OLDMUTUAL

GREENLIGHT

RSA FUNCTIONAL AND PHYSICAL IMPAIRMENT BENEFIT CLAIM FORM

STATEMENT BY CONTRACTING PARTY

Contract number

Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

Please print in block letters using black or blue ink.
This form is issued without admission of liability and must be completed and signed by the person instituting the claim.

Please email the completed form to claims@oldmutual.com

Intermediary/Admin support:

Name of contact person

Email address and telephone number of contact person

IMPORTANT NOTES

The premium must continue to be paid to avoid plan/benefits ceasing.

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:

- ☐ Functional and Physical Impairment Benefits Claim form Statement by contracting party
- ☐ Functional and Physical Impairment Benefit Claim form Statement by medical specialist
- ☐ A certified copy of the life covered's ID and/or contracting party's ID if different
- ☐ 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.
These depend on the benefit concerned and the cause of impairment.

SECTION 1 DETAILS OF CONTRACTING PARTY

Is the life covered the same person? YES ☐ NO ☐

Title: Mr ☐ Ms ☐ Mrs ☐ Other ☐ Initials

Surname/ Name of institution

Full names/ Contact person

Previous surname (if applicable)

ID/Passport/Institution registration number

Date of birth D D M M Y Y Y Y

Income tax number

Residential address/ Physical address of institution

Postal code

Postal address

Postal code

Country of address

Contact number (Work) Code No.

(Home) Code No.

Cellphone number

Email address

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

Title: Mr ☐ Ms ☐ Mrs ☐ Other ☐☐☐☐☐ Initials ☐☐☐☐☐

Surname

Full names

ID/Passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of birth D D M M Y Y Y Y

Income tax number ☐☐☐☐☐☐☐☐☐☐☐

Residential address

Postal code

Postal address

Postal code

Country of address

Contact number (Work) Code ☐☐☐☐☐☐ No. ☐☐☐☐☐☐☐

(Home) Code ☐☐☐☐☐☐ No. ☐☐☐☐☐☐☐

Cellphone number ☐☐☐☐☐☐☐☐☐☐

Email address

SECTION 3 DETAILS OF BENEFICIARY

Title: Mr ☐ Ms ☐ Mrs ☐ Other ☐☐☐☐☐ Initials ☐☐☐☐☐

Surname

Full names

Previous surname (if applicable)

ID/Passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of birth D D M M Y Y Y Y

Income tax number ☐☐☐☐☐☐☐☐☐☐☐

Residential address

Postal code

Postal address

Postal code

Country of address

Contact number (Work) Code ☐☐☐☐☐☐ No. ☐☐☐☐☐☐☐

(Home) Code ☐☐☐☐☐☐ No. ☐☐☐☐☐☐☐

Cellphone number ☐☐☐☐☐☐☐☐☐☐

Email address

SECTION 4 BANKING DETAILS OF BENEFICIARY

Name of bank

Branch name Branch code

Account holder name

Account number ID number of account holder

Account holder relationship: ☐ Own account ☐ Joint account Type of account: ☐ Cheque ☐ Savings ☐ Transmission

Contract number ☐☐☐☐☐☐☐☐☐☐

SECTION 5 MEDICAL HISTORY

On what date did the life covered first consult a medical specialist in connection with his/her current impairment? D D M M Y Y Y Y

Please provide name(s) and address(es) of all medical specilaist(s) and hospital(s) involved, and referral date(s).

Name (medical practitioner/hospital)	Address	Medical condition/procedure	Date	Duration

Has the life covered previously received any medical, chiropractic or psychological attention, treatment or medication? YES ☐ NO ☐

(Excluding colds, influenza and general children's ailments)

If "Yes", please state the nature of the illness and give names and addresses of the doctors and hospitals consulted, including the dates of occurrence.

Name (medical practitioner/hospital)	Address	Medical condition/procedure	Date	Duration

Is the life covered a member of a medical aid? YES ☐ NO ☐

Name of medical aid	
Member number	
Name of main member	

SECTION 6 DETAILS OF IMPAIRMENT

What impairment/birth defect is being claimed for? Please tick the relevant block.

(You are advised to peruse our contract, as all the conditions listed below may not be covered by your specific contract.)

- ☐ Advanced HIV Infection
- ☐ Aphasia/Dysphasia
- ☐ Arrhythmia
- ☐ Biliary Tract Disease
- ☐ Bladder Impairment
- ☐ Blindness
- ☐ Cancer
- ☐ Chronic Gastrointestinal Disease
- ☐ Chronic Kidney Failure
- ☐ Chronic Liver Disease
- ☐ Chronic Respiratory Disorders
- ☐ Chronic Spinal Column Conditions
- ☐ Clotting Disorders
- ☐ Congestive Cardiac Failure
- ☐ Cranial Nerve V Pathology
- ☐ Cranial Nerve VII Paralysis
- ☐ Cranial Nerve VIII Paralysis
- ☐ Cranial Nerve IX, X, XII Paralysis
- ☐ Endocrine Disorders
- ☐ Epilepsy
- ☐ Facial Disorders or Disfigurement
- ☐ Faecal Incontinence
- ☐ Gait Disorders/Poor Motor Co-ordination
- ☐ Gastrointestinal Stoma
- ☐ Hearing Loss
- ☐ Hemiplegia
- ☐ Hypertension
- ☐ Impaired Consciousness
- ☐ Irreducible Hernia
- ☐ Loss of use of a combination of upper and lower limbs
- ☐ Loss of use of both arms
- ☐ Loss of use of both legs
- ☐ Loss of use of one arm
- ☐ Loss of use of one foot
- ☐ Loss of use of one hand
- ☐ Loss of use of one leg
- ☐ Loss of use of one thumb
- ☐ Major Burns: Third Degree
- ☐ Organic Brain Disorders/Dementia
- ☐ Paraplegia/Diplegia

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- [ ] Peripheral Arterial Disease
- [ ] Peripheral Venous Disease
- [ ] Psychiatric Disorders
- [ ] Pulmonary Hypertension
- [ ] Quadriplegia
- [ ] Red Blood Cell Disorders
- [ ] Speech Impairment
- [ ] Systemic Skin Disorder
- [ ] White Blood Cell Disorders
- [ ] Activities of Daily Living*

When was the impairment diagnosed? D D M M Y Y Y Y

* Only claim under the Activities of Daily Living event if the life covered's condition does not qualify for the payment of the cover amount for any other impairment listed above.

SECTION 7 DECLARATION BY THE LIFE COVERED AND CONTRACTING PARTY

PROTECTION OF PERSONAL INFORMATION ACT (POPIA) NOTICE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please SMS your ID number to **30994** if you would prefer not to receive such information and/or financial services.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life and Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

Website	www.justice.gov.za/inforeg/index.html
Contact Number	012 406 4818
Fax	086 500 3351
Email	inforeg@justice.gov.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za

I hereby declare that the Life Covered is the person assured under the abovementioned Benefit(s), that all the particulars given are true and complete, and that the Life Covered's condition was not wholly or partly, directly or indirectly, caused by the contingencies mentioned in the exclusions of the terms and conditions attached to the Benefit(s) in question.

Signed at (place) _____ on (date) D D M M Y Y Y Y

Signature of claimant

Signature of witness

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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Old Mutual is a Licensed Financial Services Provider