

## HOW TO CLAIM

We care that the claims process is seamless. If you need any assistance submitting your claim or any advice, please call our friendly customer service consultants at tel no **010 599 1163**. Should you be incapacitated and not be able to make contact, you may get someone to contact us on your behalf. Please always consult your broker if in doubt.

### Submitting your Claim

All required relevant documents must be submitted to us within 180 (hundred and eighty) days after the event date. Claims can be emailed to **claims@sirago.co.za**.

### Documents Required:

- Sirago Gap Cover claim form completed and signed by the policyholder.
- Hospital and related accounts substantiating your claim.
- Medical scheme statement reflecting all the payments made by your medical scheme for the treatment dates of the health event.
- Completed medical reports substantiating the clinical information or any other documentation if requested by our claims team.
- Pre-authorisation letter from your medical scheme for co-payment claims.
- Value Added Benefit claims: documentation and certification which may include a death certificate or a report from a registered medical practitioner confirming total permanent disability.
- Initial Cancer Diagnosis: we require a histology report.

## WHEN WILL A CLAIM (BENEFIT) BE AUTHORISED FOR PAYMENT?

- Once we have confirmed validity of your policy and dependants.
- Once we confirm your premium payments are up to date.
- Once we have validated your claim using sub-contracted administrators if required.
- Once we have confirmed benefits for the claim ICD-10 Coding.
- Upon all policy conditions having been met.
- Upon confirmation of a valid HPCSA practice number.
- Once all required documents have been received.
- Depending on the benefit design of your chosen medical scheme option:
  - **Hospital Plan:** Benefits will be paid in the event that your option pays a portion of the claim.
  - **Savings Plan:** Benefits will be paid in the event that your option pays a portion of the claim. However, the value settled by the Insurer will be limited to the Gap portion after the scheme has defrayed the scheme rate of the claim provided that there was an accumulated or allocated savings balance at the time of claim.
  - **Traditional medical scheme option:** Benefits will be paid in the event that your option pays a portion of the claim.

### INTERMEDIARY DETAILS:

Brokerage:

FSP no:

Tel no:

Email address:

## CLAIM SUBMISSION CHECKLIST 2021

### IN-HOSPITAL BENEFITS

#### GAP COVER CLAIM

Sirago claim form  
Service provider's invoice / Doctor's account  
Hospital bill  
Medical scheme statement

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#### SUB-LIMIT ENHANCER

Sirago claim form  
Hospital bill (if admitted to hospital)  
Service provider's invoice  
Medical scheme statement  
Authorisation letter from the medical scheme (internal prosthesis/scans)

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#### STEP-DOWN BENEFITS

Sirago claim form  
Facility invoice  
Medical scheme statement

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#### CO-PAYMENT, PENALTY FEE AND ADMISSION FEE CLAIMS

##### Admission fee claims

Sirago claim form  
Hospital bill  
Medical scheme statement

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##### Procedure co-payments

Sirago claim form  
Hospital bill  
Medical scheme statement  
Proof of co-payment  
Medical scheme brochure

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##### Penalty fee claims

Sirago claim form  
Hospital bill  
Medical scheme statement  
Authorisation letter from the medical scheme

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### OUT-OF-HOSPITAL BENEFITS

#### EMERGENCY ROOM COVER

##### Accident and child emergency illness benefits

Sirago claim form  
Casualty/Emergency Room account  
Service provider's invoice / Doctor's account

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#### EMERGENCY ROOM COVER

##### Illness benefit

Sirago claim form  
Casualty/Emergency Room account  
Service provider's invoice / Doctor's account  
Medical aid statement

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### CANCER BENEFITS

#### CANCER BOOST

Sirago claim form  
Service provider's invoice  
Medical scheme statement  
Confirmation of oncology registration programme

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#### CANCER BENEFIT

Sirago claim form  
Service provider's invoice  
Medical scheme statement

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### VALUE ADDED BENEFITS

#### GAP PREMIUM WAIVER

Sirago claim form  
Death certificate/permanent disability report  
Medical scheme membership certificate  
Completed debit order authority form (if applicable)

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#### MEDICAL SCHEME PREMIUM WAIVER

Sirago claim form  
Death certificate/permanent disability report  
Medical scheme membership certificate reflecting membership status and monthly contributions

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## CLAIM FORM 2022

Please complete this form in black ink and CAPITAL letters

### POLICYHOLDER DETAILS

Name and Surname:

ID number / Passport:  Policy Number:

Date of birth:  Email Address:

Contact details: Home no.:  Work no.:

Fax no.:  Cell no.:

Postal address:

Residential address:

Submitted Documents: M/A Statement ☐ Claim form ☐ Dr's account ☐ Hospital account ☐ Proof of co-payment ☐ Other

Admission date:  Discharge date:

### BANKING DETAILS FOR REFUNDS

SHOULD YOU NOT COMPLETE THIS SECTION IT WILL RESULT IN US USING YOUR DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank: ☐ Standard Bank ☐ Nedbank ☐ ABSA ☐ Capitec ☐ FNB  Other

Account type: Cheque ☐ Other

Savings ☐

Transmission ☐

Signature of account holder:

Date:

### SERVICE PROVIDER DETAILS

Date of Service:	Service Provider:

Disclaimer: We at Sirago believe in Treating Customers Fairly (TCF) and therefore will assess your claim/s in a holistic manner.

### DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

- That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product.
- The sharing of claims information and underwriting information by Insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases.
- I specifically consent to Sirago Underwriting Managers (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my claim form. I further consent to such information being disclosed to Sirago Underwriting Managers (Pty) Ltd for purpose of verifying the disclosed information as provided on my application form.
- As part of the claims validation process we used the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.
- Sirago Underwriting Managers (Pty) Ltd reserve the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.
- I authorise Sirago Underwriting Managers to negotiate with service providers on my behalf for my medical claims and/or bill and pay the provider direct.
- In the event of a bereavement related claim the Insurer will pay the benefit into the policyholder or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. Sirago will require the full name, surname and ID to note the beneficiary. At the time of a claim Sirago will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss, or should Sirago be unable to confirm the identity of the beneficiary, payment will always be made into the policyholder's account.

Name and Surname:

ID number / Passport:

Signature of policyholder:

**PLEASE NOTE**  
Sirago Underwriting Managers (Pty) Ltd must be notified within 180 days of any health event which may give rise to a claim. Claims will NOT be considered for assessment without the following documentation:

- A fully completed, signed claim form.
- Clear copies of all account statements.
- Medical Scheme statement showing all amounts paid by your Scheme.
- Proof of payment for amounts paid by the insured.
- Hospital account / Medical Scheme statement indicating co-payments imposed by the Medical Scheme.
- Cancer treatment plan if applicable.

I agree to the above sections of the claim form ☐

**Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)**

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission and deletion of your personal information. Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms, we offer you, it must be correct, complete, and up to date.

We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity.

Should you decide to cancel this insurance contract you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

I hereby voluntary consent to GENRIC processing my Personal Information.

I understand the purposes for which my Personal Information is required and for which it will be used.

I give GENRIC permission to process my Personal Information as provided above.

Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: <https://genric.co.za>

Signature of account holder

I agree to the above sections of the claim form ☐