

To whom it may concern

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| Consent for claim related information |
| I am aware that MiWayLife (a Division of Sanlam Life) will require access to information that is relevant to the claim which has been submitted. To ensure that my claim can be processed, I give my permission for MiWayLife to contact any parties that may have information relevant to the claim e.g. * Medical practitioners,
* Employers,
* Medical aids,
* Other insurance companies etc.

and for them to release the necessary information to MiWayLife. I hereby also give permission for the release of certain personal information to these parties by MiWayLife. I understand that MiWayLife will treat all information provided as confidential, and will only use this information for purposes of processing this claim.**Details of insured \ Deceased person** |
| Full names  |
| Surname  |
| ID number  |
| Policy Number |
| **Claimant** |
| **Identity number of claimant** |
| **Signature of claimant** |
| **Date and place** |
| **Witness name** |
| **Witness signature** |

MiWayLife (a Division of Sanlam Life) will be available for your call should you have any questions.

We can be contacted on 0860 64 54 33 weekdays from 8am to 8pm, and Saturdays from 8am to 1pm.

Yours sincerely,

MiWayLife Claims Department