

GROUP RISK DISABILITY BENEFITS EXCLUSION: PRE-EXISTING MEDICAL CONDITIONS

Old Mutual Group Assurance Product's disability policies all have an exclusion regarding pre-existing medical conditions. This means that if you submit a claim in the first 6, 12 or 24 months of being insured with Old Mutual (check your specific policy to confirm the exact time frame), AND the cause of your claim is related to a medical condition which you had before you became insured, your claim will be declined.

WHY IS THIS EXCLUSION IN MY POLICY?

Most employees who are insured under a group risk arrangement are provided with insurance without medical assessments or underwriting. The pre-existing conditions exclusion is a risk management tool to protect the insured group from early claims.

HOW DOES IT WORK?

When we receive a claim, and if it is within the time frame stipulated in the policy for pre-existing conditions (generally 6, 12 or 24 months) we will do an in-depth medical investigation to establish whether you had the medical condition before you became insured. This medical condition must have been present in the last 6, 12 or 24 months (check your policy terms and conditions) before you became insured.

During this investigation, we may require additional information from your treating doctors. Old Mutual will pay for these investigations if requested.

If we find that the claim is submitted for a benefit as a direct or indirect result of a pre-existing health condition, the benefit will not be paid.

WHAT IF I HAD INSURANCE WITH ANOTHER INSURER?

When Old Mutual starts to insure a group of employees, the employer must tell us about the previous insurance, and request Old Mutual to consider whether the pre-existing conditions clause will be applicable.

Old Mutual will consider whether the previous cover was the same as the current cover, and will determine if the pre-existing conditions clause is applicable to the group of employees.

Note: This is only applicable to groups of employees, and not individuals. The request must be sent to Old Mutual when the employees first become insured, and not when a claim is being submitted.

“ If you submit a claim related to a pre-existing condition, your claim will be declined. ”



**CORPORATE
GROUP ASSURANCE**

DO GREAT THINGS EVERY DAY

“ ..we always recommend that you submit the claim and let us assess whether your claim is considered related to a pre-existing condition. ”

SHOULD I SUBMIT A CLAIM IF I THINK THE CONDITION IS PRE-EXISTING?

Disability policies contain many terms and conditions, as a result we always recommend that you submit the claim and let us assess whether your claim is considered related to a pre-existing condition.

WHAT ARE MY RESPONSIBILITIES AS AN EMPLOYER?

Ensure that your employees, especially your new employees understand the terms and conditions of the policy. You can refer them to a Financial Adviser for further information or details to ensure that they are adequately insured.

WHAT ARE MY RESPONSIBILITIES AS AN EMPLOYEE?

If you are a new employee (in the first 24 months of joining the employer, or becoming insured) talk to your Financial Adviser to understand the terms and conditions of your policy and to ensure you have adequate insurance cover.

If you have submitted a claim, ensure that you have honestly and fully completed the claim documentation and provided us with as much information as possible to allow us to make a fair claim decision.

Disclaimer

This document has been compiled for information purposes and to answer frequently asked questions. It does not contain all details contained in your policy document. Please consult the policy document relevant to your scheme for further detail. Whilst every effort has been made to ensure its accuracy, if a discrepancy exists between this document and the terms and conditions of the policy issued to the policyholder, the provisions of the policy will prevail.

