PPS CRITICAL ILLNESS AND PPS EDUCATION COVER $\[mu]$ PRODUCT CLAIM FORM - MEMBER

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 is a Licensed Insurer and Financial Services Provider - License No. 1044.



Please indicate which benefit you are claiming for:

Critical Illness Cover	Child Critical Illness Cover	Education Cover	
*CatchAll Cover	*CatchAll Cover		
*Expander Rider Benefit	*Expander Rider Benefit		
*Exact Rider Benefit	*Exact Rider Benefit		

^{*} Optional extra, only applicable to policyholders with this benefit.

REQUIREMENTS

Claims in respect of the Critical Illness Product or Education Cover product should be submitted with the following supporting documents:

PPS CRITICAL ILLNESS COVER AND PPS EDUCATION COVER

- PPS Critical Illness and PPS Education Cover ™ Product claim form Member, completed by the life insured/policyholder.
- PPS Critical Illness and PPS Education Cover ™ Product claim form Doctor, completed by the treating medical specialist.
- Detailed medical report, this will include copies of all relevant medical, blood and special investigations undertaken, PLUS any other relevant documentation, to confirm the diagnosis. A guideline for the details required is provided for easy reference at the bottom of the doctor's claim form. All medical information will be treated according to the ASISA guidelines on Confidentiality of Medical Information. Any costs incurred in obtaining the supporting document/s will be for the life Insured's account.
- Please refer to the list of claim definitions which also explains the different severity levels, in you latest Policy Summary and Appendix A (PPS Critical Illness Product) and Appendix E (PPS Education Cover™ Product) of your Provider Policy wording.
- If you require assistance with your claim, please contact PPS telephonically on (011) 644 4320 for further assistance.
- Submit claim forms and supporting documentation to: <u>claims@pps.co.za</u> or fax to 011 644 4520.

CHILD CRITICAL ILLNESS BENEFIT

In addition to the information listed above, 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

_		_	_		_	_		_		_	_			
	м	ы	-	м	, ,	13	м		_			-	ж.	
-	/A\			/	M		TAV		_				Δ.	

Member number: Date of birth:
Surname:
nitials
Cellular: 0 Tel No. (w): 0
Email address:
Medical aid name: Medical aid no:

Name:										
Surname:										
National ID number / Date of	oirth:									
Biological Child		Step Child		Adop	ted Child				7	
PART C: PARTICULARS OF	CLAIM									
PART C: PARTICULARS OF										
Please state the medical condi			V Date of			/		/ [
. Please state the medical condi			Date of consulta		D D	/ <u>M</u>	M	/	YYY	Y
2. Date of onset of symptoms:	D /	nich you are claiming:	consulta	ition:		,	M of diag	/ [Y Y	Y

PART C: PARTICULARS OF CLAIM

Practitioner's surname a initials	nd Date of first and last consulta	tion Tele	phone number		Email Add	dress	
	D D / M M / Y Y	YYY					
	D D / M M / Y)	YYY					
	D D / M M / Y Y	YYY					
	DD/MM/Y	YYY					
	D D / M M / Y Y	YYY					
	D D / M M / Y Y	YYY					
	D D / M M / Y Y	YYY					
	D D / M M / Y Y	YYY					
Did the condition originate	outside of South Africa? Yes try:	No				_	
If yes, specify in which cour	try:	No					
If yes, specify in which cour RT D: BANKING DET e completed if Benefits of the second with the benefit the plete the details below a celled cheque or a bank	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DET e completed if Benefits of the second with the benefit the plete the details below a celled cheque or a bank	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DETA e completed if Benefits of the second with the benefit the splete the details below a celled cheque or a bank efits where this information.	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DET e completed if Benefits of the complete of Benefits of the complete of Benefit the details below the complete of the details below the complete of the compl	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DETA e completed if Benefits of the details below to celled cheque or a bank efits where this information are of account holder: bunt type:	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DETA e completed if Benefits of the splete the details below a celled cheque or a bank efits where this information are of account holder: pount type:	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DET e completed if Benefits of the specific of the details below the celled cheque or a bank the specifits where this information are of account holder: pount type: pount number:	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DET e completed if Benefits of the splete the details below of the celled cheque or a bank to be effits where this information to the of account holder: bount type: count number: de of bank: ch name:	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DETA e completed if Benefits of the splete the details below of the celled cheque or a bank effits where this information are of account holder: bunt type: bunt number: he of bank: ch name:	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent
If yes, specify in which cour RT D: BANKING DETA e completed if Benefits of the splete the details below of the celled cheque or a bank effits where this information are of account holder: bunt type: bunt number: he of bank: ch name:	try:	er than that from vount. The accept	ed proof of a	ccount m	ust be eit	her a	ent

