ACCELERATED BUSINESS CRITICAL ILLNESS COVER BUSINESS HEALTH PROVIDER™ BENEFIT (ACCELERATED AND STANDALONE) ACCELERATED CATCHALL COVER - 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.

CLAIM REQUIREMENTS

Please select the business solution for which you are claiming and provide the policy number:

Solution	Contingent Liability Cover	Credit Loan Account Cover	Key Person Cover
Policy number			

Claims in respect of the Accelerated Business Critical Illness and Business Health Provider benefit should be submitted with the following supporting documents:

- Member claim form.
- Claim form completed by the treating medical specialist.
- Detailed medical report and copies of all investigations performed to confirm the diagnosis. A guideline for the details required is provided for easy reference at the bottom of this form and the medical specialist'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.
- The Business Assurance Policyholder claim form.

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)10 085 3820

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

PARTICULARS OF LIFE-IN	SURED
Surname:	Initials:
ID/Passport number (if no ID):	
Cellular:	Medical aid name:
Medical aid number:	
E-mail:	
PARTICULARS OF CLAIM 1. Please state the medica	l condition for which you are claiming:
Date of diagnosis:	
Date of onset of symptoms:	
Date of first consultation:	

2. Provide	brief details	of the chronolo	gical history (fr	om date of or	iset and progress	ion up to now) of the	e condition:
3. Did the	. Did the sickness/disability originate outside of South Africa? YES NO						
If YES,	specify in wh	nich country:					
4. Please :	Please state the name(s) of the doctor(s) and allied medical practitioner(s) that attended to you in respect of this condition: Note: It may be necessary for our claims area to contact them for further information.						
Practitione and initials	r's surname	Date of first consultation	Date of last consultation	Speciality	Telephone	E-mail	
		'	'				
AUTHORIS	ATION TO C	OMMUNICATE \	WITH FINANCIA	AL ADVISER			
Lspecifically	, authorise Pl	PS Insurance to	communicate a	any requireme	ents to my financ	ial adviser which may	
		ion regarding m					YES NO
Financial ad	viser's name:						
Financial adv	viser's e-mail :						

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	(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 understand that if I 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 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. PPS Insurance may be required to disclose my 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

utmost to p	revent any unau	al, medical aid or any other person uthorised disclosure of your persor formation and will not use your info	nal inform	ation. PPS will adł	nere to an	y laws governing	the prote	ction of
Signed at			on this		day of		20	
Signature o	f life-insured:							

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

CLAIM REQUIREMENTS

To process claims promptly, we require the following information:

Claim forms:

- PPS Business Critical Illness/Professional Health Provider™ Member Claim Form
- PPS Business Critical Illness/Professional Health Provider™ Doctor Claim Form

Medical report:

- Comprehensive medical report from a treating medical specialist, including copies of investigative results used to confirm the diagnosis.
- *The cost of this report will be for the life-insured's account.

REPORT SPECIFICATIONS

Cardiovascular

1. Heart attack

Comprehensive medical report from a cardiologist at least 30 days after the event with the following information:

- Clinical features at the time of the event.
- · Detail of procedures performed.
- Copy of most recent cardiac stress ECG and a resting ECG.
- Echocardiographic report indicating current ejection fraction.
- Functional capacity measured using the New York Heart Association (NYHA) classification.
- On-going treatment protocol.
- Blood test results for cardiac markers.

2. Cardiac surgery and procedures

Comprehensive operation report from the cardiothoracic surgeon including history of the condition and procedure undertaken and further management.

3. Cardiomyopathy

Comprehensive medical report from the treating cardiologist including current echocardiogram report and ejection fraction or METS findings.

Functional capacity measured using the New York Heart Association (NYHA) classification of cardiac impairment.

Cancer

Comprehensive medical report from treating specialist including the following information:

- Details of staging with copies of histology results.
- · Nodal and/or distant metastases inclusive of copies of investigations that were undertaken where applicable.

Neurological

- 1. Stroke
- 2. Multiple sclerosis
- 3. Muscular dystrophy
- 4. Parkinson's disease
- 5. Myasthenia gravis
- 6. Brain tumour causing symptoms
- 7. Intracranial lesion requiring surgery (neoplasm or injury)

Comprehensive medical report from the treating medical attendant detailing the history of the condition, procedure(s) undertaken and further management considered as well as detail on current physical and neurological impairments affecting the following:

- Use of the upper limb(s)
- Use of lower limb(s)
- Visual
- Communication
- Cognition
- Other (irreversible incontinence, neurogenic systemic impairments)

NOTE: The aforementioned report is required at least three months after the event to diagnose a STROKE.

8. Motor neuron disease

Comprehensive report from a consultant neurologist detailing the history of the condition and unequivocally proving the diagnosis with copies of investigations done where applicable.

9. Dementia or Alzheimer's disease

Comprehensive report from a consultant neurologist detailing the history and diagnosis of the condition with copies of investigations done where applicable. Include findings of cognitive impairment.

10. Guillain-Barré syndrome

Comprehensive medical report from treating medical attendant detailing:

- The history of the condition.
- · Need for mechanical ventilation.
- Procedure(s) and test(s) undertaken and the outcome thereof.
- Further management considered.
- Physical and neurological impairments requiring full-time care for basic activities of daily living or requiring a wheeled mobility device.

