



GREENLIGHT

RSA

SEVERE ILLNESS BENEFIT CLAIM FORM

STATEMENT BY MEDICAL SPECIALIST

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 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 [Grid]

Email address and telephone number of contact person [Grid]

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. Severe Illness Benefit Claim form Statement by medical specialist.
2. Severe Illness Benefit Claim Form Statement by contracting party.
3. Please ensure that the supporting documents (e.g.: specialist reports and test results) in support of the claim is attached to this claim form.

There may be further requirements before the claim can be considered. These depend on the Benefit concerned and the cause of illness.

SECTION 1 DETAILS OF CLAIMANT

Title: Mr [] Ms [] Mrs [] Other [] Initials []

Surname [Grid]

Full names [Grid]

Previous surname (if applicable) [Grid]

ID/Passport number [Grid] Date of birth [DDMMYYYY]

Income tax number [Grid]

Residential address [Grid] Postal code [Grid]

Postal address [Grid] Postal code [Grid]

Country of address [Grid]

Contact number (Work) Code [Grid] No. [Grid]

(Home) Code [Grid] No. [Grid]

Cellphone number [Grid]

Email address [Grid]

SECTION 2 REQUEST TO MEDICAL SPECIALIST, HOSPITAL OR CLINIC

Doctor's name [Grid]

Address [Grid] Postal code [Grid]

Please complete the Confidential Medical Report overleaf in respect of the disease or disorder for which you have been treating the life covered.

I authorise you to disclose to Old Mutual any information you may have concerning the life covered's health and habits.

The cost of completing this form and supplying any additional medical information is at the customers own expense.

Signature of contracting party/ life covered for authorisation [Grid]

SECTION 3 MEDICAL HISTORY

Who referred this patient to you? Please provide us with a name and contact number.

Doctor's name	
Contact number	

Has the patient consulted any other medical practitioner or has he/she been hospitalised?

Yes No

If "Yes", state name(s) and address(es) of medical practitioner(s) and hospital(s) involved, and referral date(s).

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

Is the patient a member of a medical aid?

Yes No

Name of medical aid	
Member number	
Name of main member	

SECTION 4 DETAILS OF LIFE COVERED'S CONDITION

Please tick the relevant blocks and supply reports and answer questions in the relevant blocks.

CANCER AND BLOOD SYSTEM

Advanced skin cancer: Basal cell

- Supply copies of specialist reports, including Histology, confirming the diagnosis of basal cell skin carcinoma with metastases

Advanced skin cancer: Squamous cell

- Supply copies of specialist reports, including Histology, confirming the diagnosis of squamous cell skin carcinoma with metastases

Bone marrow failure (including severe aplastic anaemia)

- Supply copies of specialist reports confirming the definite diagnosis of complete bone marrow failure which has resulted in anaemia, neutropenia and thrombocytopenia

- Does the life covered require any of the following treatments?

- Recurrent blood transfusions

Yes No

- An immunosuppressive agent

Yes No

- Marrow stimulation therapy

Yes No

Cancer

- Supply copies of specialist reports and histology confirming the life covered's malignant tumour, characterised by the uncontrolled growth and spread of malignant cells and the invasion of surrounding tissue

- What is the current general classification of the life covered's Cancer?

Stage 1 Stage 2 Stage 3 Stage 4

Chronic blood disorders

- Has the client been transfused with blood or blood products

Yes No

How many units per month?

For what period - please provide the dates for the transfusions

- Supply copies of clinical records documenting the the diagnosis, transfusions full blood results for at least 3 months

Early bladder cancer

- Supply copies of specialist reports, including histology, confirming the life covered's diagnosis of carcinoma in situ of the urinary bladder

Early breast cancer

- Supply copies of specialist reports, including histology, confirming the life covered's diagnosis of carcinoma in situ of one or both breasts

- Has the life covered undergone a mastectomy, quadrantectomy or lumpectomy?

