

CLAIM FOR SICKNESS BENEFIT

(DECLARATION BY MEMBER)

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.



IMPORTANT PPS Insurance endeavours to pay all valid claims timeously. Please read the attached information leaflet before completing this form. Correct completion of this form will aid the prompt processing of your claim. Should you require assistance completing the claim form, we suggest you contact your PPS-accredited financial adviser or the PPS Member Services Department directly.

Please refer to the following link for appropriate claim forms for psychiatric, pregnancy and COVID-19 :

<https://www.pps.co.za/claims> or contact PPS claims on claims@pps.co.za

PART A: MEMBER DETAILS

Member number:	<input type="text"/>	Date of birth:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Surname:	<input type="text"/>	Initials:	<input type="text"/>				
Medical aid name:	<input type="text"/>	Medical aid number:	<input type="text"/>				
E-mail:	<input type="text"/>						
Cellular:	<input type="text"/>	<input type="text"/>					

PART B: PARTICULARS OF THE CLAIM

1. Provide details of the disease/condition that significantly prevented you from performing your usual professional duties and required optimal medical treatment or supervision such as: medication, hospitalisation, surgery or rehabilitation:

1.1 Describe the symptoms of the disease/condition and how it affected your ability to perform your usual professional duties:

2. Provide brief details of the condition's chronological history (date of onset and progression up to now). If this claim is due to an injury/accident describe the nature of the accident and include the police case number(s) where applicable:

3. Did the illness or injury originate outside a Southern African Development Community (SADC) country? YES NO

• If YES, in which country?

4. ONLY COMPLETE IF HOSPITALISED:

Note: For Admission Rider benefit claims, kindly attach proof of hospitalisation.

4.1 Name of hospital:	<input type="text"/>										
4.2 Date admitted:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Date discharged:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

5. ONLY TO BE COMPLETED BY FEMALE MEMBERS:

5.1 Are you pregnant?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
5.2 If YES : Estimated date of delivery:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

6. Please state the name(s) of the doctor(s)/dentist(s) and allied medical practitioner(s) that attended to you in respect of this condition.
Our claims area may need to contact them for further information.

Practitioner's surname and initials	Consultation dates	Tel	E-mail

7. Please state which practitioner declared you incapacitated:

8. Claim dates (Refer to the attached information pg.6 Section C.2.)

8.1 TOTAL BENEFITS:

I was **NOT** able to perform **ANY** professional duties from:

Start date: / / End date: / /

8.2 PARTIAL BENEFITS:

I was able to perform **some of my work duties** while recuperating at home; or worked for a limited period per day.

Start date: / / End date: / /

8.3 If you are claiming partial benefits, provide details of the duties that you were able to perform, focusing on the nature of the duties performed and time spend performing them e.g., administrative work, virtual consultations, etc.:

8.4 Returned to work:

On a partial basis: / / On a full-time basis: / /

PART C: EMPLOYMENT QUESTIONS RELATED TO THE WORK PERFORMED DIRECTLY PRIOR TO THE CLAIM

9.1 Please state the following regarding your occupation:

a) Current occupation:

b) Commencement date of occupation: / /

c) Describe your professional duties prior to the claim:

d) State the average number of hours you worked per day:

e) Are you employed: Full-time Part-time? Private practice?

9.2 If you are required to register with a statutory body/professional association, please provide the following:

a) Name of statutory body or authority:

b) Registration number:

c) **If not** registered, provide the date of deregistration: / / and reason(s)

10. **ONLY COMPLETE** if you had:

- **SURGERY** or if
- the **CONDITION CLAIMED FOR AFFECTS YOUR PHYSICAL ABILITY TO DO YOUR USUAL PROFESSIONAL DUTIES**

Daily occupational activities	State the number of hours spent in the relevant activity as part of your normal working day.
Driving as an integral part of your professional duties	
Standing	
Walking on even terrain	
Walking on uneven terrain	
Bending/stooping	
Use of both hands as an integral part of your professional duties	
Fine coordination	
Sitting/administrative	
Lifting objects 10-20kg	
Lifting objects >20kg	

11. **ONLY COMPLETE if self-employed:**

State the name of your practice/business:

Gross professional income (annual income from professional fees and nett income from trading activities):

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(Minus) Actual expenses (expenses incurred in running the business that are not remunerated to the professional.

