

Previous MISA Ill-Health/Disability Benefit
Vorige MISA Mediese Ongeskiktheidsvoordeel

Have you previously received a MISA Ill-Health/Disability Benefit ? **Yes / Ja**
 Het u voorheen 'n MISA Mediese Ongeskiktheidsvoordeel ontvang ? **No / Nee**

Date of previous benefit.
 Datum van vorige voordeel _____

Declaration by Member / Verklaring deur Lid

I, the undersigned, hereby apply for the benefit offered by MISA.
 I solemnly declare that the particulars detailed above are true and correct.

Ek, die ondergetekende, doen hiermee aansoek om die voordele wat deur MISA aangebied word.
 Ek verklaar dat die bovermelde besonderhede in elke opsig waar en korrek is.

Signature / Handtekening _____ **Date / Datum** _____

Regional Office use only

Application Recieved	Forwarded to Head Office

(To assist in processing approval of Ill-Health/Disability Benefit, confirmation of the circumstances and details of the member's claim are required in segment below.)

Last day of employment	YES	NO
Letter from employer confirming his/her Ill-Health/Disability		
Has member contributed for 26 consecutive weeks ?		
Letter from retirement fund confirming the approval of his/her ill health/disability application ?		
Is this the members first application?		

I _____ (name & surname) confirm that I have fully investigated this application and hereby certify it is a bona-fida Ill-Health/Disability in full compliance with the objects and Rules of the MISA Contingency Account

Signature / Handtekening _____ **Date / Datum** _____

National Legal Advisor Payment Confirmation

Date	National Legal Advisor
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Head Office Payment Confirmation

Claim no.	Amount	EFT/Cheque Number	Date