Yes No

Early cervical cancer

- Supply copies of specialist reports, including Histology, confirming the life covered's diagnosis of carcinoma in situ of the cervix, including cervical intraepithelial neoplasia grade 3.

- Has the life covered undergone a hysterectomy?

Yes No

Contract number

Early oesophageal cancer

- Supply copies of specialist reports, including Histology, confirming the life covered's diagnosis of carcinoma in situ of the oesophagus
- Has the life covered undergone surgery to remove the tumour? Yes No

Early ovarian cancer

- Supply copies of specialist reports, including Histology, confirming the life covered's diagnosis of carcinoma in situ of one or both ovaries
- Has the life covered undergone an oophorectomy? Yes No

Early prostate cancer

- Supply copies of specialist reports, including Histology, confirming the life covered's diagnosis of a tumour of the prostate, including Gleason score and TNM classification
- Has the life covered undergone a prostatectomy? Yes No
- Has the life covered received radiotherapy? Yes No

Early testicular cancer

- Supply copies of specialist reports, including Histology, confirming the life covered's diagnosis of intratubular germ cell neoplasia, unclassified
- Has the life covered undergone an orchidectomy? Yes No

Gastrointestinal stromal tumours

- Supply copies of specialist reports confirming the life covered's diagnosis of a gastrointestinal stromal tumour of low malignant potential
- Has the life covered undergone surgery? Yes No

Hematopoietic stem cell (bone marrow) transplant

- Supply copies of all specialist reports confirming the life covered's hematopoietic stem cell (bone marrow) transplant or confirmation of life covered's inclusion on an official waiting list for such a procedure

Neuroendocrine tumours

- Supply copies of specialist reports confirming the life covered's diagnosis of a neuroendocrine tumour of low malignant potential
- Has the life covered undergone surgery? Yes No

Partial Mastectomy

- Supply copies of operation report and histology

CARDIO-VASCULAR SYSTEM

Angioplasty and/or stenting

- Supply copies of specialist reports confirming the angioplasty or insertion of a stent or stents

Aortic aneurysm

- Supply copies of specialist reports with regard to the excision and replacement of a portion of the aorta with a graft or regarding the repair of the life covered's aortic aneurysm by means of keyhole or catheter techniques or any other minimally invasive thoracoscopic/laparoscopic surgical procedure. For the purposes of this product event, the aorta shall mean the thoracic or abdominal aorta

Aortic surgery

- Supply copies of specialist reports confirming the repair of a portion of the thoracic or abdominal aorta with a graft by means of laparotomy or thoracotomy or by means of keyhole or catheter techniques or any other minimally invasive thoracoscopic/laparoscopic surgical procedure

Bilateral angioplasty and/or stenting

- Supply copies of specialist reports confirming the angioplasty and/or insertion of stents to both carotid arteries

Bilateral carotid artery surgery

- Supply copies of specialist reports confirming the endarterectomy or bypass graft to both carotid arteries to correct narrowing in the vessels

Cardiomyopathy

- Supply copies of specialist reports confirming the diagnosis of impaired ventricular function
- Does the impaired ventricular function result in permanent and irreversible physical impairments, at least to the extent that there are signs of cardiac insufficiency with less than ordinary activity? Yes No
- What is the life covered's New York Heart Association classification?
 NYHA I NYHA II NYHA III NYHA IV
- Supply the Left ventricular ejection fraction reading.

Carotid artery surgery

- Supply copies of specialist reports confirming the bypass grafting or endarterectomy to one carotid artery to correct narrowing in the vessel

Coronary artery bypass graft

- Supply copies of specialist reports regarding the life covered's coronary artery bypass graft surgery, including the number of arteries grafted

Heart attack

- Supply copies of specialist reports confirming the life covered's heart attack, including copies of relevant ECG tracings, angiographic evidence of complete occlusion of a coronary artery and cardiac marker results
- Has the life covered's ability to perform activities of daily living been impaired for a continuous period of at least 3 months post heart attack? Yes No

If "Yes", complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities.