Expenses that will terminate if the business is sold or closed):

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(Equals) Personal income

(gross professional income minus actual expenses):

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12. **ONLY COMPLETE if in salaried employment:**

State the name of your employer:

State your annual income as:

Annual total cost to company

(Annual salary plus all fringe benefits):

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(Plus) Performance bonus (Average over the last three years):

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(Equals) Total gross (professional income):

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PART D: BANKING DETAILS FOR SICKNESS BENEFIT VIA EFT

NOTE: Financial governance requires that all benefits regarding Sickness Claims must be settled to the same account from which your premiums are paid (premium-paying account). Please note that this is an improved security measure to mitigate financial risks for claiming policyholders.

Please provide alternative bank details below if you cannot receive payment to your premium-paying account for any reason. Changing the account to which claim benefits are paid will require additional diligence and proof. **The required additional diligence will take an additional five working days before payment can be made.**

If you must change your banking details, please include the required proof together with this claim form.

I understand this note and request PPS to: (Select the appropriate option)

- 1. Pay any benefits due to my existing premium-paying account.
- 2. Use the new account details below to pay any benefits due to me.

2.1. Please update my premium-paying account to the new details below for future premium payments. YES NO

Name of account holder:

Name of bank:

Account number:

Branch code:

Type of account:

If you have selected option 2 above, please provide PPS with proof of account and certified proof of the account holder's identity. The accepted proof of account is a bank-stamped verification letter on the bank's letterhead not older than three months. PPS cannot make changes to this account without the required proof.

Foreign bank accounts: Please note that in terms of the PPS Provider™ Policy, premiums from the policyholder should be paid from a South African bank account and benefits to the policyholder should also be paid into a South African bank account, in South African currency. Accordingly, PPS Insurance assumes no responsibility or liability whatsoever in the event the policyholder pays premiums from a foreign bank account, or the policyholder nominates a foreign bank account for receipt of policy benefits. Furthermore, any payment to and from PPS Insurance involving a foreign bank shall be at the sole discretion of PPS Insurance and subject to the South African foreign exchange regulations and other relevant legislation as amended from time to time. PPS Insurance assumes no responsibility or liability to inform the policyholder of any changes in such regulations and legislation.

Indemnity: Please take note that PPS will not be held liable for incorrect payments if the account information supplied is incorrect. By signing this document, the policyholder indemnifies PPS and holds PPS harmless against any losses, liabilities, claims, charges, expenses, costs or any other actions or demands of whatever nature, which could or might be suffered or incurred by the policyholder or any third party whether directly or indirectly, caused by and/or arising out of the payment into the above account.

PART E: 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:

PART F: 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 my 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 wave 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 Insurance. PPS Insurance will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS Insurance 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 Part F.

Signature of policyholder:

Signed at: this day of 20

PROCEDURE FOR CLAIMING SICKNESS BENEFITS

The payment of sickness benefits is subject to certain claim procedures and all claims are assessed in terms of the PPS Provider™ Policy document. PPS will check all claims carefully to identify fraudulent or exaggerated claims. Please be aware that making a fraudulent or exaggerated claim can lead to prosecution and the cancellation of your benefit or your policy. We rely on you as the claimant to ensure that your medical practitioner understands the impact of your current impairment on your ability to perform your duties, whether partially or totally, and to indicate this in your Declaration by Medical Doctor form.

For more information, please find the “How to claim” document in the FAQ tab on www.pps.co.za.

Claims for sickness benefits must be made on the prescribed PPS claim forms.

Two forms (A and B) must be submitted before a claim can be processed:

A. Declaration by Medical Doctor/Dentist

1. Your treating medical practitioner/dentist must complete this form. If you as a member of PPS are a medical practitioner claiming from PPS, you are not permitted to complete your own Declaration by Medical Doctor/Dentist form.
2. Please note that while PPS values the contribution of psychologists, physiotherapists and occupational therapists in the treatment of patients, only medical doctors may book PPS members off work for PPS benefits.
3. The initial consultation date must be within the first seven days of the start of the claim period. The most recent consultation dates should be stated.
4. **Claims extending beyond one week from initial date of onset:** To claim for a sickness benefit, a weekly declaration by doctor or dentist is required according to the PPS Provider™ contract. This means that you must have a consultation each week during the period of claim with your attending medical practitioner. Should you not have had a consultation, PPS is unable to assess the degree of impairment and, therefore, reserves the right to repudiate your claim. Deviation from this policy is only allowed in cases where PPS have agreed to this in writing.
5. To avoid conflict of interest, Declaration by Medical Doctor/Dentist Forms are only accepted from independent physicians where there is no familial or other relationship between the physician and the policyholder except for the doctor/patient relationship. Where this is not the case, PPS reserves the right to ask for any additional medical or other information that it may deem necessary to validate the claim.

