BENEFITS AVAILABLE FROM PPS

SICKNESS AND PERMANENT INCAPACITY BENEFIT (SPPI)

When can I claim this benefit?

- When you are sick and unable, due to the sickness, to perform your usual occupational duties for seven consecutive days or more.

Do I need to be sick and unable, due to the sickness, to perform my usual occupational duties for a total consecutive period of 7 days or more to claim hospital benefits?

- No, to claim the Hospital Rider benefit you only have to be in hospital for four consecutive days or more.

What is required for me to submit a claim?

- A claim form completed by you (Declaration by Member Form);
- A claim form completed by your treating doctor (Declaration by Doctor Form).

Where do I get these claim forms?

- You can send an email to memberservices@pps.co.za;
- Ask your broker to assist;
- From the PPS website, www.pps.co.za go to “PPS InTouch” on the right hand side of the screen:
  - If you have not registered you can register by clicking on the self register button;
  - You need to have your member number, ID number/Passport number available when you register;
  - Once registered, login using your username and password and you will be taken to the PPS InTouch home page;
  - Click on the claims button at the top of the page and scroll to the bottom where you will find all the claim forms.

Would I be required to submit any additional information once the claim forms have been submitted?

- Possibly, additional information may be requested from you or your treating doctor once assessed by a claims assessor, especially if the claim period exceeds the number of days the illness is expected to last.

Why else would additional information be required?

- The assessor may request additional information to determine when your illness started (dependant on the condition claimed for) to determine the chronological history of your illness. There may be other reasons why the assessor may call for additional information, for example to determine the effect the condition has on your ability to attend to your activities of daily living and how the sickness affects your ability to do your work.

Will additional requirements be communicated to me?

- Yes, you will be advised via email, phone or fax according to your preferred communication channel.

Who will be liable for the costs of additional information?

- PPS will cover the costs of any additional reports requested by PPS from your doctor;
You will be required to pay for the completion of the Declaration by Doctor Form. Some practitioners may require payment for the completion of this form, although this is not normal practice.

**How long will it take for my claim to be assessed?**
- The entire process should not take more than 8 working days to finalize;
- The “clock” will however stop once additional information is required and has been requested. The “clock” will start where it stopped when the information is received.

**Is there a limit to the number of claims I can submit?**
- No, there is no limit to the number of claims you can submit. A maximum of 728 days for a condition that is regarded “same, consequential or related” will however be allowed.

**How much will I be paid?**
- Your benefit will depend on the amount of sickness cover you have, which is shown as a number of Units of Benefit (UOB). Your claim payment will be calculated as follows: (number of UOB) x (number of days claimed) x (value of UOB) = payment.

**What is the value of the Units of Benefit (UOB)?**
- There are a number of different UOB you may have and each has a different value as indicated below:
  - Ordinary UOB – 40c per UOB;
  - Supplementary A UOB – 35c per UOB;
  - Supplementary B UOB – 1.60 c per UOB;
  - Accident UOB – 35c per UOB.

**What will be paid out if I am in hospital?**
- If you elected to have the Hospital Rider Benefit you will be paid an additional benefit, which is equal to the daily Sick Pay benefit in respect of those UOB for which the Hospital Rider Benefit was issued, when in hospital for four consecutive days or more.

**What if I can only do some of my duties after a period of being totally unable to work for seven continuous days or more?**
You may submit a claim for being able to work on a partial basis which will be considered and paid as follows:
- Ordinary UOB – 20c per UOB;
- Supplementary A UOB – 20c per UOB;
- Supplementary B UOB – 40 c per UOB;
- Accident UOB – 20c per UOB.

**When do I qualify for this type of claim based on the fact that I can only work some hours of the day?**
Your claim will be assessed as a partial claim if you are able to attend to some of your usual professional duties in or out of the office. ‘Some of your usual professional duties’ entails that you have spent time during the working day attending to your duties and applying your knowledge and skill in relation to the occupation disclosed to PPS. Should you be able to attend to duties in relation to a different occupation, you must advise PPS of such change of occupation. You are entitled to claim partial sickness benefits only after a minimum of a total sickness claim for a period of seven consecutive days or more.
What is my ‘usual professional duties’?

