

**ACCELERATED BUSINESS CRITICAL ILLNESS COVER**  
**BUSINESS HEALTH PROVIDER BENEFIT (ACCELERATED AND**  
**STANDALONE) ACCELERATED CATCHALL COVER - MEMBER**



*The Professional Provident Society Holdings Trust No IT 312/2011(PPS Holding Trust) is a Registered South African Trust  
 Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance") PPS Insurance is an  
 Authorised Financial Services Provider - Licence No. 1044*

**CLAIM REQUIREMENTS**

Please select the Business Solution for which you are claiming and provide the policy number:

SOLUTION	Key Person Insurance	Contingent Liability Plan	Credit Loan Account Cover
POLICYNUMBER			

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 Doctor
- Detailed medical report and copies of all investigations performed to confirm the diagnosis
- The Business Assurance Policyholder claim form

**PARTICULARS OF LIFE INSURED**

Surname:  Initials:

National ID Number:  Cell No:

Medical aid name:  Medical aid number:

Email:

## MEDICAL CONDITION

The list of claim definitions which also explains the different severity levels is attached to your latest Policy Summary, and is set out in Appendix A of your Provider Policy wording, should you wish to refer to it.

**Please indicate the illness, for which you are claiming a benefit in the listed conditions below:**

### Cardiovascular

- 
- Heart Attack
- Cardiac Surgery and Procedures   
(including CABG and heart valve surgery)
- Cardiomyopathy

### Cancer

- 
- Cancer stage 3 and 4

### Neurological

- 
- Stroke
- Multiple Sclerosis
- Muscular Dystrophy
- Motor Neuron Disease
- Parkinson's Disease
- Dementia or Alzheimer's Disease
- Brain Tumour causing symptoms
- Myasthenia Gravis
- Guillain-Barré Syndrome
- Intracranial Lesion causing symptoms and  
requiring surgery

### Respiratory

- 
- Respiratory Failure
- Recurrent Pulmonary Embolism

### Gastrointestinal

- 
- Ulcerative Colitis requiring surgery
- Crohn's disease requiring surgery
- Chronic liver failure
- Chronic pancreatitis
- Colectomy
- Colostomy

### Blood

- 
- Aplastic anaemia

### Ear nose and throat

- 
- Total permanent loss of hearing
- Total permanent loss of speech

## Transplant

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Transplant of heart, lung, liver, kidney,  
small bowel or bone marrow as a recipient

## Musculoskeletal

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Paralysis (Quadriplegia/Paraplegia)

Loss of or loss of use of Limbs (one arm,  
both arms, both legs, one arm and one leg,  
both hands)

## Kidney and Urological

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Kidney Failure

Cystectomy

## Connective Tissue

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Active, unresponsive Rheumatoid Arthritis

Systemic Lupus Erythematosus with nephritis

Scleroderma

Wegener's Granulomatosis

## Visual

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Total loss of sight in both eyes (best  
corrected visual acuity of 6/120 or less)

Diabetic retinopathy

Hemianopia

## Trauma

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Coma for at least 96 hours

Traumatic injury resulting in permanent  
impairment

Gunshot wound to the head, neck,  
chest, abdomen or pelvic area

3<sup>rd</sup> degree burns to at least 20% of  
the body surface

Accidental HIV infection

Reconstructive surgery for facial  
disfigurement due to injury, accident or  
assault

## ICU

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Ventilated in ICU for at least 96 hours

Admission to ICU for at least 10 days

If the diagnosis does not appear in the table above, please contact PPS for further assistance.

The claims specialist can advise whether you might be eligible for a CatchAll claim (only applicable to CatchAll policyholders)

**PPS BUSINESS CRITICAL ILLNESS COVER- ACCELERATED CATCHALL COVER**

If you wish to claim under the CatchAll benefit, please provide details regarding the condition:

Date of diagnosis:   /   /     Date of onset of symptoms:   /   /

Date of first consultation:   /   /

Name of current and previous medical practitioners who have treated you for this condition:

Doctor's name	Address and contact details	Speciality	Date of last consultation

**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 certify that all the above information is true and correct and 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 the 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 required personal information from other insurers as exchange of information helps to waive costs and combat fraud.
- c) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is necessary to properly underwrite, manage 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.

Signature of Life Insured:

Signed at  on this  day of  20

## PROCEDURE FOR CLAIMING

### CLAIM REQUIREMENTS

To process claims promptly, we require the following information:

Claims 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 **Cardiologist at least 30 days** after the event with the following information:

- Clinical features at time of event
- Detail of procedures performed
- Copy of most recent cardiac stress ECG as well as a resting ECG
- Echocardiographic report indicating current ejection fraction and
- 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 **Cardio-thoracic 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 or
7. Intracranial Lesion requiring surgery

Comprehensive medical report from 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:

For the diagnosis of a **STROKE** the aforementioned report is required at **least 3 months after the event**.

### 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-Barre Syndrome

Comprehensive medical report from treating medical attendant detailing:

- The history of the condition,
- Need for mechanical ventilation
- Procedure/s, test 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

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

## Musculo-skeletal

### **Paralysis (Quadriplegia/Paraplegia); Loss of use of limbs; Amputation:**

Comprehensive medical report from treating medical attendant detailing the history of the condition, the nature of the loss of function as well as 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 which have been implemented which have not succeeded in reducing activity of the disease.
- HAQ score
- Copies of investigations confirming diagnosis

Details of joints affected including the severity of symptoms and signs



## **2. Systematic Lupus Erythematosus with nephritis; Scleroderma; Giant cell arteritis or temporal arteritis; Wegener's granulomatosis**

Comprehensive medical report from a treating **Rheumatologist or Physician**, indicating:

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

### **GENERAL**

Additional information (at PPS' 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 comprehensive assessment of the claim, it may be referred to internal and/or external Medical Specialists. This referral may take up to 7 working days. You will be notified regularly regarding the progress of the assessment of your claim. Any delays, exceeding the 7 working days, will be communicated.

### **PPS Claims Contact details**

#### **Claims department:**

Email: [claims@pps.co.za](mailto:claims@pps.co.za)

Fax: 011 644 4520

#### **Claims / General Queries:**

Email: [memberservices@pps.co.za](mailto:memberservices@pps.co.za)

Telephone: 011 644 4320