

## **Claimant: Dread Disease Claim Form**

**(To be completed by the Claimant)**

**FOR**

# **SOUTH AFRICAN LOCAL AUTHORITIES PENSION FUND MEMBERS**



### **IMPORTANT NOTES AND CHECKLIST:**

**NOTE:** The completed Dread Disease Claim Form and supporting documents to be forwarded by the Employer via registered post to:

The Soma Initiative (Pty) Ltd, P.O Box 2475, Clareinch, 7740

**GLA Death, Family Funeral, Disability: Monthly Income and Accidental Hospitalization  
Benefits administered by Prosperity Management Africa (Pty) Ltd**

- This document is to be completed by the Claimant, with assistance from the Employer
- Attach / include all the documents required as per the Checklist
- Please complete ALL questions – if a question is not applicable please mark “N/A” or “Unknown”
- Information on this Form can be filled in by hand or electronically
- Study the Dread Disease definitions at the end of this Form
- For any queries please contact the Soma Help Desk on (021) 671 1977

CHECKLIST	DOCUMENTATION REQUIRED BY SOMA	
	Dread Disease Claim Form Ref No 500 - Completed by the Claimant	
	Dread Disease Claim Form Ref No 501 – Completed by the Employer	
	Consent Form Ref No 204 – Signed by the Claimant	
	Certified copy of the Claimant’s Identity Document	
	All available supporting Medical Reports, X-rays, Special Investigations etc.	
	Certified copy of the Member’s Marriage Certificate (where applicable)	
	Certified copy of claimants attendance register for the past two years	

## 1. EMPLOYER PARTICULARS

Employer Name:	
Address:	
Telephone Number:	
Employer Contact Person:	

**2. CLAIMANT'S PERSONAL PARTICULARS**

Surname		First names	
Company ref. number		Title	
Date of birth		ID Number	
Marital Status	Single / Married / Widowed / Divorced	Gender	
Residential address		Postal address	
Telephone numbers:			
Work		Code	
Alternate contact number		Code	
Home		Code	
Cell			
Income Tax number			
Name of Medical Aid Fund			
Medical Aid Membership Number			

**3. DREAD DISEASE PARTICULARS**

(a) What illness / impairment has led to this claim?

- |              |                          |                         |                          |
|--------------|--------------------------|-------------------------|--------------------------|
| Heart Attack | <input type="checkbox"/> | Coronary Artery Surgery | <input type="checkbox"/> |
| Cancer       | <input type="checkbox"/> | Stroke                  | <input type="checkbox"/> |
| Blindness    | <input type="checkbox"/> | Renal Failure           | <input type="checkbox"/> |

(b) Describe fully the extent of your illness / impairment

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(c) Please complete if illness / impairment arose from an illness

Date of first symptoms: \_\_\_\_\_

Have you suffered from this illness / impairment previously?

Yes		No	
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If yes, give details

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(d) Who is your regular family doctor?

Name		
Address:		
Telephone Number:		
Since what date has he / she been your family doctor?		
When was your last consultation?		

(e) Who was your previous family doctor?

Name	
Address:	
Telephone Number:	

(f) When did you see a doctor about this illness / impairment for the first time?

Date:	
Name of Doctor:	
Address:	
Telephone Number:	

(g) Please state dates, names and addresses of all medical practitioners and specialists consulted in connection with your illness / impairment.

Date	Medical Practitioner / Hospital	Address	Telephone Number

(h) Are you currently under medical care?

Yes		No	
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(i) Are you confined to your bed / home?

Yes		No	
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If yes, give details

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(j) What type of treatment are you receiving and what is the result of the treatment? Is any further treatment recommended?

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(k) Have you been confined to an intensive care unit?

Yes		No	
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If yes, give details including dates of admission and discharge.

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**Please Note:**

The Scheme reserves the right to obtain a copy of your most recent tax return from the South African Revenue Service

**Declaration**

I hereby declare and confirm that the answers given by me and the information disclosed in this form are complete in all respects, are both true and correct (whether in my handwriting or not) and that no material information has been withheld nor has any relevant information regarding my physical and/or mental health been omitted, either intentionally or negligently.

<b>Signature or mark of employee</b>		<b>Date:</b>	
<b>If not the employee, provide details of the person completing the form on behalf of the employee</b>			
<b>Full Name &amp; Surname</b>			
<b>Relationship to Claimant (family member, colleague, union representative)</b>			
<b>Tel No.</b>		<b>Code</b>	
<b>Cell No.</b>			

<b>Signature of witness</b>		<b>Date</b>	
<b>Full Name &amp; Surname</b>			
<b>Tel No.</b>		<b>Code</b>	
<b>Cell No.</b>			