Contract number

Heart surgery

- Supply copies of specialist reports regarding the life covered's surgery to the heart or its attachments

Heart transplant

- Supply copies of all specialist reports confirming the life covered's heart transplant or confirmation of life covered's inclusion on an official waiting list for such a procedure

Heart valve replacement or repair

- Supply copies of specialist reports regarding the life covered's surgery to replace or repair a heart valve(s)

life threatening arrhythmia

- Supply copies of all specialist reports confirming the life covered's life threatening arrhythmia and insertion of a defibrillator, i.e. either an Implantable Cardioverter-defibrillator (ICD) or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

- Did the life covered go into cardiac arrest?

Yes No

If "Yes", please supply copies of reports and test results on file in support of this.

Major artery aneurysm

- Supply copies of specialist reports regarding the graft or keyhole surgery to an aneurysm of any of the following arteries: subclavian, brachiocephalic, splenic, renal and iliac or ileofemoral

Minor heart surgery

- Supply copies of specialist reports regarding the life covered's percutaneous or transluminal procedure of the heart to correct any structural abnormalities

Pacemaker or defibrillator insertion

- Supply copies of specialist reports confirming the insertion of the life covered's pacemaker or defibrillator

Pathway ablation

- Supply copies of specialist reports confirming the life covered's pathway ablation to correct life-threatening abnormal heart rhythm

Pericardiectomy

- Supply copies of specialist reports confirming the life covered's pericardiectomy

Peripheral Arterial Disease

- Supply copies of specialist reports confirming the life covered's diagnosis of peripheral arterial disease, including copies of Doppler readings

- Does the life covered present with: Cold Limb

Yes No

Gangrene secondary to the peripheral arterial disease

Yes No

- How long does it take for claudication to occur after exercise?

CENTRAL NERVOUS SYSTEM

Acquired mental retardation

- Supply copies of specialist reports confirming the diagnosis of permanent acquired mental retardation, including the intelligence quotient of the life covered and classification of the retardation according to the Griffith's mental development scale or equivalent psychometric scale

Bacterial meningitis

- Supply copies of specialist reports confirming the bacteriological diagnosis of meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit

- Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities.

Benign brain tumour

- Supply copies of specialist reports confirming the diagnosis of a non-malignant tumour or cyst of the brain, cranial nerves or meninges within the skull, with evidence of permanent neurological deficit

- Was the tumour surgically removed?

Yes No

- If "No": (a) Was the tumor partially removed?

Yes No

- (b) Is it irresectable?

Yes No

- Are signs of progression of the tumour present?

Yes No

- Are signs and symptoms of raised intra-cranial pressure as a result of the tumour present?

Yes No

- Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Brain Surgery

- Supply copies of the MRI report and all other test results and specialist reports confirming pathology

- Supply copies of the operation report confirming the procedure and histology reports

Cavernous sinus thrombosis

- Supply copies of the MRI scan confirming presence of cavernous sinus thrombosis

Cerebral aneurysm

- Supply copies of specialist reports confirming the diagnosis of a cerebral aneurysm requiring repair

Contract number

Cerebral arteriovenous malformation

- Supply copies of specialist reports confirming that any of the following surgical procedures to treat a cerebral arteriovenous malformation were performed:
 - Surgical correction via craniotomy
 - Endovascular treatment using coils or materials

Cerebral malaria

- Supply copies of specialist reports and test results confirming the diagnosis of cerebral malaria and complications thereof resulting in permanent brain injury with evidence of motor and sensory loss
- Was the client admitted into ICU? Yes No
If "Yes", specify duration in hours
- Was the client in a coma? Yes No
If "Yes", specify duration in hours
- Did the client develop epileptic seizures? Yes No
- **Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities**

