

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.

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

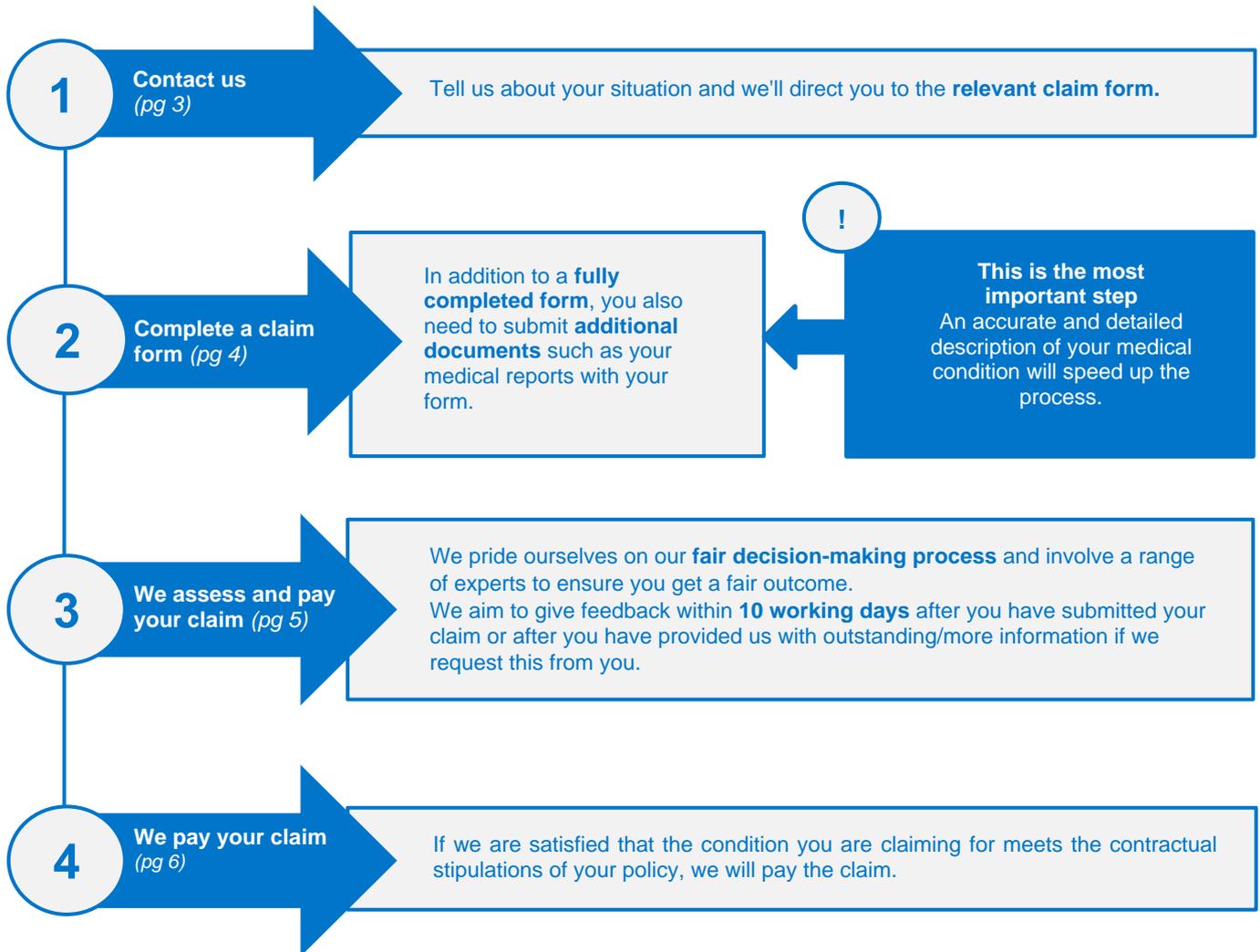
Below is a high-level summary of the claim process

