

Purpose of this guide

Find step by step guidance on how to claim for a living benefit

We at Sanlam are sincerely sorry that you are going through this difficult time, and we are here to support you by making your claim process as simple as possible. We understand that filling out forms is probably the last thing on your mind, so we have created this quick guide to help make the administrative side of your claim easier, so that you can spend your time and energy focusing on what matters most: your physical and mental health.

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

We have set out the claim process step by step, explaining:

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

Have any questions?

Please get in touch! Our benefit claims team is available every weekday from 08:00 until 16:30. Contact them on 021 916-3455 or email livingbenefits@sanlam.co.za.

In this guide

Overview of the claim process.....	Page 2
Steps to process a claim.....	Page 3-7
Appendix: Summary of all available benefits.....	Page 8-10



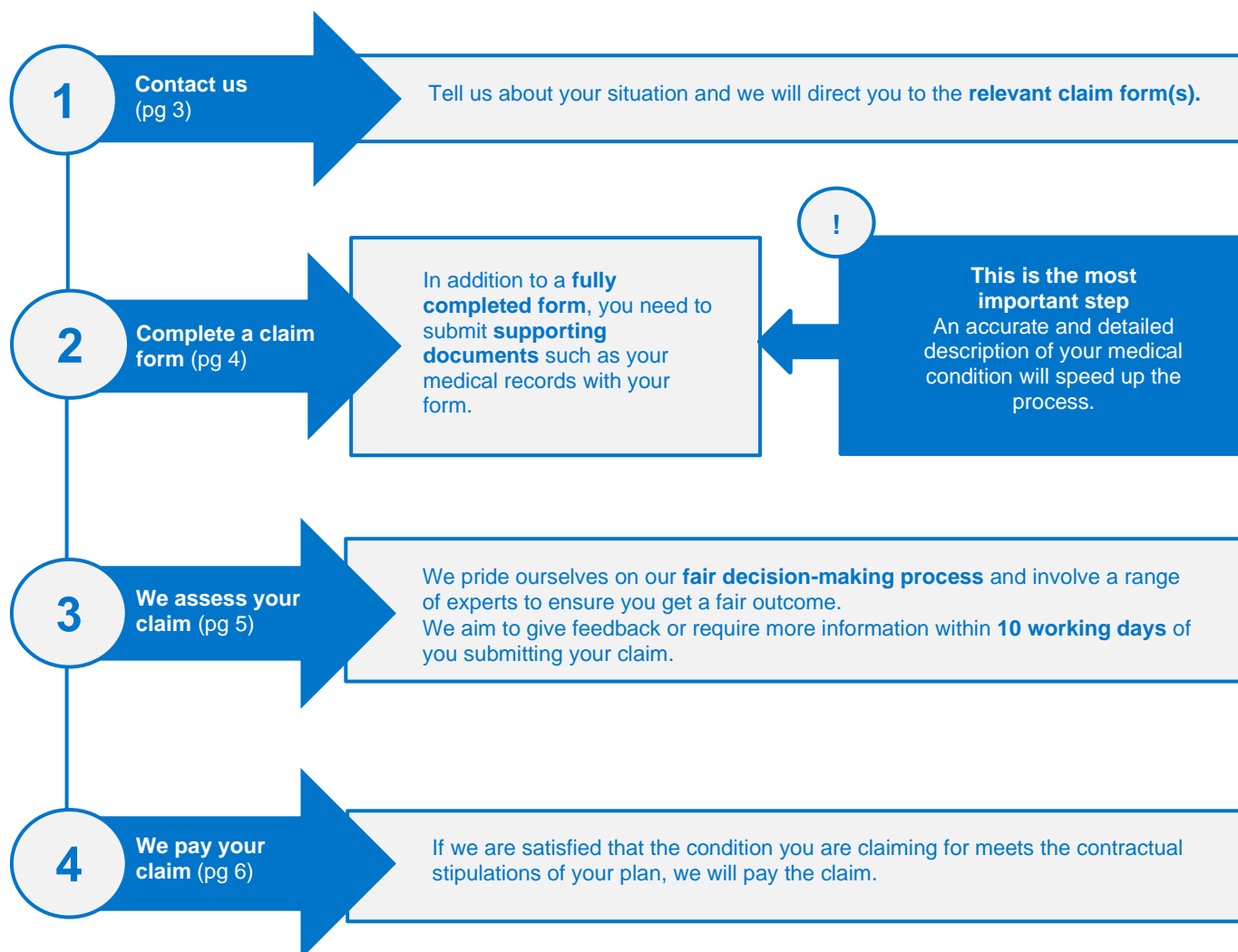
Overview of the claim process

Below are the steps involved in the claim process

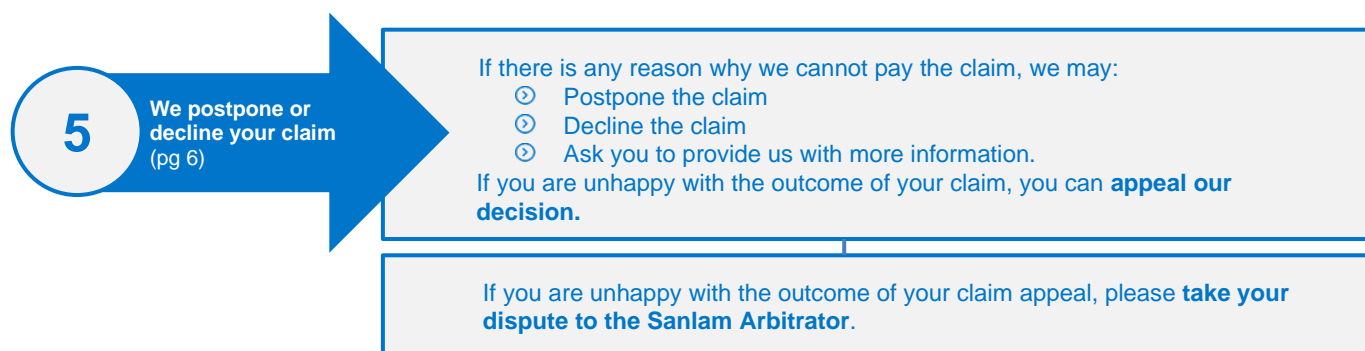
We explain each step in more detail in the rest of the guide.

Submitting a claim

What to do and what to expect



We support our clients by paying valid claims, but there may be possible reasons for us to postpone or decline your claim










Step 1: Contact us

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

We recommend contacting your Sanlam financial adviser or emailing us directly so we can assist you as quickly as possible. It is also important to get professional advice early in the process to clearly understand how the result of your claim could impact your finances going forward.

	<p>Contact your Sanlam financial adviser or broker You will find their details 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 team is available weekdays from 08:00 until 16:30.</p>
	<p>Visit the "Claims" page on our website Simply click on the following link</p>
	<p>Write to us by post Send your letter to: Sanlam Living Benefits Claims, PO Box 1, Sanlamhof, 7532</p> <p>Please note: If you do choose to write to us, we encourage you to use a courier service to speed up the process.</p>

[Back to Overview](#)



Step 2: Complete a claim form

This is the most important part of the claim process

