

Disability-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. As it can take some time to gather all the information required for a formal claim submission, it is important that Sanlam is notified of any potential income disability claims, even if the claim documentation is not yet received:

- Notification of Potential Disability Claim-form this must be completed by the employer as soon as they become aware of a potential income disability insurance claim.

 Notification of Potential Disability Claim-form this must be completed by the employer as soon as they become aware of a potential income disability insurance claim.

 Notification of Potential Disability Claim-form this must be completed by the employer as soon as they become aware of a potential income disability insurance claim.

 Notification of Potential Disability Claim-form this must be completed by the employer as soon as they become aware of a potential income disability insurance claim.

 Notification of Potential Disability Claim-form this must be completed by the employer as soon as they become aware of a potential income disability insurance claim.

 Notification of Potential Disability Claim-form this must be completed by the employer as soon as they become aware of a potential income disability insurance claim.

 Notification of Potential Disability Disability insurance claim.

 Notification of Potential Disability D
- The 6-month period is calculated from the first day that the employee is unable to perform his occupational duties.

Kindly please submit the claim and supporting claim documentation to the listed e-mail address.

What claim documents are required?

All of Sanlam's disability-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.

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:

Disability Claim

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

(Includes terminal illness and critical illness insurance claims)

- Assessment of initial disability <u>claim</u> for employee
- Assessment of initial disability claim for spouse
- Severe/Critical Illness benefit claim
- Accident benefit claim
 - Please note that the assessment of the claim and supporting documents may take longer for certain cases, but we try our best to finalise and arrange for payment as soon as possible.)
- Assessment of review disability claim
- Payment of medical accounts

- ayment of medical deceards

within 10 working days

within 10 working days

within 10 working days

within 10 working days within 10 working days

within 10 working days

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.

Who pays for the medical information?

The employee or employer is responsible for the cost of all the initial medical evidence submitted in support of the claim:

Initial evidence: Employee (or employer)

Further evidence: Sanlam Group Risk (SGR)

(Sanlam covers the cost of further medical evidence specifically requested, relating to a

specific claim.)

Appeal evidence: Employee

Process that follows the disability of an employee:

Step1

Employer receives notification of an employee not being able to work Step 2

Employer notifies Sanlam of the employee's inability to perform his/her regular occupation

Please note – Notices received later than 6 (six) months of date of death may not qualify for death benefits Step 3

Employer receives further medical notification that the employee is continuously and totally prevented from following the regular occupation, and arranges for the claim form and ALL the supporting documentation (refer Annexure B) be sent to: sqrdisabilityclaims@sanlam.co.za

Please note – All documents must be duly completed and signed; also:
Cost of initial medicals, in order to submit a claim, is for the employee's own account.

Step 4

Sanlam receives the claim pack.

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

Request additional medical and/or other information

Claims is approved

Claim is repudiated



Sanlam sends a letter to the 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)

Sanlam requests (via the intermediary if applicable) the fund/ employer or employee's banking details from the employer, in order to arrange payment of the benefit

Sanlam sends letter, addressed to the employer/employee (via the intermediary if applicable) to confirm payment of the benefit (after the waiting period has elapsed), as well as proof of payment, if required



Sanlam sends a letter (via the intermediary if applicable) informing the employer of the repudiation

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

Please note – The turn-round time for this process, should all the relevant information be submitted and the assessment finalised by the doctor (excluding any follow-up for additional information) 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.