

**PPS Critical Illness and Education Cover Severe Illness Member claim form**



The Professional Provident Society Holdings Trust No. IT 312/2011 (PPS Holdings Trust) is a Registered South African Trust.  
The Professional Provident Society Insurance Company Limited  
Reg. No. 2001/017730/06 ("PPS Insurance") is an Authorised Financial Services Provider - Licence No. 1044

Claim in respect of: Policyholder  Child (\*)

(\*) Only indicate if the claim is in respect of a Child Critical Illness Benefit

**Particulars of Policyholder**

Member number:

National ID number / Date of birth:

Name:

Surname:

Physical address:

Tel No. (h):   Tel No. (w):

Email address:

Medical aid name:  Medical aid no:

**Particulars of child (complete only if this is a Child Critical Illness claim)**

Name:

Surname:

National ID number / Date of birth:

Biological Child  Step Child  Adopted Child

**Medical condition**

The list of claim definitions which also explains the different severity levels is attached to your latest Policy Summary, and is set out in Appendix A and F of your Provider Policy wording, should you wish to refer to it.

**Please indicate the illness, for which you are claiming a benefit in the listed conditions below:**

**Conditions marked with an Astrix (\*) are not covered under the Education Cover Benefit**

**Cardiovascular**

- Heart Attack
- Cardiac Surgery and Procedures (including CABG and heart valve surgery)
- Cardiomyopathy
- Aortic aneurism surgery (\*)

**Cancer**

- Cancer

**Neurological**

- Stroke
- Multiple Sclerosis
- Muscular Dystrophy
- Motor Neuron Disease
- Parkinson's Disease
- Dementia or Alzheimer's Disease
- Brain Tumour causing symptoms
- Myasthenia Gravis
- Guillain Barré Syndrome
- Intracranial Lesion causing Symptoms and requiring surgery

**Transplant**

- Transplant of heart, lung, liver, kidney, small bowel or bone marrow as a recipient

**Musculoskeletal**

- Paralysis (Quadriplegia/Paraplegia)
- Loss of or loss of use of Limbs (\*foot, \*hand, \*leg, \*feet, \*arm, arms, legs, arm and leg, hands)
- Amputation of a finger/s or at least 4 toes including a big toe (\*)

**Respiratory**

- Respiratory Failure
- Lobectomy (removal of a lobe of a lung or a complete lung) (\*)
- Bronchopleural Fistula requiring surgery (\*)
- Pulmonary Embolism (\*)
- Recurrent Pulmonary Embolism

**Gastrointestinal**

- Ulcerative Colitis requiring surgery
- Crohn's disease requiring surgery
- Chronic liver failure
- Chronic pancreatitis
- Colectomy
- Colostomy

**Blood**

- Aplastic anaemia

**Ear nose and throat**

- Total permanent loss of hearing
- Total permanent loss of speech

**Visual**

- Total loss of sight in both eyes (best corrected visual acuity of 6/30 or less) (\*)
- Total loss of sight in one eye (best corrected visual acuity of 6/120 or less) (\*)
- Total loss of sight in both eyes (best corrected visual acuity of 6/120 or less)
- Diabetic retinopathy
- Hemianopia

**Kidney and Urological**

---

- Kidney Failure
- Total nephrectomy (removal of a kidney) (\*)
- Partial or total amputation of the penis (\*)
- Cystectomy
- Orchidectomy (removal of at least one testicle) (\*)

**Connective Tissue**

---

- Active, unresponsive Rheumatoid Arthritis
- Systemic Lupus Erythematosus with nephritis
- Scleroderma
- Giant Cell Arteritis or Temporal Arteritis (\*)
- Wegener's Granulomatosis

**Trauma**

---

- Coma for at least 96 hours
- Traumatic injury resulting in permanent impairment
- Gunshot wound to the head, neck, chest, abdomen or pelvic area
- 3rd degree burns to at least 20% of the body surface
- Accidental HIV infection
- Reconstructive surgery for facial disfigurement due to injury, accident or assault

**ICU**

---

- Ventilated in ICU for at least 96 hours
- Admission to ICU for at least 10 days

If the diagnosis does not appear in the tables above, please contact PPS telephonically on (011) 644 4320 for further assistance. The claims specialist can advise whether you might be eligible for a CatchAll claim (only applicable to CatchAll policyholders).

