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**STRENGTH  
&  
SECURITY**

**Personal Statement**

**Section A**

Tick where applicable

To be completed by the claimant

Please use black pen and block letters

**Claim for a disability benefit**

I \_\_\_\_\_ (full name of claimant) hereby declare that I am the person assured under the scheme mentioned below. All the particulars given by this report are in every respect factual, true and correct and that no material information has been withheld nor has any relevant information regarding the circumstances been omitted. I hereby irrevocably authorize and request any doctor, other person or institution who may be in a possession of, or later acquire, any information concerning my health, to disclose it to Botswana Life Insurance Limited. I also authorize Botswana Life Insurance Limited to release information concerning my health to all interested parties.

**Please note:** The request for completion of this form in no way constitutes an admission of liability by Botswana Life Insurance Limited.

**1. Claimant's personal details**

Surname \_\_\_\_\_ First Names \_\_\_\_\_

Date of birth 

D	D	M	M	Y	Y	Y	Y
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 Identity no 

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Scheme Name \_\_\_\_\_ NB: Please enclose a copy of your identity document

Postal Address \_\_\_\_\_ Residential Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (work) (Code) \_\_\_\_\_ E-mail address \_\_\_\_\_

(home) (Code) \_\_\_\_\_ (Cellular) \_\_\_\_\_

**2. Details of occupation**

2.1 Date when you started working for your current employer 

D	D	M	M	Y	Y	Y	Y
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2.2 Date when you started your current job 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2.3 Date when you were last actively able to do this job 

D	D	M	M	Y	Y	Y	Y
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2.4 Position held \_\_\_\_\_

2.5 Please list your main duties \_\_\_\_\_

\_\_\_\_\_

2.6 Apart from the above job, please supply a brief history including previous positions held.

Dates From	To	Company	Position held	Type of work done (e.g. welding)

2.7 Monthly income before disablement \_\_\_\_\_

2.8 Have you been able to perform any part of your main duties or another job since you first became disabled?

Yes	No
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If "Yes", please give full details, including dates, job description and remuneration

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2.9 What was the highest level of schooling that you achieved?

Standard/Grade	Year

2.10 Please supply details of formal training and any courses which you have attended.

Dates		Name of employer, college or institution	Qualifications obtained	Brief description of course Content
From	To			

2.11 When do you expect to be able to resume work?

Part - time

D	D	M	M	Y	Y	Y	Y
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Full - time

D	D	M	M	Y	Y	Y	Y
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2.12 Have you resided or traveled abroad for more than 26 weeks in total over the last 12 consecutive months?

Yes	No
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2.13 If "Yes", please give full details:

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### 3. Details regarding impairment

Please give the following details:

3.1 What was your height? \_\_\_\_\_ weight? \_\_\_\_\_

3.2 List of complaints \_\_\_\_\_

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3.3 When were these symptoms first noted? \_\_\_\_\_

3.4 How has this impairment limited you in performing any particular part of your main duties?

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3.5 Please print the name, address and telephone number of your family doctor or the doctor who is currently attending to you.

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3.6 Please supply details of all doctors, specialists, and hospitals attended during the last 5 years (quote hospital number, where applicable)

Dates		Hospital or doctor	Address and telephone number	Patient no.
From	To			

**4. Particulars regarding income**

If you are in receipt of, or expect to receive any lump sum or periodic payment or any other benefit as a result of your impairment from any employer, insurance company, pension fund, state fund, compensation for occupational injuries or diseases act, or any other source whatsoever, please give full details.

Source of benefit (State name of company and your reference no.)	Type of benefit (e.g. insurance, lump sum)	Amount

Date	D	D	M	M	Y	Y	Y	Y
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Signature of claimant \_\_\_\_\_

Signature of witness \_\_\_\_\_

Name and address of witness

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