Usual Professional Duties are those occupational tasks which you carry out as part of your occupation prior to claim. This may include administrative duties or tasks for example attending to electronic communication through any electronic medium.

What do I do if I have a query regarding my claim?

- You can send an email to memberservices@pps.co.za;
- Alternately contact PPS on 011 644 4300.

What happens if I need to claim for a number of months? What information will PPS require?

- Monthly claim forms will be required, one from you and one from your doctor;
- You will be required to consult your doctor monthly;
- Telephonic consultations are not accepted by PPS;
- Fully completed and signed claim forms (Declaration by Member and Declaration by Doctor Forms) should be submitted to PPS at the end of the month you are claiming for;
- Additional requirements will be communicated to you and may include:
  - Progress reports/questionnaires from your doctor (at PPS’s cost);
  - Questionnaires completed by you (to determine the effect the condition has on your daily activities of living and your ability to perform your usual professional duties);
  - You may be required to go for an independent assessment at PPS’s cost.

Can I claim for public holidays and weekends?

- Yes, your claim may include public holidays and weekends.

Where do I send my claim forms to?

- Fully completed claim forms may be sent to claims@pps.co.za.

How confidential is my claim information?

- All documents, irrespective of the content, are handled as confidential. You can however advise PPS on your claim form to keep your accredited PPS financial advisor informed. This does require your specific consent. If no consent is received, your financial advisor will not be informed regarding the progress of your claim.

How long do I have after my sickness to submit my claim form?

- Claims should be submitted within six months from the date of onset of the sickness.

If I claim, will this affect my premiums or my Surplus Rebate Account?

- No, it will not affect either.
If I’m not happy with the outcome of the assessment of my claim what can I do?

- You may submit a written appeal to claims@pps.co.za, stating the reasons why you feel that the decision taken is not correct. Should you be unhappy once you have received a written response from the Claims Department you may submit a further appeal to claims@pps.co.za who will refer your appeal to Senior Management at PPS. Should you still be dissatisfied with the response you may submit a final appeal, this time to the Internal Arbitrator at PPS at arbitrator2@pps.co.za. In all instances the Ombudsman for Long Term Insurance can be contacted regarding an appeal. The details are as follows:

  Telephone:  0860 OMBUDS (0860 662 837)
  Fax:  (021) 674 0951
  Email:  info@ombud.co.za
  Web:  www.ombud.co.za

Postal Address:

The Ombudsman for Long-Term Insurance
Private Bag X45
Claremont
Cape Town
7735

Before submitting a complaint to the Ombudsman, you must endeavour to resolve the complaint with the PPS internally.

Which bank accounts will you pay my claim into and when will this be paid (immediately after assessment or at the end of the month or at some other date)?

- The benefit will be paid to your premium paying account, unless you request PPS to pay to a different account. In the latter instance you will be required to provide PPS with proof of the account which can be a letter from the bank confirming that the account belongs to you or a cancelled cheque;
- The benefit will be paid once assessed. Claims can however only be assessed up to the date on which you signed your claim form (Declaration by Member Form). You will be required to submit a newly completed claim form for the remainder of the claim period if it extends beyond the current date. The claim forms can be submitted at the end of the claim period, on a two-weekly or monthly basis, whichever is more convenient for you.

Can I still apply for additional cover after a claim?

- Yes you may. Your application will be subject to the standard PPS underwriting policy and PPS will consider the information relating to the claim submitted. In some instances such an application may be deferred for a period of time depending on the medical condition you are claiming for. This will be communicated to you by the PPS Underwriting Department.
DISABILITY BENEFIT

THE PPS PROFESSIONAL DISABILITY PROVIDER™ PRODUCT (DISA)

When can I claim this benefit?
When you suffer from a condition (illness/injury) that significantly prevents you from using your professional training and knowledge to carry out your own occupation or any other occupation that could be carried out by someone with similar qualifications.

What is required from me to submit a claim?
• Professional Disability Provider claim form (member);
• Professional Disability Provider claim form (doctor);
• Occupational Questionnaire (completed by you);
• Quality of Life Questionnaire (completed by you);
• Comprehensive medical report from your treating specialist/doctor.

