

Purpose of this guide

We want to help you take care of the administrative side of your claim so that you can focus on what's important

At Sanlam we are in the business of paying valid claims, and nothing will give us more satisfaction than to do that at this difficult time. We understand that filling out forms, although a necessary part of the process, is the last thing on your mind. We can help to make the administration and paperwork easier, enabling you to focus on your physical and mental health. That is what this guide is all about.

When you can claim for a sickness benefit

You can claim for a sickness benefit if you are booked off on sick leave by your doctor, subject to the contractual stipulations in your policy contract.

This claim guide explains everything you need to know about claiming for a sickness benefit

It sets out the claim process step by step, explaining:

- ⊙ What you need to do
- ⊙ What you can expect from us
- ⊙ What the process involves

If you have any questions about this guide or the claim process, please contact us

Our benefit claims helpdesk is available weekdays from 8:00 until 16:30 at 021 916 3455.

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Overview of the claim process

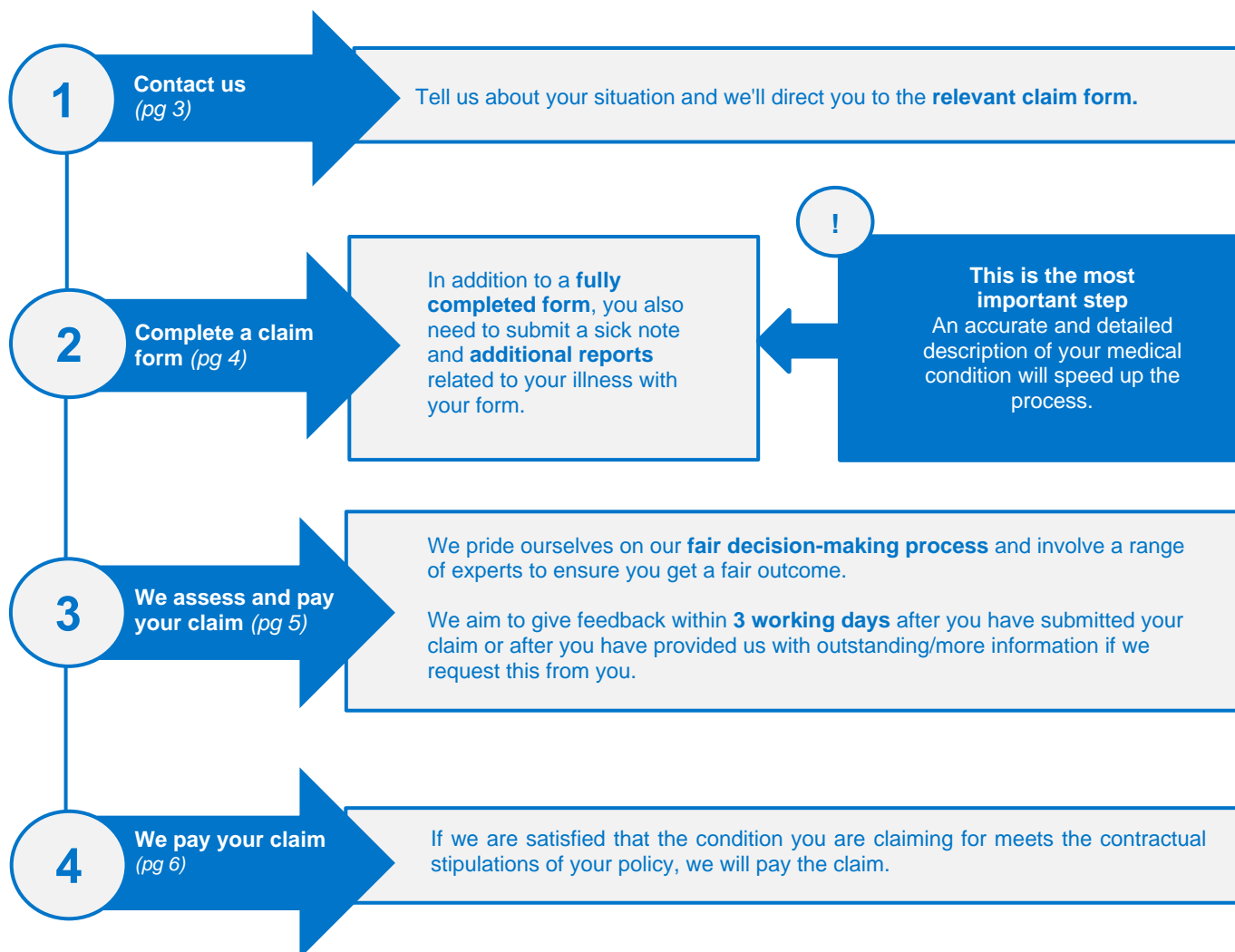
Below is a high-level summary of the claim process

We explain what each step involves in more detail in the rest of the guide.

