



Your No. 1 Pension Fund

MEPF CLAIMS GUIDELINE

A simple guide for HR and members

MEPF CLAIMS GUIDELINE

The following apply to all claims:

- All official claim and exit forms must be **signed by both the employer and the member**
- Documents must be **certified and clear**
- Claims are only processed once **all required documents** are received
- Banking details must belong to the claimant
- For all claims to be processed, contributions must be up to date.

Ill-health / Disability Claim

Key information:

- The claim must be submitted **within six (6) months** from the date the employer becomes aware of the illness or incident
- The illness or injury must render the member **incapable of performing their duties**
- Detailed medical report and diagnostic test results
- The **last active working day** is clearly stated on the claim form
- Employer intervention records and detailed leave report
- Copies of the payslip on the date of disability
- **Sick leave records for two years** prior to disability date
- **Contributions must continue** until the claim is finalized and approved

Ill-health Claim Process

- Member completes claim forms and submits them to the employer
- Employer submits completed forms and medical reports to the Fund
- Fund submits documents to the insurer for assessment
- The insurer approves or declines the claim
- Upon approval, the Fund requests final documents from the employer (Termination of Service Form, Certified ID Copy of member, 3 months bank statements or bank confirmation letter, Questionnaire)



Ill-health / Disability Claim Documents

- Termination of Service Form
- Completed Disability Claim Forms:
 1. Employee Declaration (completed by member)
 2. Employer Declaration (completed by employer)
 3. Confidential Medical Report (completed by treating doctor)
- Certified copy of the member's ID
- 3 months' bank statements or a bank confirmation letter
- Member's Tax Directive or SARS Tax Reference Letter

Resignation / Dismissal Claim

This claim applies when a member leaves employment before retirement age.

Documents Required:

- Termination of Service Form (signed by employer and member)
- Certified copy of the member's ID
- Proof of resignation or dismissal from employer
- 3 months' bank statements or bank confirmation letter
- Transferee fund (Retirement component) and new employer details
- Member's Tax Directive or SARS Tax Reference Letter

NB: Originals for the documents completed are required: (Form, Certified ID, and Bank details)



Retirement Claim (Early or Normal Retirement)

This claim applies when a member retires from active employment.

Documents required:

- Termination of Service Form (signed by employer and member)
- Certified copy of the member's ID
- 3 months' bank statements or bank confirmation letter
- Member's Tax Directive or SARS Tax Reference Letter
- Completed Retirement Questionnaire
- Certified copy of marriage certificate (if applicable)
- Certified copy of spouse ID (if applicable)





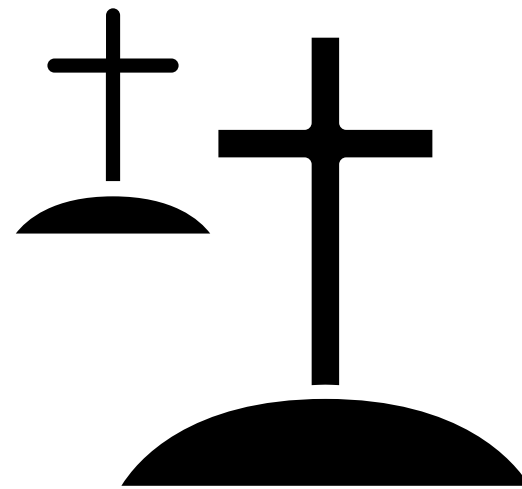
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Death Claim

This claim applies when a member passes away while still in service.

Documents required:

- Termination of Service Form
- Death Benefit Application Form completed by dependents and beneficiaries
- Certified copy of the deceased member's ID
- Certified copy of death certificate
- Certified copies of all dependents' and beneficiaries' IDs
- Certified copies of children's birth certificates
- Proof of banking details of all beneficiaries/claimants
- Member's Tax Directive or SARS Tax Reference Letter
- Proof of marriage
- Witness affidavits confirming the marital status of the deceased
- Two affidavits from the immediate family of the deceased member confirming marital status and the number of children.
- If the child is above the age of 21 and still schooling, attach proof of registration.
- If the beneficiary/dependent has proof of financial dependency, it should be submitted.
- Certified copies of the witness's ID



Pensioner Death Claim

This applies when a pensioner passes away after retirement.

