

**KELLY GROUP – GROUP PERSONAL ACCIDENT COVER  
BENEFICIARY NOMINATION FORM - TEMPORARY AND CONTRACT EMPLOYEES**

**Details of Applicant**

First Name: ..... Surname: .....

Identity Number: ..... Date of Birth: .....

Employer:..... Contact no. ....

Temp/Assignment no.: ..... Mobile No.: .....

Next of kin: ..... Contact No. ....

**GROUP PERSONAL ACCIDENT COVER**

A Group Personal Accident Cover policy is offered by the Kelly Group Ltd to all its' temporary and contract employees and is fully paid for by the company. This cover is available as long as the temporary/contract employee is employed by the Group.

R7 500 will be paid to the nominated beneficiary in the event of accidental death or injury resulting in permanent and total disability. This cover does not apply to death as a result of an illness or self inflicted injuries resulting in death.

*In the event of my death as a result of an accident, and whilst still an employee of the Kelly Group, I would like my benefits to be distributed as below;*

SURNAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP	% PER BENEFICIARY	CONTACT NO.

**Signed..... Date.....**

**Branch Manager:.....Company:.....**

**NB. PLEASE RETAIN A COPY OF THIS FORM. SEND THIS FORM TO LYNN PRETORIUS  
FAX 011 324 1939 or email [lynn.pretorius@kellygroup.co.za](mailto:lynn.pretorius@kellygroup.co.za) TEL: 011 722 8011. FOR CLAIMS AND ENQUIRIES CONTACT AMBLEDOWN RISK & UNDERWRITING MANAGERS ON 0861 262 533.**