Coma

- Supply copies of specialist reports confirming the life covered's diagnosis of a coma, with Glasgow Coma Scale readings
- How long was the life covered unconscious for?
- Has the life covered's ability to perform activities of daily living been impaired for a continuous period of at least 3 months post coma? Yes No
If "Yes", complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Dementia (including Alzheimer's disease)

- Supply copies of specialist reports diagnosing the permanent and irreversible failure of higher brain function as a result of organic brain disease, including test results such as the mini mental examination results

Encephalitis

- Supply copies of specialist reports confirming the diagnosis of encephalitis with evidence of permanent neurological deficit
- **Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities**

Eye stroke

- Supply copies of specialist reports confirming central retinal artery or vein occlusion or haemorrhage resulting in permanent and irreversible loss of sight in the affected eye
- Vision is measured on the Snellen eye chart (with visual aids) at

Hemiparesis or cranial nerve deficit

- Supply copies of neurologist assessment report with reference to objective testing confirming the diagnosis and addressing the nature of the fall out

Minor stroke

- Supply copies of specialist reports confirming the life covered's cerebrovascular accident (stroke), including neuroimaging evidence
- How long did the neurological deficit with persistent clinical signs and symptoms last?

Motor neurone disease

- Supply copies of specialist reports confirming the diagnosis of motor neurone disease, with clinical impairment of motor function
- **Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities**

Multiple sclerosis

- Supply copies of specialist reports confirming the diagnosis of Multiple Sclerosis, with neuroimaging and/or CSF analysis evidence confirming current clinical impairment of both motor and sensory function
- How many episodes of MS with remission has the life covered experienced?
- **Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities**

Muscular dystrophy

- Supply copies of specialist reports confirming the diagnosis of muscular dystrophy, including muscle conduction studies and muscle biopsy
- Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities
- **Complete the lifeQuality scale in Section 7 regarding the life covered's functional abilities**

Myasthenia Gravis

- Supply copies of:
 - A: Blood analysis test report
 - B: Nerve stimulation test
 - C: EMG confirming diagnosis
 - D: CT/MRI scan
- Supply copies of the specialist or neurologist reports addressing the severity class, treatment and response to treatment, as well as ongoing symptoms

Paralysis

- Supply copies of specialist reports confirming the total and irreversible loss of muscle function to the whole of any one limb, where limb is the whole of one arm or the whole of one leg
- **Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities**

Contract number

Parkinson's disease

• Supply copies of specialist reports confirming the definite diagnosis of idiopathic Parkinson's disease, with adequate treatment.

• Does the life covered display any of the following permanent clinical impairments:

Bradykinesia

Yes No

Tremor

Yes No

Muscle rigidity

Yes No

Postural instability

Yes No

• Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

• Complete the lifeQuality scale in Section 7 regarding the life covered's functional abilities

Parkinson's plus syndrome

• Supply copies of specialist reports confirming the definite diagnosis of one of the following Parkinson's Plus Syndromes: Multiple system atrophy, Progressive supranuclear palsy, Parkinsonism-dementia-amyotrophic lateral sclerosis complex, Corticobasal ganglionic degeneration, Diffuse lewy body disease, Picks disease or Olivopontocerebellar atrophy

• Does the life covered have permanent impairment of:

Motor function

Yes No

Eye movement disorder

Yes No

Postural instability

Yes No

Dementia

Yes No

• Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Psychiatric disorders

• Supply copies of full psychiatric assessment including GAF score

• Has the client been institutionalised?

Yes No

If "Yes", for how long have they been institutionalised?

• Supply copies of all rehabilitation reports

• Does the life covered require constant supervision with a permanent caregiver?

Yes No

Spinal cord tumour

• Supply copies of all specialist reports confirming the diagnosis of a non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, with evidence of permanent neurological deficit

• Was the tumour surgically removed?

Yes No

• Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Status epilepticus

• Supply copies of specialist reports confirming an episode of status epilepticus causing permanent neurological sequelae.

• Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Stroke

• Supply copies of specialist reports confirming the life covered's cerebrovascular accident (stroke) or incident producing permanent neurological damage, including neuroimaging evidence

• Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

CONNECTIVE TISSUE

Advanced rheumatoid arthritis

• Supply copies of specialist reports confirming the diagnosis of rheumatoid arthritis, including x-ray reports and details of treatment

• Does the life covered suffer from major joint destruction or major deformity?

Yes No

If "Yes", list the joints below:

• Has the life covered undergone surgery?

Yes No

If "Yes", please provide details of the surgery below:

• Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Connective tissue disease

• Supply copies of specialist reports confirming the diagnosis of a connective tissue disorder, including copies of serological markers and pathology reports, with adequate treatment on disease modifying drugs including biologics and/or surgical intervention (please specify treatment, duration and response to treatment)

• Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Contract number

Polymyositis

- Supply copies of the audiologist and speech therapist report
- Supply copies of the treating specialist reports addressing diagnosis and signs and symptoms present

Scleroderma

- Supply copies of specialist reports confirming the diagnosis of scleroderma on adequate treatment with disease modifying drugs including biologics
- Is there involvement of:
 - The skin Yes No
 - Gastrointestinal tract Yes No
 - Lungs Yes No
 - Heart Yes No
 - Kidneys Yes No
- Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Systemic lupus erythematosus

- Supply copies of specialist reports confirming the diagnosis of systemic lupus erythematosus
- Has the condition resulted in one of the following?
 - Permanent impairment of kidney function? Yes No
 - Permanent neurological deficit? Yes No
- Supply GFR reading. ml/min
- Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Wegener's granulomatosis

- Supply copies of specialist reports confirming the diagnosis of Wegener's Granulomatosis with adequate treatment on disease modifying drugs including biologics
- Supply GFR reading. ml/min

DIGESTIVE SYSTEM AND KIDNEYS

Acute renal disease

- Supply copies of nephrologist report confirming acute renal failure with specification on haemodialysis required (frequency and duration)
- Copies of all specialist reports and test results on file

Amputation of the penis

- Supply copies of the operation report confirming the procedure as well as addressing the underlying pathology necessitating the procedure

Chronic kidney failure

- Supply copies of specialist reports confirming the diagnosis of chronic renal failure and treatment provided
- Please indicate what the life covered's test results were for:
 - A: Estimated GFR ml/min
 - B: Creatinine clearance ml/min
- Does the life covered require:
 - Peritoneal dialysis Yes No
 - Haemodialysis Yes No
- Supply copies of all creatinine clearance and GFR results for the past 12 months or since diagnosis

Chronic liver failure

- Supply copies of specialist reports including histology confirming the diagnosis of permanent Chronic Liver Failure
- Please provide test results for the following:
 - S-bilirubin µmol/l S-albumin g/l INR
- Does the life covered suffer from any of the following:
 - Ascites Yes No
 - Hepatic encephalopathy Yes No
 - Bleeding oesophageal varices Yes No

Chronic pancreatitis

- Supply copies of specialist reports confirming the diagnosis of chronic pancreatitis, supported by radiological and laboratory evidence
- Does the life covered present with:
 - Malabsorption syndrome Yes No
 - Impaired glucose syndrome requiring insulin Yes No

Contract number

Crohn's disease with specified surgery

- Supply copies of specialist reports confirming the definite diagnosis and history of Crohn's disease with optimal treatment
- Has the life covered experienced complications including change in BMI? Yes No

If "Yes", please provide details below:

- Has the life covered undergone surgery? Yes No

If "Yes", please provide details of the surgery below:

Cirrhosis of the liver

- Supply copies of specialist reports confirming the diagnosis of permanent cirrhosis of the liver including histology
- Please provide test results for the following:

S-bilirubin μmol/l S-albumin g/l INR

- Does the life covered suffer from any of the following:

Ascites

Yes No

Hepatic encephalopathy

Yes No

Bleeding oesophageal varices

Yes No

Inflammatory bowel disease

- Refer to Crohn's disease with specified surgery and Ulcerative colitis events in this section

