military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

BENEFIT ACCESS FORM: COMPENSATION

MILITARY VETERANS ACT, SECTION 5.

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FORCE NUMBER/ SERIAL NUMBER

SHOULD YOU REQUIRE ASSISTANCE COMPLETING THIS FORM PLEASE CONTACT:

HELPLINE:

080 232 3244

INSTRUCTIONS

- You are applying for compensation for injury, trauma and disease benefit in terms of the Military Veterans Act 18 of 2011
- This benefit is for Military Veterans who sustained disabling injuries or severe psychological and neuro-psychiatric trauma or who suffers from terminal illness resulting from the military veteran's participation in military activities (Military Veterans Regulations No. R. 122)
- You should ONLY

PERSONAL DETAILS (TO BE COMPLETED BY APPLICANT)

Surname			
Full Names		Initials	
Identity Number		Gender	M / F
Date of Birth		Cell No.	
Residential Address			
		Postal Code	
Email Address		Tel No	

Marital Status	Married		Widowed		Never Married		Divorced	

If Married, please provide the following details of your spouse

Surname		Initials	
CELL NUMBER			

Dependents (*in relation to a military veteran, means any person who is legally or factually dependent on that military veteran for support and maintenance*)

Surname	Initials	Identity Number

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access this benefit if you are registered on the database of the Department of Military Veterans. To check if you are registered call 080 232 3244 • It is illegal to submit a fraudulent claim, including not disclosing details of your employment or pension from other state institutions.															

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A military veteran convicted of rape, murder, robbery, theft or high treason committed after 27 April 1994 and sentenced to imprisonment for a period exceeding 5 years without option of a fine is disqualified from receiving any benefits in terms of the Act.

A Military Veteran Military Veterans who sustained disabling injuries or severe psychological and neuro-psychiatric trauma or who suffers from terminal illness resulting from the military veteran's participation in military activities may apply for a lump sum payment as a compensation if: the disabling injury; the severe

QUALIFICATION CRITERIA FOR COMPENSATION BENEFIT TO BE COMPLETED BY THE VETERAN

DO YOU HAVE A CONVICTION FOR A CRIME COMMITTED AFTER 27 APRIL 1994?														YES	NO
IF YOU ANSWERED YES IN QUESTIONS	What were you convicted of?														
	Imprisonment Period			Fine	R										
Have you ever applied for Military Pension or Compensation Benefit?		If Yes, what is your MP number													
Do you have any other income?		If "YES", give details (From where, for what, how much)													

DETAILS OF MILITARY SERVICE AND INJURY/TRAUM OR DISEASE :TO BE COMPLETED BY THE VETERAN

Former Force	Date of Servive	Place of Service	Country

EXPLAIN THE NATURE AND HISTORY OF MILITARY-RELATED DISABILITY (IES) OR DESEASE. *If you require additional space, please use a separate sheet and attach it to this access form.*

psychological and neuro-psychiatric trauma; or terminal disease resulted from military activities and the effect of such disability, trauma or disease is an ongoing event. The Medical assessment shall confirm the link between the injury, trauma or disease and his/her participation in military activity. The military veteran should not have accessed or received similar benefit in terms of any other legislation. NB: Amount payable are determined in accordance with Military Pensions Act 84 of 1976, annual gazette issued by the Minister of Finance.													
	PROVIDE THE NAMES OF PEOPLE WHO WITNESSED OR WHO HAVE KNOWLEDGE OF YOUR INJURY/TRAUMA/DISEASE												
	INITIAL AND SURNAME	CONTACT NUMBERS										RELATIONSHIP	

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TO BE COMPLETED BY A MEDICAL PRACTITIONER

This form is completed for the Military Veteran who is applying for Compensation Benefit for trauma/disability/disease suffered while in Military Service in terms of the Military Veterans Act (Act no. 18 of 2011). In order to determine eligibility for Compensation, a medical report is required for evaluation/review by Medical Assessors appointed by the Department of Military Veterans. All information provided shall be treated with full confidentiality in line with South African Legislation.

PERSONAL DETAILS OF THE PATIENT																			
SUNAME												INITIALS							
FULL NAMES																			
IDENTITY NUMBER																GENDER			

PAST INJURIES, CAUSE, MEDICAL CONDITIONS, EXISTING CONDITIONS AND TREATMENT:																			
ICD 10 CODES	MEDICAL HISTORY																		
	MEDICAL NOTES/REPORT TO BE ATTACHED AS AN ANNEXURE TO THIS APPLICATION FORM.(KINDLY MOTIVATE HOW THE CONDITION IS LINKED TO MILITARY PARTICIPATION OR ACTIVITY)																		
DATE OF FIRST CONSULTATION												DURATION OF THE CONDITION							

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DETAILS OF THE MEDICAL PRACTITIONER

DOCTOR'S NAME AND QUALIFICATION			
PRACTICE NUMBER (HPCSA or BHF)		ADDRESS	
		CONTACT NUMBER	

I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SET OUT ON THIS MEDICAL REPORT IS TRUE AND CORRECT IN EVERY RESPECT

SIGNATURE		DATE	

DECLARATION AND CONSENT

I, the undersigned (*Full Names*)

……

I consent to and authorise the Department of Military Veterans to contact any person or entity for purposes of obtaining or verifying such information or documentation related to my claim for compensation.

I am the applicant whose details appear in this application form. The content of the said benefit access form falls within my personal knowledge, unless stated otherwise, and are both true and correct.

_____ _____

APPLICANT'S SIGNATURE **IDENTITY NUMBER**

DOCUMENTS CHECKLIST

	Application form		
	Certified Identity Documents		
	Proof of Military Service		
	Medical Report in support of disability/injury		
	Two (2) Affidavits from people with knowledge of disability/injury		