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

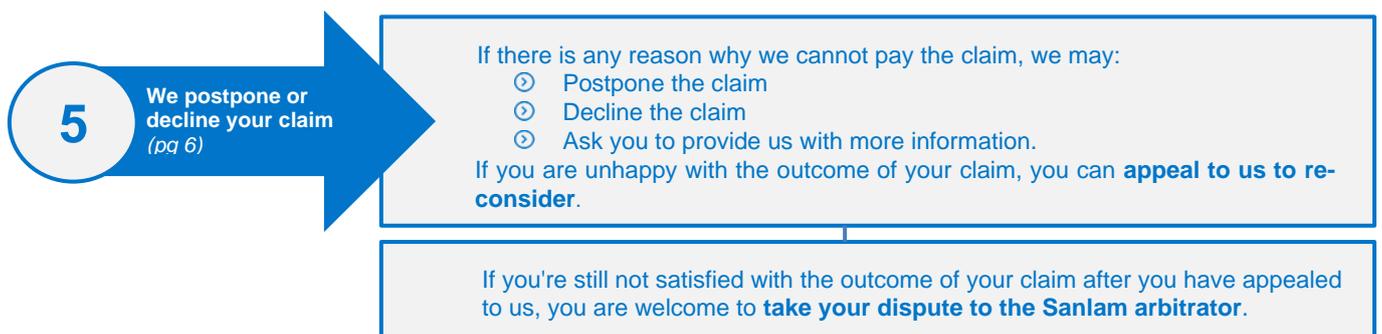
To see what a specific step involves in more detail, simply click on the relevant number, e.g. [2](#) or go to the relevant page.

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 relevant 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 livingbenefits@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 Living 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 right form

There are different claim forms for different benefits.

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



Not sure which form to download?

Have a look at:

- your **benefit statement** that we send you every year (under the heading "Risk cover" and/or "Income protector") or your **policy contract**, which both list the benefits you are covered for, and
- the **appendix** at the end of this guide, which shows which forms to complete for which benefits.

If you're still uncertain, you can call our helpdesk on 021 916 3455.

Helpful tips for completing a 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 livingbenefits@sanlam.co.za
	<p>Write to us at our postal address Our postal address is: Sanlam Living Benefits Claims, PO Box 1, Sanlamhof, 7532</p> <p>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 3: We assess your claim

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

Please refer to your policy contract to ensure the condition you are describing is specified in your contract. If the condition is not covered or does not meet the terms and conditions in your contract, we unfortunately cannot pay the claim.

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>A panel of medical advisers will evaluate the medical information you provided to us</p> <p>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</p> <p>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>For some benefits, we will only consider a claim once you have reached 'maximum medical improvement' (MMI)</p> <p>This means that your condition is permanent and irreversible, despite having received adequate treatment and rehabilitation. In these cases, the medical information you submit must prove that you've reached MMI. Your policy contract will specify whether the principle of MMI applies to your benefits.</p>
 <p>Your contract with us</p>	<p>A claims specialist will evaluate your claim against your policy contract</p> <p>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. If the condition is not covered or does not meet the terms and conditions in your contract, we unfortunately cannot pay the claim.</p>

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Step 4: We pay your claim

We usually provide feedback within 10 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 postpone or decline your claim

We usually provide feedback within 10 working days from when we receive your claim or from when we receive further information if we require this.

	<p>We postpone the claim We may postpone the claim if:</p> <ul style="list-style-type: none"> ⦿ there are any contractual requirements that have not yet been met (for example, you have not received the required treatment or undergone full rehabilitation yet), or ⦿ any waiting periods that apply have not yet expired. <p>We will let you know why we postpone the claim and for how long it will be postponed, to keep you informed.</p>
	<p>We decline the claim 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> <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 Please see below for more details on what to do</p> </div>

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:

	<p>E-mail us at livingbenefits@sanlam.co.za</p>
	<p>Write to us at our postal address Our postal address is: Sanlam Living Benefits Claims, PO Box 1, Sanlamhof, 7532</p>



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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Appendix: Benefits summary

The table below provides an overview of all the available benefits

Please consult your annual benefit statement or policy contract to confirm which benefits you can claim for.