It is essential that you provide an accurate and detailed description of your medical condition and supporting documents to help speed up the process.

Where to find the living benefit claim form

We have 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, simply click this [link](#) to download the living benefit claim form from our website.

Unsure which form to download?

Have a look at:

- ⦿ Your benefit statement that we send to you every year, under the heading "Risk Cover"
- ⦿ Your plan contract, which lists the benefits you are covered for
- ⦿ The appendix at the end of this guide, where you will find a summary of our benefits

Still uncertain?

Contact our benefit claims team on 021 916-3455 any weekday from 8:00 until 16:30.

Helpful tips for completing your claim form

- ⦿ **Verify your contact details**
Make sure your contact details are correct so we can let you know how your claim is progressing
- ⦿ **Ensure all information is complete**
Incomplete information may delay the claim process, so please be sure to fill in all required fields on the form and sign the declaration at the end. This will let us finalise your claim as soon as possible.
- ⦿ **Provide any supporting documents**
The first page of the form lists all the supporting documents you must submit with the claim form in order for us to assess your claim. Please include copies of all your medical records to prevent any delays.

Need help with your form or documents?

Contact your Sanlam financial adviser or our benefit claims team on 021 916-3455 any weekday from 8:00 until 16:30.

Please send your completed claim form and required documents to us in any of the following ways:

	Ask your Sanlam financial adviser or broker to send the documents to us at livingbenefits@sanlam.co.za
	E-mail us directly at livingbenefits@sanlam.co.za
	Write to us by post Send your letter to: Sanlam Living Benefits Claims, PO Box 1, Sanlamhof, 7532 Please note: If you do choose to write to us, we encourage you to use a courier service to speed up the process.

[Back to Overview](#)





Step 3: We assess your claim

We at Sanlam pride ourselves on our fair decision-making process, and we consult a range of experts to ensure an unbiased professional outcome for your claim.

Please refer to your plan 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 assess your claim based on the information you've provided. If we need anything else from you, we will let you know in writing.

