

Retrenchment Claim Form



LIBERTY
In it with you

LIFE INVEST HEALTH

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Kindly answer all questions in full and attach supporting documentation as listed:

- Certified copy of identity document/ valid passport
- Retrenchment letter from employer (on an official company letterhead)
- Certificate of service and / or letter of employment
- Signed copy of the employment contract (on an official company letterhead)
- Copy of a loan statement (for Credit Life only)
- Copy of the loan application form (for Credit Life only)
- Last three (3) payslips

1. POLICYHOLDER DETAILS

Surname	<input type="text"/>	Title	<input type="text"/>
First names	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
ID/Passport number	<input type="text"/>	Date of Birth	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Country of Birth	<input type="text"/>		
Nationality	<input type="text"/>		
Resident	<input type="text"/>		
Citizenship	<input type="text"/>		
Income Tax Number	<input type="text"/>	Not Applicable	<input type="checkbox"/>
Marital Status	<input type="text"/>		
Telephone	<input type="text"/>	Mobile Number	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
Physical address	<input type="text"/>		Postal Code <input type="text"/>
	<input type="text"/>		Postal Code <input type="text"/>
Occupation	<input type="text"/>		
Occupation Industry	<input type="text"/>		

2. EMPLOYMENT DETAILS

Name of employer	<input type="text"/>																							
Date of employment	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of retrenchment	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Previous employer	<input type="text"/>																							
Number of years of service with previous employer	<input type="text"/>																							
Number of years of service with current employer	<input type="text"/>																							

I, _____, the Policyholder, hereby make claim to the benefits of the above policy, I declare that the foregoing answers and statements are true to the best of my knowledge and belief, and that I have withheld no material fact from Liberty Life.

I hereby agree that all written documentation required and submitted in support of a claim assessment shall be considered solely for such purpose and shall in no way constitute an automatic approval of the said claim by Liberty Life. Liberty Life reserves all rights on assessment, approval and payment of claims, which includes contacting my employer or any other institution to enable it to make a decision regarding my claim.

I acknowledge and agree that any benefits payable in respect of this claim shall be forfeited if I have knowingly withheld material fact or submitted any false information in respect of the claim.

I further agree that upon payment by Liberty Life of the benefits hereby claimed, Liberty Life shall be discharged from all liability in respect of such benefits.

Policyholder's name and surname	<input type="text"/>																												
Policyholder's Signature	<input type="text"/>																		Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. DECLARATION BY EMPLOYER

Full name of employer	<input type="text"/>																							
Email address of employer	<input type="text"/>																							
Telephone number of employer	<input type="text"/>																							
Name of employee	<input type="text"/>																							
Employee number	<input type="text"/>																							
Initial date of employment	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Date informed about retrenchment	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Reason for termination	<input type="text"/>																							
<input type="text"/>																								
<input type="text"/>																								

Occupation of employee	<input type="text"/>																							
Nature of employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Fixed term contract																					

I, _____, hereby declare that I am the person designated and authorised by the above mentioned Employer to complete and attest to this form and further confirm that all particulars provided hereto are to the best of my belief and knowledge both true and correct. I confirm that no material information which is relevant to the assessment of this claim has been withheld, concealed or misstated.

Full name	<input type="text"/>																												
Position	<input type="text"/>																												
Postal address	<input type="text"/>																				Postal Code	<input type="text"/>							
Physical address	<input type="text"/>																				Postal Code	<input type="text"/>							
Account holder's Signature	<input type="text"/>																		Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Company stamp	<input type="text"/>																							
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