

**PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT (PLP)/ LIFE ASSURANCE (LA)
TERMINAL ILLNESS BENEFIT – DECLARATION BY DOCTOR**



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 Professional Provident Society Insurance Company Limited 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.

Dear Doctor,

We appreciate your time and cooperation to assist us in considering a claim for your patient.

The following is important:

- PPS Insurance has signed consent from your patient to obtain confidential medical information from you.
- Please send the completed form and supporting documents to:

o E-mail: claims@pps.co.za

PARTICULARS OF LIFE INSURED

Surname: [Grid of 25 boxes]

Initials: [Grid of 4 boxes]

ID number: [Grid of 12 boxes]

MEDICAL ILLNESS

1.Primary diagnosis: [Text box] ICD 10 code: [Text box]

2.Secondary diagnosis (if applicable): [Text box] ICD 10 code: [Text box]

3.Provide **date of initial consultation** and brief details of the **chronological history** of the illness, or sequence of events:

[Large empty text box for providing date of initial consultation and chronological history details]

4. List the investigations that were performed to confirm the diagnosis and attach copies of all the test results:

Date	Details

5. Is there further treatment available for this illness? Please give details:

[Large empty text box for providing details of further treatment]