Where do I get these claim forms?
• You can send an email to memberservices@pps.co.za;
• Ask your broker to assist;
• From the PPS website, www.pps.co.za go to “PPS InTouch” on the right hand side of the screen:
  ✔ If you have not registered you can register by clicking on the self register button;
  ✔ You need to have your member number, ID number/Passport number available when you register;
  ✔ Once registered, login using your username and password and you will be taken to the PPS InTouch home page;
  ✔ Click on the claims button at the top of the page and scroll to the bottom where you will find all the claim forms.

Would I be required to submit any additional information once the claim forms have been submitted?
Yes, you may be required to submit a report from an Independent specialist (someone that does not treat you). This may include the following:
• Occupational Health Therapist;
• Independent second opinion/report (We will advise the specifics if it is a requirement as this is dependent on information already submitted).

Who will pay for these reports?
Independent Specialist reports will be paid by PPS if we request such reports.

Why would additional information be required?
This will assist us in ensuring that we make a fair and informed decision regarding your claim.

Will additional requirements be communicated to me?
• Yes, you will be advised via email, phone or fax.

How long will it take for my claim to be assessed?
• The entire process should not take more than 8 working days to finalize;
• The “clock” will however stop once additional information is required. The “clock” will start where it stopped when the information is received.
Who will determine if the claim will be paid?
A medical assessment committee (Medical Officers’ Committee or MOC) comprising of medical specialists and other professionals will assess your claim.

Is there a limit to the number of claims I can submit?
Yes, once the full sum assured has been paid the benefit ends.

How much will I be paid?
The benefit amount will be equal to the sum assured that you are covered for.
DREAD DISEASE BENEFIT

THE PPS PROFESSIONAL HEALTH PROVIDER™, PROFESSIONAL HEALTH PRESERVER (PHP) AND BUSINESS PROVIDER PRODUCT (BHP)

When can I claim this benefit?
When you are diagnosed with any of the conditions listed in your policy document.

What is required for me to submit a claim?
- Professional Health Provider, Health Preserver, Business Provider Claim form – Doctor;
- Professional Health Provider, Health Preserver, Business Provider Claim form – Member;
- Comprehensive report and copies of any tests done to confirm the diagnosis.

Who will pay for these reports?
Independent Specialist reports will be paid by PPS if we request such reports.

Where do I get these claim forms?
- You can send an email to memberservices@pps.co.za;
- Ask your broker to assist;
- From the PPS website, www.pps.co.za go to “PPS InTouch” on the right hand side of the screen:
  - If you have not registered you can register by clicking on the self-register button;
  - You need to have your member number, ID number/Passport number available when you register;
  - Once registered, login using your username and password and you will be taken to the PPS InTouch home page;
  - Click on the claims button at the top of the page and scroll to the bottom where you will find all the claim forms.

Would I be required to submit any additional information once the claim forms have been submitted?
- Yes, additional information may be requested from you or your treating doctor. This information will only be requested if sufficient information is not available to assess your claim.

Why would additional information be required?
- The assessor may request additional information to determine when your illness started (dependant on the condition claimed for) to determine the chronological history of your illness.

Will additional requirements be communicated to me?
- Yes you will be advised via email, phone or fax.

How long will it take for my claim to be assessed?
- The entire process should not take more than 8 working days to finalise;
- The “clock” will however stop once additional information is required and has been requested. The “clock” will start where it stopped when the information is received.

Is there a limit to the number of claims I can submit?
Yes, you can only be paid 100% of the insured amount for each condition covered under your policy. The cover remains in force for unrelated conditions for which you can continue to claim should an unrelated event occur. The event paid for will be excluded from future claims if paid at 100% of the benefit.
How much will I be paid?

If you are awarded 100% it will be the full sum assured of the policy for that condition. If you are awarded less than 100% it will be a percentage of the sum assured, depending on the award given.

What are the different awards?

• A - 100% of the Sum Assured;
• B – 75% of the Sum Assured;
• C – 50% of the Sum Assured;
• D – 25% of the Sum Assured.

If you have selected the ‘Core 100%’ benefit under the PPS Health Provider then the award will be for 100% for the following conditions:

• Heart Attack (Cardiovascular);
• Cardiac Surgery and Procedures (Cardiovascular);
• Stroke (neurological);
• Cancer.