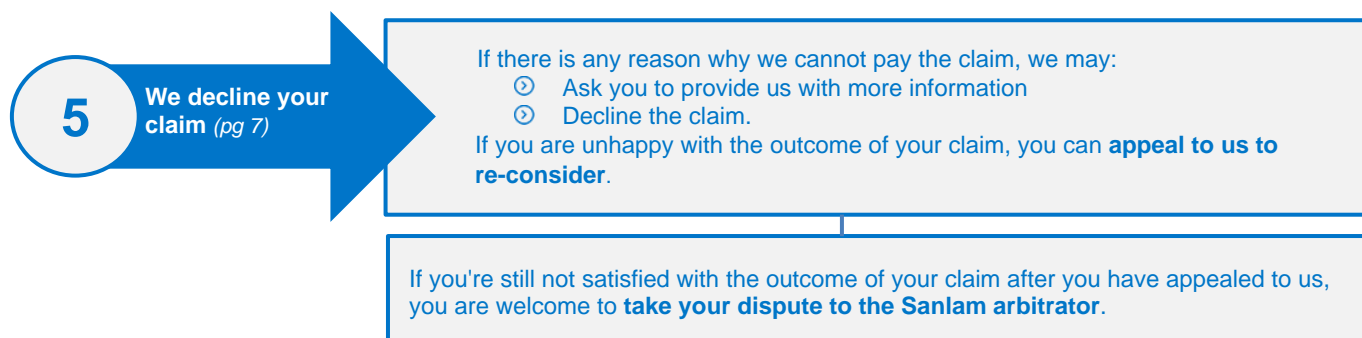
To see what a specific step involves in more detail, simply click on the relevant number, e.g. [2](#) or go to the relevant page.

Submitting a claim

What to do and what to expect



We pride ourselves on paying claims - however, there are other possible outcomes





Step 1: Contact us

Tell us about your situation and we will direct you to the sickness benefit claim form

You can contact us in any of the ways listed below.



We recommend either contacting your financial adviser or emailing us directly

This will ensure you receive feedback in the shortest amount of time. In addition, it is important to get professional advice early in the process so that you have a clear understanding of the implications of the payment/non-payment of your claim on your financial position.

	<p>Contact your financial adviser (Sanlam adviser or broker) Their details are on your benefit statement that we send to you every year.</p>
	<p>E-mail us at sickness@sanlam.co.za</p>
	<p>Call us on 021 916 3455 Our benefit claims helpdesk is available weekdays from 8:00 until 16:30.</p>
	<p>Visit the 'Benefit claims' page on our website Simply click on the following link: https://www.sanlam.co.za/claims/Pages/benefit-claims.aspx</p>
	<p>Write to us at our postal address Our postal address is: Sanlam Sickness Benefits Claims, PO Box 1, Sanlamhof, 7532 Please note: If you communicate with us via post, we encourage you to use a courier service to speed up the process.</p>

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Step 2: Complete a claim form

The claim form and its supporting documents is the most important part of the claim process

An accurate and detailed description of your medical condition will help speed up the process.

Where to find the sickness benefit claim form

- ⦿ If you contacted your financial adviser or us under step 1, you will receive the relevant form to complete.
- ⦿ Alternatively, you can download the sickness benefit claim form from our website at <https://www.sanlam.co.za/claims/Pages/benefit-claims.aspx>

Helpful tips for completing the form

⦿ Your contact details

Make sure your contact details are correct so that we can keep you informed of the progress of your claim.

⦿ Incomplete information

Incomplete information may delay the claim process - please be sure to complete all the required fields on the form and sign the declaration at the end. This will enable us to finalise your claim as soon as possible.

⦿ Supporting documents

The first page of the form will list all the supporting documents that you must submit with the claim form to help us assess the claim. To prevent any delays, it's best to include copies of all the medical reports you have access to.



Need help with completing the form?

If you have any questions about the form or the required documents, contact your financial adviser or our benefit claims helpdesk on 021 916 3455.

