SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724 | FSP NO: 4710
PHYSICAL ADDRESS: Irene Link Precinct, 7 Impala Avenue, Centurion, 0157
TEL NO: 010 599 1163 | EMAIL: claims@sirago.co.za
COMPLIANCE OFFICER: Moonstone Compliance (Pty) Ltd

CLAIM FORM

Please complete this form in black ink and CAPITAL letters

GUIDE - HOW TO CLAIM?

We care that the claims process is seamless. If you need any assistance submitting your claim or any advice, please call our friendly Customer Service Consultants at tel no 010 599 1163. Should you be incapacitated and not be able to make contact, you may get a consented person contact us on your behalf. Please always consult your Financial advisor if in doubt.

Submitting your claim

All required relevant documents must be submitted to us within 180 days (6 months) of the health event giving rise to the claim. Claims can be emailed to claims@sirago.co.za.

Documents required

- Sirago Gap Cover claim form completed and signed by the policyholder;
- Detailed hospital account reflecting the admission and discharge dates;
- Provider's
- Medical scheme statement reflecting all the payments made by your medical scheme for the treatment date of the health event;
- Completed medical reports substantiating the clinical information or any other documentation if requested by our claims team;
- Pre-authorisation letter from your medical scheme for co-payment claims;
- Value Added Benefit claims: documentation and certification which may include a death certificate or a report from a registered medical practitioner confirming total permanent disability;
- Initial Cancer Diagnosis: we require a histology report and confirmation of staging of cancer.
- Police Report BI-1663 Form for accidental death benefit.

WHEN WILL A CLAIM (BENEFIT) BE AUTHORISED FOR PAYMENT?

- Once we have confirmed validity of your policy and dependants;
- Once we confirm your premium payments are up to date;
- Once we have validated your claim using sub-contracted administrators if required;
- Once we have confirmed the applicable benefits for the claim ICD-10 Coding;
- Upon all policy conditions having been met;
- Upon confirmation of a valid HPCSA practice number;
- Once all required documents have been received;
- Depending on the benefit design of your chosen medical scheme option:
  - **Hospital Plan:** Benefits will be paid in the event that your option pays a portion of the claim;
  - **Savings Plan:** Benefits will be paid in the event that your option pays a portion of the claim;
    However, the value settled by the Insurer will be limited to the Gap portion after the scheme has defrayed the scheme rate of the claim provided that there was an accumulated or allocated savings balance at the time of the claim;
  - **Traditional medical scheme option:** Benefits will be paid in the event that your option pays a portion of the claim.

INTERMEDIARY DETAILS:

Brokerage	EXCLUSIVE ACCESS
FSP no.:	G2297
Tel no.:	0 2 1 7 9 7 8 8 8 5
Email address:	enquiries@classmed.co.za

Sirago Underwriting Managers (Pty) Ltd is an Authorised Financial Services Provider (FSP: 4710) underwritten by GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an authorised Financial Services Provider and licensed non-life insurer and a member of the Old Mutual Group.

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CLAIM SUBMISSION CHECKLIST

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IN-HOSPITAL BENEFITS

Gap Cover Claim

- [ ] Sirago claim form
- [ ] Service provider's invoice/Doctors account Hospital bill
- [ ] Medical scheme statement

Sub-limit Enhancer

- [ ] Sirago claim form
- [ ] Hospital bill (if admitted to hospital)
- [ ] Service provider's invoice
- [ ] Medical scheme statement
- [ ] Authorisation letter from the medical scheme (internal prosthesis/scans)

Step-down Benefits

- [ ] Sirago claim form
- [ ] Facility invoice
- [ ] Medical scheme statement

Co-payment, Penalty Fee and Admission Fee

Admission fee claims

- [ ] Sirago claim form
- [ ] Hospital bill
- [ ] Medical scheme statement

Procedure co-payments

- [ ] Sirago claim form
- [ ] Hospital bill
- [ ] Medical scheme statement
- [ ] Proof of co-payment
- [ ] Medical scheme brochure/pre-authorisation letter

Penalty fee claims

- [ ] Sirago claim form
- [ ] Hospital bill
- [ ] Medical scheme statement
- [ ] Authorisation letter from the medical scheme

OUT-OF-HOSPITAL BENEFITS

Casualty Benefit

Accident and child casualty illness benefits

- [ ] Sirago claim form
- [ ] Casualty/Emergency Room account
- [ ] Service provider's invoice/Doctor's account

Casualty Benefit

Illness Benefit

- [ ] Sirago claim form
- [ ] Casualty/Emergency Room account
- [ ] Service provider's invoice/Doctor's account
- [ ] Medical scheme statement