What we consider when we assess a claim:

 <p>Your medical condition</p>	<p>A panel of medical advisers will evaluate the medical information you provided</p> <p>These advisers are experienced in assessing medical claims and could ask us to request more information from you if necessary to ensure we make the most informed decision possible. For complex conditions or impairments, we also consult specialists from relevant medical disciplines.</p> <p>We may ask you to undergo additional medical examinations</p> <p>For us to make an informed decision about your ability to work or your health, you may need to be examined by an occupational therapist or other medical specialist for an independent opinion. We may also consult independent qualified professionals in the life insurance industry if needed</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 have reached MMI. Your plan contract will specify whether the MMI principle applies to your benefits.</p>
 <p>Your contract with us</p>	<p>A claims specialist will evaluate your claim against your plan contract</p> <p>Your plan contract contains specific stipulations that determine the conditions under which we will pay a claim. A claims specialist will assess your claim considering these stipulations, which could include whether:</p> <ul style="list-style-type: none"> ⊙ A waiting period applies (applicable to some benefits) ⊙ Specific medical conditions are excluded from your cover ⊙ You were covered when the claim event occurred ⊙ You have paid your plan premiums ⊙ You informed us about all relevant information that could impact the terms and conditions of the contract when you applied for the plan. <p>The claims specialist will also evaluate the medical adviser's recommendations in terms of the stipulations specified in your plan contract. If the condition you are claiming for is not covered or does not meet the terms and conditions in your contract, we unfortunately cannot pay your claim.</p>

[Back to Overview](#)



Step 4: We pay your claim

You will usually get feedback within 10 working days from when we receive your claim or from when we receive further information if required.



If we are satisfied that the condition you are claiming for meets the contractual stipulations of your plan, we will pay the relevant claim amount directly into the bank account included on the claim form. If a cessionary applies, we will pay according to the instructions of the cessionary.

[Back to Overview](#)

Step 5: We postpone or decline your claim

You will usually get feedback within 10 working days from when we receive your claim or from when we receive further information if required

What we consider when we postpone or decline a claim:

	<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), or ⦿ any waiting periods that apply have not yet expired. <p>If your claim is postponed, we will let you know why and for how long it will be postponed.</p>
	<p>We decline the claim Sanlam will always pay a claim provided it meets the plan terms of contract and satisfies all the required conditions. If, however, there is a breach of contract, we unfortunately cannot process the claim.</p> <p>We may decline the claim if:</p> <ul style="list-style-type: none"> ⦿ We received inaccurate information or lacked necessary information when you applied for the benefits ⦿ Your premiums have not been paid regularly ⦿ There were periods when the plan did not provide cover, and you are claiming for an event that happened during one of these times ⦿ The benefit you claimed for is not part of your 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.

Do not agree with your claim being postponed or declined? You can appeal our decision



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

	<p>E-mail us at livingbenefits@sanlam.co.za</p>
	<p>Write to us by post Send your letter to: Sanlam Living Benefits Claims, PO Box 1, Sanlamhof, 7532</p>



If you are unhappy with the outcome of your appeal, you can submit a further dispute

Please send your dispute to the Sanlam Arbitrator in writing in any of the following ways:

	E-mail them at: arbitrator@sanlam.co.za
	Write to them by post Send your letter to: The Sanlam Arbitrator, PO Box 1, Sanlamhof, 7532

[Back to Overview](#)



Appendix: Benefits summary

The table below provides an overview of all the available benefits

Please consult your annual benefit statement or plan 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 ⊗ Impairment Income ⊗ Temporary Income ⊗ Temporary Income Plus ⊗ Accidental Temporary Income Plus ⊗ Extended Income ⊗ Extended Income Plus ⊗ Accidental Extended Income Plus 	You cannot perform 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/Temporary Incapacity/Temporary Disability benefit (2643E) ⊗ Declaration by attending doctor for an Income Protector/Overhead Expenses Protector (CPC003E)
Spouse Protector	Your spouse has sadly 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 sadly 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 unfortunately disabled, resulting in a loss of some or all of your business income.	<ul style="list-style-type: none"> ⊗ Claim for Disability/Income Protector/Overhead Expenses/Temporary Incapacity/Temporary Disability benefit (2643E) ⊗ Declaration by attending doctor for an Income Protector/Overhead Expenses Protector (CPC003E) ⊗ Overhead Expenses Questionnaire (4037E)
Retrenchment Benefit	You are unfortunately retrenched and were permanently employed for at least two years before being retrenched.	<ul style="list-style-type: none"> ⊗ Retrenchment benefit claim (2745E) ⊗ Declaration by Employer (2744E)