Once you have completed the claim form and collected all the required documents, send these to us

You can send the form and documents back to us in any of the following ways:

	Ask your financial adviser (Sanlam adviser or broker) to send the documents to us
	E-mail us at sickness@sanlam.co.za
	Write to us at our postal address Our postal address is: Sanlam Sickness Benefits Claims, PO Box 1, Sanlamhof, 7532 Please note: If you communicate with us via post, we encourage you to use a courier service to speed up the process.

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Step 3: We assess your claim




We pride ourselves on our fair decision-making process and involve a range of experts for a fair outcome

Once we receive your completed claim form and required documents, we will start the process of evaluating your claim by considering all the information that you gave us.



If we need more information from you to make a decision, we will let you know in writing.

What we consider when we assess your claim

 <p>Your medical condition</p>	 <p>Important information about sick leave Sick leave is a medically prescribed period during which you are booked off for not being able to do your job. The Official Disability Guidelines determine the average number of days someone is booked off for a specific condition.</p> <p>A panel of medical advisers will evaluate the medical information you provided to us These advisers are experienced in the medical assessment of claims, and will ask us to request more information from you if necessary. This means you can have peace of mind that we will make an informed decision. For complex medical conditions or impairments, we also consult specialists from the relevant medical disciplines.</p> <p>We may ask you to undergo additional medical examinations To make an informed decision about your ability to work or your health, we may require that you are examined by an occupational therapist or other medical specialist for an independent opinion. We may also ask the opinion of independent qualified persons in the life insurance industry.</p>
 <p>Your contract with us</p>	<p>A claims specialist will evaluate your claim against your policy contract Your policy contract contains specific contractual stipulations that determine under what conditions we will pay a claim. These specialists will assess your claim considering these stipulations, such as:</p> <ul style="list-style-type: none"> ⊙ Whether a waiting period applies (applicable to some benefits) ⊙ Whether specific medical conditions are excluded from your cover ⊙ Whether you were covered when the claim event occurred ⊙ Whether the payment of your policy premiums is up to date ⊙ Whether we were informed about all health impairments when you applied for the policy. <p>The claims specialist will also evaluate the recommendations of the medical adviser in light of the contract stipulations specified in your policy contract.</p>

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Step 4: We pay your claim

We usually provide feedback within 3 working days from when we receive your claim.


If we are satisfied that the condition you are claiming for meets the contractual stipulations of your policy, we will pay the relevant claim amount directly into the bank account for which we were given banking details on the claim form. If a cession applies, we will pay according to the instructions of the cessionary.

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Step 5: We decline your claim

We usually provide feedback within 3 working days from when we receive your claim or from when we receive further information if we require this.

If your claim is aligned to the terms in your policy contract and satisfies all the conditions, we will always pay the claim. However, if there is a breach with your policy contract in any way, we unfortunately cannot pay a claim.

	<p>Possible reasons why we may decline a claim include the following:</p> <ul style="list-style-type: none"> ⊙ We received inaccurate information, or important information was left out, when you applied for the benefits. ⊙ The person responsible for payments did not pay the premiums regularly. ⊙ There were periods when the plan did not provide cover, and you are claiming for an event that happened during one of these periods. ⊙ The benefit you claimed for is not part of the contract. ⊙ The condition you are claiming for is not covered. ⊙ The condition you are claiming for is excluded from your benefits, as stipulated in the exclusion clauses in your contract. ⊙ Certain contractual requirements have not been met. ⊙ Waiting periods that apply have not expired. <div style="background-color: #f0f0f0; padding: 10px; margin-top: 10px;"> <p> You can appeal if your claim is declined and you disagree with the outcome</p> <p>Please see below for more details on what to do</p> </div>
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If you aren't satisfied with the outcome of the claim, you can appeal to us to reconsider

We will reconsider a claim if you provide us with new information. You can send an appeal to us in writing in any of the following ways:

	E-mail us at sickness@sanlam.co.za
	Write to us at our postal address Our postal address is: Sanlam Sickness Benefits Claims, PO Box 1, Sanlamhof, 7532



If you are still not happy with the outcome following your appeal, you can submit a further dispute

Submit your dispute to the Sanlam Arbitrator in writing.

	E-mail: arbitrator@sanlam.co.za
	Postal address: The Sanlam Arbitrator, PO Box 1, Sanlamhof, 7532

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