



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: _____
D D M M Y Y Y Y

Signature: _____

Section 2: Employee Details

Employee/Clock Number: _____ Employment Start Date: _____
D D M M Y Y Y Y

Position: _____

Retrenchment Notification Date: _____ Retrenchment Date: _____
D D M M Y Y Y Y

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