CLAIMS MANUAL

Claims Process, Rules, Definitions, Terms, and Conditions.

ELEVATE *life*

A Long, Healthy, Prosperous Life.

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1. SUBMITTING A CLAIM

1.1. Claim eligibility

Eligibility to submit a claim is based on the type of cover held, as outlined below.

TYPE OF COVER	ELIGIBILITY FOR A CLAIM
Life Protection	The passing away (death) of the Life Insured during the benefit term.
Disability Protection	If you are to suffer from a condition (whether through illness or injury) that significantly prevents you from performing key functions that are necessary for your own occupation.
Impairment Protection	Upon diagnosis of any of the Physical Impairment conditions listed in your Policy Schedule.
Severe Illness Protection	Upon diagnosis of any of the severe illnesses or conditions listed in your Policy Schedule.

Please note:
Section 7 outlines the high-level details of conditions covered for each product. The full list of conditions and accompanying definitions can be found in your policy schedule.

1.2. How long do you have to submit a claim?

All claims must be submitted **within 6 (six) months** of the event or diagnosis that brought rise to the claim.

Please note:
For disability claims, the Waiting Period will start on the day that Elevate is notified of the claim event occurring.

1.3. Initiating a Claim

A claim can be initiated either by completing the relevant online claims assessment forms within the Elevate Customer Portal, or by emailing the Claims Assessment Team at **claims@elevate.co.za** to provide you with access and/or a link to these forms.

Claims may be submitted by either the Life Insured, a proxy acting on behalf of the Life Insured (including the designated broker), or one of the Life Insured's nominated beneficiaries.

1.4. Communication and feedback

The Elevate Claims Assessment Team will provide the claims initiator (whether yourself, your appointed proxy or a nominated beneficiary) with updates on the progress of the claims assessment, including any additional information required in order to complete the assessment.

All communication and feedback will be sent to the initiator's confirmed email address.

1.5. Standard Claim Information

All claims require completion of the Elevate online assessment form which is customised to the type of claim submitted.

In addition, you will need to submit the following Standard Claims Information for each of the types of cover to which a claim relates:

Life Protection: Lump sum

For natural deaths:

- Certified copy of the Life Insured's Death Certificate
- Notification of Death form (BI1663), if death certificate does not indicate the exact cause of death
- Certified copy of the identity documents of the Life Insured and all nominated beneficiaries
- Banking details of the Estate or nominated beneficiary(ies), as applicable
- If payment is due to your Estate, Elevate requires a letter of executorship from the Master of the High Court
- If the deceased was divorced, a certified copy of the divorce order and settlement agreement
- If a Trust is nominated as a beneficiary, Elevate requires a certified copy of the Trust Deed and a Letter of Authority of the Trustees
- Medical Report from the Life Insured's treating doctor

For unnatural deaths, the following additional information is required:

- Declaration by Police form
- If the cause of death was due to a road accident, a certified copy of the Road Traffic Accident Report
- Certified copy of the Post-Mortem report
- Certified copy of the Body Identification form (SAP377)

Disability Protection: Ongoing monthly payments

- Elevate Disability Claim Form for Life Insured *
- Elevate Occupational Questionnaire for Life Insured *
- Elevate Disability Claim Form for the treating doctor/specialist of the Life Insured
- Medical Report from the Life Insured's treating doctor/specialist
- Elevate Disability Claim Form for the Employer of the Life Insured
- Certified copy of the identity documents of the Life Insured and nominated beneficiary(ies)
- Banking details of the Life Insured and nominated beneficiary(ies), as applicable
- Proof of the Life Insured's current Post-Tax Income, for example the most recent tax return or salary slips from the past three months

Impairment Protection: Lump Sum

- Elevate Functional and Physical Impairment Claim Form for the Life Insured *
- Elevate Functional and Physical Impairment Claim Form for the Life Insured's treating doctor/specialist
- Certified copy of the identity documents of the Life Insured and nominated beneficiary(ies)
- Banking details of the Life Insured and nominated beneficiary(ies), as applicable

* These form part of the Elevate online assessment forms that will be provided to you for completion

