

5. Medical References Continued

Name and Surname of Doctor																																		
Telephone Number										Patient Number																								
Physical Address																																		
Code																																		
Date Referred										Y	Y	Y	Y	M	M	D	D																	

Name and Surname of Doctor																																		
Telephone Number										Patient Number																								
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Name and Surname of Doctor																																		
Telephone Number										Patient Number																								
Physical Address																																		
Code																																		
Date Referred										Y	Y	Y	Y	M	M	D	D																	

6. Dread Disease Details

What illness/impairment has led to this claim?

Heart Attack	<input type="checkbox"/>	Aorta Graft Surgery	<input type="checkbox"/>	HIV from Blood Transfusion	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Alzheimer's Disease	<input type="checkbox"/>	Loss of Speech	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Blindness	<input type="checkbox"/>	Benign Brain Tumour	<input type="checkbox"/>
Major Burns	<input type="checkbox"/>	Major Organ Transplant	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	Loss of Limbs	<input type="checkbox"/>	Occupational Acquired HIV	<input type="checkbox"/>

6. Dread Disease Details (Continued)

What illness/impairment has led to this claim?

Heart Valve Surgery Graft

Motor Neuron Disease

Deafness

Coronary Artery Bypass Graft

Kidney Failure

Coma

Date of onset of illness/event or injury claimed for

Y	Y	Y	Y	M	M	D	D
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Date of diagnosis

Y	Y	Y	Y	M	M	D	D
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Please mention any other illness or injury for which the member consulted you

Complaint	Date	Degree of Severity								
	<table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			
	<table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			
	<table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			

Describe fully the cause of the illness/event/injury being claimed for

Please give details of the member's treatment (including dose and date/duration). Refer to medication, surgery, hospitalisation, rehabilitation etc)

Please provide all the relevant medical information substantiating the member's condition. Documentation (as per Addendum 1) substantiating the claim is also required, if applicable.

7. Supporting Documents Required

Included medical information and specialist reports as per Addendum 1 Yes No

Included relevant clinical / diagnostic test results Yes No

8. Addendum 1

Core conditions (assessed under the ASISA standard definitions)

Cancer	A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.
Report and Documentation Required	Oncologist's report with histology.
Heart Attack	The death of heart muscle, due to inadequate blood supply as diagnosed by compatible clinical symptoms, characteristic ECG changes of myocardial infarction and raised cardiac markers.
Report and Documentation Required	Cardiologist's report with copies of cardiac marker results and ECG.
Stroke	The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit lasting longer than 24 hours, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist (refer to attached addendum 2).
Report and Documentation Required	Neurologist's report with copies of neuro-imaging investigative reports and Addendum 2 or WPI rating 3 months post stroke
Coronary artery bypass graft	Undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary artery/ies by means of a bypass graft.
Report and Documentation Required	Surgery report and pre-operative angiogram report.

Other conditions (assessed under the ASISA standard definitions)

Dread Disease Conditions	Report and Documentation Required
Heart valve surgery	Surgery report
Aorta graft surgery	Surgery report and pre-operative assessment by specialist surgeon.
Angioplasty	Pre-operative angiography report with surgery report
Kidney failure	Nephrologist's report confirming need for permanent dialysis and/or transplant with supporting renal function report
Major organ transplant	Surgery report confirming that the transplant has been performed or transplant centre report confirming that the member is on the transplant waiting list.
Loss of limbs	Surgeon's report for severance (detailing cause and location of severance) or neurologist's report for loss of function (detailing cause, location and degree of loss of function).
Blindness	Ophthalmologist's report confirming the degree and permanence of visual impairment in one or both eyes. Corrected visual acuity readings for both eyes to be included.
Loss of hearing	Audiologist's report or ENT surgeon's report detailing degree and permanence of hearing loss with audiometric and sound threshold test results for both ears
Loss of speech	Specialist report detailing the cause, extent and duration of loss of speech
Coma	Neurologist report detailing the nature, extent, duration and permanence of neurological deficits as well as duration of coma.
Multiple sclerosis	CT scan or MRI scan report and neurologist's report to be completed no sooner than six months after first diagnosis which should detail functional abilities and impairments, specifically commenting on member's mobility and paralysis (extent, degree and location of paralysis).

8. Addendum 1 (Continued)

Other conditions (assessed under the ASISA standard definitions) Continued

Dread Disease Conditions	Report and Documentation Required
Motor neuron disease	Neurologist's report confirming presence of diagnostic criteria and detailing the extent and permanence of damage to the nervous system.
Parkinson's disease	Neurologist's report detailing signs of progressive impairment and ability to control the condition with medication. The Neurologist should comment on the member's ability to perform the following activities of daily living: transfer, mobility, continence, dressing, bathing/washing, eating.
Benign brain tumour	CT scan or MRI report with Neurologist's report including comment on presence of clinical symptoms of raised intracranial pressure as well as degree and permanence of the following neurological deficits: blindness, deafness, speech disorder, or motor paralysis involving one or more limbs.
Advance dementia (including Alzheimer's disease)	Psychiatrist's or neurologist's report confirming diagnosis and presence of diagnostic criteria and including comment on member's mental and social functioning.
Acquisition of HIV from blood transfusion	Physician's report including pathology and report confirming liability of acquisition from blood transfusion
Occupationally acquired HIV	Occupational medical practitioner report detailing mechanism of and events infection together with pathology reports within 5 days of infection and with of infection

9. Addendum 2

Ability to perform Activities of Daily Living (for stroke). To be completed after 3 months following the date of diagnosis.

Basic	Competent	Impaired
Bowel status		
Bladder status		
Grooming		
Toiling		
Feeding		
Transfers from chair to bed		
Indoor mobility		
Dressing		
Stairs		
Bathing		
Advanced	Competent	Impaired
Driving a car		
Medical care: prepares and takes correct medication		
Money management		
Communicative activities: use of phone, writing checks, writing letters		
Shopping: lifting or carrying groceries		
Food preparation		

9. Addendum 2 (Continued)

Ability to perform Activities of Daily Living (for stroke). To be completed after 3 months following the date of diagnosis.

Advanced	Competent	Impaired
Housework		
Community ambulation with or without assistive device, but not requiring a mobility device		
Moderate activities: moving table, pushing vacuum cleaner, bowling, golf		
Vigorous activities: running, heavy lifting, sports		

10. Declaration

I hereby declare that I have personally examined and attended to the claimant and that the contents of this report are true and correct.

Signed at

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Date

Y	Y	Y	Y	M	M	D	D
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Signatory First Name(s) and Surname

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Doctor's Stamp

Signature

11. POPIA Consent Clause - CMA Claims

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

The privacy of our Insured is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

The Insured's Personal Information will be used to assess this disability claim for the Insured.

You hereby agree to give honest, accurate and up-to-date Personal Information of our Insured to assist us in assessing the risk insured against.

You acknowledge that any Personal Information supplied to us in respect of the Insured is provided according to the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available any Personal Information you have provided in respect of our Insured unless it is a requirement in terms of the Applicable Laws.

Signed at												

Date							
Y	Y	Y	Y	M	M	D	D

Signatory First Name(s) and Surname																							

Signature