Sanlam

Living Benefits Claim Guide

To help you claim

In this difficult time we want to make it as easy as possible for you to claim. The purpose of this document is to guide you through the process of a claim for any of the following benefits.

Benefit	Short description of benefit
Disability benefit for regular occupation	To qualify for a claim: • you have to be totally, permanently and continuously unable to do the work that you did at the time when you became incapacitated due to an illness or injury; and • the medical condition causing the incapacity has to be of a permanent nature which means that there is very little or no chance of improvement after undergoing reasonable optimal treatment taking into account the risk and success of such treatment.
Disability benefit for regular or reasonable alternative occupation	To qualify for a claim: • you have to be totally, permanently and continuously unable to do the work that you did at the time when you became incapacitated due to an illness or injury or for a reasonable alternative work taking into account your qualifications, training, work experience, age and income; and • the medical condition causing the incapacity has to be of a permanent nature which means that there is very little or no chance of improvement after undergoing reasonable optimal treatment taking into account the risk and success of such treatment.
Trauma/Dread disease benefit / Severe illness benefit / Child benefit	To qualify for a claim: • you must be diagnosed with one of the claim events listed on the benefit; and • your medical condition must comply with the terms and conditions or definition of the listed claim event as set out in the policy contract. Each claim event has a definition that has to be complied with in order to qualify for a claim.
Accidental injury benefit	You can qualify for a claim if the loss of function of a part of the body is specifically caused by an accident and the degree of the functional loss complies with the terms and conditions set out in the policy contract for each of the claim events listed on the accidental injury benefit of the policy.
Functional Impairment benefit	To qualify for a claim the loss of function of the body or part of the body, as a result of an illness or injury must be permanent after you have undergone optimal reasonable treatment and the degree of the functional loss meets the criteria for that claim event as described in the policy contract.
Physical Impairment benefit	To qualify for a claim the loss of function of the body or part of the body, as a result of an illness or injury must be permanent after you have undergone optimal reasonable treatment and the degree of the functional loss meets the criteria for that claim event as described in the policy contract.
Disability Income benefit (Income Protector)	A claim will be paid if you become disabled to the extent that you are continuously unable to fulfil a substantial and material part of the duties of your regular occupation you were involved in for an income immediately before disability, resulting in the loss of some or all of such income. Income payments will be made as long as your disability and loss of income continues for the whole length of the chosen period.

Benefit	Short description of benefit
Overheads Expenses Protector benefit	A claim will be paid if you become disabled to the extent that you are continuously unable to fulfil a substantial and material part of the duties you normally and regularly fulfilled in the affected business immediately before becoming so disabled that less income gets generated in the affected business to pay for the overheads expenses.
Severe Illness Income	To qualify for a claim: • you must be diagnosed with one of the claim events listed on the benefit; and • your medical condition must comply with the terms and conditions or definition of the listed claim event as set out in the policy contract. Each claim event has a definition that has to be complied with in order to qualify for a claim. • Payments will be made in 12 monthly income payments.
Sickness benefit	A claim will be paid if you are booked off on sick leave and you are unable to perform your occupational duties due to an illness, injury or operation, regardless of whether an income is still earned or not. The period of sick leave must comply with best practice guidelines and the terms and conditions in the policy contract.
Accident Disability benefit	To qualify for a claim: • you have to be totally, permanently and continuously unable to do the work that you did at the time when you became incapacitated as a result of an injury/accident; and • the medical condition causing the incapacity has to be a permanent nature which means that there is very little or no chance of improvement after undergoing reasonable optimal treatment taking into account the risk and success of such treatment.
Retrenchment benefit	You can qualify for a claim of 4% of the cover amount after the waiting period of the benefit has expired and you have been unemployed for one month and permanently employed for two years.

Conditions for the consideration of a claim

- A claim for benefits will only be considered once you have reached maximum medical improvement. This means that your condition is permanent and irreversible ,despite adequate treatment and rehabilitation. *(This condition is only applicable on certain benefits.Please refer to your policy contract for further details.)*
- The stipulations in the policy contract and the medical condition are the most important aspects in the consideration of a claim. Refer to the policy contract you received when the plan was issued for a full description of the terms and conditions of the benefit concerned.

Step 1: Where to start

You have various options available for contacting us. Choose the one that suits you best from the details below:

	Ask your Sanlam adviser or broker to assist you
	Visit your nearest Sanlam office
	Call us on 021 916 3455. Our helpdesk is available weekdays from 8:00 am until 4:30 p.m.
	**All claims (except Sickness benefits)**: E-mail us at livingbenefits@sanlam.co.za **Sickness benefit claims**: sickness@sanlam.co.za
	Sickness benefit claims: 021 – 957 2288 (fax) All other claims: 021 947 5804 (fax)
	Visit our website at www.sanlam.co.za/Individuals/Claims
	Write to us at Sanlam Living Benefits Claims, PO Box 1, Sanlamhof, 7532

Step 2: Obtain the correct claim form

The claim form is the most important document to start the claim process. Refer to the claim form for a list of requirements that needs to be submitted with the claim form to help us assess the claim. Also refer to the policy contract for a detailed description of the specific benefit stipulation.