(**): Required for International payments

																						RATION	E: DECLAR	PART E
entail providing information regarding my current claim. Financial Advisor's Name: Financial Advisor's Email 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 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 their insurers as exchange of information helps to save costs and combat fraud. PPS is further permitted to process any such in accordance or compatible with the purpose for which it was collected. c) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profined or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to your information to regulatory or government agencies d) Obtain credit information from any person or institution. AND																								
entail providing information regarding my current claim. Financial Advisor's Name: Financial Advisor's Email 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 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 their insurers as exchange of information helps to save costs and combat fraud. PPS is further permitted to process any such ir in accordance or compatible with the purpose for which it was collected. C) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profined or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to your information to regulatory or government agencies d) Obtain credit information from any person or institution. AND It understand that I can request details of the information held by my insurer and request its correction where appropriate. AND 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policitiquature of policyholder:	ES N	YES		, [may	hich	sor w	dvis	cial a	nand	ny fi	ts to 1	mer	uire	req	any	cate	unic	mm	to cc	ance	norise PPS Insul	ically autho	specifi
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 choose not to provide this information PPS will not be able to assess my claim for insurance. 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 riscordance or compatible with the purpose for which it was collected. C) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profined or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Police information of policyholder:			_																					
Access any information which it deems necessary to assess any insurance risk or to consider a claim and I understand that choose not to provide this information PPS will not be able to assess my claim for insurance. 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 their insurers as exchange of information helps to save costs and combat fraud. PPS is further permitted to process any such in accordance or compatible with the purpose for which it was collected. Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to your information to regulatory or government agencies 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policitiquature of policyholder:																						's Name:	ial Advisor's	inanci
Access any information which it deems necessary to assess any insurance risk or to consider a claim and I understand that choose not to provide this information PPS will not be able to assess my claim for insurance. 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 authorise as exchange of information helps to save costs and combat fraud. PPS is further permitted to process any such in accordance or compatible with the purpose for which it was collected. Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required by your information to regulatory or government agencies 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policician to policyholder:				T																Ť		's Email	ial Advisor's	Financi
choose not to provide this information PPS will not be able to assess my claim for insurance. 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 their insurers as exchange of information helps to save costs and combat fraud. PPS is further permitted to process any such ir in accordance or compatible with the purpose for which it was collected. Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to your information to regulatory or government agencies 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Police in policyholder:												'									'	surance to:	rise PPS Insu	author
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 their insurers as exchange of information helps to save costs and combat fraud. PPS is further permitted to process any such ir in accordance or compatible with the purpose for which it was collected. Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profined or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to your information to regulatory or government agencies 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policician to policyholder:	at if I	that if I	tand	ders [.]	llun	n and	clair	er a	onsid	to c	sk oı	ınce r	nsur	any	ess	o ass	ary t	cessa	ns ne	deer	vhich it	ny information v	Access any	a)
directly or through a database operated by, or for insurers as a group and authorise PPS to also collect my personal information there insurers as exchange of information helps to save costs and combat fraud. PPS is further permitted to process any such in accordance or compatible with the purpose for which it was collected. Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profined or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to your information to regulatory or government agencies 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Police in policyholder:									ance.	insur	n for	/ clair	ess m	ass	le to	be ab	not	will r	ı PPS	natior	s inforr	ot to provide th	choose not	
other insurers as exchange of information helps to save costs and combat fraud. PPS is further permitted to process any such ir in accordance or compatible with the purpose for which it was collected. C) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policignature of policyholder:				er	e, eith	rance	Insu	PPS	ion of	ssessi	e po	n in th	natio	nfor	ny ii	ody a	on b	ntatio	resei	eir rep	and th	h other insurers	Share with	o)
in accordance or compatible with the purpose for which it was collected. Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to your information to regulatory or government agencies. 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policignature of policyholder:	nation from	rmation	l info	sona	y per	ect m	colle	also	PS to	ise P	uthor	and a	roup	s a g	rs as	nsure	for i	, or f	ed by	perat	ibase c	r through a data	directly or	
Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is ne properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required by your information to regulatory or government agencies. 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policical information of policyholder:	information	h inform	y su c	ss an	oroce	d to	mitte	peri	urther	S is fu	d. PP	at frau	omb	and	sts a	eve co	to sa	elps t	ion h	ormat	e of inf	ırers as exchang	other insur	
properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance may be required to 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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policical displacements.												d.	lecte	is co	t wa	hich i	or w	ose fo	purpo	າ the	ble wit	ance or compat	in accordar	
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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policities in the protection of policyholder:	ecessary to	necess	t it is	tha	vided	s pro	erson	er pe	r othe	ed o	rofm	ates, F	affili	aries	sidia	t, sub	Trus	ngs T	Holdi	PPS I	to the	any information	Disclose ar	c)
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 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policician information.	to disclose	ed to dis	equir	be re	may	ance	Insur	PPS	yself. I	or m	sets	licy as	y, po	pol	the	rvice	or se	aim c	he cl	sess t	age, as	underwrite, mar	properly u	
AND I understand that I can request details of the information held by my insurer and request its correction where appropriate. AND 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policician information is policyholder:																cies	agen	ent a	ernm	r gov	atory c	rmation to regu	your inforn	
AND 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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policician of policyholder:																tion.	stitu	oring	rson	ny pe	from a	edit information	Obtain cre	d)
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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policisignature of policyholder:																								AND
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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policisignature of policyholder:																								
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 law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policisignature of policyholder:					riate.	prop	re ap	wne	ection	corre	st its	reque	and	sure	ıy ın:	by n	neia	tion r	orma	ie int	IIIS OT T	can request deta	stand that I ca	unaersi
PPS Insurance will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS will adhere to any law the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Polic signature of policyholder:																								AND
the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policisignature of policyholder:										PPS.	n to	rmatio	sinfo	e th	ovid	to pr	rson	r pers	othe	r any	al aid c	, hospital, medic	ise a doctor, h	authoris
the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policisignature of policyholder:	ws governing	laws go	o any	re to	adhe	S will	n. PP	atio	nform	nal i	perso	your	ire o	clos	d dis	orise	auth	y una	nt an	oreve	ost to	lways do its utm	ırance will alv	PPS Insu
		_	-								-	-										•		
Signed at this day of 20																						older:	e of policyho	ignature
igned at day of 20		20														41								
		10	4						ay or	da					IS [th							τ	igned at