## CatchAll

If you wish to claim under the CatchAll benefit, please provide details regarding the condition:

## Details of the claim

Date of diagnosis:         Date of onset of symptoms:

Date of first consultation:

Name of current and previous medical practitioners who have treated you for this condition:

Doctor's name	Address and contact details	Speciality	Date of last consultation

**In order to assess the claim timeously, a full and comprehensive report/s regarding the above condition is required from the Medical Practitioner. This will include all relevant medical, blood and special investigation reports, PLUS any other relevant documentation. A guideline regarding the details required in the medical attendant report is attached for your reference.**

All medical information will be treated according to the ASISA guidelines on Confidentiality of Medical Information. Reports are to be supplied at the policyholder's own cost.

**Important:** please submit these reports to: [claims@pps.co.za](mailto:claims@pps.co.za) or fax to 011 644 4520.

## Banking details

To be completed is if Benefits are due to the policyholder.

Should you wish the benefit to be paid into a bank account other than that from which premiums are collected, please complete the details below and provide PPS with a proof of account. The accepted proof of account must be either a cancelled cheque or a bank-stamped letter on the bank's letterhead. PPS cannot accept responsibility for incorrect payment of benefits where this information has not been completed correctly.

Name of account holder:

Account type:

Account number:

Name of bank:

Branch name:

Branch code:

IBAN No.: (\*\*)

Bank's Physical address: (\*\*)

Type of Account:      Current       Savings       Cheque       Transmission

(\*\*): Required for International payments

## Declaration

I specifically authorise PPS Insurance to communicate with my financial advisor regarding my current claim. YES  NO

Financial Advisor's Name:

Email:

### I authorise PPS Insurance To:

- a) Access any information which it deems necessary to assess any insurance risk or to consider a claim and I understand that if I choose not to provide this information PPS will not be able to assess my claim for insurance.
- b) Share with other insurers and their representation body any information in the possession of PPS Insurance, either directly or through a database operated by, or for insurers as a group and authorise PPS to also collect my personal information from other insurers as exchange of information helps to save costs and combat fraud.
- c) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided, that it is necessary to properly underwrite, manage or service the policy, policy assets or myself. PPS Insurance may be required to disclose your information to regulatory or government agencies.
- d) Obtain credit information from any person or institution.

AND

I understand that I can request details of the information held by my insurer and request its correction where appropriate.

AND

I authorise a doctor, hospital, medical aid or any other person to provide this information to PPS.

PPS Insurance will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS will adhere to any laws governing the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policy Contract.

Signature of policyholder:

Signed at  this  day of  20

## Procedure for claiming

### GENERAL

The assessment of this benefit is subject to claim procedures and protocols. In order to process claims promptly, policyholders are requested to follow the correct procedure.

Claims for these benefits must be made using the prescribed PPS claim forms, namely:

- **PPS Critical Illness and Education Cover -Member Claim Form**
- **PPS Critical Illness and Education Cover - Doctor Claim Form**

To enable the timely assessment of the claim all required details should be fully completed. Should information be omitted there may be a delay in the finalisation of the claim.

In addition to the claim forms above, a comprehensive medical report from the treating Medical Practitioner, including copies of investigative results used to confirm the diagnosis, must accompany the claim. The costs of these are for the policyholder's own account.

**A list of specific requirements is listed below for easy reference.**

Additional information (at PPS' cost) may be requested from either the policyholder or any Medical Practitioner to finalise the claim. The policyholder and /or the Medical Practitioner will be notified if additional information is required.

To ensure comprehensive assessment of the claim, it may be referred to internal and/or external Medical Specialists. This referral may take up to 7 working days. You will be notified regularly regarding the progress of the assessment of your claim. Any delays, exceeding the 7 working days, will be communicated.