Identify the correct form

Each benefit has a different claim form with a specific form number to identify it. Below are the different claim forms available. Choose the correct form to complete:

Name of form	Form code
Claim for Disability benefit/Income Protector/Overhead Expenses benefit	2643E
Declaration by employer	2736E
Claim for Trauma/Dread disease benefit	2737E
Claim for Accident benefit / Physical Impairment benefit/Functional Impairment benefit	2738E
Claim for Sickness benefit	CPC001E
Claim for Professional Sportsmen and sportswomen	CPC004E
Retrenchment benefit	2744E and 2745E
Severe Illness benefit	2750E

Step 3: Complete the form and send us the documents

Please complete the claim form in order for us to process the claim. Please ensure that you pay attention to the following:

- Your contact details are correctly completed to ensure that we can keep you informed on the claim progress.
- Each benefit requires specific information as stipulated on the claim form.
- Attach all relevant documents as indicated on the claim form. Incomplete information may cause delays in the claim process.
- Attach copies of all medical information in your possession.
- Contact your adviser or our helpdesk on 021 916 3455 if you need help in completing the form.

Step 4: Send us the documents

When you have completed the claim form, send it, together with all the required documents, to us. You can send the information back to us in one of the following ways:

	Ask your Sanlam adviser or broker to assist you in completing the form and sending it to us
	Visit your nearest Sanlam office
	Fax us on 021 947 5804 Sickness benefit claims: 021 – 957 2288
	E-mail us at livingbenefits@sanlam.co.za Sickness benefit claims: sickness@sanlam.co.za
	Write to us at Sanlam Living Benefits Claims, PO Box 1, Sanlamhof, 7532

Step 5: Sanlam considers the claim

We will confirm receipt of your documents by SMS, or e-mail, or post.

Sanlam prides itself on applying a fair decision making process. We will consider a claim based on the information that you gave us. Should we require additional information when we consider a claim, we shall inform you in writing of the information needed.

What is important when considering a claim?

Claims for rider benefits are always considered on merit. Various experts, including a **medical advisor**, a **claims specialist** and, if necessary, a **legal advisor**, will evaluate the claim before a final decision is made. Therefore, in order to ensure that the correct decision is made, these experts should have enough time at their disposal. We usually give feedback within 7 to 10 days after the claim has been submitted. The final decision can only be made once all the necessary information and medical reports are in our possession.

The role of the Medical advisor

Sanlam has a panel of medical advisors who will evaluate the medical information submitted in support of a claim. They have experience in medical assessment of claims. Should insufficient information appear on the medical reports submitted by the doctor(s) who examined and/or treated the claimant, we request further information and will inform you accordingly. Good decision making is greatly assisted by having a good report that contains all of the relevant information. For complex medical conditions or impairments, we also use specialists from the relevant disciplines that manage these conditions or impairments to assist us in reaching a quality decision.

The role of the Claims Specialist

The claims specialist makes contractual and legal decisions about disability, and evaluates the following in a claim:

- Was Sanlam aware of all your medical conditions during application for the plan(s), in order to determine your risk profile?
- All claims are considered in relation to the specific contractual stipulations.
- Some benefits have contractual waiting periods. The contract stipulations explain the waiting periods in detail.
- Exclusion clauses for specific medical conditions, which may form part of the contractual stipulations (see your contract for more specific details). Should you claim for an excluded illness, the claim will be declined.
- Contract validity of the claim (e.g. health impairments that could affect the contract's conditions, which existed before the date of cover), and the premium status (whether the claimant was covered when the claim event occurred).
- Premiums must be paid up to the date of the final decision.
- Recommendations and input of the medical advisor.

The role of the Legal adviser

A legal adviser is used in exceptional cases (contractual dispute, etc.).

Other important information to be considered

Insurance companies only insure your ability to work, in respect of occupational disability, and not the availability of work. Disability benefits are not automatically paid out when your employer had declared you medically disabled.

We may require an occupational therapist to visit you, or require other medical specialists to examine you, so that we may obtain an independent opinion. Should insufficient information appear on the medical reports submitted by your doctor(s), we will request further information and will inform you accordingly. We may also obtain the opinion of independant qualified persons in the life insurance industry.

Step 6: Sanlam makes a decision

Sanlam will decide to approve, decline, postpone or reconsider the claim.

We pay the claim

It is very difficult for us to provide a turn-around time for a claim, as this depends on the medical condition and completeness of the documentation received.

If we have all the required documents, and have made a decision to pay the claim, we can pay the claim within 7 – 10 working days.

We decline the claim

Possible reasons why we can decline the claim:

- Important information not mentioned or inaccurate information provided when applying for the risk benefit(s).
- The person responsible for payments did not pay the premiums regularly.
- There were periods when the plan did not provide cover.
- Exclusion clauses
- Illness or sickness not covered by the benefits.
- Contractual requirements are not met.
- Waiting periods have not expired.

We postpone the claim

Possible reasons why we can postpone the claim:

- Contractual requirements have not yet been met.
- Waiting periods have not expired.

We reconsider the claim

If you are unhappy with the outcome of the claim, you can send an appeal to us in writing. We will reconsider a claim if you provide us with new information.

Step 7: You can dispute the decision

If you dispute is not resolved to your satisfaction, you may submit a further dispute to the Sanlam Arbitrator via:

	E-mail at arbitrator@sanlam.co.za
	Fax on 021 957 1786
	Write to The Sanlam Arbitrator, PO Box 1, Sanlamhof, 7532