



**LONG LIFE**  
INSURANCE

## How to submit a Funeral Benefit Claim with Long Life Insurance

### Step 1: Report the Death

If the death has not yet been reported, please report the death to your nearest Home Affairs office who will also provide you with the official death certificate. Your chosen Funeral Parlour should be able to help you with this.

Department of Home Affairs

0860 60 1190

[www.home-affairs.gov.za](http://www.home-affairs.gov.za)

### Step 2: Gather and complete the required Documents

|                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All Claims...                                                                                                                                                                                                                                           |
| <b>Long Life Funeral Benefit Claim Form #</b>                                                                                                                                                                                                           |
| <b>Original or certified copy of the Death Certificate of the Deceased (DHA-18 / BI-18 (Unabridged Death Certificate) or DHA-20 / BI-20 (Abridged Death Certificate))</b>                                                                               |
| <b>Original or certified copy of the Notification of Death for the Deceased (DHA 1680 / BI-1680 (Death Report by Authorised Person) or DHA-1577 / BI-1577 (Proof of Notice of Death))</b>                                                               |
| <b>Original or certified copy of the ID or Passport or Birth Certificate of the Deceased</b>                                                                                                                                                            |
| <b>Original or certified copy of the ID or Passport of the Policyholder</b>                                                                                                                                                                             |
| <b>Original or certified copy of the ID or Passport of the Nominated Beneficiary</b>                                                                                                                                                                    |
| <b>Original or certified copy of the ID or Passport of the Claimant</b>                                                                                                                                                                                 |
| If the Death was from Unnatural / Accidental Causes...                                                                                                                                                                                                  |
| <b>Police Report Form</b><br>To be completed by the Investigating Officer at the police station where the death of the deceased was reported. #                                                                                                         |
| If the Deceased was a Newborn Child...                                                                                                                                                                                                                  |
| <b>Birth Certificate is required for a Registered Newborn</b>                                                                                                                                                                                           |
| <b>If the Deceased was an Unregistered Newborn, DHA 1663 / BI-1663 (Notice of Death / Stillbirth) is required.</b>                                                                                                                                      |
| If the Deceased was a Stillborn Child...                                                                                                                                                                                                                |
| <b>Original or certified copy of the ID or Passport of the Deceased Child's Mother</b>                                                                                                                                                                  |
| <b>Notice of Death / Stillbirth (DHA 1663 / BI 1663)</b>                                                                                                                                                                                                |
| <b>A letter from the attendant who was present at the baby's birth, confirming the mother of the child and at how many weeks the child was born.</b>                                                                                                    |
| <b>Letter from the mortuary confirming the body is in their care.</b>                                                                                                                                                                                   |
| If the Deceased was the Spouse of the Policyholder or an Extended Family Member related to the Policyholder by marriage...                                                                                                                              |
| <b>Proof of the Marriage or Customary Union</b>                                                                                                                                                                                                         |
| If the Deceased was a foreign national...                                                                                                                                                                                                               |
| <b>BI-20 &amp; BI- 1663 form.</b><br><b>An English translation of the document is required if submitted in another language.</b>                                                                                                                        |
| If the Deceased was over 21 and under 26 years old on the Date of Death and covered on the Policy as a Child Dependent and registered as a full time student...                                                                                         |
| <b>Proof of registration</b><br><b>The document must show that the Deceased was registered as a full time student at a recognised educational institution within the three months prior to the Date of Death, if not already supplied to Long Life.</b> |
| If the Deceased was covered as a Disabled Dependent                                                                                                                                                                                                     |
| <b>Proof of Disability, if not already supplied to Long Life</b>                                                                                                                                                                                        |
| If the Beneficiary selects to receive benefit payment as an EFT...                                                                                                                                                                                      |
| <b>Proof of Banking Details. A stamped statement from the bank will be sufficient.</b>                                                                                                                                                                  |
| If Nominated Beneficiary / Policyholder deceased or unwilling or otherwise unavailable to receive the funeral benefit...                                                                                                                                |
| <b>Proof of death / unwillingness / unavailability of Nominated Beneficiary / Policyholder</b><br><b>May already exist on the system if Policyholder has been claimed for.</b>                                                                          |

|                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Proof of authority of the replacement / Provisional Nominated Beneficiary<br/>Letter of Executorship from the Master of the Court or Letter of Authority from the Magistrate's Office or Affidavit<br/>proving authority.</b> |
| <b>Explanation of the need for a replacement Beneficiary will be required.</b>                                                                                                                                                   |
| If the death was from natural causes and the policy is still in Waiting Period...                                                                                                                                                |
| <b>Proof of Prior Cover proving that the individual was covered by another policy within 2 months prior to beginning cover<br/>on this policy.</b>                                                                               |

# The most up to date Claim Form and Police Report Form can be downloaded from [www.longlife.co.za/site/claims](http://www.longlife.co.za/site/claims) or you can collect one at the FSP branch.