Name of benefit (as described in your benefit statement and your contract)	When you can claim	Relevant claim form
Disability, impairment, 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 ⊗ Functional Impairment Plus Disability for Regular and Reasonable Alternative Occupation ⊗ Functional Impairment Plus Disability for Regular Occupation ⊗ Comprehensive Disability ⊗ Comprehensive Disability Plus ⊗ Elite Disability 	You are unfortunately 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/Temporary Incapacity/Temporary Disability benefit (2643E) ⊗ Declaration by Employer (2736E)
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 unfortunately 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/Impairment benefit (2738E)
Physical Impairment benefits <ul style="list-style-type: none"> ⊗ Physical Impairment ⊗ Whole Life Physical Impairment ⊗ Comprehensive Physical Impairment ⊗ Disability plus Whole Life Impairment 	You have unfortunately suffered a permanent loss of a body part or sense of the body.	<ul style="list-style-type: none"> ⊗ Claim for Accident benefit/Physical Impairment benefit/Functional Impairment benefit/Impairment benefit (2738E)
Comprehensive Impairment benefit	You have been diagnosed with an illness at a medical severity level as stipulated in your contract.	<ul style="list-style-type: none"> ⊗ Claim for Accident benefit/Physical Impairment benefit/Functional Impairment benefit/Impairment benefit (2738E)
Accidental Disability benefits <ul style="list-style-type: none"> ⊗ Accidental Disability benefit ⊗ Accidental Comprehensive Disability ⊗ Accidental Comprehensive Disability Plus ⊗ Accidental Elite Disability 	You are unfortunately unable to perform your job as a result of an accident or injury.	<ul style="list-style-type: none"> ⊗ Claim for Disability/Income Protector/Overhead Expenses/ Temporary Incapacity/Temporary Disability benefit (2643E) ⊗ Declaration by Employer (2736E)
Accidental Injury benefit	You have unfortunately sustained a significant injury as specified in the benefit descriptions.	<ul style="list-style-type: none"> ⊗ Claim for Accident benefit/Physical Impairment benefit/Functional Impairment benefit (2738E)



Name of benefit (as described in your benefit statement and your contract)	When you can claim	Relevant claim form
Disability, impairment, and accident benefits Pays out a lump sum		
Accidental Comprehensive Impairment benefit	You have been diagnosed with an illness at a medical severity level as stipulated in your contract as a result of an accident or injury.	<ul style="list-style-type: none"> ⦿ Claim for Accident benefit/Physical Impairment benefit/Functional Impairment benefit/Impairment benefit (2738E)
Temporary Incapacity Cover for non-accidental causes	You have been diagnosed with an illness at a medical severity level as stipulated in your contract and the recovery period for returning to work will be two months or longer.	<ul style="list-style-type: none"> ⦿ Claim for Disability/Income Protector/Overhead Expenses/Temporary Incapacity/Temporary Disability benefit (2643E) ⦿ Declaration by attending doctor for an Income Protector/Overhead Expenses Protector (CPC003E)
Temporary Incapacity Cover for accidental causes	You have unfortunately sustained a bodily injury as a result of an accident and the recovery period for returning to work will be three months or longer.	<ul style="list-style-type: none"> ⦿ Claim for Disability/Income Protector/Overhead Expenses/Temporary Incapacity/Temporary Disability benefit (2643E) ⦿ Declaration by attending doctor for an Income Protector/Overhead Expenses Protector (CPC003E)
Temporary Disability benefit	You are disabled and as a result you are temporarily unable to do your regular occupation for at least three months continuously.	<ul style="list-style-type: none"> ⦿ Claim for Disability/Income Protector/Overhead Expenses/Temporary Incapacity/Temporary Disability benefit (2643E) ⦿ Declaration by attending doctor for an Income Protector/Overhead Expenses Protector (CPC003E)
Dread Disease benefits Pays out a lump sum		
Dread Disease benefits <ul style="list-style-type: none"> ⦿ Core Dread Disease ⦿ Whole Life Core Dread Disease 	You have unfortunately been diagnosed with an illness at a medical severity level as stipulated in your contract.	<ul style="list-style-type: none"> ⦿ Claim for Trauma/Dread Disease (2737E)
Severe Illness benefits <ul style="list-style-type: none"> ⦿ Comprehensive Severe Illness ⦿ Comprehensive Severe Illness Plus ⦿ Severe Illness Income 	You have unfortunately been diagnosed with an illness at a medical severity level as stipulated in your contract.	<ul style="list-style-type: none"> ⦿ Claim for Severe Illness (2751E)
Cancer benefits <ul style="list-style-type: none"> ⦿ Cancer ⦿ Cancer Plus 	You have unfortunately been diagnosed with a tumour or cancer at a medical severity level as stipulated in your contract.	<ul style="list-style-type: none"> ⦿ Claim for Severe Illness (2751E)

⦿



Name of benefit (as described in your benefit statement and your contract)	When you can claim	Relevant claim form
Dread Disease benefits Pays out a lump sum		
Cardiovascular benefits <ul style="list-style-type: none">⌚ Cardiovascular⌚ Cardiovascular Plus	You have unfortunately 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 sadly 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)