Name of benefit (as described in your benefit statement and your contract)	When you can claim	Relevant claim form
Income benefits Pays out a temporary monthly income		
Disability income benefits <ul style="list-style-type: none"> ⦿ Extended disability income (term cover) ⦿ Extended disability income (whole life cover) ⦿ Total and permanent disability income ⦿ Temporary disability income ⦿ Pre-retirement impairment income 	You cannot do your job or a significant part of your job and as a result suffer a partial or full loss of income.	<ul style="list-style-type: none"> ⦿ Claim for Disability/Income Protector/Overhead Expenses (2643E) ⦿ Declaration by attending doctor for an Income Protector/Overhead Expenses Protector (CPC003E)
Spouse protector	Your spouse has died or has been diagnosed with a severe illness specified in your contract.	<ul style="list-style-type: none"> ⦿ Claim for Spouse Protector for Living benefits or Death benefits (2752E)
Child protector	Your child has died or is suffering from an illness or injury specified in your contract.	<ul style="list-style-type: none"> ⦿ Claim for Child benefits for Living benefits or Death benefits (2746E)
Overheads Expenses Protector benefit	You are self-employed and are disabled, resulting in a loss of some or all of the income of your business.	<ul style="list-style-type: none"> ⦿ Claim for Disability/Income Protector/Overhead Expenses (2643E) ⦿ Declaration by attending doctor for an Income Protector/Overhead Expenses Protector (CPC003E)
Retrenchment benefit	You are unemployed due to retrenchment for at least one month and were permanently employed for at least two years before being retrenched, and the relevant waiting period has passed.	<ul style="list-style-type: none"> ⦿ Retrenchment benefit claim (2745E)
Disability and accident benefits Pays out a lump sum		
Disability benefits <ul style="list-style-type: none"> ⦿ Disability for regular occupation ⦿ Disability for regular and reasonable alternative occupation ⦿ Disability plus whole life impairment 	You are disabled and as a result you are totally, permanently and continuously unable to do your job (or a related occupation if it applies).	<ul style="list-style-type: none"> ⦿ Claim for Disability/Income Protector/Overhead Expenses (2643E)
Functional impairment benefits <ul style="list-style-type: none"> ⦿ Functional impairment ⦿ Functional impairment plus disability for regular occupation ⦿ Functional impairment plus disability for regular and reasonable alternative occupation 	You have suffered a permanent loss of function of your body, parts of your body, or an essential body system.	<ul style="list-style-type: none"> ⦿ Claim for Accident benefit/Physical impairment benefit/Functional impairment benefit (2738E)



Disability and accident benefits		
Pays out a lump sum		
Physical impairment benefits Ⓞ Physical impairment Ⓞ Whole life physical impairment Ⓞ Comprehensive physical impairment	You have suffered a permanent loss of a body part or sense of the body.	Ⓞ Claim for Accident benefit/Physical impairment benefit/Functional impairment benefit (2738E)
Accidental disability benefit	You are unable to do your job as a result of an accident or injury.	Ⓞ Claim for Disability/Income Protector/Overhead Expenses (2643E)
Accidental injury benefit	You have sustained a significant injury as specified in the benefit descriptions.	Ⓞ Claim for Accident benefit/Physical impairment benefit/Functional impairment benefit (2738E)
Dread disease benefits		
Pays out a lump sum		
Dread disease benefits Ⓞ Core dread disease Ⓞ Whole life core dread disease	You have been diagnosed with an illness at a medical severity level as stipulated in your contract.	Ⓞ Claim for Trauma/Dread disease (2737E)
Severe illness benefits Ⓞ Comprehensive severe illness Ⓞ Comprehensive severe illness plus Ⓞ Severe Illness Income	You have been diagnosed with an illness at a medical severity level as stipulated in your contract.	Ⓞ Claim for Severe illness (2751E)
Cancer benefits Ⓞ Cancer Ⓞ Cancer plus	You have been diagnosed with a tumour or cancer at a medical severity level as stipulated in your contract.	Ⓞ Claim for Severe illness (2751E)
Cardiovascular benefits Ⓞ Cardiovascular Ⓞ Cardiovascular Plus	You have been diagnosed with an illness of the heart or blood vessel at a medical severity level as stipulated in your contract.	Ⓞ Claim for Severe illness (2751E)
Child: Illness and injury benefit	Your child has been diagnosed with an illness or injury at a medical severity level as stipulated in your contract.	Ⓞ Claim for Child benefits for Living benefits or Death benefits (2746E)