

**PPS Critical Illness Cover (STANDALONE) Pregnancy Complications Cover
Member claim form**



The Professional Provident Society Holdings Trust No IT 312/2011 (PPS Holdings Trust) is a Registered South African Trust. Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance"). PPS is a Licensed Insurer and Financial Services Provider

Particulars of Policyholder

Member number:

National ID number/Passport if no ID:

Name:

Surname:

Physical address:

Tel No. (h): Tel No. (w):

Email address:

Medical aid name: Medical aid no:

Medical condition

Assessment of claims under the Pregnancy Complications Cover benefit, will be based on specific definitions for the conditions below only. Please read the definitions and indicate the condition you are claiming for.

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 B of your Provider Policy wording, should you wish to refer to it.

Abortion due to Amniocentesis
Miscarriage directly or indirectly caused by amniocentesis within 7 days of amniocentesis.

Hydatidiform mole
Confirmatory histological evidence will be required.

Amniotic Fluid Embolism
Diagnosis of an amniotic fluid embolism requiring emergency treatment and intensive care admission.

Severe Pre-eclampsia and Eclampsia
The diagnosis of severe pre-eclampsia or eclampsia by a gynaecologist or physician.

Ectopic Pregnancy
The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.

Sheehan's Syndrome
Diagnosis must be confirmed by a neurologist.

Hyperemesis Gravidarum
Treatment must require a minimum hospital admission for 4 (four) days.

Uterine Rupture
Uterine rupture is defined as the full thickness tear of the uterus into the abdominal cavity during labour.

Placenta Praevia
The placenta must extend to the margin of the internal os of the cervix or partially or completely obstruct the os, Caesarean section must be required for this condition.

Abruption Placentae
The condition must require hospitalisation and a blood transfusion and/or have disseminated intravascular coagulation (generation of blood clots in the circulating blood).

Pulmonary Embolism
Life threatening obstruction of the pulmonary artery or one of its main branches by an embolus (thrombus, air or fat embolism, foreign body). For this benefit, a claim is considered only during pregnancy or 2 weeks post-partum.

Details of the claim

Date of diagnosis:

Date of onset of symptoms:

Date of first consultation:

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

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

Is further treatment for this condition planned? Please give details:

In order to assess the claim timeously, a full and comprehensive report/s regarding the above condition is required from your Medical Practitioner. This will include all relevant medical, blood and special investigation reports, PLUS any other relevant documentation.

All medical information will be treated according to the ASISA guidelines on Confidentiality of Medical Information. Reports are to be supplied at the policyholder's own cost.

Important: please submit these reports to: claims@pps.co.za or fax to 011 644 4520.

Banking details

Should you wish the benefit to be paid into a bank account other than that from which premiums are collected, please complete the details below and provide PPS with a proof of account. The accepted proof of account must be either a cancelled cheque or a bank-stamped letter on the bank's letterhead. PPS cannot accept responsibility for incorrect payment of benefits where this information has not been completed correctly.

Name of account holder:

Account type:

Account number:

Name of bank:

Branch name:

Branch code:

Type of Account: Current Savings Cheque Transmission

Declaration

I specifically authorise PPS Insurance to communicate with my financial advisor regarding my current claim. YES NO

Financial Advisor's Name:

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 my 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 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, subsidiaries, affiliates, Profmed 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 your information to regulatory or government agencies.
- d) Obtain credit information from any person or institution.

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 and in this declaration.

Signature of policyholder:

Signed at this day of 20

Procedure for claiming

Critical Illness Cover (CIC): Pregnancy Complications Cover

GENERAL

The assessment of this benefit is subject to claim procedures and protocols. In order to process claims promptly, policyholders are requested to follow the correct procedure.

Claims for these benefits must be made using the prescribed PPS claim forms, namely:

- **PPS Critical Illness Cover (CIC) – Pregnancy Complications Cover Member Claim Form**
- **PPS Critical Illness Cover (CIC) – Pregnancy Complications Cover Doctor Claim Form**

To enable the timely assessment of your claim all required details should be fully completed. Should information be omitted there may be a delay in the finalisation of your claim.

In addition to the claim forms above, a comprehensive medical report from your treating Medical Practitioner, including copies of investigative results used to confirm the diagnosis, must accompany the claim. The costs of these are for your own (member's) account.

Additional information (at PPS' cost) may be requested from either the member or any Medical Practitioner to finalise the claim. You 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
Fax: 011 644 4520

Claims / General Queries:

Email: memberservices@pps.co.za
Telephone: 011 644 4320