Kidney transplant

- Supply copies of all specialist reports confirming the life covered's kidney transplant or confirmation of life covered's inclusion on an official waiting list for such a procedure

Liver transplant

- Supply copies of all specialist reports confirming the life covered's liver transplant or confirmation of life covered's inclusion on an official waiting list for such a procedure

Pancreas transplant

- Supply copies of all specialist reports confirming the life covered's pancreas transplant or confirmation of life covered's inclusion on an official waiting list for such a procedure

Pancreatectomy

- Supply copies of the Operation report confirming the procedure

Permanent ileostomy or colostomy

- Supply copies of the operation report confirming the procedure

- Will this be reversed?

Yes No

Pseudomyxoma Peritonei

- Supply copies of histology confirming diagnosis
- Supply copies of the specialist report

Ulcerative colitis

- Supply copies of specialist reports confirming the definite diagnosis and history of ulcerative colitis with optimal treatment
- Has the life covered experienced complications including change in BMI? Yes No

If "Yes", please provide details below:

- Has the life covered undergone surgery? Yes No

If "Yes", please provide details of surgery below:

Contract number

ENDOCRINE SYSTEM

Cushing's disease

- Supply copies of specialist reports confirming the diagnosis of primary Cushing's disease

Endocrine disorders

- Supply copies of specialist reports confirming the diagnosis of an endocrine disorder
- Has the disorder resulted in end-organ failure?

Yes No

If "Yes", please elaborate below and also complete the relevant section of this form that relates to the affected end-organ:

Type I diabetes

- Supply copies of specialist reports confirming the diagnosis of Type I diabetes, according to the latest World Health Organisation criteria
- Provide reports confirming the presence of:
 - GAD antibodies
 - Islet-cell antibodies
 - C-peptide levels indicative of type 1 Diabetes

HIV/AIDS

Accidental HIV for medical, dental or nursing professionals

- Supply copies of specialist reports confirming that the life covered could have been infected with HIV as a result of an accident during the execution of their duties as a medical, dental or nurse practitioner
- Proof of the life covered's membership of the Health Professions Council of South Africa or the South African Nursing Council must be provided
- Supply copies of the results of the HIV antibody test (undergone by the life covered within 48 hours after the accident)
- Supply copies of a further confirmatory test (undergone by the life covered within 3 months of the date of the accident) showing HIV positive status

Accidental HIV via a blood transfusion

- Supply copies of specialist reports confirming that the life covered has been infected with HIV by infected blood received in a blood transfusion
- Proof of admittance of liability by the institution that provided the infected blood must be provided
- Supply copies of the results of the HIV antibody test undergone by the life covered

Accidental HIV via a road traffic accident

- Proof of the SAPS case number issued must be provided
- Supply copies of specialist reports confirming that the life covered could have been infected with HIV as a result of involvement in, or assistance at the scene of, a road traffic accident
- Supply copies of the results of the HIV antibody test (undergone by the life covered within 48 hours after the accident)
- Supply copies of a further confirmatory test (undergone by the life covered within 3 months of the date of the accident) showing HIV positive status

Accidental HIV via an organ transplant

- Supply copies of specialist reports confirming that the life covered has been infected with HIV by an infected organ received in an organ transplant
- Proof of admittance of liability by the institution that provided the infected organ must be provided
- Supply copies of the results of the HIV antibody test undergone by the life covered

Accidental HIV via violent crime, rape or indecent assault

- Proof of the SAPS case number issued must be provided
- Supply copies of specialist reports confirming that the life covered could have been infected with HIV as a result of being a victim of a violent crime, rape or indecent assault
- Supply copies of the medical examination of the life covered (performed within 24 hours after the event)
- Supply copies of the results of the HIV antibody test (undergone by the life covered within 48 hours after the event)
- Supply copies of a further confirmatory test (undergone by the life covered within 3 months of the date of the event) showing HIV positive status

