



GREENLIGHT

RSA

DISABILITY BENEFIT CLAIM FORM DAILY TASKS TEST BY MEDICAL ATTENDANT

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 claimant and the medical attendant.

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:

- 1. A certified copy of the life covered's ID and/or contracting party's ID if different.
2. 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.

This form must be completed by the personnel officer of the institution where the life covered was/is employed.

SECTION 1 DETAILS OF CLAIMANT

Form fields for claimant details including title, surname, full names, previous surname, ID/passport number, date of birth, income tax number, residential address, postal address, country of address, contact numbers, and email address.

SECTION 2 REQUEST TO MEDICAL ATTENDANT, HOSPITAL OR CLINIC

Form fields for medical attendant details including date, doctor name, and residential address.

SECTION 3 INSTRUCTIONS TO MEDICAL ATTENDANT

- Please assess the claimant's ability to perform each activity as laid out under each category, relevant to his/her current medical condition.
- Tick the appropriate box only if the claimant completely meets the criteria as laid out in each statement.
- Tests must be performed with the use of assistant devices (including prostheses, hearing aids, glasses etc.) when applicable.

1	MOBILITY AND BALANCE	
1.1	Unable to walk unassisted, except for the use of a walking stick, on an even surface without experiencing severe discomfort	
1.2	Unable to walk at all without the use of crutches, a rollator, walking frame or quadropod, or is wheelchair bound	
1.3	Unable, due to musculo-skeletal or neurological problems, to climb up and down one flight of stairs (comprising 12 steps) without human assistance	
1.4	Unable to reach across a desk and pick up a weight of 5 kg, one metre away, and place it on a chair next to the desk, whilst standing	
1.5	Unable to go down on haunches and stand up again using a chair/table as leverage	
1.6	Unable to perform the back motion required to touch the legs below the knees with both hands whilst standing	
1.7	Unable to stand up from a chair with back and arm supports	
1.8	Unable to touch chest with chin or look up at a spot on roof directly above client	
1.9	Unable to move head sideways (left or right) through 45 degrees	

Reason why the activity could not be performed

2	HAND FUNCTION	
2.1	Unable to pick up 5c coin or paper clip from a desk with dominant hand	
2.2	Unable to open and close a tap or jar with dominant hand (tap should not be a lever tap)	
2.3	Unable to grasp and pick up a weight of 5 kg from the desk with the dominant hand, transfer it to the non-dominant hand and place it on the desk again	
2.4	Unable to pick up 5c coin or paper clip from a desk with non-dominant hand	
2.5	Unable to open and close a tap or jar with non-dominant hand (tap should not be a lever tap)	

Reason why the activity could not be performed

3	UPPER LIMB FUNCTION	
3.1	Unable to perform the shoulder motion required to reach behind the head and touch the opposite ear with the dominant hand	
3.2	Unable to perform the shoulder motion required to reach behind the head and touch the opposite ear with the non-dominant hand	
3.3	Unable to reach above shoulder height in front of the body with the dominant arm	
3.4	Unable to reach above shoulder height in front of the body with the non-dominant arm	
3.5	Unable to perform the elbow action required to move the dominant hand from the lap to the nose and back while seated	
3.6	Unable to perform the elbow action required to move the non-dominant hand from the lap to the nose and back while seated	

Reason why the activity could not be performed

4	SENSES	
4.1	Unable to speak sufficiently to be understood in a quiet room	
4.2	Unable to hear an instruction given to him/her in his/her language in a normal voice in a quiet room (with hearing aid if necessary)	
4.3	Unable to read newspaper headlines (font size 100) from distance of 40 cm with glasses	
4.4	Unable to read newspaper print (font size 9) from distance of 40 cm with glasses	

Reason why the activity could not be performed

Contract number

5	EFFORT TOLERANCE	
5.1	Experiences severe shortness of breath at rest	
5.2	Unable to perform activities requiring minimal exertion (e.g. dressing) without suffering severe shortness of breath	
5.3	Unable to perform activities requiring moderate exertion (e.g. climbing a flight of stairs) without suffering severe shortness of breath	

Reason why the activity could not be performed

6	WELLBEING	
6.1	Has full-time assistance/supervision of a caregiver/nursing aid or has nursing care	

Reason for supervision/assistance

7	MENTAL FUNCTIONING	
7.1	Unable to obtain a score of more than 25 (out of 30) in the mini mental state examination (If the client cannot read/write an appropriate adjustment will be made to the relevant questions.)	

Reason for the score given in the mini mental state examination

8	SERIOUS PSYCHIATRIC ILLNESS - This section is to be completed by a psychiatrist only.	
8.1	Unable to obtain a GAF score of 40 or more	

Reason for the GAF score given

SECTION 4 DECLARATION BY CLAIMANT

I authorise you to disclose to Old Mutual any information you may have concerning my health and habits.
The cost of completing this form and supplying any additional medical information is at the customer's own expense.

Signature of claimant

SECTION 5 DECLARATION BY MEDICAL ATTENDANT

Surname

Full names

Practice number

Qualification

Contact number

Email address

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 (place) on (date)

Signature of medical attendant

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.



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