

BUSINESS TERMINAL ILLNESS BENEFIT - DECLARATION BY MEMBER



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

CLAIM REQUIREMENTS

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

SOLUTION	Buy-and-sell	Key Person Insurance	Contingent Liability Plan	Credit Loan Account 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.
- Submit the completed forms to claims@pps.co.za or fax to 011 644 4520

PARTICULARS OF LIFE INSURED

Surname: Initials:

National ID number: Cellular: 0

Medical aid name: Medical aid number:

Email address:

DETAILS 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 medical condition:

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

Doctor's name (Initial and surname)	Contact details and email address	Speciality	Date of last consultation

DECLARATION

I specifically authorise PPS Insurance to communicate any requirements to my/our 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 this day of 20