

PREGNANCY RELATED SICKNESS BENEFIT CLAIM (DECLARATION BY MEMBER)

The Professional Provident Society Holdings Trust No IT 312/2011 (PPS Holdings Trust) is a Registered South African Trust. Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance"). PPS is a Licensed Insurer and Financial Services Provider



IMPORTANT PPS Insurance endeavours to pay all valid claims timeously. Please read attached information leaflet prior to completion of this form. Correct completion of this form will aid the prompt processing of your claim. Should you require assistance in completing the claim form we suggest that you contact your PPS accredited financial advisor or contact the PPS Member Services Department directly.

PART A: MEMBER DETAILS

Member number: Date of birth: (dd/mm/yy): / /

Surname: Initials:

Medical Aid Name: Medical Aid number:

Email:

Cellular:

PART B: PARTICULARS OF CLAIM

1. Please state the medical condition for which you are claiming:

2. Provide brief details of the chronological history (date of onset and progression up to now) of the condition including any surgical procedures you have required:

3. Did the illness originate outside a SADC country? YES ☐ NO ☐

• If, YES in which country?

4. ONLY COMPLETE if HOSPITALISED:

Name of hospital:

Date admitted: / / Date discharged: / /

5. Please state the name(s) of the doctor(s) and allied medical practitioners that attended to you, in respect of this current incapacity.

It may be necessary for our claims area to contact them for further information.

Practitioner's Surname & Initials	Consultation Date	Tel	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Please state which practitioner declared you incapacitated:

7. Claim dates (Refer to the attached information pg.5-6 Section C.2.)

TOTAL BENEFITS:

I was **NOT** able to perform **ANY** professional duties from:

Start date: / /

End date: / /

PARTIAL BENEFITS:

I was able to perform some of my work duties e.g. critical administrative tasks while recuperation at home; or working for a limited period per day.

Start date: / /

End date: / /

Returned to work:

On a Partial basis:

On a Full-time basis:

PART C: EMPLOYMENT QUESTIONS RELATED TO THE WORK PERFORMED DIRECTLY PRIOR TO THE CLAIM

8. Please state the following regarding your occupation:

a) Current occupation:

b) Commencement date of occupation:

c) Describe the nature of your professional duties:

Are you employed Full-time? ☐ Part-time? ☐ Private practice? ☐

9. ONLY COMPLETE if you had:

- **SURGERY** or if
- The **CONDITION CLAIMED FOR AFFECTS YOUR PHYSICAL ABILITY TO DO YOUR USUAL PROFESSIONAL DUTIES**

Daily Occupational Activities	Percentage (%) of the Relevant Activity as Part of your normal working day
Driving as an integral part of your professional duties	
Standing	
Walking on even terrain	
Walking on uneven terrain	
Bending / stooping	
Use of both hands as an integral part of your professional duties	
Fine coordination	
Sitting / administrative	
Lifting objects 10 - 20kg	
Lifting objects >20kg	
TOTAL	100%

10. ONLY COMPLETE if Self-employed:

State the name of your practice/business:

Gross Professional Income (Annual income from professional fees and nett income from trading activities; including all overhead expenses):

(Minus) Actual Expenses (Expenses incurred in the running of the business that are not remunerated to the professional. Expenses that will terminate if the business is sold or closed):

(Equals) Personal Income (Gross Professional Income minus Actual Expenses):

11. ONLY COMPLETE if in Salaried employment

State the name of your employer:

State your annual income as:

Annual Total Cost to Company

(Annual salary plus all fringe benefits):

(Plus) Performance Bonus (Average over the last 3 years):

(Equals) Total Gross (Professional income):

PART D: BANKING DETAILS FOR SICKNESS BENEFIT VIA EFT

NOTE: Only complete when payment is to be made into a bank account other than from which premiums are collected:
(Please attach a cancelled cheque or bank statement stamped by the bank).

Name of account holder:

Name of bank:

Account number:

Branch code:

Type of account: Current ☐ Savings ☐ Cheque ☐ Transmission ☐

Indemnity – Please take note that PPS will not be held liable for incorrect payments, if the information received is incorrect

PART E: DECLARATION

I specifically authorise PPS Insurance to communicate any requirements to my financial advisor which may entail providing information regarding my current medical condition ☐ YES ☐ NO

Financial Advisor's Name:

Financial Advisor's 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. PPS can further process any such information 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 necessary to properly underwrite, manage, assess the claim 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 and in this Part E.

Signed at (Place): on this day of 20

Signature of member:

PROCEDURE FOR CLAIMING SICKNESS BENEFITS

The payment of sickness benefits is subject to certain claim procedures and all claims are assessed in terms of the PPS Provider Policy Document. PPS will check all claims carefully to identify fraudulent or exaggerated claims. Please be aware that making a fraudulent or exaggerated claim can lead to prosecution and the cancellation of your benefit or your policy. We rely on you as the claimant to ensure that your medical practitioner understands the impact of your current impairment on your ability to perform your duties, whether partially or totally, and to indicate this in your Declaration by Obstetrician/Gynaecologist .

For more information, please find the "How to claim" document in the FAQ tab on www.pps.co.za.

Claims for sickness benefits must be made on the prescribed PPS claim forms.

