



# PPS INSURANCE TERMINAL ILLNESS BENEFITS FORM – MEMBER

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

## LIFE ASSURED DETAILS

To be completed by the life assured only

This is a claim form for the *PPS Insurance Terminal Illness Benefit* only. The relevant definitions for this benefit are contained in your Policy Document should you wish to refer to them. Please note that the cover will be reduced if the benefit you are claiming is linked to life cover, by the amount paid. After the reduction of the sum assured of the life cover, the premium payable in respect of the reduced. Claims for all benefits must be submitted to PPS Insurance within 6 months, from the occurrence of the event giving rise to the claim.

Member number:  ID number: \_\_\_\_\_  
Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
Telephone number (h): \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone number (w): \_\_\_\_\_ Cellphone: \_\_\_\_\_

## MEDICAL CONDITION

Please note the assessment of this claim may depend on the severity of your condition.

Diagnosis: \_\_\_\_\_

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	Specialty	Date of last consultation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there further treatment available for this condition? Please give details \_\_\_\_\_

In order to assess this claim timeously, full and comprehensive reports regarding the medical condition are required. This will include all relevant medical, blood and special investigations reports, PLUS any other relevant documentation.

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

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

**To be signed by the life assured and policyholder.**

I/we, the undersigned, hereby agree and declare that:

1. I have full legal capacity to sign this claim form
2. All the information provided in the claim form is complete and correct in every material aspect.

Signature of life assured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of policyholder: \_\_\_\_\_ Date: \_\_\_\_\_