#### **PPS Claims Contact details:**

##### **Claims department:**

Email: claims@pps.co.za  
Fax: 011 644 4520

##### **Claims / General Queries:**

Email: memberservices@pps.co.za  
Telephone: 011 644 4320

### CHILD CRITICAL ILLNESS BENEFIT

In addition to the medical information listed below, claims in respect of the Child Critical Illness should be submitted with the following supporting documents:

#### **Claim for biological child**

- Copy of unabridged birth certificate

#### **Claim for stepchild**

- Copy of unabridged birth certificate
- Copy of marriage certificate

#### **Claim for adopted child**

- Adoption order

## Cardiovascular:

### 1. Heart Attack:

Comprehensive medical report from Cardiologist **at least 30 days** after the event with the following information:

- Clinical features at time of event
- Detail of procedures performed
- Copy of most recent cardiac stress ECG as well as a resting ECG
- Echocardiographic report indicating current ejection fraction and
- Functional capacity measured using the New York Heart Association (NYHA) classification
- On-going treatment protocol

### 2. Cardiac Surgery and procedures, and Aortic surgery:

Comprehensive operation report from the Cardio-thoracic surgeon including **history** of the condition and **procedure** undertaken and further management

### 3. Cardiomyopathy:

Comprehensive medical report from the treating Cardiologist including current echocardiogram report and ejection fraction or METS findings.

## Cancer:

Comprehensive medical report from treating Specialist including the following information:

- Details of Staging with copies of histology results
- Nodal and or distant metastases inclusive of copies of investigations that were undertaken where applicable

## Neurological:

1. Stroke
2. Multiple Sclerosis
3. Muscular Dystrophy
4. Parkinson's disease,
5. Myasthenia Gravis
6. Brain Tumour causing symptoms or
7. Intracranial Lesion requiring surgery

Comprehensive medical report from treating medical attendant detailing the history of the condition, procedure/s undertaken and further management considered as well as detail on current physical and neurological impairments affecting the following:

- Use of the Upper limb/s
- Use of lower limb/s
- Visual
- Communication
- Cognition
- Other (irreversible incontinence, neurogenic systemic impairments)

### NOTE:

For the diagnosis of a **STROKE** the aforementioned report is required at **least 3 months after the event**.

### 8. Motor Neuron disease:

Comprehensive report from a consultant neurologist detailing the history of the condition and unequivocally proving the diagnosis with copies of investigations done where applicable.

### 9. Dementia or Alzheimer's disease

Comprehensive report from a consultant neurologist detailing the history and diagnosis of the condition with copies of investigations done where applicable.

## 10. Guillain-Barre Syndrome

Comprehensive medical report from treating medical attendant detailing:

- The history of the condition,
- Need for mechanical ventilation
- Procedure/s, test undertaken and the outcome thereof
- Further management considered
- Physical and neurological impairments requiring full time care for basic activities of daily living or requiring a wheeled mobility device

### Transplants:

**Heart**  
**Lung**  
**Kidney**  
**Liver**  
**Small Bowel**  
**Bone Marrow**

Comprehensive medical report from treating medical attendant detailing the history of the condition, procedure/s undertaken and organ transplant waiting list details.

### Musculoskeletal:

#### **Paralysis (Quadriplegia/Paraplegia); Loss of use of limbs; Amputation:**

Comprehensive medical report from treating medical attendant detailing the history of the condition, the nature of the loss of function as well as details of any procedure/s undertaken.

