

Head Office
 Claims Department

205 MISA Centre
 12 Fir Drive
 Northcliff Ext. 2
 2195

PO Box 1604
 Northcliff
 2115

Tel: 086 099 4147
 Fax: (011) 388 2798
 claims@ms.org.za

R3 000 once-off payment, subject to 26 weeks' consecutive contributions
Application must be made within 13 weeks from date of disability approval
Submit by way of e-mail or registered mail
Only fully completed applications will be processed

Personal Details			
MISA Membership No.		Date Joined MISA	
Surname			
Full Names			
ID Number		Cell	
Postal Address			
Residential Address			
E-mail		Fax	
Bank Name		Acc No.	
Branch Code		Type Acc	
Employer Details			
Company Name			Tel
Fax		E-mail	
Street Address			
Postal Address			
Your occupation		Date Services Commenced	
Name of immediate manager		Designation of immediate manager	
Previous MISA Ill-Health/Disability Benefit			
Have you previously received this MISA Benefit?		Yes	No
		If yes, date of previous claim	
Compulsory Source Documentation			
1	Confirmation by the Company confirming Ill-Health disability on Company Letterhead.	2	*Certified copy of approved ill-health/disability letter from the retirement fund.
3	*Certified copy of MISA member's Identification Page of ID.	4	Stamped Bank Statement
* Certification must be by a Commissioner of Oaths – submit original certified copies. (Certification to contain signatory's: Signature, Full Names, Designation and/or area of appointment, Business Name, Business' Physical Address and/or Contact Details and Date.)			
Declaration by Member			
I, the undersigned, hereby apply for the benefit offered by MISA. I solemnly declare that the particulars detailed above are true and correct.			
Signature		Date	

For Office use			
Date Application received		Date Forwarded to Head Office	
To assist in processing approval of the Ill-Health/Disability Claim, confirmation of the circumstances and details of the member's claim are required in segment below.			
Date of last day of employment		YES	NO
Letter from employer confirming Ill-Health/Disability?			
Has member contributed for 26 consecutive weeks?			
Application made within 13 weeks from date of disability approval?			
Certified copy of member's Identity Document enclosed? (Certified by Commissioner of Oath)			
Certified copy of retirement fund Ill-Health/Disability approval? (Certified by Commissioner of Oath)			
Confirmation of Banking Details (Stamped by the Bank)			
<p>I _____ (name & surname) confirm that I have fully investigated this application and hereby certify it is a bona-fide Maternity Claim in full compliance with the objects and Rules for the MISA Contingency Account.</p> <p>Signature _____ Date _____</p>			
Payment Authorisation			
Date		Supervisor Operations/Administration	
Financial Department			
Claim No.	Amount	Signature	Date