AIDS

- Supply copies of specialist reports confirming the manifestation of full-blown AIDS/Stage 4 HIV infection, with evidence of at least 1 AIDS defining condition as currently listed by the US Center for Disease Control
- Supply copy of a positive HIV antibody test (or other recognised test for the presence of AIDS)
- Supply copies of CD4 cell count

LIFESTYLE

Activities of Daily Living

The life covered should only claim under Activities of Daily Living if he/she does not qualify for a payment for any other illness

- Supply copies of specialist reports confirming the life covered's impairment
- **Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities**

Contract number

Cancer benefit enhancer

This event can only be used in conjunction with the cancer event

- Should the life quality impact be such, that as a result of the intensity of the cancer treatment, the length of stay in hospital or complications arising from the management of a claimable cancer event, or any combination of these, the life covered is completely unable to perform activities of daily living for a continuous period of 3 months, then complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

lifeQuality

(The life covered should only claim under the lifeQuality event if he/she does not qualify for the payment of 100% of the Cover Amount for any other illness.)

- Supply copies of specialist reports regarding the life covered's illness
- **Complete the lifeQuality scale in Section 7 regarding the life covered's functional abilities**

lifestyle enhancer

This event can only be used in conjunction with the following events: stroke, accidental brain injury, paralysis, coma and heart attack

- Should the life quality impact be such, that as a result of surviving a stroke, accidental brain injury, paralysis, coma or heart attack, the life covered is completely unable to perform activities of daily living when assessed at least 3 months post the event, then complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Terminal illness

- A terminal illness is defined as a medical condition that either has no known cure or has progressed to the point where it can not be cured and with reasonable medical certainty in the opinion of Old Mutual's Senior Medical Officer, will result in the death of the life assured within twelve months of the date medical evidence to that effect is provided
- Please indicate the terminal illness from which the claimant is suffering, with the appropriate international staging of the disease, where applicable. To support the claim, please provide us with copies of all tests, investigations and reports in your possession

- Please provide us with sufficient detail of the claimant's present condition to support that a reasonable assessment of the life expectancy of the claimant is less than twelve months

RESPIRATORY SYSTEM

Chronic respiratory failure

- Supply copies of specialist reports confirming the diagnosis of end-stage irreversible lung disease OR a chronic respiratory disorder

• Does the life covered require home oxygen therapy? Yes No

• Supply the following readings: FEV1 FVC DLCO

Juvenile onset recurrent respiratory papillomatosis

- Supply copies of specialist reports confirming the presence of recurrent human papilloma virus lesions in the upper airways

• Does the condition require surgery? Yes No

Lobectomy

- Supply copies of specialist reports regarding the life covered's lobectomy

Lung transplant

- Supply copies of all specialist reports confirming the life covered's lung (or lobe of lung) transplant or confirmation of life covered's inclusion on an official waiting list for such a procedure

Pneumonectomy

- Supply copies of specialist reports regarding the life covered's pneumonectomy

Pulmonary arterial hypertension

- Supply copies of specialist reports confirming the life covered's diagnosis of Pulmonary Hypertension and Heart failure

• Supply the Systolic pulmonary artery pressure reading

• What is the life covered's New York Heart Association classification?

NYHA I NYHA II NYHA III NYHA IV

• Does the life covered present with right sided heart failure? Yes No

Contract number

Pulmonary artery surgery

- Supply copies of specialist reports regarding the life covered's surgery to the pulmonary artery demonstrating the excision and replacement of a portion of the diseased pulmonary artery with a graft

Pulmonary embolism

- Supply copies of specialist reports confirming the diagnosis of a pulmonary embolism following deep-vein thrombosis, including confirmatory imaging
- Does the condition require parenteral anticoagulation?

