

## FAMILY RESPONSIBILITY RIDER BENEFIT – ADMISSION CLAIM (DECLARATION BY MEMBER)



The Professional Provident Society (PPS) Holdings Trust No IT 312/2011 is a registered South African Trust. The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 is a licensed insurer conducting life insurance business, a licensed controlling company and an authorised financial services provider. Any reference to PPS in this form means PPS Insurance.

### PPS CONTACT DETAILS

**Claim submissions:**

E: claims@pps.co.za

**Claim-related enquiries:**

E: memberservices@pps.co.za

T: 0860 123 777 or +27 (0)11 644 4300

Monday to Friday from 07:00 to 19:00 and Saturday from 08:00 to 13:00

### PART A: MEMBER DETAILS

Member number:

Initials:  Surname:

Date of birth:

E-mail:

Cell phone:

### PART B: DETAILS OF THE CLAIM

Claim in respect of: Spouse:  Child:

Particulars of spouse/child

Name:

Surname:

ID/Passport number (if no ID):

Biological child:  Step child:  Adopted child:

**NOTE** Refer to the bottom of the form for a list of required supporting documents.

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 medical condition. If this claim is due to an injury/accident, describe the nature of the accident:

3. Please state the name(s) of the doctor(s)/dentist(s) and allied medical practitioner(s) that attended to your spouse/child in respect of this current illness.

**It may be necessary for our claims area to contact the below doctors for further information.\***

Practitioner's surname and initials	First consultation date	Last consultation date	Tel	E-mail

\* Please refer to Declaration



**PART E: DECLARATION**

The Professional Provident Society(PPS) Holdings Trust No IT 312/2011 is a Registered South African Trust. The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 is a licensed insurer conducting life insurance business, a licensed controlling company and an authorised financial services provider. Any reference to PPS in this form means PPS Insurance.



I/we  (member full name and surname) and ID number:

authorise PPS Insurance to:

- a) Access any information deemed necessary to assess any insurance risk or to consider a claim. I/we understand that if I/we choose not to provide this information, PPS will not be able to assess the claim for insurance.
- b) Share with other insurers and their representative 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/our 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, PPS Insurance’s subsidiaries and affiliates or other persons provided that it is necessary to properly underwrite, manage, assess the claim or service the policy, policy assets or myself/ourselves. PPS Insurance may be required to disclose my/our information to regulatory or government agencies.
- d) Obtain credit information from any person or institution.

**AND**

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

**AND**

I/we 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.

Signature of policyholder:

Signature of spouse or child over 18 years of age:

Signed at  this  day of  20

**DISCLAIMER:**

By submitting this form electronically, you acknowledge that your electronic signature holds the same legal weight as a handwritten signature. For authorised electronic signature details, contact your PPS-accredited financial adviser or e-mail memberservices@pps.co.za. Using unauthorised electronic signatures is at your own risk and PPS Insurance disclaims liability for any related issues.

## PROCEDURE FOR CLAIMING FAMILY RESPONSIBILITY RIDER BENEFITS

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.

Additional information (at PPS's 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.

In addition to the medical information listed above, claims in respect of the Family Responsibility Rider benefit should be submitted with the following supporting documents:

### **Claim for spouse**

Copy of marriage certificate

Proof of hospitalisation (Admission and discharge dates/ICD 10 codes/patient name and surname)

### **Claim for biological child**

Copy of unabridged birth certificate

Proof of hospitalisation (Admission and discharge dates/ICD1 0 codes/patient name and surname)

### **Claim for stepchild**

Copy of unabridged birth certificate

Copy of marriage certificate

Proof of hospitalisation (Admission and discharge dates/ICD 10 codes/patient name and surname)

### **Claim for adopted child**

Copy of birth certificate

Proof of hospitalisation (Admission and discharge dates/ICD 10 codes/patient name and surname)

Adoption order

**NOTE** If your benefit started on or after 1 April 2017 and you had similar cover at another company, kindly provide us with a copy of your membership certificate reflecting the date of inception, the date of cancellation and details of any waiting periods where applicable.