



INCOME PROTECTION GUIDE

OLDMUTUAL

FOR THE EMPLOYEE

CORPORATE GROUP ASSURANCE

This guide consists of 2 sections:
1. Your To Do List on pages 2 & 3
2. Detailed Guidelines on page 4 to 6


HELPING YOU TO TAKE BACK YOUR LIFESTYLE


Our team of qualified occupational therapists, nurses, physiotherapists and doctors are here to help while you're unwell.

You've worked hard; but life doesn't always go according to plan.

Well done for taking your first steps to getting your life back on track. **Most of our members recover and take back their lifestyle.**

To help you along each step of the journey, we have prepared this guide, which contains more in-depth information.

 WAIT FOR CLAIM TO BE ASSESSED

 WE WILL NOTIFY YOU OF THE CLAIM DECISION



Questions? Please contact us at gapdisabilityassessments@oldmutual.com

CONSIDER ALL OPTIONS



If you are unable to work, have you considered the following options? (tick where appropriate)

- A. Consult your doctor/GP/specialist to discuss your condition
- B. Consult a psychologist/psychiatrist
- C. Change of your job tasks
- D. Reduced capacity employment
- E. Ask your employer to make adjustments in the workplace
- F. Consider an alternate occupation

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YOUR TO DO LIST



For more information go to Detailed Guidelines from **page 4**



MEET WITH LINE MANAGER/HR CONSULTANT

Have you discussed the following?

- A. How my income will change
- B. How long it will take to process my claim
- C. Should I get a medical report from my doctor
- D. The next steps in the claim process
- E. The start and end of my payment
- F. How my employer will help me

Do you understand the process?

If YES, continue to **step 3**

If NO, turn to **page 4**

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COMPLETE YOUR CLAIM FORM



- Click [here](#) or get the **GAP income protection application** pack from your line manager/HR consultant.
- **Important:** submit the claim within one month of not being able to work.

Have you completed sections 2 and 3 in the form and signed?

If YES, continue to **step 4**

If NO, turn to **page 4**

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GATHER YOUR DOCUMENTS AND SUBMIT

- Find checklist of required documents [here](#).
- **Important:** You need to provide a medical report/questionnaire from your doctor (see **page 5**).

Have you gathered all the relevant documents?

If YES, attach everything to the application pack and **send to your employer**, continue to **step 5**

NO, turn to **page 5**

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WE WILL CONFIRM RECEIPT OF YOUR APPLICATION



We will check that all necessary documents have been submitted, your premiums have been paid and that you are insured with us.


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WE WILL NOTIFY YOU REGARDING THE CLAIM DECISION



- Claim approved** → Go to **step 6**
- Claim denied** → Go to **page 5**
- Request information** → Wait for claim decision

WAIT FOR CLAIM TO BE ASSESSED



- Once your documents are screened, we will assess your claim.
- This takes ~ 8 days following receipt of **all documentation and medical information**.

If more information is required, we will inform you.

IF YOUR CLAIM IS VALID

RECEIVE FIRST PAYMENT




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- We may pay you directly or via your employer. Pay dates may depend on arrangement with your employer, and will commence after the expiry of the waiting period.
- **For more information see page 6.**

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OUR SUPPORTIVE TEAM WILL ENGAGE IN REGULAR REVIEWS



- We will check in with you regularly and, where possible, provide assistance while you make your steps to take back your lifestyle.
- Your income protection benefits will continue for as long as medical evidence supports your claim or until you retire or pass away (**see page 6**).

I find it difficult to stick to my medical treatments

- If YES, go to **step 8**
- If NO, turn to **page 6**

TAKE BACK YOUR LIFESTYLE



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Taking back your lifestyle means returning to all or some of the activities you were able to do before your illness or injury, including returning to work.

We will assist you to identify suitable options for work, for e.g; working reduced hours; finding alternative employment options.

REMEMBER: Returning to work can have a positive effect on your physical, mental and financial wellbeing. It also helps to promote recovery and leads to better health.

