

APPLICATION FOR PAYMENT OF AN ALL WOMAN CLAIM



WHAT IS AN ALL WOMAN CLAIM IN TERMS OF YOUR POLICY?

An All Woman claim pays out a percentage of the sum assured if the life assured, or up to four children of the life assured, suffers an event as defined and according to the criteria described in the tables in the 1Life Policy Book.

To make this process as easy and as stressful as possible, we will require you to complete the claim form as accurate as possible.

If we need any additional documents, we will inform you and we will also do our best to get these documents as soon as we possibly can. We may also need your assistance in to speed up the claim.

WHAT DO WE REQUIRE FROM YOU TO ASSESS YOUR CLAIM?

1. Application for Payment of an All Woman Claim form completed by claimant/ life assured (Attached)
2. Medical Attendant Report form completed by regular family doctor (GP) providing full medical history for the period before your policy commenced or was reinstatement (Attached)
3. Copies of medical aid claim statements (if applicable)
4. Doctor's Statement completed by the life assured's (or child) treating specialist (Attached)
5. All available reports and test results, such as histology reports; blood results; x-ray reports; CT/ MRI scan reports; and any other test results pertinent to the claim event
6. Certified copy of your ID document, no more than three (3) months old
7. Certified copy of birth certificate if the claim is in respect to a child of the life assured
8. Your bank statement for three (3) months before the claim incident
9. If the claim event is due to accidental causes, a SAPS report and/ or accident report.

IMPORTANT CLAIM TIME LIMITS

1Life must be notified of an event that may result in a claim within 3 (three) months of its occurrence.

In the case of claims for conditions relating to congenital abnormalities, claims should be submitted within 3 years of the birth of the child.

We may reject a claim if we do not receive notification within the prescribed periods.

- Initial claims documentation must reach us within 3 (three) months of the claim event
- Any additional documents required for processing the claim need must reach us within 3 (three) months of us requesting them.
- 1Life reserves the right to request further information that they deem necessary to complete the assessment of the claim
- Incomplete and/ or insufficient information may result in delays of the claim assessment

WANT TO FOLLOW UP ON YOUR CLAIM OR HAVE ANY QUESTIONS?

For all claims related enquiries, please contact the claims department.

- Telephone: 0860 10 51 96
- Fax: 0860 10 57 67
- E-mail: claims@1life.co.za

WHERE CAN YOU SEND YOUR COMPLETED FORMS?

The required documents plus this claim form, correctly completed and signed, must be submitted to 1Life using by fax or post or e-mail.

- Fax: 0860 10 57 67
- Postal Address: PO Box 11250, Johannesburg, 2000
- E-mail: claims@1life.co.za

In the next set of questions, you need to give us information about you, our life assured.

SECTION A: PARTICULARS OF THE INSURED

Policy Number: _____ Title: _____ Initials: _____ Gender: _____

First Names: _____ Surname: _____

ID/ Passport: _____ Language: _____

Postal Address _____ Code: _____

Physical Address _____ Code: _____

Telephone (W): _____ Fax (W): _____

Telephone (H): _____ Fax (H): _____

Cell: _____ E-mail: _____

Communication Preference: Post Fax E-mail

Medical Aid: _____ Medical Aid Number: _____

If the claim relates to conditions related to the benefits for your child, please complete the following information:

Full names of child: _____

Surname of child : _____

Date of birth: _____ / _____ / _____ Gender Male Female

How is the child related to you? Biological child / Stepchild / Legally Adopted Child

SECTION B: ALL WOMAN DETAILS

1. Based on the policy conditions and definitions , for which condition that your policy covers are you claiming?

Female Cancer

Pregnancy Complications

Childrens Cancer

Accidental, traumatic HIV infection

Systemic Lupus Erythematosus

2. Have you submitted a similar claim with 1Life or any other insurer before?

Yes

No

3. If yes, please provide details and date of claim.

4. On what date did the symptoms of the dread disease for which you are claiming start?

Please remember to tell us about all the doctors, hospitals, clinics where you have received treatment for this condition.

We will also need to know about your medical history before the policy started, therefore it is important that you list your usual doctor or clinic name and details.

Please note that your **usual doctor** has to complete the attached **Certificate of Medical Attendant** form. We require information regarding any treatment and consultations before your policy started.

SECTION B: ALL WOMAN DETAILS CONTINUE

1. On what date did you first consult a medical practitioner in connection with your current condition? _____

2. On what date was your condition first diagnosed? _____

3. State names, addresses and dates of all doctors, hospitals and clinics consulted in connection with your condition. (Please provide hospital or clinic reference numbers)

(a) Doctor Surname _____ Hospital/Clinic _____
Date Attended _____ Reference No _____
Address _____
Code _____

(b) Doctor Surname _____ Hospital/Clinic _____
Date Attended _____ Reference No _____
Address _____
Code _____

(c) Doctor Surname _____ Hospital/Clinic _____
Date Attended _____ Reference No _____
Address _____
Code _____

4. Details of the doctor who is currently treating your condition

Doctor Surname _____ Initials _____
Physical Address _____
Code _____

Work Telephone _____

5. Details of your family doctor

Doctor Surname _____ Initials _____
Physical Address _____
Code _____

Work Telephone _____

You need to confirm your bank details for us. You also still need to submit a copy of a statement for 3 months before the date of the claim

SECTION C: BANK DETAILS OF THE INSURED

Name of Bank _____ Branch Name _____

Branch Code _____ Account No _____

Name of Account Holder _____ Account Type _____

Signature of Account Holder

Date

If we have to ask your doctors for information directly, or any other authorized person for information to assist with your claim, you will need to give us permission to do so.

SECTION D: DECLARATION AND AUTHORISATION BY THE INSURED

Policy Number _____ ID _____

Declaration

I, _____ (full names), declare that to the best of my knowledge all the information that I have given in this claim form is accurate and complete and that I have not withheld any information which could influence the decision on this claim. I further declare that I understand that my failure to disclose relevant information in respect of this claim may invalidate the claim.

I acknowledge that I fully understand the contents of this declaration.

Authorisation

I hereby authorise 1Life or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that may be necessary to investigate this claim. I further authorise 1Life or any of its representatives to release any information regarding this claim to any other interested parties that it deems necessary in respect of this claim.

Signed at _____ on this
day _____ of 20 _____

Signature of Claimant(s)