

NMG House, 411 Main Avenue, Randburg. P.O. Box 1778, Randburg, 2125.
Telephone: (011) 509-3000 Fax: 086 295 8640
E-mail: bargainingcouncil@nmg.co.za

Disability Benefit Claim Employer Statement (To be completed by the employer)

Tick ☒ where applicable

Please use a black pen and block letters

Please note: If there is not enough space provided on the form, please continue on a separate sheet of paper.

A. Details of employer

Name of employer	<input type="text"/>		
Type of business	<input type="text"/>		
Employer's address	<input type="text"/>		
	<input type="text"/>	code	<input type="text"/>
Contact person at employer	<input type="text"/>		
Direct telephone number of contact person (code+number)	<input type="text"/>		
Date claimant joined service	<input type="text"/>		
Date claimant joined scheme	<input type="text"/>		
Monthly pensionable income	<input type="text"/>		
Month of last contribution	<input type="text"/> (Please include a copy of last payslip)		

Please supply full details of the member's sick leave for the past two years, including copies of medical certificates for any absence exceeding two days. Also indicate days on which the member left work early (if available).

Dates from	Dates to	Illness or injury	Working days absent

NB: Please include any details available regarding the claimant's illness/injury.

When were the symptoms first noted?

B. Member's occupation details

Surname	<input type="text"/>		
First names	<input type="text"/>		
Member number	<input type="text"/>	Date of Birth	<input type="text"/>
Identity number	<input type="text"/>		
Position held by the member	<input type="text"/>		
When was the member last able to do his own occupation?	<input type="text"/>		

What was the member's job category? (Please mark the most applicable)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Managerial | <input type="checkbox"/> Machine operator (e.g. driving or using a machine to perform a task) |
| <input type="checkbox"/> Supervisory | <input type="checkbox"/> Light manual labour (e.g. physically packing or sorting) |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Heavy manual labour (e.g. physically digging or loading) |
| <input type="checkbox"/> Other | |

B. Member's occupation details (continued)

Summary of main duties	(a)	
	(b)	
	(c)	

Please describe the minimum physical abilities that a healthy individual requires to do this job (e.g. percentages, kilograms, metres, hours, numbers (how much), bags, sacks (what)).

Strength	How much?	What?
Lift - kilograms		
Carry - kilograms / metres		
Push - kilograms / metres		
Pull - kilograms / metres		
Hold - kilograms / metres		

Endurance	How much?	What or where?
Climb - metres		
Stoop - percentage of day		
Stand - percentage of day		
Sit - percentage of day		
Walk - smooth terrain (metres per day)		
Walk - uneven terrain (metres per day)		

Accuracy	How much?	What?
Fine precise movement		
Control of tools		

Please describe the minimum mental abilities that a healthy individual requires to do this job (e.g. describe the tasks requiring mental activity or attach examples).

	Very often	Often	Seldom
Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary: In view of the member's current medical condition, please describe the mental effort it takes to do this job (e.g. memorising, calculating etc).

--

Please describe the minimum communication skills that a healthy individual requires to do this job (e.g. describe the aspects requiring communication).

	Very often	Often	Seldom
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often does the member work in the following conditions?

	Very often	Often	Seldom
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Member's occupation details (continued)

Fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much of the member's time is spent in the following condition?

Percentage/Hours

Outdoors	<input type="text"/>
Indoors	<input type="text"/>
Height	<input type="text"/>
Depth	<input type="text"/>
Wet areas	<input type="text"/>
Dry areas	<input type="text"/>

What are the standard working hours per day?

Have any attempts been made to adapt the member's work environment or duties to accommodate his/her condition? Yes ☐ No ☐

If "Yes", please provide full details.

Have any attempts been made to accommodate the member in an alternative position? Yes ☐ No ☐

If "Yes", please provide full details.

Has the claimant partially or fully recovered, or is the member expected to partially or fully recover? Yes ☐ No ☐

If "Yes", when did or when is the member expected to return to work?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

C. Payment instructions

Please provide your banking details in the event of you opting for a cash payment -

Bank name Branch name

Account number Branch code - -

Name of account holder

Account type

Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>
--------	--------------------------	---------	--------------------------	--------------	--------------------------

It is hereby declared that, to the best of our knowledge, the particulars above are true and complete.

Name

Position held

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"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Direct telephone number (for enquiries) code + number

Fax number code + number

Cellular number

E-mail address

Signature

COMPANY STAMP