



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.
- ⌚ 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:

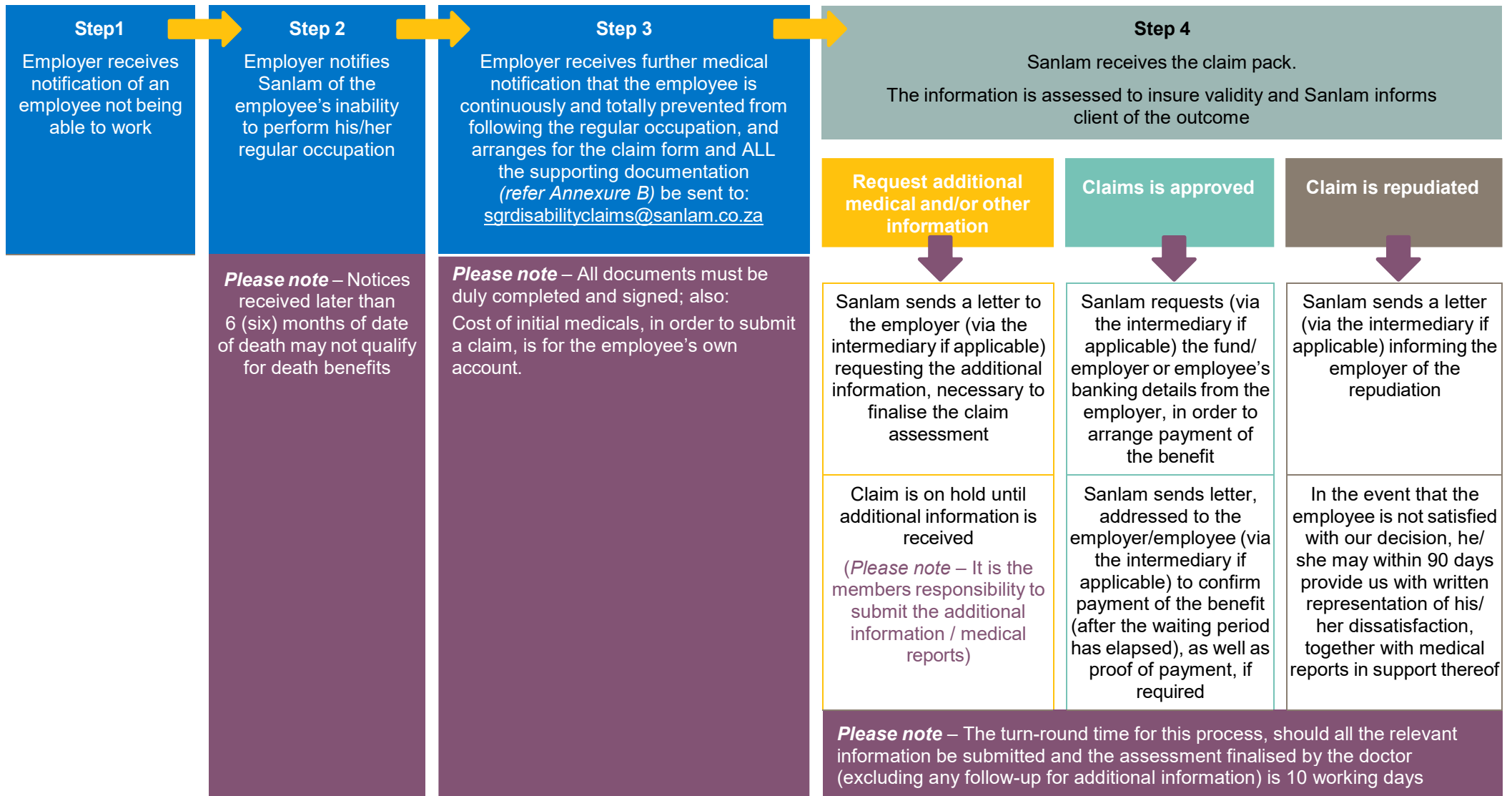
Disability Claims	Please e-mail to: sgrdisabilityclaims@sanlam.co.za	
	<i>(Includes terminal illness and critical illness insurance claims)</i>	
	• Assessment of initial disability claim for employee	within 10 working days
	• Assessment of initial disability claim for spouse	within 10 working days
	• Severe/Critical Illness benefit claim	within 10 working days
	• Accident benefit claim	within 10 working days
	<i>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.)</i>	
• Assessment of review disability claim	within 10 working days	
• Payment of medical accounts	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:





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:** sgrdeathclaims@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.