



METAL AND ENGINEERING INDUSTRIES
PERMANENT DISABILITY SCHEME

ENQUIRIES:
METAL INDUSTRIES HOUSE
27 FREDERICK STREET
JOHANNESBURG
2001

APPLICATION FOR PERMANENT DISABILITY
BENEFITS

P.O.BOX 7507
 JOHANNESBURG 2000
 TELEPHONE 870-2000
 FAX 870-2387

Website: <http://www.Mibfa.co.za>

TO BE COMPLETED BY MEMBER WITH ASSISTANCE OF EMPLOYER / TRADE UNION.

I hereby apply in terms of the Rules of the Scheme for benefits due to permanent disablement.

NAME (in full) _____

IDENTITY NUMBER* _____ DATE OF BIRTH _____

MARITAL STATUS *

MARRIED

SINGLE

WIDOWED

DIVORCED

PHYSICAL ADDRESS: _____

POSTAL CODE _____

POSTAL ADDRESS: _____

POSTAL CODE _____

TEL NO. (H) _____ CELL NO. _____

E-MAIL _____

NAME OF EMPLOYER: _____

LAST PHYSICAL WORKING DAY: _____

TAX NUMBER:

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REVENUE OFFICE TO WHICH LAST TAX RETURN RENDERED _____

*** Relevant documents i.e Identity Document / Marriage Certificate or Divorce Order (where applicable), must accompany this form. Copies of original documents may be submitted provided they are certified as true copies by a Commissioner of Oaths who is available at any Police Station, Post Office or office of any Attorney.**

(1) SKILLS, QUALIFICATIONS AND TRAINING

(a) Highest level attained at school: Standard: _____ Year: _____

(b) Highest qualifications achieved (NTC, diplomas, degrees, certificates etc):

YEAR	QUALIFICATIONS

(c) Employment history:

YEAR	OCCUPATION	COMPANY

(2) **DETAILS OF DISABILITY / TREATMENT**

(a) Nature of Disability:

(i) Description of ailment (to the best of your knowledge):

(ii) Describe fully the extent of your disability as it affects your occupation:

(b) When were the symptoms first noticed? _____

(c) State name and address of your usual doctor: _____

(d) State date on which you first consulted a medical practitioner with your disability: _____

(e) Please give names and addresses of all doctors and specialists consulted for your disability: _____

(f) Are you at present receiving any medical treatment for your disability? YES NO

If **YES** (i) Nature of treatment: _____

(ii) Has there been any improvement in your condition? _____

(g) Name of Medical Aid Fund: _____ Membership Number: _____

Names of dependants on Medical Aid: _____

(h) If you were hospitalised for your disability, please state:

Name of Hospital: _____

Date of Admission: _____ Date of Discharge: _____

(i) Are you wholly confined to your home? YES NO

If **YES**: For how long? _____

If **NO**: Briefly describe your daily activities: _____

(3) **BENEFITS DUE / ALTERNATIVE EMPLOYMENT**

If disabled due to an injury on duty or motor vehicle accident, when and how did the accident occur?

(i) Name and address of the Attorney who is acting on your behalf regarding your motor vehicle accident claim.

(ii) COIDA (WCA) Claim Number: _____

(iii) Please list other sources of compensation which you may receive as a result of your disability:

	COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES (WCA)	ROAD ACCIDENTS FUND (MVA)	OTHER BENEFITS
Estimated amount of benefit			
How is benefit payable, e.g lump sum, monthly, etc.			
Date benefit became / becomes payable			
How long is the benefit payable			

(4) Has your employer offered you alternative work, or attempted to adapt your workplace to accommodate your disability? YES NO

If YES, please provide details & the results achieved: _____

NOTE: The attached Annexures 'A' and 'B' must be fully completed by your respective medical practitioner and employer, and returned to this Office together with this form.

(5) My dependants (eg. wife, children, parents etc.) are as follows:

Name	Residential Address	Relationship

CONSENT:

I agree that the Metal Industries Benefit Fund Administrators (MIBFA) may collect, use, disclose and otherwise process my personal information, as contained in this application form or as otherwise collected through my participation in either the Engineering Industries Pension Fund or the Metal Industries Provident Fund, for the specific purpose of processing payment of and an application for payment of Permanent Disability Benefits. By completing and signing this document, I further agree that MIBFA may take steps to verify specific personal information relating to me and for this purpose, may obtain my personal information from, or verify my personal information with, amongst others, previous employers, banking institutions, the South African Revenue Service and medical professionals.

DECLARATION

I hereby authorise any medical practitioner, hospital or offices of the Compensation for Occupational Injuries and Diseases and the Road Accidents Fund, or any other person to furnish information relating to my disability, to the offices of the Metal and Engineering Industries Permanent Disability Scheme upon request. I further declare that I am the deponent mentioned above and that the answers furnished above are true and correct in every respect, and that no material information has been omitted.

Date:

Signature or Mark of Applicant

IF YOUR CLAIM IS SUCCESSFUL, BENEFITS WILL BE DEPOSITED MONTHLY INTO YOUR PERSONAL BANKING ACCOUNT, TO FACILITATE PAYMENT. PLEASE ENSURE THAT THE BANK MANDATE BELOW IS FULLY COMPLETED WITH THE ASSISTANCE OF YOUR BANKERS.

Mandate for payment of benefit to Bank

NO ALTERATIONS OR TIPPEX WILL BE ACCEPTED

METAL & ENGINEERING INDUSTRIES PERMANENT DISABILITY SCHEME

**** This form is to be completed and verified by a Bank official****

A. PAYEE'S DETAILS – Temporary Identity Documents are not acceptable by the Scheme

(1) Surname of Payee	<input type="text"/>
(2) Maiden Name	<input type="text"/>
(3) First name of Payee	<input type="text"/>
(4) Identity Number / Passport number	<input type="text"/>

B. DETAILS OF ACCOUNT

(1) Name of Bank	<input type="text"/>			
(2) Address of Bank	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	Postal Code <input type="text"/>			
(3) Name of Branch	<input type="text"/>			
(4) *Branch Code	<input type="text"/>			
(5) Account Number	<input type="text"/>			
(6) Type of Account	<input type="text"/>			
(7) Date account opened	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">DD</td> <td style="padding: 2px;">MM</td> <td style="padding: 2px;">YY</td> </tr> </table>	DD	MM	YY
DD	MM	YY		

The applicant's ID matches / does not match the copy held at the Bank.

.....
SIGNATURE OF (ACCOUNT HOLDER)
 (Same signature as on the application form)

.....
DATE

.....
**FULL NAMES
 OF BANK OFFICIAL**

**SIGNATURE OF OFFICIAL
 AND STAMP OF BANK**

Please attach the following : A copy of the applicants Bank statement (not older than 3 months)