



OLD MUTUAL

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:

Form fields for contact person name, email, and telephone number

IMPORTANT NOTES

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 ID if different.
Proof of bank details, e.g. cancelled cheque, bank statement not older than 3 months, confirmation on a bank letterhead.
The premium must continue to be paid to avoid plan/benefits ceasing.

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

Form fields for contracting party details including title, name, ID, address, and contact information

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

Form fields for life covered details including title, name, and previous surname



## 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"/>

### 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 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

## ADDITIONAL INFORMATION

Have you travelled or resided outside the Republic of South Africa in the past 12 months?

YES  NO

If "YES", please provide full details including dates.


## SECTION 3 DECLARATION BY MEDICAL SPECIALIST

I certify that I have personally attended the patient and that all the foregoing statements are correct to the best of my knowledge.

Initials   Surname

Qualifications

Address  Postal code

Practice number

Name of hospital

Address of hospital  Postal code

Contact number

Signed at (place)  on (date)

Signature of medical specialist

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### Old Mutual Claim Contact Details:

Email	claims@oldmutual.com	Fax number	0860 60 45 02
Telephone number	RSA: 0860 10 22 74 International: +27 21 503 1802	Address	PO Box 202, Mutualpark 7451, South Africa.

Contract number



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