# **POLICY DESCRIPTION OF DREAD DISEASE EVENTS**

## **3.5 Dread Disease Benefit**

If a Life Insured suffers a Dread Disease event on or before the Normal Retirement Date that satisfies the relevant criteria and severity levels per event in clause 3.5(1) and while a Member, a lump sum amount equal to seventy five (75%) of the Life Insured's annual Remuneration at the date of the event becomes payable to the Life Insured:

### **3.5(1) Dread Disease Events covered**

#### **Heart attack with severe permanent impairment in function**

A Heart attack is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by two (2) of the following three (3) criteria:

- (i) Compatible clinical symptoms;
- (ii) Characteristic ECG changes, which can be either of the following:
  - New pathological Q-waves;
  - ST-segment and T-wave changes indicative of myocardial injury, but only when accompanied by raised cardiac markers as described hereafter.
- (iii) Raised cardiac markers:
  - Trop T > 1,0 ng/ml or Trop I > 0,5 ng/ml, or
  - Raised CK-MB mass namely:
    - More than 2 times the upper limit of normal values in acute presentation phase, or
    - More than 4 times the upper limit of normal values post intervention.
  - Total CPK elevation of more than 2x the upper limit of normal values, with at least 6% being CK-MB.

A heart attack is only covered under this benefit if there is severe permanent impairment in one (1) or more of the following functional criteria, as measured forty (40) Calendar Days post-infarction:

<b>Criterion</b>	<b>Value</b>
NYHA classification	Class 4
METS	1 or less
LVEF	< 30%
LVEDD	> 72
Ultrasound FS in %	< 16%

#### **Coronary Artery Bypass graft (CABG)**

CABG is covered under this benefit if open heart surgery is undergone to correct the narrowing of, or blockage to three (3) or more coronary arteries by means of a by-pass graft.



## **Cancer**

Cancer is a malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

Cancer is covered under this benefit at the following severity levels or greater severity:

- Prostate Cancer Any T, N1-3, M0;
- Acute Myeloid Leukaemia;
- Chronic Lymphocytic Leukaemia, stage III or IV on the Rai classification;
- Chronic Myeloid Leukaemia (with bone marrow transplant);
- Acute Lymphocytic Leukaemia (adults);
- Hodgkins/Non Hodgkins lymphoma Stage IV on Ann Arbor classification system;
- Multiple Myeloma Stage III on the Durie-Salmon Scale;
- Any other Stage 4 cancer not covered above.

If the Life Insured suffer from cancer at the above-mentioned severity levels before or on the Normal Retirement Date while he is a Member, he must submit the claim to the Insurer with histological confirmation.

## **Stroke with severe impairment**

A stroke is the death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit consistent with the area of the brain affected, lasting longer than twenty four (24) hours, and confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist.

A stroke must be examined and the severity level assessed by a specialist neurologist and the results confirmed by neuro-imaging investigation and appropriate clinical findings.

The following are not covered:

- Transient ischaemic attack;
- Vascular disease affecting the eye or optic nerve;
- Migraine and vestibular disorders;
- Traumatic injury to brain tissue or blood vessels.

Stroke is covered under this benefit if the Life Insured is permanently unable to perform three (3) or more of the following basic Activities of Daily Living:

- Bowel status;
- Bladder status

- Grooming
- Toileting
- Feeding
- Transfer from chair to bed
- Indoor mobility
- Dressing
- Bath
- Climb Stairs

**Total Blindness**

Total Blindness means total and permanent loss of sight in both eyes, with sharpness of vision of 3/60 or worse in the better eye when measured in a test with the use of visual aids and performed and confirmed by an ophthalmologist.

**Renal Failure**

Renal failure means end stage chronic irreversible failure of both kidneys to function, as a result of which regular dialysis is necessary.

**SCIDEP DISCLOSURE GRID**

The following grid confirms the severity levels and payments for the conditions referred to above.

Condition	Level A	Level B	Level C	Level D
Heart Attack	100%	0%	0%	0%
CABG	100%	0%	0%	0%
Cancer	100%	0%	0%	0%
Stroke	100%	0%	0%	0%

**3.5(2) Multiple Dread Disease Events**

The Life Insured cannot qualify for an entitlement under this benefit for more than one dread disease event.

**3.5(3) Survival period**

The Life Insured will need to survive for a period of fourteen (14) days after the Relevant Dread Disease Event before being eligible for a claim. A Dread Disease Event which leads to subsequent death in less than fourteen (14) days from the date of the event will only result in a death benefit, with no Dread Disease entitlement under this Benefit payable.

3.5(4) Commencement of Dread Disease Benefit Cover

Insurance cover for existing Members will start on 1 July 2013, subject to the Life Insured before this date not having suffered from any condition and has not undergone any procedures for any condition which may be associated with the dread disease events as per clause 3.5(1).

Insurance cover for new Members joining the scheme on or after 1 July 2013, will start on the date of joining the Fund, subject to the Life Insured before this date not having suffered from any condition and has not undergone any procedures for any condition which may be associated with the dread disease events as per clause 3.5(1).