

**PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT (PLP) TERMINAL ILLNESS BENEFIT –
DECLARATION BY DOCTOR**

The Professional Provident Society Holdings Trust No IT 312/2011 (PPS) 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 – License No. 1044



Dear Doctor,

We appreciate your time and cooperation to assist us in considering a claim for your patient.

The following is important:

- PPS Insurance has signed consent from your patient to obtain confidential medical information from you.
- Please send the completed form and supporting documents to:
 - o Fax: 011 644 4520 or
 - o Email: claims@pps.co.za

PARTICULARS OF LIFE INSURED

Surname: Initials:

National ID number:

MEDICAL ILLNESS

1.Primary diagnosis: ICD10 code:

2.Secondary diagnosis (if applicable): ICD 10 code:

3. Provide **date of initial consultation** and brief details of the **chronological history** of the illness, or sequence of events:

4. List the investigations that were performed to confirm the diagnosis and attach copies of all the test results:

Date	Details

5. Is there further treatment available for this illness? Please give details:

6.What is your patient’s life expectancy (in months), based on your medical findings?

MEDICAL PRACTITIONER'S DETAILS

HPCSA Reg No:

Practice No:

Surname:

Initials:

Telephone No:

Fax No:

Email Address:

Signed at:

this

day of

20

Signature of medical doctor: