



GREENLIGHT

NAM CHILD SEVERE ILLNESS BENEFIT CLAIM FORM Statement by Medical Specialist

GREENLIGHT contract number (e.g. 12345678)

Contract number input grid

Intermediary code (e.g. PFA: A123456; BROKER: 78870)

Intermediary code input grid

Please complete in BLOCK LETTERS using black or blue ink.

SECTION 1 DETAILS OF CONTRACTING PARTY

Form for Contracting Party details including name, ID, address, and telephone numbers.

SECTION 2 DETAILS OF LIFE COVERED

Form for Life Covered details including name, ID, address, and telephone numbers.

SECTION 3 REQUEST TO MEDICAL SPECIALIST, HOSPITAL OR CLINIC

Form for Medical Specialist details including name and address.

Please complete the Confidential Medical Report overleaf in respect of the disease or disorder for which you have been treating the Life Covered's child. I authorise you to disclose to Old Mutual any information you may have concerning the health of my child. The fee as agreed upon between the Medical Association of Namibia and the Life Offices' Association of Namibia will be paid by myself.

Please forward this report to: Old Mutual Customer Service Centre PO Box 165, Windhoek, Namibia. Fax number 061 225 261 Telephone number 061 223 189 Email namibia@oldmutual.com

Yours sincerely

Signature of Contracting Party

Signature box for Contracting Party

Signature of Life Covered (if different to the Contracting Party)

Signature box for Life Covered

## SECTION 4 DETAILS OF CHILD

Name(s)	<input type="text"/>
Surname	<input type="text"/>
ID 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"/> <input type="text"/>

## SECTION 5 MEDICAL HISTORY

When was the child's current condition diagnosed?

Who initially diagnosed the child's condition?

Doctor's name	<input type="text"/>
Contact number	<input type="text"/>

Who referred the child to you?

Doctor's name	<input type="text"/>
Contact number	<input type="text"/>

## SECTION 6 DETAILS OF THE CHILD'S CONDITION

Please tick relevant block and supply reports and answer questions in the relevant block.

### CANCER AND BLOOD SYSTEM

**Bone marrow failure (including severe aplastic anaemia)**

- Supply copies of specialist reports confirming the definite diagnosis of complete bone marrow failure which has resulted in anaemia, neutropenia and thrombocytopenia.

- Does the child require any of the following treatments?

An immunosuppressive agent

Yes  No

Recurrent blood transfusions

Yes  No

Bone marrow stimulation therapy

Yes  No

**Cancer**

- Supply copies of specialist reports and Histology confirming the child's malignant tumour, characterised by the uncontrolled growth and spread of malignant cells and the invasion of surrounding tissue.

**Hematopoietic stem cell (bone marrow) transplant**

- Supply copies of all specialist reports confirming the child's hematopoietic stem cell (bone marrow) transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

### CARDIO-VASCULAR SYSTEM

**Cardiomyopathy**

- Supply copies of specialist reports confirming the diagnosis of impaired ventricular function.

- What is the child's New York Heart Association classification?

NYHA I

NYHA II

NYHA III

NYHA IV

- Supply the Left ventricular ejection fraction reading.

**Heart surgery**

- Supply copies of specialist reports regarding the child's surgery to the heart.

**Heart transplant**

- Supply copies of all specialist reports confirming the child's heart transplant or confirmation of the child's inclusion on an official waiting list for such a procedure.

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## CENTRAL NERVOUS SYSTEM

### Acquired mental retardation

- Supply copies of specialist reports confirming the diagnosis of permanent acquired mental retardation, including the intelligence quotient of the child and classification of the retardation according to the Griffith's mental development scale or equivalent psychometric scale.

### Bacterial meningitis

- Supply copies of specialist reports confirming the bacteriological diagnosis of meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit.

### Benign brain tumour

- Supply copies of specialist reports confirming the diagnosis of a non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, with evidence of permanent neurological deficit.
- Was the tumour surgically removed? Yes  No
- Are signs of progression of the tumour present? Yes  No
- Are signs and symptoms of raised intra-cranial pressure as a result of the tumour present? Yes  No

### Coma

- Supply copies of specialist reports confirming the child's diagnosis of a coma, with Glasgow Coma Scale readings.
- How long was the child unconscious for?

### Multiple sclerosis

- Supply copies of specialist reports confirming the diagnosis of Multiple Sclerosis, with neuroimaging and/or CSF analysis evidence confirming current clinical impairment of both motor and sensory function.
- How many episodes of MS with remission has the child experienced?

### Paralysis

- Supply copies of specialist reports confirming the total and irreversible loss of muscle function to the whole of any one limb, where limb is the whole of one arm or the whole of one leg.

### Spinal cord tumour

- Supply copies of all specialist reports confirming the diagnosis of a non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, with evidence of permanent neurological deficit.
- Was the tumour surgically removed? Yes  No

### Stroke

- Supply copies of specialist reports confirming the child's cerebrovascular accident (stroke) or incident producing permanent neurological damage, including neuroimaging evidence.

## CONNECTIVE TISSUE

### Juvenile rheumatoid arthritis

- Supply copies of specialist reports confirming the presence of juvenile rheumatoid arthritis, including the age at onset and the duration of signs and symptoms of the condition.
- Is arthritis present in more than one major joint? Yes  No

## DIGESTIVE SYSTEM AND KIDNEYS

### Chronic kidney failure

- Supply copies of specialist reports confirming the diagnosis of chronic renal failure.
- Please indicate what the child's test results were for estimated GFR.  ml/min
- Does the child require:
  - Peritoneal dialysis Yes  No
  - Haemodialysis Yes  No

### Kidney transplant

- Supply copies of all specialist reports confirming the child's kidney transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

### Liver transplant

- Supply copies of all specialist reports confirming the child's liver transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

### Pancreas transplant

- Supply copies of all specialist reports confirming the child's pancreas transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

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**ENDOCRINE SYSTEM**

**Type I diabetes**

- Supply copies of specialist reports confirming the diagnosis of Type I diabetes, according to the latest World Health Organisation criteria.
- Provide reports confirming the presence of:
  - GAD antibodies
  - Islet-cell antibodies
  - C-peptide levels indicative of type 1 Diabetes

**HIV/AIDS**

**Accidental HIV via a blood transfusion**

- Supply copies of specialist reports confirming that the child has been infected with HIV by infected blood received in a blood transfusion.
- Proof of admittance of liability by the institution that provided the infected blood must be provided.
- Supply copies of the results of the HIV antibody test undergone by the child.

**Accidental HIV via an organ transplant**

- Supply copies of specialist reports confirming that the child has been infected with HIV by an infected organ received in an organ transplant.
- Proof of admittance of liability by the institution that provided the infected organ must be provided.
- Supply copies of the results of the HIV antibody test undergone by the child.

**AIDS**

- Supply copies of specialist reports confirming the manifestation of full-blown AIDS/Stage 4 HIV infection, with evidence of at least 1 AIDS defining condition as currently listed by the US Center for Disease Control
- Supply copy of a positive HIV antibody test (or other recognised test for the presence of AIDS).
- Supply copies of CD4 cell count.

**LIFESTYLE**

**Terminal illness**

- A terminal illness is defined as a medical condition that either has no known cure or has progressed to the point where it can not be cured and with reasonable medical certainty in the opinion of Old Mutual's Chief Medical Officer, will result in the death of the child within twelve months of the date medical evidence to that effect is provided.
- Please provide us with sufficient detail of the child's present condition to support that a reasonable assessment of the life expectancy of the claimant is less than twelve months.


- Please indicate the terminal illness from which the child 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.


**RESPIRATORY SYSTEM**

**Chronic respiratory failure**

- Supply copies of specialist reports confirming the diagnosis of a chronic respiratory disorder.
- Does the child require home oxygen therapy? Yes  No
- Supply the following readings:

FEV1

FVC

DLCO

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**Juvenile onset recurrent respiratory papillomatosis**

- Supply copies of specialist reports confirming the presence of recurrent human papilloma virus lesions in the upper airways.
- Does the condition require surgery?

Yes  No

**Lung transplant**

- Supply copies of all specialist reports confirming the child's lung (or lobe of lung) transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

**SENSORY AND COMMUNICATION SYSTEM**

**Loss of hearing**

- Supply copies of specialist reports confirming the child's loss of hearing in both ears, including copies of the tests performed.
- Please indicate the child's Audiometry results for each ear:

Left ear  db

Right ear  db

**Loss of sight**

- Supply copies of specialist reports confirming the child's loss of sight in both eyes, including copies of the tests performed.
- Does the child present with:

Diabetic retinopathy

Yes  No  supply grade

Visual field loss

Yes  No  supply radius

- Supply the visual acuity readings:

R  L

**SECTION 7 DECLARATION BY MEDICAL SPECIALIST**

I certify that I have personally attended to the patient and that all the foregoing statements are correct to the best of my knowledge. I confirm that I will adhere to all the applicable Data Protection legislation.

Signed at  on this  day of  20

Signature of medical specialist

Initials

Surname

Practice number

Qualifications

Address

Telephone Code  Number

Fax Code  Number



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