

Section D: What to do now

Declaration

Supply the following documentation:

HOSPITALISATION

Doctor's certificate; and
Proof of hospital stay.

CRITICAL ILLNESS

Doctor's certificate

Make sure that:

- You have answered all the questions on the form that apply to you
- You are sending all the papers we have asked for with this form.
- You have read and signed the Declaration and Authorisation alongside.

Submit this claim using one of the following methods:

- Fax it to Volume and Affinity Risk Management on: **086 525 1785**
- Post it to Volume and Affinity Risk Management at PO Box 983, Northlands, 2116 or
- Hand it in at any Mr. Price store

I understand and agree that any willful misstatement in this claim will invalidate this benefit under the above policy.

AUTHORISATION

I hereby authorise Volume and Affinity Risk Management (Pty) Ltd and any of its representatives to make any enquiries and obtain any information they consider relevant from my doctor or elsewhere. A photocopy of this authority will be considered as valid as the original.

Signature:.....

Date:.....

VOLUME AND AFFINITY RISK MANAGEMENT (PTY) LTD

Postal address: PO Box 983, Northlands, 2116
Physical address: 356 Pretoria Avenue, Randburg, 2194
Tel: 011 789 5885 Fax: **086 525 1785**

Section E: To be completed by Volume and Affinity Risk Management

FOR OFFICE USE ONLY

Policy or Agreement No:

Date of Policy:

Length of Policy:

Date policy started:

Amount to be paid:

Account Balance:

Day: Month: Year:

Name: _____ Position: _____

Signature: _____