available medical reports
7. Copy of ID/passport
8. Copy of payslip as at date of disability
9. Leave records for the 2 year period preceding the member's date of disability

The request for completion of this form in no way constitutes an admission of liability by the insurer/trustees.

Completed form together with supporting documents to be faxed to +264 61 234 851 or emailed to ebnamdisability@momentum.com.na or posted to PO Box 3785, Windhoek 9000, attention Momentum Employee Benefits disability claims.

1. Scheme details

Scheme name:

Employer name:

2. Member details

Title | Initials

First name/s

Surname

Date of birth: D D - M M - Y Y Y Y

Namibian ID: Yes | No | ID/Passport No.

Passport country of origin

Male | Female

Telephone - work | Fax

Telephone - home | Cell

Email

Residential address

Postal code:

3. Employment details

Company reference no./employee no.:

Date joined company: D D - M M - Y Y Y Y

Entry date to scheme: D D - M M - Y Y Y Y

Current job title

Last day actively able to perform own occupation: D D - M M - 2 0 Y Y

Last day physically at work: D D - M M - 2 0 Y Y

Expected date of return to work: D D - M M - 2 0 Y Y

4. Details of medical condition

Diagnosis and symptoms

5. Reason for notification

Reason for notification (Please tick ☑ the appropriate criteria)

Absenteeism

- ☐ Absent from work for 10 consecutive days
- ☐ Absent from work for five days (consecutive or non-consecutive) in any 30-day period, without medical evidence or notifying the company
- ☐ Consistently absent on Fridays 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 disabled / unfit for work by treating doctor
- ☐ Employee has medical condition requiring treatment, hospitalization or absence from work

6. Notification - completed by

Title | Initials

First name/s

Surname

Designation

Telephone - work | Fax

Email

Signature of employer

D D - M M - 2 0 Y Y

Date

Signature of employee

D D - M M - 2 0 Y Y

Date

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to ebnamdisability@momentum.com.na , fax it to Fax +26 (4)61 234 851 or posted to PO Box 3785, Windhoek 9000, attention Momentum Employee Benefits disability claims.
2. Place your scanned signature in the signature block.
   - Store your scanned signature in a safe place on your computer.
   - Select the 'comments' tab from your menu in Adobe.
   - Select the 'add stamp' icon.
   - Select custom stamps.
   - Create custom stamps.
   - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
   - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
   - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.

submit form save form print