



MAKING DISABILITY CLAIMS SUBMISSION EASY

Old Mutual Group Assurance Products want to make your experience when submitting a claim as easy and quick as possible. To do this, we want to remind you of some important claim information below.

1. We can only assess your claim when we receive the following documents:

- The Employer Statement completed and signed by an authorised signatory at the employer
- The Statement By Employee completed and signed by the claimant
- A valid Identity document
- Medical Questionnaire completed by the treating medical practitioner
- Employee payslip as at the date of absence

We will not follow up for any outstanding documents, until we receive all of the documents listed above. Once these documents are received, we will validate and assess your claim and provide you feedback within 10 working days.

2. Your premiums must be up-to-date for us to continue with your claim

Payment of premiums for all employees need to be paid until the most recent due date to process a claim. If premiums are not received, we will inform you that premiums are outstanding and that the claim cannot be processed further. You can send proof of payment and updated data to our premiums team. Premium payment needs to continue for the whole duration of the waiting period.

“ We encourage you to submit claims as soon as possible so that we can assist you and your employee with their recovery and return to work. This will also ensure that your claim is not declined - remember a claim submitted after 12 months from your last day at work may be declined. ”



Contact your HR Department for any assistance, as they have access to the necessary forms and know what process to follow.



Are you using the most up-to-date forms? Did you know there is a helpful checklist so that you submit all of the documents required?

[Click here to find out more](#)



For help with completing application forms and compiling claim documents call our

HR911 line on 021 509 3911



CORPORATE GROUP ASSURANCE

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