Documents required:

- The Death Application Form is completed by the member's spouse, the witness from the deceased's side.
- Certified copy of pensioner's ID
- Certified copy of death certificate
- Certified copy of spouse's ID
- Certified ID copy of the witness.
- Spouse's tax number.
- Proof of marriage (Note: marriage must have existed before retirement)
- Proof of banking details of the member spouse (3 months' bank statement)

Divorce Claim

This claim applies when a divorce order awards pension interest to a non-member spouse.

Documents required:

- Divorce claim application form
- Certified copy of the member's ID
- Certified copy of non-member spouse ID
- Divorce decree
- Divorce settlement agreement
- Proof of marriage
- Proof of banking details of non-member spouse



Funeral Claim

Important note:

- The Family Funeral Cover Form must have been completed and submitted to the Fund before the death occurred (six-months waiting period applies).
- Please note that we are not permitted to alter or amend any details on the application forms, regardless of how minor they may seem.
- The 48-hour turnaround time for processing a claim only begins upon receipt of all required documentation being accurate and fully completed.
- Your funeral cover benefit will lapse after 3 months of non-contribution. Once outstanding contributions are paid/received and updated, a six-month waiting period will apply to the life assured.

Documents required:

- Funeral Claim form
- Certified Copy of Principal Member's ID
- Certified Copy of the Deceased person's ID
- Certified Copy of Death Certificate
- Certified Copy of Beneficiary ID (Applicable when Principal Member is deceased)
- Certified Copy of Account Holder ID (Applicable when the Beneficiary does not have a Bank Account)
- Notice of Death- Bi1663 (Page 1 and 2)
- Proof of relationship (if surnames differ)

Correct Scheme Name and Number:

Please ensure the appropriate scheme name and number are selected based on the claimant's membership category:

Active Member

- Scheme Name: **MEPF for Active Member**
- Scheme Number: **061373**

Spouse of a Pensioner (Widow/Widower Book)

- Scheme Name: **Widow/Widower Book**
- Scheme Number: **061376**

Pensioner

- Scheme Name: **Pensioner Book**
- Scheme Number: **061374**

Quick HR Submission Checklist

Before submitting any claim, confirm that:

- All forms are fully completed and signed
- All documents are certified and legible
- Banking details are correct and verified
- Supporting documents match the claim type
- Contributions are still active where required

	FOUNDATION MARKET DEATH CLAIM FORM
IMPORTANT: Please attach original certified copies of the following documents: Identity Document (ID) of claimant and deceased, Death Certificate (DC) and Notification of Death (Bi 1663). If deceased is a dependent child aged 21 - 26, please attach proof of disability or proof of full-time studies. If deceased is a dependent child aged over 26, please attach proof of disability. NB: All fields must be completed.	
SCHEME DETAILS	
Schema name	
Schema number	
PRINCIPAL MEMBER DETAILS	
Surname	
First name(s)	
ID number	Date of birth
DECEASED'S DETAILS	
Deceased's Membership Type (please tick one)	Member <input type="checkbox"/> Spouse <input type="checkbox"/> Adult Dependent <input type="checkbox"/> Stillborn child <input type="checkbox"/> Child (<21 yrs) <input type="checkbox"/>
	Child (21-26 yrs) <input type="checkbox"/> Child (>26 yrs) <input type="checkbox"/>
Surname	
First name(s)	
ID number	Date of birth
DECEASED'S DETAILS	
Date of death	Proof of death attached: Death Certificate <input type="checkbox"/> Notification of Death <input type="checkbox"/>
Cause of death (please tick one)	Natural <input type="checkbox"/> Stillborn <input type="checkbox"/> Suicide <input type="checkbox"/> Unnatural <input type="checkbox"/> Under investigation <input type="checkbox"/>
List other documents attached	
DETAILS OF THE PERSON CLAIMING	
Surname	
First name(s)	
ID number	
Relationship to	
Telephone number	No. <input type="text"/>
Cellphone number	<input type="text"/>
Email address	<input type="text"/>
Street address	Postal code <input type="text"/>
Postal address	Postal code <input type="text"/>