



GREENLIGHT

RSA

TERMINAL ILLNESS CLAIM FORM

Contract number

Grid for contract number

Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

Grid for intermediary code

Please print in block letters using black or blue ink. This form is issued without admission of liability and must be signed by the contracting party, life covered (if different to the contracting party) and the medical specialist.

Please email the completed form to claims@oldmutual.com

Intermediary/Admin support:

Name of contact person

Email address and telephone number of contact person

IMPORTANT NOTES

The premium must continue to be paid to avoid plan/benefits ceasing.

Please note that Old Mutual can only consider a claim on receipt of the following documents, marked with the contract number and intermediary code where applicable:

- Terminal Illness claim form with all questions answered in full and copies of specialist reports and test results in support of request
A certified copy of the life covered's ID and/or contracting party's ID if different
Proof of bank details, e.g. cancelled cheque, bank statement not older than 3 months, confirmation on a bank letterhead

There may be further requirements before the claim can be considered.

Guidelines on submission of a claim:

- PART 1 Must be completed and signed by the claimant/contracting party where appropriate.
PART 2 Must be completed and signed by the claimant's attending medical specialist.

PART 1 TO BE COMPLETED BY THE CLAIMANT

SECTION 1 DETAILS OF CONTRACTING PARTY

Is the life covered the same person? YES NO

Title: Mr Ms Mrs Other Initials

Surname/ Name of institution

Full names/ Contact person

Previous surname (if applicable)

ID/Passport/Institution registration number Date of birth

Income tax number

Residential address/ Physical address of institution Postal code

Postal address Postal code

Country of address

Contact number Cellphone number

(Work) Code No. (Home) Code No.

Email address

SECTION 2 DETAILS OF LIFE COVERED (IF DIFFERENT TO CONTRACTING PARTY)

Title: Mr Ms Mrs Other Initials

Surname

Full names

Previous surname (if applicable)

ID/Passport number	<input type="text"/>	Date of birth	<input type="text"/>
Income tax number	<input type="text"/>		
Residential address	<input type="text"/>		
		Postal code	<input type="text"/>
Postal address	<input type="text"/>		
		Postal code	<input type="text"/>
Country of address	<input type="text"/>		
Contact number	Cellphone number	<input type="text"/>	
(Work) Code	<input type="text"/>	No.	<input type="text"/>
		(Home) Code	<input type="text"/>
		No.	<input type="text"/>
Email address	<input type="text"/>		

SECTION 3 BANKING DETAILS OF CONTRACTING PARTY (OR BENEFICIARY, IF DIFFERENT)

Name of bank	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account holder name	<input type="text"/>		
Account number	<input type="text"/>	ID number of account holder	<input type="text"/>
Account holder relationship:	<input type="checkbox"/> Own account	<input type="checkbox"/> Joint account	Type of account: <input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission

SECTION 4 DECLARATION BY CLAIMANT

PROTECTION OF PERSONAL INFORMATION ACT (POPIA) NOTICE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please SMS your ID number to **30994** if you would prefer not to receive such information and/or financial services.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life and Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

Website www.justice.gov.za/inforeg/index.html
 Contact Number 012 406 4818
 Fax 086 500 3351
 Email inforeg@justice.gov.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za

I irrevocably authorise:

- Old Mutual to obtain from any person any information which Old Mutual needs, according to its practice from time to time, to assess this claim
- the person concerned to give Old Mutual the information which Old Mutual requests under the authorisation in (a), and I request that person to do so
- Old Mutual to give to other insurers to assess risk or claims, and to the Life Assurance Association of South Africa (LOA), any information obtained by Old Mutual under the authorisation in (a), as well as any information contained in any document or contract to which this claim relates
- the LOA to give any such information received from Old Mutual to other insurers to assess risk or claims. Any information may, under this authorisation, be obtained or given at any time, even after my death, and in such detail, or in such abbreviated or coded form, as Old Mutual or the LOA may from time to time decide

I understand that my right to privacy is curtailed to the extent permitted by me in this authorisation. This information may be used by Old Mutual to determine the validity of this claim. By signing below, I certify that I agree to the prepayment of the death benefits under the abovementioned plan(s). I understand that if my request for this prepayment is approved, the full cover amount of the death benefit(s) will be payable as full and final settlement of these benefit(s). I understand that the benefit(s) will cease after this payment.

Signature of claimant	<input type="text"/>	Date	<input type="text"/>
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Contract number

PART 2 TO BE COMPLETED BY MEDICAL PRACTITIONER

SECTION 1 DETAILS OF PATIENT

Surname	<input type="text"/>								
Full names	<input type="text"/>								
ID/Passport number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 MEDICAL HISTORY

A terminal illness is defined as a medical condition that with reasonable medical certainty in the opinion of Old Mutual's Senior Medical Officer, will result in the death of the life covered within twelve months of the date medical evidence to that effect is provided. Please supply copies of all medical reports and test results in support of the diagnosis.

Date of first visit	<input type="text"/>	Date of last visit	<input type="text"/>
Diagnosis	<input type="text"/>		

A. Present condition

Please provide us with sufficient detail of the claimant's present condition to support that a reasonable assessment of the life expectancy of the claimant is less than twelve months.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

B. General

1. Please indicate the terminal illness from which the claimant is suffering, with the appropriate international staging of the disease, where applicable. To support the claim, please provide us with copies of all tests, investigations and reports in your possession.

<input type="text"/>
<input type="text"/>
<input type="text"/>

2. If the claimant is suffering from cancer, please provide us with a copy of the histology report and a detailed staging of the disease to enable Old Mutual to arrive at the appropriate decision.

<input type="text"/>
<input type="text"/>
<input type="text"/>

3. If the claimant is HIV positive, please advise the current stage.

<input type="text"/>
<input type="text"/>
<input type="text"/>

4. (a) Is there any reason to believe that the life covered's state of health is in any way due to or has arisen directly or indirectly, entirely or partially, from AIDS or HIV infection? YES NO

If "YES", please provide full details.

<input type="text"/>
<input type="text"/>

- (b) Has the life covered ever been tested for HIV antibodies? YES NO

If "YES", when?

By whom?

What was the results?

- (c) If "HIV-positive":

Date of diagnosis

When was the life covered informed of the "HIV-positive" diagnosis?

Contract number