Two forms (A and B) must be submitted before a claim can be processed:

A. Declaration by Obstetrician/Gynaecologist

1. Your treating obstetrician/gynaecologist must complete this form.
2. The initial consultation date must be within the first **7 days** of the start of the claim period. The most recent consultation dates should be stated.
3. **Claims extending beyond one week from initial date of onset:** In order to claim for a sickness benefit a weekly declaration by obstetrician/gynaecologist is required according to the PPS Provider contract. This means that you must have a consultation each week during the period of claim with your attending medical practitioner. Should you not have had a consultation PPS is unable to assess the degree of impairment and therefore reserves the right to repudiate your claim. Deviation from this policy is only allowed in cases where PPS have agreed to this in writing.
4. To avoid conflict of interest, Declaration by Treating Obstetrician/Gynaecologist are only accepted from independent physicians where there is no familial or other relationship between the physician and the policyholder except for the doctor/patient relationship. Where this is not the case PPS reserves the right to ask for any additional medical or other information that it may deem necessary in order to validate the claim.

B. Declaration by Member

1. You must complete this form.
2. The start and end dates of your claim period must be in accordance with the period booked off by your treating obstetrician/gynaecologist.
3. Claims will only be assessed up to the date signed provided that it was signed at least 7 days after the start date of the claim period. Claim forms should be submitted at the end of the claim period or on an agreed basis with ongoing claims according to the claims management protocol depending on the impairment.

C. General

1. **Standard recovery period:** PPS will assess sickness claims based on the expected 'standard recovery time' for a particular health condition. The 'standard recovery period' paid for a condition is based on standard medical practice. Should further recuperation time be required due to e.g. complications, the reason must be indicated on the Declaration by Treating Obstetrician/Gynaecologist and the likely date for returning to work stated. Should the claim period extend beyond the expected period further information may be submitted for assessment. You will be notified in due course whether your application for an extended recovery period has been successful.
2. In order for you to claim **Total benefits** you must not be able to perform any part of the occupational duties normally associated with your profession, whether physical or mental, including minor physical tasks such as consulting, or administrative tasks such as dealing with queries. If you are able to carry out some of your professional duties, even on a very limited scale, you are not allowed to claim Total benefits.

If you are claiming **Partial benefits**, you are considered able to perform some of your work duties. Being partially able to work would include (but is not limited to) performing business critical administrative tasks while recuperating at home; or working for a limited period per day (including overseeing work/operations of your practice) or consulting a reduced number of patients. PPS reserves the right to assess claims according to international claims standards and current claims practice. Should you be found to be working whilst claiming total benefits, or working full day while claiming partial benefits, you may be prosecuted and your benefits may be cancelled.

3. The S&PI product has two waiting periods, namely, seven (7) days or thirty (30) days. Thus depending on the waiting period you have chosen, the benefit will pay as follows:

7-day waiting period: A Total Sick Pay Benefit will be considered if you were **totally** unable to perform any of your usual professional duties for at least seven consecutive days, due to sickness. The benefit will pay from day one. Once this initial requirement for a minimum period of seven consecutive days of total incapacity is met, ongoing claims for the same or consequential condition can be submitted on a continuing total or partial basis.

Should you however not fulfill the criteria of above seven consecutive days, a Sick Pay Benefit will be considered if you are unable, either **totally or partially**, to carry out your usual professional duties for at least 30 consecutive days due to sickness. The Sick Pay Benefit will be paid on either a Total or a Partial basis, whichever is applicable, prospectively from day 31 depending on your type of cover.

30-day waiting period: A Sick Pay Benefit will be considered if you are unable, either **totally or partially**, to carry out your usual professional duties for at least 30 consecutive days due to sickness. The Sick Pay Benefit will be paid on either a Total or a Partial basis, whichever is applicable, prospectively from day 31.

Please refer to your policy certificate to confirm if you have a 7 day or 30 day waiting period.

4. Claims for benefits in terms of the PPS Provider Policy should be submitted as soon as possible after the occurrence of the event that gave rise to the claim in order to ensure efficient claims processing. Please note any claims older than six months will not be considered.
5. When approval has been received for submission of an ongoing claim by the long term claims department, each monthly claim form should be dated from the first date to the last date of the month being claimed, e.g. 1.3.2004 -31.3.2004 and the following month 1.4.2004-30.4.2004.
6. **Admission Rider Benefit**, where applicable, can only be paid on receipt of the admission sheet or the hospital account showing admission and discharge date. You will qualify for payment of the Admission Rider Benefit if you were hospitalised for at least four consecutive days.
7. Post-dated claim periods are not accepted.
8. PPS can, in terms of the PPS Provider Policy, request submission of weekly consultations and claim forms if deemed appropriate in the circumstances of a sickness claim. This will be done where the claim management protocol requires weekly follow up.
9. Please allow eight working days before querying the progress of your claim.
10. In some instances additional information may be requested from either yourself or medical practitioner/s. This is especially the case where forms have not been completed fully. Kindly take note that this could delay the finalisation of the claim. You and/or your doctor will be notified by email /fax/post if additional information is required.

PPS Claims:

Email: claims@pps.co.za
Fax: 011 644 4520
Queries: memberservices@pps.co.za
011 644 4300