How will the different awards be determined?

The award will depend entirely on the information submitted with your claim and the stage of the disease that you are suffering from. If you are awarded a 25% benefit and your condition worsens you may submit a new claim and additional reports which PPS will consider and may then pay a benefit based on a higher severity level based on the additional information available.

What is a severity level?

It is the degree of illness you are suffering from.

How will the severity level that I qualify for be determined?

This will be based on the assessment of the medical information submitted by your doctor against the definitions/degree of each level as defined in your policy document.

What does survival period mean?

A survival period will be applied to the dread disease and impairment condition you are claiming for. You have to be alive at the end of the survival period in order to receive a benefit payment. If the claimant dies during the survival period no benefit payment will be made, since the claimant would not have incurred the lifestyle adjustment costs, resulting from the dread disease or impairment condition, which the product is designed to cover.

Important

• A 14 day general survival period is applied;
• For a valid Core 100% claim you must survive for 14 days after the event occurred or the condition is diagnosed;
• Certain conditions have longer survival periods, to determine the permanence or severity of the condition, built into the definitions:
- Heart attack has a 30 day survival period;
- Stroke, has a 3 month survival period.

Important note: Please note that the Professional Health Preserver is a different product and different conditions and survival periods may apply.
DEATH BENEFIT

THE PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT (PLP)
THE PPS ACCIDENTAL DEATH PRODUCT
LIFE ASSURANCE (LA)
BUSINESS LIFE PROVIDER

May I claim against this benefit when I am still alive?

Yes, if you are diagnosed with a terminal illness and have a life expectancy of 12 months or less, you can claim the Terminal Illness Benefit. Half of the life cover sum assured will be paid to you, once approved by PPS. The remainder of the benefit will be paid to your beneficiaries when you pass away. Your premiums will be reduced accordingly.

When will the Death benefit be paid?

- If the life insured dies during the benefit term, PPS Insurance will pay the Sum Assured due in respect of the benefit to the nominated beneficiary(ies).

To whom will the benefit be paid if there is no beneficiary nominated?

- The benefit will be paid to the deceased’s Estate.

What happens if the beneficiary is a minor child?

- The benefit will be paid to the minor child’s legal guardian.

What is required of my executor or beneficiary to submit a claim?

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Where does one get a letter of executorship?
From the Master of the High Court.

Where will my executor/ beneficiary get these claim forms?
• Notification of death should be sent to claims@pps.co.za with a copy of the death certificate and exact cause of death. The relevant documentation will be forwarded to the person submitting the claim.

What happens if a family member needs cash for the funeral or any other urgent costs incurred by the death of the member?
A request for “Immediate needs” (R50 000) may be submitted to PPS at claims@pps.co.za with a copy of the death certificate and banking details and proof (bank letter/cancelled cheque) of the beneficiaries.

Would any additional information be required once the requirements have been submitted?
• The assessor may request additional information to determine when the illness leading to the death started (dependant on the condition claimed for).

Will additional requirements be communicated to the person that submitted the claim?
• Yes, you will be advised via email, phone, fax.

How long will it take for my claim to be assessed?
• The claim should be paid within 4 working days from the receipt of all the requested information.

How much will be paid?
• The full life cover insured amount as at date of death will be paid based on the beneficiary nomination form unless the policy was ceded (security for a loan). In these instances the cessionary will be paid and the remainder, if any, will be paid to the beneficiaries based on the nomination form.

What is required for the Surplus Rebate Account (SRA) to be paid out?
The exact same process as above will apply. No immediate needs can however be paid from the SRA. The SRA can also not be ceded.

Can a portion of my death benefit be paid to me before I die?
A Terminal Illness Benefit is automatically included with your life cover.

When can I claim for the Terminal Illness Benefit?
This benefit is payable if you are diagnosed with a terminal illness (as specified by PPS Insurance) and are likely to die within the next 12 months.

How much will I be paid?
The benefit payable will be half the life cover sum assured at the time of claim.
Will I still pay the same premiums after I have received the benefit payment?

The premiums that you are paying will be reduced accordingly in line with the remaining sum assured.

What will happen to the remaining sum assured when I die?

The remaining half of the life cover sum assured will be paid on death as described above.