### Kidney and urological:

Comprehensive report from the medical attendant detailing:

- The history of the condition.
- Treatment undertaken to date,
- Response to treatment
- Copies of most recent investigations done where applicable
- Procedures undertaken where applicable

### Connective tissue:

#### **1. Active, unresponsive Rheumatoid Arthritis:**

Comprehensive medical report from the consultant Rheumatologist detailing:

- The history of the condition,
- Procedure/s undertaken where applicable
- Management to date
- Full details of treatment/management protocols which have been implemented which have not succeeded in reducing activity of the disease.
- HAQ score
- Copies of investigations confirming diagnosis

Details of joints affected including the severity of symptoms and signs

#### **2. Systematic Lupus Erythematosus with nephritis; Scleroderma; Giant cell arteritis or temporal arteritis; Wegener's granulomatosis**

Comprehensive medical report from a treating Rheumatologist or Physician, indicating:

- Degree and nature of system/organ involvement
- Functioning of each of the affected organs with copies of relevant investigations undertaken in this regard
- Copies of biopsy report and copies of all other investigations performed
- Treatment prescribed
- Response to treatment



## Respiratory:

**Respiratory failure; Lobectomy (removal of a lobe of a lung or a complete lung) Bronchopleural Fistula requiring surgery; Pulmonary Embolism; Recurrent Pulmonary Embolism**

Comprehensive report from medical attendant inclusive of:

- The history of the condition
- Procedure/s undertaken where applicable
- Management up to date
- Response to management
- Pulmonary functioning test (lung function test) and FEV1 test results
- Number of hours on oxygen treatment where applicable

## Gastrointestinal:

1. **Ulcerative colitis requiring surgery**
2. **Crohn's disease requiring surgery**
3. **Chronic Liver failure**
4. **Chronic pancreatitis**
5. **Total Colectomy**
6. **Permanent Colostomy:**

Comprehensive medical report from the consultant medical attendant detailing:

- The history of the condition, nature and severity of the symptoms experienced where applicable
- Procedure/s undertaken where applicable
- Management to date
- Response to management
- Copies of investigations performed

## Blood:

### **Aplastic Anaemia**

Comprehensive medical report from the treating Specialist including copies of bone marrow biopsy indicating: Neutrophil, reticulocyte and platelet count.

## Ear, nose and throat:

### **1. Loss of hearing**

Comprehensive medical attendant report indicating reason for loss of hearing:

- Audiology report indicating auditory threshold with hearing aid, device or implant that could result in the partial or total restoration of hearing

### **2. Loss of speech**

Comprehensive medical attendant report indicating reason for loss of hearing:

- Report from Specialist indicating history and management in the last 12 months

## Visual:

### **Loss of sight; diabetic retinopathy; Hemianopia**

Comprehensive medical report from the Ophthalmologist detailing:

- The history of the condition,
- Procedure/s undertaken where applicable
- Management up to date
- Response to management
- Tests results including best corrected visual acuity and visual fields where applicable

## Trauma:

### 1. Coma

Comprehensive medical report from treating doctor including reason for and duration of coma and current physical and neurological impairment.

### 2. Traumatic injury resulting in permanent impairment

Comprehensive medical report from treating medical attendant detailing the nature of the injury, procedure/s undertaken and further management considered as well as detail on current physical and neurological impairments affecting the following:

- Use of the Upper limb/s
- Use of lower limb/s
- Visual
- Communication
- Cognition
- Other (irreversible incontinence, neurogenic systemic impairments)

### 3. Gunshot wounds

Comprehensive medical report from treating doctor including area of body involved and procedures carried out.

### 4. 3<sup>rd</sup> Degree Burns

Comprehensive medical report from treating doctor indicating degree of burn wounds and body surface area affected as a %.

### 5. Reconstructive Facial surgery or disfigurement due to injury, accident or assault:

Comprehensive medical report from the treating Specialist with the history of the condition and indications for surgery and the procedure undertaken.

### 6. Accidental HIV infection:

- Member report to PPS Insurance within 10 days of incident
- HIV antibody test, taken within 3 days of the incident by a ASISA formal accredited laboratory
- Proof of prophylactic treatment taken for a full period of 28 consecutive days to the satisfaction of PPS Insurance in the form of copies of scripts filled at pharmacy
- Blood test results indicating sero-conversion performed by an ASISA accredited laboratory

## ICU benefit:

Comprehensive medical report from treating doctor detailing:

- Reason for and duration of admission to ICU
- Detailing the need for mechanical ventilation and the duration thereof.

### NOTE:

Hospital confirmation detailing date of admission to ICU and date of Discharge is required