### Step 3: Submit the claim

You can go into your FSP branch and submit documents and information there or you can send documents and information to Long Life on the following email address or fax number. Additional documents or information that becomes available can be sent to Long Life directly or submitted via the FSP branch.

Email: [claims@longlife.co.za](mailto:claims@longlife.co.za)

Tel: +27 (0)10 448 0751

If you submit the documents in the branch, the claim will be created and you will receive SMS notification. The FSP Employee will go through the Claims Checklist with you to help you see if any documentation or information is missing. Once you have given all the relevant information, the claim will be submitted for assessment and you will receive notification again.

If you send the Claim Form and documentation to Long Life directly, you will receive notification when the Claim is created and an employee of Long Life will contact you with regards to any outstanding information and documentation. Once everything has been received, the Claim can be submitted for assessment and you will receive notification again.

Remember that our promise to process claims within 2 business days only starts from when a complete and valid claim with all necessary documentation and information is submitted. You will be reminded of this if you attempt to submit a claim that is incomplete or possibly invalid as it may be better to get the correct documentation before submitting. Requesting an alternative Beneficiary will take a little longer.

You can send some documents directly to Long Life and submit some at your FSP as required - all documents will be collated by the system into one bundle of documents.

Within those 2 business days (in the case of a valid completed claim), Long Life will assess the claim and make a decision. If Approved, the payment will be released before the 2 days is over. If the claim is Disputed or Rejected, the Claimant will be notified, including the reason for the Dispute / Rejection and they can make amendments where possible.

If the Claimant feels they have been unfairly treated and wishes to escalate the Claim, they can do so in the FSP branch, or by submitting a complaint online at [www.longlife.co.za](http://www.longlife.co.za) or by emailing [claims@longlife.co.za](mailto:claims@longlife.co.za) OR [complaints@longlife.co.za](mailto:complaints@longlife.co.za).

### Take Note:

The Beneficiary will need to select how they would like the benefit to be paid out. They can be paid via EFT or they can request that the Funeral Parlour receive the benefit directly as payment toward a funeral.

When receiving the payment as an EFT, the money can only be deposited into the Beneficiary's own bank account.

The DHA 1663 / BI 1663 is an official notification of death form that can be obtained from the funeral parlour or the doctor who certified the death of the deceased.



# LONG LIFE INSURANCE

## CLAIM FORM

To submit your claim, complete the form and gather supporting documents and submit at your FSP, OR scan and email to [claims@longlife.co.za](mailto:claims@longlife.co.za) with supporting documents as per the Claim Instruction Document

### POLICYHOLDER

Full Name:  ID / Passport Number:   
Policy Number:

### CLAIMANT

Full Name:  ID / Passport Number:   
Citizen of:  Email Address:   
Cell Number:  Relationship of Claimant to the Deceased:

### DECEASED

Full Name:  ID / Passport Number:   
Citizen of:  Relationship of Deceased to the Policyholder:   
Date of Death:  Cause of Death:   
Disabled Child?  Natural / Unnatural causes: Natural  Unnatural   
Student Child?  Suicide Suspected:   
Newborn?  (under 3m old) Marital Status: Single:  Married:  Divorced:  Widowed:   
Stillborn?  (more than 28 weeks gestation)  
Undertaker:  Undertaker Contact Number:

### NOMINATED BENEFICIARY

Full Name:  ID / Passport Number:   
Citizen of:  Email Address:   
Cell Number:   
Relationship of Nominated Beneficiary to the Policyholder:

Is this the Beneficiary already listed on the Policy or are you requesting an alternative beneficiary? Existing:  Alternative:

If an Alternative Beneficiary is requested, supply full explanation of the reasons for this request:

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### BENEFIT PAYMENT

Payment Method Selected: EFT:  Pay Undertaker Directly:  (Ensure Undertaker name is included above)

If payment by EFT is requested, fill in the banking details below:

Account Holder Name:  Name of Bank:

|                 |                                            |                                   |                                        |
|-----------------|--------------------------------------------|-----------------------------------|----------------------------------------|
| Account Number: | <input type="text"/>                       | Branch Name / Code:               | <input type="text"/>                   |
| Account Type:   | Current / Cheque: <input type="checkbox"/> | Savings: <input type="checkbox"/> | Transmission: <input type="checkbox"/> |

### CLAIMANT DECLARATION

I, the claimant declare that: I have completed this document or someone has completed it for me with my approval. I understand the information in this document. The information in this document is correct.

|            |                      |                       |                      |
|------------|----------------------|-----------------------|----------------------|
| Full Name: | <input type="text"/> | ID / Passport Number: | <input type="text"/> |
| Signature: | <input type="text"/> | Date:                 | <input type="text"/> |
|            |                      | Place:                | <input type="text"/> |

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If you feel you have been unfairly treated or you wish to escalate the claim, you may submit a complaint to your FSP or to Long Life or by filling in the complaint form online, or by using the contact details below.

If the dispute is not satisfactorily resolved through engagement with Long Life or the FSP, then the relevant Ombud should be contacted.

#### LONG LIFE INSURANCE (PTY) LTD

|                  |                                                           |
|------------------|-----------------------------------------------------------|
| Telephone:       | (010) 4480751                                             |
| Email Address:   | customerservices@longlife.co.za                           |
| Website Address: | www.longlife.co.za                                        |
| Address:         | Delmat House<br>27-29 Jan Hofmeyr Rd<br>Westville<br>3629 |

If the dispute is not satisfactorily resolved even after engagement with the relevant Ombud, legal action may be instituted against Long Life through the service of summons against Long Life. Summons must be served within 270 days of the date the rejection notification was sent by Long Life, failing which all benefits in respect of such claim shall be forfeited and no liability can arise in terms of such claim. The claimant may also choose to take legal action against Long Life without first making representations to Long Life or contacting the Ombudsman. If this route is taken, summons must be served on Long Life within 270 days of the date the rejection notification was sent by Long Life. Please note that the Ombudsman will not consider a matter in which summons has been issued against Long Life.

#### OMBUDSMAN FOR LONG TERM INSURANCE

|                 |                                      |
|-----------------|--------------------------------------|
| Telephone:      | 0860 103 236 / 021 657 5000          |
| Fax Number:     | 021 674 0951                         |
| Email:          | info@ombud.co.za                     |
| Website:        | www.ombud.co.za/                     |
| Postal Address: | Private Bag X45<br>Claremont<br>7700 |

#### OMBUD FOR FINANCIAL SERVICES PROVIDERS (FAIS Ombud)

|                 |                                             |
|-----------------|---------------------------------------------|
| Telephone:      | 012 762 5000 / 012 470 9080                 |
| Fax Number:     | 086 764 1422 / 012 470 9097<br>012 348 3447 |
| Email:          | info@faisombud.co.za                        |
| Website:        | www.faisombud.co.za                         |
| Postal Address: | PO Box 74571<br>Lynnwood Ridge<br>0040      |

#### PARTICULARS OF THE PRUDENTIAL AUTHORITY

|                 |                                  |
|-----------------|----------------------------------|
| Telephone:      | 012 428 8000<br>012 313 3911     |
| Fax Number:     | 012 313 3197 / 012 313 3929      |
| Email:          | PA-Info@resbank.co.za            |
| Website:        | www.resbank.co.za/               |
| Postal Address: | P.O. Box 427<br>Pretoria<br>0001 |

#### FINANCIAL SECTOR CONDUCT AUTHORITY (FSCA)

|                 |                                                            |
|-----------------|------------------------------------------------------------|
| Telephone:      | 012 428 8000 / 012 428 8012<br>080 020 2087 / 080 011 0443 |
| Fax Number:     | 012 347 0221                                               |
| Email:          | info@fsc.co.za                                             |
| Website:        | www.fsc.co.za                                              |
| Postal Address: | PO Box 35655<br>MENLO PARK<br>0102                         |