Recurrent pulmonary emboli

- Supply copies of specialist reports confirming a veno-caval filter insertion to treat recurrent pulmonary emboli, including evidence of mean pulmonary artery pressure
- Is the condition associated with pulmonary hypertension? Yes No

SENSORY AND COMMUNICATION SYSTEM

Loss of hearing

- Supply copies of specialist reports confirming the life covered's loss of hearing in both ears, including copies of the tests performed
- Please indicate the life covered's Audiometry results for each ear:

Left ear db Right ear db

Loss of sight

- Supply copies of specialist reports confirming the life covered's loss of sight in both eyes, including copies of the tests performed

- Does the life covered present with:

Diabetic retinopathy

Yes No

supply grade

Visual field loss

Yes No

supply radius

Permanent hemianopia

Yes No

Unilateral OR Bilateral

- Supply the visual acuity readings: R L

- Was there enucleation of the eye? Yes No

Loss of speech

- Supply copies of specialist reports confirming the life covered's loss of the ability to speak as a result of physical injury or disease.

- Was loss of speech due to psychiatric causes? Yes No

Retinitis pigmentosa

- Supply copies of the ophthalmologist report confirming the diagnosis of retinitis pigmentosa with reference to special tests performed

TRAUMA

Accidental brain injury

- Supply copies of specialist reports confirming the death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms
- Supply mini mental examination results
- Complete the Activities of Daily Living scales in Section 6 regarding the life covered's functional abilities

Amputation of a limb

- Supply copies of specialist reports confirming either the permanent severance or total loss of use of one or both hands (through or above the wrist) or one or both feet (through or above the ankle)

Major burns or less extensive burns

- Supply copies of specialist reports regarding the life covered's full thickness third-degree burns and the percentage and region of the body surface burnt

Trauma

- Supply copies of specialist reports regarding the hospitalisation of the life covered due to injuries sustained in an accident

- How many continuous days was the life covered treated in an ICU?

- How many days did the life covered require assisted ventilation?

Contract number

SECTION 5 ACTIVITIES OF DAILY LIVING SCALE

Complete the following Activities of Daily Living Scales regarding the life covered's functional abilities. Only tick the relevant box if the life covered is unable to perform the activity.

ACTIVITIES OF DAILY LIVING SCALE (ADL's)		
Activity	Description	✓
Bathing	The ability to wash/bathe oneself independently	
Transferring	The ability to move oneself from a bed to a chair independently	
Dressing	The ability to take off and put on one's clothing independently	
Eating	The ability to feed oneself independently	
Toileting	The ability to use a toilet and cleanse oneself thereafter independently	
INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (IADL's)		
Activity	Description	✓
Food preparation	The ability to plan and prepare a meal independently	
Maintaining a household	The ability to perform such tasks as laundry, washing dishes, making beds, etc., independently	
Transport	The ability to drive a vehicle or access public transport	
Writing	The ability to take down a message or write one's name and other basic details	
Telephone Use	The ability to independently answer the telephone or make a call and hold a basic conversation	
Shopping	The ability to compile lists and shop for items on the list, and pay for these items, independently	

SECTION 6 LIFEQUALITY SCALE

Complete the following lifeQuality scale if the life covered's inability to perform an activity is irreversible. Please tick the applicable box.

LIFEQUALITY SCALE			
Activity	Can	With Help	Cannot
Bathing (or washing self)			
Transferring			
Dressing			
Eating			
Using the lavatory			
Mobility			

Definitions:

"Can" – Able to perform activity with or without simple assistive devices e.g. walking stick. Implies independence.

"With help" – Requires human assistance whilst completing activities. Implies partial dependence.

"Cannot" – Relies totally on caregiver assistance for completion of activities. Implies total dependence every time the activity is performed.

"Transferring" includes activities like moving in and out of a bed or chair.

SECTION 7 DECLARATION BY MEDICAL SPECIALIST

Surname

Full names

Practice number

Qualifications

Address

Postal code

Contact number

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 specialist

Old Mutual Claim Contact Details:

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Contract number

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