



## Retrenchment Cover Assessment

Name of Employee: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Identity Number: \_\_\_\_\_

The abovementioned person is a Capitec Bank client. We have been informed that he/she was recently retrenched. We offer retrenchment insurance and for us to assess whether this client qualifies for cover, we need your help by completing this.

### Section 1: Employer Details

#### Contact Details

Company Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

#### HR Representative

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date: \_\_\_\_\_ Company Stamp: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Section 2: Employee Details

Employee/Clock Number: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_  
Position: \_\_\_\_\_  
Retrenchment Notification Date: \_\_\_\_\_ Retrenchment Date: \_\_\_\_\_

#### Reason for Termination of Employment (Choose ONE only)

New technology	<input type="checkbox"/>	Reorganisation	<input type="checkbox"/>	Adverse conditions	<input type="checkbox"/>
Voluntary retrenchment	<input type="checkbox"/>	Operational requirements	<input type="checkbox"/>	Employee reductions	<input type="checkbox"/>
Closure of business	<input type="checkbox"/>	Liquidation	<input type="checkbox"/>	Seasonal contract	<input type="checkbox"/>
Medically unfit	<input type="checkbox"/>	Dismissal	<input type="checkbox"/>	Retirement	<input type="checkbox"/>
Other (specify)	_____				

**Sector** Private  Municipality  Government   
**Employee Employment Category** Permanent  Contract (fixed term)  Contract (limited term)

Your prompt feedback is appreciated. If you have any questions, call us on 0860 66 77 83 (option 5).

Sincerely

#### Insurance Claims