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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

Type of business

Employer's address

code

Contact person at employer

Direct telephone number of contact person (code+number)

Date claimant joined service

Date claimant joined scheme

Monthly pensionable income

Month of last contribution (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

First names

Member number Date of Birth

Identity number

Position held by the member

When was the member last able to do his own occupation?

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	<input type="text"/>	<input type="text"/>
Carry - kilograms / metres	<input type="text"/>	<input type="text"/>
Push - kilograms / metres	<input type="text"/>	<input type="text"/>
Pull - kilograms / metres	<input type="text"/>	<input type="text"/>
Hold - kilograms / metres	<input type="text"/>	<input type="text"/>

Endurance	How much?	What or where?
Climb - metres	<input type="text"/>	<input type="text"/>
Stoop - percentage of day	<input type="text"/>	<input type="text"/>
Stand - percentage of day	<input type="text"/>	<input type="text"/>
Sit - percentage of day	<input type="text"/>	<input type="text"/>
Walk - smooth terrain (metres per day)	<input type="text"/>	<input type="text"/>
- uneven terrain (metres per day)	<input type="text"/>	<input type="text"/>

Accuracy	How much?	What?
Fine precise movement	<input type="text"/>	<input type="text"/>
Control of tools	<input type="text"/>	<input type="text"/>

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?

Y	Y	Y	Y	M	M	D	D
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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 Savings Transmission

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

Name

Position held

Date

Direct telephone number (for enquiries) code + number

Fax number code + number

Cellular number

E-mail address

Signature

COMPANY STAMP