CONSIDER ALL OPTIONS



Consider your options

Make sure that you have exhausted all your options to stay working. These include:

- A. Consult your doctor/GP/specialist to discuss your condition
- B. Consult a psychologist/psychiatrist
- C. Change of your job tasks
- D. Reduce capacity employment
- E. Ask your employer to make adjustments in the workplace
- F. An alternate occupation

Once you have exhausted all of the above options, the best time to submit a claim for income protection is when:

- An unexpected incident occurs and you are not able to perform all of your work duties.
- You have exhausted all of your sick leave.

The first 3 – 6 months after your date of absence is the most critical period for treatment and recovery. The earlier you submit a claim, the sooner we can give you advice on rehabilitation methods, medical treatment or other interventions that could possibly improve your condition and help you become **WELL&WORK**.

WHAT IS MY DATE OF ABSENCE?

- The date that you were no longer able to perform your own or an alternative occupation due to illness or injury.
- Most often the date after you were last physically in the workplace.

COMPLETE YOUR CLAIM



If you and your line manager and/or HR consultant agree to proceed with your claim, you will be provided with the **GROUP ASSURANCE DISABILITY INCOME APPLICATION PACK**. This pack requires information not only from you, but also from your employer and your treating medical specialist or GP, so make sure to complete only the sections relevant to you.

The latest that you can submit a claim is 12 months after your date of absence.

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DETAILED GUIDELINES



MEET WITH LINE MANAGER/HR CONSULTANT

Meet with your line manager and/or HR Consultant

to discuss the important details relating to your income protection plan. A **To Do list** is given to you on page 2 of this guide, providing you with key questions you should ask during your meeting. In your meeting you should discuss the following:

- How my income will change
- How long it will take to process my claim
- Getting a medical report from my doctor
- Next steps in the claims process
- When could my payment start and end
- What is my return to work plan

We recommend you bring this guide with you into the meeting and **mark off each question** as you find the answer.

WHAT IS THE WAITING PERIOD?

- Starting at the **date of absence**, this is the minimum time that you must be absent from work as a result of your illness in order for you to qualify to receive income protection.
- The length of the waiting period may be from 1 to 24 months, and is specific to your policy (speak to HR).
- Old Mutual Group Assurance does not make any payment during the waiting period. Please clarify with your employer what and how much you will be paid during this time.

Keep in mind that:

- Your employer has a duty to accommodate an employee with a medical condition where reasonable in terms of the Labour Relations Act.
- If possible, you and your employer should consider keeping you in the workplace in a reduced capacity. For example, shorter working hours or adjustments in the workplace.
- Many people still call income protection “medical boarding”; however the application for income protection benefits is a separate process to any employer related processes that may occur.

GATHER YOUR DOCUMENTS AND SUBMIT



Send all required documents to your employer.

A complete checklist of documents that are required can be found by clicking [here](#).

Alternatively, a list of the required documents has been included on page 2 of the Income Protection Application Pack.

Medical report or comprehensive medical questionnaire payments

You would need to pay any fees that your doctor charges for investigation results and reports at this point in the claims process.

Provide a medical report

You will need to provide a medical report or a comprehensive medical questionnaire from your treating medical specialist or GP. Sick notes or a diagnosis alone are not sufficient. If you have any medical records related to your claim, make sure you submit these to help us process the claim (eg medical reports; test results; sick notes; hospital records; prescriptions)

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WE WILL CONFIRM RECEIPT OF YOUR APPLICATION

- Once we receive your documents, we will check that you are eligible for the benefit, and that the documents have been submitted correctly.
- If not all of the required documents were received, or if more medical information is needed, we will contact your employer to request the missing documentation.

WAIT FOR CLAIM TO BE ASSESSED



- Your claim is assessed based on the specific policy that insures your employer.
- Our team of qualified occupational therapists, nurses, physiotherapists and doctors are here to assess your claim and to help you while you're unwell.
- At times, more information may be needed from an independent specialist or occupational therapist. In this case, we will send you details of the appointment and we will pay for this medical information.



