

Dread Disease Appeal Application Form

(To be completed by the Claimant)

FOR

SOUTH AFRICAN LOCAL AUTHORITIES PENSION FUND MEMBERS



NOTE: The completed Dread Disease Appeal Application Form and supporting documents
(refer to checklist) to be forwarded to
Soma Initiative, P.O Box 2475, Clareinch, 7740

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

IMPORTANT NOTES AND CHECKLIST:

- This document is to be completed by the Claimant with the assistance of the Employer
- Add the documents required by SOMA as per the Checklist hereinafter
- Please complete ALL questions – if a question is not applicable please mark N/A
- Information on this Form can be filled in by hand or electronically
- For any queries please contact the Soma Help Desk on (021) 671 1977

CHECKLIST

NOTE: Include all new supporting Medical or other evidence acquired since the declination of the initial Dread Disease Application, inclusive of all specialist reports and special investigation results.

EMPLOYER PARTICULARS

Employer Name	
Address	
Telephone Number	
Employer Contact Person	

CLAIMANTS PERSONAL PARTICULARS

Surname		First names	
Company Ref. No.		Title	
Date of birth		ID Number	
Marital Status		Gender	
Name of Medical Aid Fund		Medical Aid Membership Number	
Residential address		Postal address	
<u>Telephone numbers</u>			
During Office hours		Code	

Alternate contact number		Code	
Home		Code	
Cell			
Date of employment			
Date of initial Dread Disease Application			

(1) APPEAL APPLICATION

Dread Disease Particulars

(a) What illness / impairment led to your initial 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) Reasons for Appeal:

(i) Describe why you believe you should qualify for a Dread Disease benefit:

(ii) Has your illness / impairment worsened since your initial application for Dread Disease benefits?

Yes / No _____

If yes, please detail this deterioration in your own words:

(c) State the date on which you first consulted a medical practitioner with your Illness / impairment:

(d) State the name and address of doctor(s) you have consulted since your initial application for Dread Disease benefits was declined (please include all additional new reports):

(e) Have you received any further medical treatment for your illness / impairment?

Yes / No _____

If yes, state nature of treatment including dosages of all drugs:

(f) Has there been any improvement in your condition since your initial application?

Yes / No _____

If yes, please detail the improvement:

(g) If you have been hospitalized for your illness / impairment since your initial application, please state:

Name of Hospital: _____

Name of attending Doctor: _____

Date of Admission: _____ Date of Discharge: _____

(h) Are you wholly confined to your home? Yes / No _____

If yes, for how long? _____

Briefly describe your daily activities:

Please motivate your appeal in your own words, and include by means of attachments any further medical documentation of relevance:

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

Signature of witness		Date	
Full Name & Surname			
Tel No.		Code	
Cell No.			

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 or;
 - 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:

Criterion	Value
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).