BUSINESS TERMINAL ILLNESS BENEFIT - 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.

CLAIM REQUIREMENTS

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

Solution	**Buy-and-sell cover**	**Contingent Liability Cover**	**Credit Loan Account Cover**	**Key Person Cover**
Policy number				

Claims in respect of the PPS Business Terminal Illness benefit should be submitted with the following supporting documents:

- Business Terminal Illness Benefit – Member form completed by the life-insured.
- Business Terminal Illness Benefit – Doctor form completed by the treating medical doctor.
- Detailed medical report and copies of all investigations performed to confirm diagnosis.
- 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-INSURED

Surname: Initials:

ID/Passport number (if no ID):

Cellular: Medical aid name:

Medical aid number:

E-mail:

PARTICULARS OF CLAIM

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

2. Provide brief details of the chronological history (date of onset and progression up to now) of the medical condition:

3. Please state the name of current and previous medical practitioners who have treated you for this condition:

Doctor's name	Contact details and e-mail address	Speciality	Date of initial consultation	Date of last consultation

AUTHORISATION TO COMMUNICATE WITH FINANCIAL ADVISER

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

Financial adviser's name:

Financial adviser's e-mail :

DECLARATION

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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

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.

Signed at _____ on this _____ day of _____ 20 __ __

Signature of 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.