CANCER BENEFITS

Cancer Boost

- [ ] Sirago claim form
- [ ] Service provider's invoice
- [ ] Medical scheme statement
- [ ] Confirmation of oncology registration programme

Cancer Benefit

- [ ] Sirago claim form
- [ ] Service provider's invoice
- [ ] Medical scheme statement

VALUE ADDED BENEFITS

Gap Premium Waiver

- [ ] Sirago claim form
- [ ] Death certificate, permanent disability report
- [ ] Medical scheme membership certificate
- [ ] Completed debit order authority form (if applicable)
- [ ] South African Police Service (SAPS) accident report confirming accidental death

Accidental Death

- [ ] Sirago claim form
- [ ] Death certificate
- [ ] Police Report BI-1663 Form

Medical Scheme Premium Waiver

- [ ] Sirago claim form
- [ ] Death certificate, permanent disability report Medical scheme membership certificate reflecting membership status and monthly contributions
- [ ] South African Police Service (SAPS) accident report confirming accidental death

Initial cancer diagnosis

- [ ] Sirago claim form
- [ ] Histology report confirming first time diagnosis
- [ ] Treating oncologist's report confirming stage of cancer initially diagnosed with

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POLICYHOLDER DETAILS

Name and Surname:

ID/Passport no.: Policy Number:

Date of birth: (D D M M Y Y Y Y) Email Address:

Contact details: Home no: Work no:

Fax no: Cell no:

Postal address:

Code:

Residential address:

Code:

Submitted Documents: M/A Statement ☐ Hospital account ☐ Dr's account ☐ Proof of co-payment ☐ Other

Admission date: (D D M M Y Y Y Y) Discharge date: (D D M M Y Y Y Y)

CLAIMS BANKING DETAILS

SHOULD YOU NOT COMPLETE THIS SECTION IT WILL RESULT IN US USING YOUR DEBIT ORDER DETAILS

Name of account holder:

Bank name: Account no.:

Account type: ☐ Cheque ☐ Savings ☐ Transmission Other

SHOULD THE BANKING DETAILS STIPULATED ABOVE DIFFER FROM THE DEBIT ORDER DETAILS, PLEASE SUBMIT PROOF OF ACCOUNT.

Signature of account holder: Date: (D D M M Y Y Y Y)

SERVICE PROVIDER DETAILS

Date of Service:	Service Provider:

Disclaimer: We at Sirago believe in Treating Customers Fairly (TCF) and therefore will assess your claim/s in a holistic manner.

Initial here ☐

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DECLARATION BY APPLICANT

I, the undersigned hereby declare:

- That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product.
- That sharing of claims information and underwriting information by Insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases.
- I specifically consent to Sirago Underwriting Managers (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my claim form. I further consent to such information being disclosed to Sirago Underwriting Managers (Pty) Ltd for the purpose of verifying the disclosed information as provided on my application form.
- As part of the claims validation process, we used the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant dependants and agreed medical scheme option tariffs amongst other relevant information to validate the claim.
- Sirago Underwriting Managers (Pty) Ltd reserves the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.
- I authorise Sirago Underwriting Managers to negotiate with service providers on my behalf for my medical claims and/or bill and pay the provider direct.
- In the event of a bereavement-related claim, the Insurer will pay the benefit into the policyholder or nominated beneficiary's account. The beneficiary must be noted on the policy prior to any loss. Sirago will require the full name, surname, and ID to note the beneficiary.
- At the time of a claim, Sirago will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss, or should Sirago be unable to confirm the identity of the beneficiary, payment will always be made into the policyholder's account.

Name and Surname:

ID/Passport no.:

Signature
of policyholder

PLEASE NOTE

Sirago Underwriting Managers (Pty) Ltd must be notified within 180 days of any health event which may give rise to a claim.
Claims will NOT be considered for assessment without the following documentation:

- A fully completed, signed claim form.
- Clear copies of all account statements.
- Medical Scheme statement showing all amounts paid by your Scheme.
- Proof of payment for amounts paid by the insured.
- Hospital account / Medical Scheme statement indicating co-payments imposed by the Medical Scheme.
- Cancer treatment plan if applicable.

POPIA CONSENT

Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission, and deletion of your personal information.

Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms we offer you, it must be correct, complete, and up to date.
We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Should you decide to cancel this insurance contract, you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected will be de-identified and only used for statistical and research purposes.
I hereby voluntarily consent to GENRIC processing my Personal Information.
I understand the purposes for which my Personal Information is required and for which it will be used.
I give GENRIC permission to process my Personal Information as provided above.
Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: *https://genric.co.za*.

Signature of policyholder

Date: D D M M Y Y Y Y