Transplants

Heart

Lung

Kidney

Liver

Small bowel

Bone marrow as a recipient

Comprehensive medical report from the treating medical attendant detailing the history of the condition, procedure(s) undertaken and organ transplant waiting list details.

Musculoskeletal

Paralysis (quadriplegia/paraplegia), loss of use of limbs and/or amputation:

Comprehensive medical report from the treating medical attendant detailing the history of the condition, the nature of the loss of function and details of any procedure(s) undertaken.

Kidney and urological

Comprehensive report from the medical attendant detailing:

- The history of the condition.
- · Treatment undertaken to date.
- Response to treatment.
- Copies of most recent investigations done where applicable.
- Procedures undertaken where applicable.

Connective tissue

1. Active, unresponsive rheumatoid arthritis

Comprehensive medical report from the consultant rheumatologist detailing:

- The history of the condition.
- Procedure(s) undertaken where applicable.
- Management to date.
- Full details of treatment/management protocols that have been implemented but have not succeeded in reducing activity of the disease.
- HAQ score.
- Copies of investigations confirming the diagnosis.
- Details of joints affected including the severity of symptoms and signs.

2. Systematic lupus erythematosus with nephritis, scleroderma and/or Wegener's granulomatosis

Comprehensive medical report from a treating rheumatologist or physician, indicating:

- Degree and nature of system/organ involvement.
- Functioning of each affected organ with copies of relevant investigations undertaken in this regard.
- Copies of the biopsy report and all other investigations performed.
- Treatment prescribed.
- Response to treatment.

Respiratory

1. Respiratory failure

2. Recurrent pulmonary embolism

Comprehensive report from an appropriate specialist (i.e., physician or pulmonologist*) inclusive of:

- The history of the condition.
- Procedure(s) undertaken where applicable.
- Management up to date.
- Response to management.
- · Copies of all tests performed, i.e., pulmonary functioning test (lung function test) and FEV1 test results.
- Number of hours on oxygen treatment where applicable.

Gastrointestinal

- 1. Ulcerative colitis requiring surgery
- 2. Crohn's disease requiring surgery
- 3. Chronic liver failure
- 4. Chronic pancreatitis
- 5. Hemicolectomy
- 6. Total colectomy
- 7. Permanent colostomy

Comprehensive medical report from the gastroenterologist detailing the history of the condition, nature and severity of the symptoms experienced where applicable.

- Procedure(s) undertaken where applicable.
- Copies of investigations performed.
- Predisposing or contributory factors.

Haematological

1. Aplastic anaemia

Comprehensive medical report from the treating specialist physician including copies of bone marrow biopsy indicating: neutrophil, reticulocyte and platelet count.

Sensory

1. Loss of hearing

Comprehensive report from an ENT specialist and audiologist indicating the reason for the loss of hearing:

• Audiology report indicating auditory threshold with a hearing aid device or implant that could result in the partial or total restoration of hearing.

2. Loss of communication

Comprehensive report from an ENT specialist and speech therapist indicating the reason for speech impairment:

- Report from the specialist indicating history and management in the last 12 months.
- Please provide enough information to enable the assessment of whole person impairment.

3. Loss of vision, irreversible hemianopia, diabetic retinopathy

 $\label{lem:comprehensive} \mbox{Comprehensive medical report from the ophthalmologist detailing:}$

- The history of the condition.
- Procedure(s) undertaken where applicable.
- · Management up to date.
- · Response to management.
- · Tests results including best corrected visual acuity and visual fields where applicable.

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Trauma

1. Coma

Comprehensive medical report from the treating doctor including the reason for and duration of the coma and current physical and neurological impairment.

2. Traumatic injury resulting in permanent impairment

Comprehensive medical report from the treating medical attendant detailing the nature of the injury, procedure(s) undertaken and further management considered as well as detail on current physical and neurological impairments affecting the following:

- Use of the upper limb(s)
- Use of lower limb(s)
- Visual
- Communication
- Cognition
- Other (irreversible incontinence, neurogenic systemic impairments)
- · Please provide enough information to enable the assessment of whole person impairment

3. Penetrating gunshot wounds (head, neck, chest, abdomen or pelvic area)

Comprehensive medical report from the treating doctor including the area of the body involved and procedures carried out.

4. Third degree burns

Comprehensive medical report from the treating doctor indicating the degree of burn wounds and the body surface area affected as a percentage.

5. Facial injury

Comprehensive medical report from the treating specialist with the history of the condition and indications for surgery and the procedure(s) undertaken. Please include radiological results.

6. Accidental contraction of human immunodeficiency virus (HIV)

- HIV antibody test, taken within 72 hours of the incident leading to HIV exposure to confirm prior HIV-negative status.
- Proof of a full course of post-exposure prophylactic treatment taken for a period of 28 consecutive days to the satisfaction of PPS Insurance in the form of copies of scripts filled at a pharmacy.
- Blood test results indicating seroconversion performed by an ASISA-accredited laboratory.

7. ICU benefit

Comprehensive medical report from the treating doctor detailing:

- Reason for and duration of admission to ICU.
- Detailing the need for mechanical ventilation and the duration thereof.

NOTE: Hospital confirmation detailing the date of admission to ICU and the date of discharge is required.

GENERAL

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.

To ensure a comprehensive assessment of the claim, it may be referred to internal and/or external medical specialists. This referral may take up to seven working days. You will be notified regularly regarding the progress of the assessment of your claim. Any delays exceeding the seven working days will be communicated.