B. Declaration by Member

1. You must complete this form.
2. The start and end dates of your claim period must be in accordance with the period booked off by your treating doctor/dentist.
3. Post-dated claim forms are not accepted. Claims will only be assessed up to the date signed provided that it was signed at least seven days after the start date of the claim period. Claim forms should be submitted at the end of the claim period or on an agreed basis with ongoing claims according to the claims management protocol depending on the impairment.
4. If an accident is the cause of your claim, you must provide us with details on how the accident occurred.

C. General

1. **Standard recovery period:** PPS will assess sickness claims based on the expected standard recovery time for a particular health condition. The “standard recovery period” paid for a condition is based on standard medical practice. Should further recuperation time be required due to, e.g., complications, the reason must be indicated on the Declaration by Doctor Form and the likely date for returning to work stated. Should the claim period extend beyond the expected period, further information may be submitted for assessment. You will be notified in due course whether your application for an extended recovery period has been successful.
2. For you to claim **Total benefits**, you must not be able to perform any part of the occupational duties normally associated with your profession, whether physical or mental, including minor physical tasks such as consulting or administrative tasks such as dealing with queries. If you carry out some of your professional duties, even on a very limited scale, you are not allowed to claim Total benefits. If you are claiming **Partial benefits**, you are considered able to perform some of your work duties. Being partially able to work would include (but is not limited to) performing business-critical administrative tasks while recuperating at home; or working for a limited period per day (including overseeing work/operations of your practice) or consulting a reduced number of patients. PPS reserves the right to assess claims according to international claims standards and current claims practice. Should you be found to be working while claiming **Total benefits**, or working full day while claiming **Partial benefits**, you may be prosecuted and your benefits may be cancelled.

3. The Sickness and Permanent Incapacity benefit has two waiting periods, namely, seven or 30 days. Thus, depending on the waiting period you have chosen, the benefit will pay as follows:

Seven-day waiting period: A Total Sick Pay benefit will be considered if you were **totally** unable to perform any of your usual professional duties for at least seven consecutive days due to sickness. The benefit will pay from day one. Once this initial requirement for a minimum period of seven consecutive days of total incapacity is met, ongoing claims for the same or consequential condition can be submitted on a continuing Total or Partial basis. Should you, however, not fulfill the criteria of above seven consecutive days, a Sick Pay benefit will be considered if you are unable, either **totally or partially**, to carry out your usual professional duties for at least 30 consecutive days due to sickness. The Sick Pay benefit will be paid on either a Total or a Partial basis, whichever is applicable, prospectively from day 31 depending on your type of cover.

30-day waiting period: A Sick Pay benefit will be considered if you are unable, either duties for at least 30 consecutive days due to sickness. The Sick Pay benefit will be paid on either a **Total or a Partial basis**, totally or partially, to carry out your usual whichever is professional applicable, prospectively from day 31.

Please refer to your policy certificate to confirm if you have a seven or 30-day waiting period.

4. Claims for benefits in terms of the PPS Provider™ Policy should be submitted as soon as possible after the occurrence of the event that gave rise to the claim to ensure efficient claims processing. Please note, any claims older than six months will not be considered.

5. When approval has been received for submission of an ongoing claim by the long-term claims department, each monthly claim form should be dated from the first date to the last date of the month being claimed, e.g., 1.3.2022 -31.3.2022 and the following month 1.4.2022-30.4.2022.

6. **The Admission Rider benefit**, where applicable, can only be paid on receipt of the admission sheet or the hospital account showing admission and discharge date. You will qualify for payment of the Admission Rider benefit if you were hospitalised for at least four consecutive days.

7. Post-dated claim periods are not accepted.

8. PPS can, in terms of the PPS Provider™ Policy, request submission of weekly consultations and claim forms if deemed appropriate in the circumstances of a sickness claim. This will be done where the claim management protocol requires weekly follow up.

9. Please allow eight working days before querying the progress of your claim.

10. In some instances, additional information may be requested from either yourself or your medical practitioner(s). This is especially the case where forms have not been completed fully. Kindly take note that this could delay the finalisation of the claim. You and/or your doctor/ dentist will be notified by e-mail if additional information is required.

Claim submissions:

E: claims@pps.co.za

Claim related enquiries:

E: memberservices@pps.co.za

T: 0860 123 777 or +27 (0) 11 644 4300

Monday to Friday from 07:00 to 19:00 and Saturday from 08:00 to 13:00