WE WILL NOTIFY YOU OF THE CLAIM DECISION

We will inform you and your employer of the outcome of the claim once we have all the information that we need.

If your benefit is approved:

- You will receive a monthly income protection payment or a once-off lump sum payment, as selected by your employer or fund.
- We advise that you discuss the income payable on an approved claim with your HR person or employer.
- Complete your **Cash4♥Ones** benefit nomination form in section 3 of the form if you are receiving an income protection benefit.
- We will transfer your payment to your employer or to you directly.

Note that included in your income protection benefit payment (for non-lump sum payments) are your retirement fund contributions (usually the employer contribution) or medical aid payments that would usually come from your salary. Other risk benefits that may be included are life cover, as well as funeral cover. For more information, please see our [Frequently asked questions about payment of disability benefits](#).

If your claim is declined

- Possible reasons a claim can be declined include:
 - You do not meet the definition of disability in the policy contract.
 - You have a pre-existing medical condition that was excluded.
 - Your claim was sent to us more than 12 months from the date of absence.
 - You do not meet the other terms and conditions as covered in the policy contract.

Don't agree with your claim decision? Here is how we can help...

- For us to reconsider our decision on the claim, please provide the reasons for why you think your claim is valid as well as any updated medical information. We will respond to all appeals within **5 days**, and hope to resolve your appeal within 45 days.
- There are several other places from which you can request assistance, such as our complaints team or the internal arbitrator. We will provide the details of the procedure for requesting such assistance in the letter declining your claim. For more information, please click [here](#).

If we request information

Should more information be required to make a decision on your claim, we will contact your employer in order to receive any missing documents or information. In this event, the amount of time needed to come to a decision regarding your claim will increase.

RECEIVE FIRST PAYMENT



- Make sure you **speak to HR about the terms of your payment, including how you will be paid.**
- You will only receive your payment after the **waiting period.**
- Your payment is paid to you on the 1st, 25th or the 30th of every month. The exact date is determined by the contract with your employer.
- To view your monthly payslips, register with the Old Mutual **"My Portfolio"** website. To register, click [here](#), then select the orange "LOGIN" button and select "register for a service".

Please make sure that Old Mutual has your most up-to-date postal address and other contact details.

What is the Cash4♥Ones (cash for loved ones) Benefit?

- In the unfortunate event that you pass away while receiving a monthly income benefit, we will pay this benefit to a single beneficiary, chosen by you. This benefit does not come out of your income protection payment.
- When your income protection is approved for payment, please complete the Cash4♥Ones form and send this to us.
- Completing this form at application stage is not a guarantee that your claim will be approved.

For more information on the Cash4♥Ones benefit, please click [here](#).

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OUR SUPPORTIVE TEAM WILL ENGAGE IN REGULAR REVIEWS

- Our team is committed to walking alongside you on your journey to recovery. To help you to reach your goal of taking back your lifestyle, we will check-in with you from time to time to review your claim and make sure you still qualify.
- We may contact you telephonically; request updated information from either your own or an independent medical practitioner; or we may do background checks.
- It is **important** to stick to your medical treatments in order to take back your lifestyle sooner. Your income protection payment could stop if you are not compliant with your treatment.
- We do not pay for your medical treatment, but we will take access, availability and affordability of the recommended treatment into consideration.
- Old Mutual will conduct regular review of your condition.



TAKE BACK YOUR LIFESTYLE

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Most of our members make a successful recovery – taking back their lifestyle. These members have followed all necessary steps based on our guidance.

This means that when you are ready, we'll help you take back your lifestyle and get you WELL4WORK.

When you recover successfully, you will be eligible to receive all the benefits from full employment. At your recovery, your income will then come from your primary source of employment (if applicable).

You will no longer receive an income protection benefit when any one of the following events occur:

- You make a successful recovery.
- You are assessed and found to be able to work.
- You are generating or are able to generate an income.
- You no longer qualify for the benefit because of any of the other terms and conditions stated in the insurance agreement.
- You reach the maximum payment period (if you are insured under a temporary income protection benefit).
- You reach normal retirement age.
- You pass away.

