

Group Risk: Claims Procedure guide

We acknowledge the difficult time our clients experience in the unfortunate event of claiming for a deceased love one, or when experiencing an illness or injury.

Death-related Claims:

When should a claim be submitted?

In terms of the policy, Sanlam must be notified of any potential claims **within 6 months** from the date of event. The notification should include the member's details i.e. name, surname, date of birth and the last date of active service. Kindly please submit the claim and supporting claim documentation to the listed e-mail address.

What claim documents are required?

All of Sanlam's death-related claims are available on the Sanlam webpage – please click here.

Each of the claim forms indicate which **supporting documents** should accompany the claim form. The onus lies upon the employee/employer to provide the respective information in order for Sanlam to process the claim.

Please note:

- In the case of the death of the insured, the payment will only be made into the bank account of the
 beneficiary(ies) indicated, according to the fund rules OR according to the valid beneficiary nomination form:
 Sanlam must pay the benefit to the beneficiary(ies) indicated by the Fund in case of approved life insurance
 and strictly according to a valid beneficiary nomination form in respect of unapproved life insurance benefits.
 In the absence of a valid nomination form, the benefit will be paid to the deceased insured's estate.
- In the case of the death of the spouse, the benefit will be paid into the bank account of the insured.
- In the case of funeral insurance, please also submit the nomination of beneficiary form completed by the insured, indicating to whom the funeral benefit must be paid.

How long does it take to finalise the claim?

On receipt of the full claims package, the standard turn-around-time within which the assessment will be finalised is as follows:

Death Claims

Please e-mail to: sgrdeathclaims@sanlam.co.za

- Lump sum death benefit (employee) claim
- Lump sum death benefit for spouse claim
- Accident benefit claim
- Universal Education Protector <u>claim/s</u>
 (please remember an individual form per child)
- Funeral insurance claim

Please note however that the funds may take up to three (3) business days to reflect in the beneficiary's banking account, depending on the bank institution.

within 10 working days
within 10 working days
within 10 working days
within 10 working days
(once death claim is paid)
within 48 hours *

Please note: No documents should be forwarded to a personal inbox, or to that of any other individuals. This procedure ensures that the Administration & Claims Departments keep proper track of every document received.

Financial Planning | Retirement | Insurance | Health | Investments | Wealth | Credit

Process that follows the death of an employee:

Step1

Employer/fund receives notification of an employee's death

Step 2

Employer/fund notifies Sanlam of the employee's death

Please note – Notices received later than 6 (six) months of date of death may not qualify for death benefits

Step 3

Employer/fund arranges for the claim form and ALL the supporting documentation (refer Annexure A) be sent be sent to: sgrdeathclaims@sanlam.co.za

Please note – All documents must be duly completed and signed: also:

Re the request for the original certified copy of the identity document of the deceased employee; new identity cards must be certified with copies of the front and back of the identity card.

Re the death certificate, all of the relevant pages of the Notification/ Register of Death / Still Birth (83/BI –1663) form must please be submitted.

In the case of death resulting from an accident, a Statement by Police Service (SAP Report), or other relevant information is required.

In the case of unapproved benefits, a copy of the nomination form or any other supporting information regarding the distribution of the benefit, as provided for in the employer policy. Step 4

Sanlam receives the claim pack.

The information is assessed to insure validity and Sanlam informs client of the outcome

Request additional information

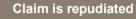


Sanlam sends a letter to the Fund or employer (via the intermediary if applicable) requesting the additional information, necessary to finalise the claim assessment

Claim is on hold until additional information is received

(Please note – It is the members responsibility to submit the additional information / medical reports)

Claims is approved





Depending on the provision in the group policy, Sanlam confirms the Fund banking details, or beneficiary/ies banking details (if not on the claim form), in order to arrange payment of the benefit

Sanlam sends notification / letter to the Fund or employer (via the intermediary if applicable) confirming benefit being paid, as well as proof of payment Sanlam sends a letter (via the intermediary if applicable) informing the Fund or employer of the repudiation

In the event that the Fund or employee is not satisfied with our decision, he/she may within 90 days provide us with written representation of his/her dissatisfaction, together with additional information in support thereof

Please note – The turn-round time for this process, should all the relevant information be submitted is 10 working days.



Claim Appeal and/or Complaint process

In the case of a 'declined' assessment finding, the insured can dispute our decision.

The terms and conditions of the specific policy contract will prevail in the event of disputes.

In the event that the employee, employer, or a beneficiary of the employee, is not satisfied with our decision, he/she may within 90 days provide us with written representations of his/her dissatisfaction, together with medical reports in support thereof.

Step 1: Contact the claims department

The insured/employer/beneficiary(s) can forward representations to:

For death-related claims:

• E-mail address: sqrdeathclaims@sanlam.co.za

Fax number: (021) 957-3788

Postal address: Sanlam Group Risk: Death Claims, P.O. Box 1, Sanlamhof, 7532

For disability-related claims:

E-mail address: sgrdisabilityclaims@sanlam.co.za

• Fax number: (021) 947-3207

Postal address: Sanlam Group Risk: Disability Claims, P.O. Box 1, Sanlamhof, 7532

Step 2: Contact the Sanlam Arbitrator

If the dispute is not resolved to the insured's satisfaction, he/she may submit his/her dispute to the Sanlam Arbitrator:

E-mail address: arbitrator@sanlam.co.za

• Fax number: (021) 957-1786

Postal address: Sanlam Arbitrator, P.O. Box 1, Sanlamhof, 7532

Step 3: Contact the Ombudsman for Long-term Insurance

Should the insured not be satisfied with the determination given by Sanlam's Arbitrator he/she may submit a complaint to the Ombudsman for Long-term Insurance:

• E-mail address: info@ombud.co.za

Fax number: (021) 674-0951

Postal address: Ombudsman for Long-term Insurance, Private Bag X45, Claremont, 7735

Please note that any claim against the policy will prescribe 3 years after expiry of the 90-day period referred to here above, should legal action not be instituted within this 3-year period.