Severe Illness Protection: Lump sum

- Elevate Severe Illness Claim Form for the Life Insured *
- Elevate Severe Illness Claim Form for the Life Insured's treating doctor/specialist
- Medical Report from the Life Insured's treating doctor
- Police Declaration, if claiming under Accidental HIV due to crime or road accident
- Certified copy of the identity documents of the Life Insured and nominated beneficiary(ies)
- Banking details of the Life Insured and nominated beneficiary(ies), as applicable

* These form part of the Elevate online assessment forms that will be provided to you for completion

1.6. Additional Claim Information

Why would Elevate need Additional Claim Information?

This additional information is required in order to assist Elevate to ensure a fair and informed decision regarding your claim. Such information might include:

- A report from an Independent Specialist (i.e. someone that has not treated the Life Insured)
- An Independent Medical Evaluation by an Independent Specialist chosen and appointed by Elevate
- Additional information from you or your treating doctor
- A Functional Capacity Evaluation (FCE) from an Independent Specialist or Allied Health Professional chosen by Elevate
- Historical data from your medical scheme and/or your healthcare service providers

There are also special protocols for certain medical conditions:

Special claims protocols apply for claims related to any of the following conditions:

- Mental and behavioural disorders,
- Fibromyalgia,
- Chronic fatigue syndrome,
- Ongoing chronic auto-immune and connective tissue disorders,
- Back conditions,
- Pre-existing conditions.

1.7. Medical Practitioner Criteria

The treating doctor or specialist who is assigned to complete the requisite forms and/or provide medical reports for the Life Insured must be either a Medical or Dental Practitioner whichever is deemed by Elevate to be applicable to the nature of your claim that is registered with the Health Professions Council of South Africa (HPCSA) and approved by Elevate, with a minimum qualification of any of the following:

- BCh Bachelor of Surgery
- BChir Bachelor of Surgery
- BM Bachelor of Medicine
- BS Bachelor of Surgery
- ChB Bachelor of Surgery
- DCh Doctor of Surgery
- DS Doctor of Surgery
- MBBCh Bachelor of Medicine and Bachelor of Surgery
- MBBS Bachelor of Medicine and Bachelor of Surgery
- MBChB Bachelor of Medicine and Bachelor of Surgery
- MD Doctor of Medicine BDS Bachelor of Dental Surgery
- BChD Bachelor of Dental Surgery
- DDS Doctor of Dental Surgery
- DMD Doctor of Dental Medicine

2. THE CLAIMS ASSESSMENT PROCESS

2.1. How long is the assessment process?

The entire process should not take more than 15 (fifteen) working days to finalise once all Standard Claims Information has been received.

Please note:
Note that the process may take longer if Additional Claims Information is required or if the Standard Claims Information has not been completed or provided correctly.

2.2. Who will pay for the claim assessment process?

You will be required to pay for the completion and preparation of all Standard Claim Information.

Elevate will cover the costs of any Additional Claim Information requested.

2.3. Who determines if a claim is approved?

The Elevate Medical Assessment Committee comprising of internal and/or external medical specialists and other professionals will assess your claim and determine if it is paid, and in the event of a partial claim, the portion of your claim which will be paid out.

2.4. Confidentiality

Given the highly sensitive nature of our business, all documents, irrespective of the content, are handled with the utmost care and confidentiality in accordance with governing the protection of Personal Information Act, 4 of 2013 (POPIA) legislation. No claims assessment information will be disclosed by Elevate to anyone other than the specific individuals that are in charge of administering and assessing your claim.

Note that for certain types of claims, such as those paid due to your inability to perform the functions of your own occupation, you will have to inform one or more of the following stakeholders of the existence of your claim in order for your assessment to be approved:

- Your nominated beneficiaries,
- Your employer, and
- Your treating doctor/specialist

3. CLAIM AMOUNT CALCULATION

3.1. How much will my claim amount be?

For all products purchased, your full benefit amounts (as reflected in your Policy Contract) are subject to your Maxmium Sum Assured limits, assuming full disclosure of aggregate existing cover for that Product Category. Any non-disclosure causing a breach of your maximum sum assured may result in full or partial claim repudiation.

Life Protection

The amount paid on claim is the full benefit amount, including any automatic benefit increases, less any accelerated Severe Illness claim amount made on the policy.

Disability Protection

The amount paid on claim is the full benefit amount, plus any automatic benefit increases, subject to a maximum of up to 75% (seventy-five percent) of your current post-tax income at the time of claiming if you are not self-employed, or up to 100% if you are self-employed.

The Maximum Sum Assured is applicable throughout the life of your disability policy. It is therefore important to let Elevate know within 30 (thirty) days of changes to your post-tax income, to avoid paying for cover that may be above your Maximum Sum Assured limit.

Any benefits being claimed from other insurers, as well as any (non-passive) income you are still earning while in-claim may be offset from the monthly benefit that you receive from Elevate.

Note: While in-claim for Disability Protection, the Disability premium (if payable at any point in time) will escalate at the same rate as the Benefit in-claim escalation. When a claim ends, the premium escalation will revert back to the applicable premium escalation.

Impairment Protection

The amount paid on claim is calculated by multiplying the full benefit amount, including any automatic benefit increases, less any Impairment claims amounts made on the benefit, by the severity percentage applicable to the impairment condition.

If you suffer from a single condition that qualifies for pay-out under more than one Impairment condition definition, only one claim will be paid. The amount paid will default to the highest of the amounts applicable to each relevant condition (i.e. highest severity level of all qualifying conditions will apply).

Severe Illness Protection

The amount paid on your first severe illness claim is calculated by multiplying the full benefit amount, including any automatic benefit increases*, by the severity percentage applicable.

The amount paid on any subsequent claim is determined by whether the claim is a progression of an existing condition or not.

*On standalone Severe Illness Protection, if you claim at less than 100% severity, the cover level will remain level and so benefit escalations will not apply thereafter.

The claim payment formula for a severe illness claim is as follows:
Claim payment = Claim percentage x Benefit Cover Level

For progressive claims (i.e. worsening of symptoms or progressing to a higher severity level of disease):
Claim percentage = Difference in the applicable severity levels between the current claim and the highest severity level of previous claims paid in this condition progression
Benefit Cover Level = The cover level calculated as if all the previous claims which form part of the set of progressive claims had not occurred.

For non-progressive claims:
Claim percentage = Severity level applicable to this most recent claim
Benefit Cover Level = Current remaining cover level after allowing for reductions from previous claim pay-outs

If you suffer from a single condition that qualifies for pay-out under more than one Severe Illness condition definition, only one claim will be paid, and the amount paid will default to the highest of the amounts applicable (i.e. highest severity level of all qualifying conditions will apply).

3.2. Maximum number of claims that you can submit

Life Protection

You can only claim once on this benefit as the cover is fully exhausted in a single claim

Disability Protection

There is no limit to the number of claims you can submit on this benefit for different conditions. Refer to section 4.3 regarding reinstatements for more detail.

Impairment Protection

There is no limit to the number of claims you can submit. However, your cover will end once you exhaust the benefits that fall under your policy.

Severe Illness Protection

There is no limit to the number of claims you can submit on this benefit. However, your cover will end once you exhaust the benefits that fall under your policy.

4. APPROVED CLAIMS

4.1. Beneficiaries

For *Life Protection* policies, and in the event of your death, payment is made to your nominated beneficiaries, as per your Policy Contract.

During your lifetime, the *Family Health Protection* range of products are the only products for which your nominated beneficiaries may receive benefits directly.

For all other products, all benefits due will be paid to you as the Life Insured under the policy.

When one or more beneficiaries are nominated, you can specify the percentages of the benefits under your policy that you would like to pay to each beneficiary, respectively.

All beneficiary nominations are done during the product application stage or alternatively in the Elevate Customer Portal. Your beneficiaries will be outlined in your Policy Contract.

Should you have elected to cede your entire policy, or a portion thereof, your elected cessionary will be paid out before any of your nominated beneficiaries. Beneficiaries need not be aware of, nor give their consent to, the ceding of an Elevate policy.

If you do not nominate any beneficiaries, then your benefits will be paid to your estate.

4.2. Payment of Benefits

Benefits due to you will be paid to your premium-paying account by default. Should you wish payment to be made into a different account, you may specify this in the online claim assessment form. In this case, we will require confirmation that the account belongs to you, in the form of either a cancelled cheque or a letter from the bank.

Payment will be made once the assessment is complete and the claim accepted as valid.

4.3. When will your claim start?

Benefits due to you will be paid to your premium-paying account by default.

Life Protection: Lump sum

Claim payments will be paid within 7 (seven) working days of an approved claims assessment.

Immediate Cover benefits are payable within 48 hours of the following documentation being provided:

- Certified copy of the Death Certificate
- Notification of Death form (BI1663), if the Death Certificate does not indicate the exact cause of death.

Disability Protection: Ongoing monthly payments

Approved claims will be paid at the end of the chosen Waiting Period that is noted in your Policy Contract.

Multiple claims are allowed if you return to work (Cover Reinstatement), however:

- If you relapse with the same conditions within 90 days, this will be counted as a single claim event. In this situation, no Waiting Period will be applied and your cover will start immediately. A maximum of 3 reinstatements will apply for the same condition.
- If you suffer a different condition, this will be treated as a new claim. In this situation, a new Waiting Period, as noted in your Policy Contract, will apply.

Impairment Protection: Lump Sum

Payment will be made within 7 (seven) working days of an approved claims assessment.

Severe Illness Protection: Lump sum

Payment will be made within 7 (seven) working days of an approved claims assessment.

Further, a Survival Period applies on all Severe Illness cover. This means that claims will only be paid if you are still alive after 14 days from the severe illness diagnosis. There is, however, no Survival Period applicable for Accelerated Severe Illness Cover benefits.

5. REJECTED CLAIMS

Claims will be rejected for any of the following reasons.

5.1. Not meeting claim requirements

Your claim will be rejected if you do not meet all the claims requirements outlined in this document.

5.2. Exclusions

Your claim will be rejected if it is determined that the claim event is subject to one of the following exclusions:

- Suicide within 2 (two) years f rom the policy inception date
- Self-inflicted injuries
- Willful and deliberate breaking of law
- Intentional and negligent use of poisons, drugs or narcotics unless prescribed by Medical Doctor
- Participation in acts of war
- Participation in civil commotion or riots
- Cosmetic procedures, organ donation and/or associated complications thereof
- Claims that occur while the Life Insured is travelling or living outside South Africa to countries that are on Elevate's Excluded Countries/Territories list
- Failure to inform Elevate of critical information during the life of the policy that would have an impact on the level of your premium
- Non-disclosed, misrepresented, false or fraudulent information provided during the application or claims stages.

There also may be exclusions that are applicable to specif ic Life Insureds based on the information shared during application underwriting process. These additional exclusionswill be noted in your Policy Contract.

6. RECURRING CLAIMS REQUIREMENTS

If you claim for a number of months, both you and your treating doctor(s)/specialist(s) will be required to provide the following Standard Recurring Claim Information as is required by Elevate. If this information is not provided then your benefit payments will cease:

- Recurring Claim Form, may be required each month, one from you and one from your treating doctor(s)/specialist(s), a doctor(s)/specialist(s) who are specialists in the field of medicine related to your condition;
- A monthly face-to-face consultation with your doctor. (Telephonic consultations are not accepted by Elevate.)

Standard Recurring Claim Information must be provided to Elevate at your expense.

Further additional information relating to your recurring claim may be required at the discretion of Elevate. If so, any costs involved in the preparation of the required information will be at Elevate's expense.

6.1. Adhering to regular and appropriate care and treatment

While receiving ongoing benefits, it is essential that you adhere to any and all medical advice given by your treating doctor(s)/specialist(s). Failing to do so, risks your claim being rejected or your ongoing benefits terminated if Elevate determines that your ongoing claim is a result of you not adhering to sound medical advice or following Regular and Appropriate Care and Treatment.

Regular and Appropriate Care and Treatment is considered to be:

- Personal visits to a doctor as frequently as is medically required according to standard medical practice, to effectively manage and treat your disabling condition(s); and
- Receiving appropriate treatment and care that is medically necessary and consistent with the diagnosis of your disabling condition(s) and which conforms with standard medical practice, by a doctor whose specialty or expertise is the most appropriate to manage and treat your disabling condition(s) according to standard medical practice; and
- Complies with all aspects of the treatment plan prescribed including the active participation in a holistic rehabilitation and recovery programme.

The purpose of the Regular and Appropriate Care and Treatment is to determine an accurate and medically supported diagnosis of your disabling condition(s), the impact of the condition on your ability to work and to maximise your medical improvement with the goal of aiding your return to fulltime work whenever, and as soon as, possible.

7. LISTED CONDITION DEFINITIONS

7.1. Life Protection

If the Life Insured dies during the Cover-in-Force Period, Elevate will pay the benefits under the *Life Protection* policy that is set out in your Policy Contract to the nominated beneficiary(ies).

Death can be paid out for those that result from natural, unnatural and accidental causes.

7.2. Disability Protection

When the Life Insured suffers from a condition (illness/injury) that significantly prevents them from performing key functions necessary to carry out the Life Insured's Own Occupation.

7.3. Impairment Protection

When the Life Insured is diagnosed with any of the Impairment conditions listed in the 'Conditions' section of your individual Policy Schedule.

7.4. Severe Illness Protection

If the Life Insured is diagnosed, during the Cover-in-Force Period, with any of the Severe Illness conditions listed in the 'Conditions' section of your individual Policy Schedule, Elevate will pay the benefits according to the listed tier.

The 'Conditions' section mentioned above is broken down into broad categories, with each severe illness condition falling within a singular category. The medical requirements needed to validate a claim in each broad category are as follows:

Cardiovascular

The diagnosis of the cardiovascular condition must be made and confirmed by a cardiologist or vascular surgeon. All supporting investigations such as ECGs, echocardiograms, blood tests, angiograms and all other relevant tests must be submitted and confirm the diagnosis.

Cancer

Cancer malignancy must be diagnosed by an appropriate specialist and the diagnosis must be supported with histological confirmation or relevant special investigations.

Neurological

All neurological conditions or disorders must be diagnosed by a neurologist or neurosurgeon and supported by imaging or relevant special investigations.

Respiratory

All respiratory conditions covered on this benefit are required to be diagnosed by a pulmonologist and supported by the relevant special investigations. The diagnosis must be confirmed by at least 2 measurements taken 6 months apart.

Gastrointestinal

All gastrointestinal conditions covered on this benefit are required to be diagnosed by an appropriate or relevant specialist and supported by the relevant special investigations.

Urogenital

All urogenital and renal conditions covered on this benefit are required to be diagnosed by nephrologist or urologist and supported by the appropriate special investigations.

Visual

All visual conditions covered on this benefit are required to be diagnosed by an ophthalmologist and be supported by any relevant special investigations.

Ear, Nose and Throat

All ear, nose and throat conditions covered on this benefit are required to be diagnosed by an ear, nose and throat specialist and be supported by any relevant special investigations. Diagnosis must be confirmed with readings taken 6 months apart.

Speech

All speech conditions covered in this benefit are required to be diagnosed by an appropriate or relevant specialist and be supported by any relevant special investigations.

Endocrine

All endocrine conditions covered on this benefit are required to be diagnosed by an endocrinologist or surgeon and must be supported with relevant special investigations.

Connective Tissue Disorder & Autoimmune Disorders

Connective Tissue Disorder and all autoimmune conditions covered on this benefit are required to be diagnosed by a rheumatologist and must be supported with relevant special investigations. The diagnosis must meet accepted international diagnostic criteria.

Musculoskeletal

All musculoskeletaland conditions covered on this benefit are required to be diagnosed by the treating specialist and must be supported with relevant special investigations.

Trauma

All trauma conditions covered on this benefit are required to be diagnosed by the treating specialist and must be supported with relevant special investigations.

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CONTACT US

We hear you loud and clear.
Contact us and put our service to the test.

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