employeebenefits@triarc.co.za • www.triarc.co.za
Phone: 087 231 0222 • Fax: 086 235 5238
PO Box 569, Milnerton, Cape Town, 7441

Unit 329 Mayfair, Century Avenue
Century City, 7441

Group Risk Disability Benefit Claim Form - Consent

1. Details of Member

Policy Number

Surname

First Names

Date of Birth (Y Y Y Y M M D D)

ID Number

Country of Origin

2. Declaration

I give Triarc and my employer permission to get medical information from any doctor or institution who at any time has attended to myself; or seeking information from any office to which I have at any time made a proposal for life or sickness or accident insurance; or seeking information from my employer and any other person in respect of anything relating to this claim. I authorise the giving of such information including the results of any blood tests (including HIV and related tests)

Signed at

Date (Y Y Y Y M M D D)

Signature

Witness 1 Name

Witness 1 Surname

Signature

Witness 2 Name

Witness 2 Surname

Signature

Triarc is an authorised Financial Services Provider FSP45009. Triarc Insurance Products are underwritten by Guardrisk Life FSP76