

**CAPITAL ALLIANCE LIFE LIMITED**

Reg. No 1969/008/87/06  
 Libridge Building, 25 Ameshof Street,  
 Braamfontein, 2001  
 P O Box 31750, Braamfontein, 2017  
 Tel: +27 11 408 2999 Fax: +27 11 408 5348



**CAPITAL ALLIANCE**  
 Group Risk

A division of Liberty Corporate

## Urgent notification of a potential disability claim fax transmission

Date \_\_\_\_\_

Fax (011) 694-5458

To Capital Alliance Group Risk

Disability claims department

From:	_____
Name:	_____
Title	_____
Telephone Number (code)	_____

### Type of benefit

Income replacement     Managed Income Replacement     Critical Condition     Permanent Disability

Please specify \_\_\_\_\_

Scheme name \_\_\_\_\_ Scheme number \_\_\_\_\_

Full name of member \_\_\_\_\_ Member number \_\_\_\_\_

Date of birth 

D		M		M		Y		Y		Y		Y
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 Occupation \_\_\_\_\_

Last day actively at work \_\_\_\_\_

Condition being claims for \_\_\_\_\_  
 \_\_\_\_\_

Attending doctor's name \_\_\_\_\_

Telephone number (c o d e) \_\_\_\_\_

Fax number (c o d e) \_\_\_\_\_

E-mail address \_\_\_\_\_

### Guidelines on when to notify Capital Alliance of a potential claim. Please mark appropriate box with an X

- Member has been absent from work for a continuous period of three weeks (unless on authorised leave)
- Member's job description has changed to allow him to have reduced duties due to a medical condition.
- Member's expected productivity has reduced to 50% or less due to medical reasons for a continuous period of three months.
- Member's own occupation is changed due to a medical condition
- Member is regularly off work for one to two days per week for a period of two months.
- Member is hospitalised due to a dread disease incident/condition.
- A dread disease incident/condition is diagnosed.
- Other: Please specify \_\_\_\_\_

Signature \_\_\_\_\_



The employer/administrator hereby acknowledges that it is fully acquainted with the rules/policy provisions of the scheme in respect of which this notification of a potential claim is submitted. The employer/administrator further acknowledges that the completion and submission of this notification does not constitute the submission of a claim in terms of the scheme rules/policy provisions and that in the event of a claim arising, the employer/administrator is required to timeously complete and submit all claim documentation as required by the scheme rules and as requested by Capital Alliance. In the event that the requisite claim documentation is not so completed and submitted, or in the event that the claim is properly submitted, but does not comply with the requirements of the scheme rules/policy provisions, the employer/administrator acknowledges that Capital Alliance will be entitled to repudiate the claims and the employer/administrator hereby absolves Capital Alliance of any liability in respect of any legal action being instituted by the claimant or any other party as a result of the employer's/administrator's failure to complete and submit the claim documentation in terms of the scheme rules/policy provisions or in terms of the written instructions of Capital Alliance.

## Notification of potential Income Replacement/Managed Income Replacement/Critical Condition/Permanent Disability claims to Capital Alliance

The purpose of this document is to provide you, the employer, with relevant information on the importance of early notification of a potential disability claim to Capital Alliance. Timely notification will greatly reduce the chance of a claim not being admitted due to late submission.

The purpose of the notification is to:

- Enable Capital Alliance to comment on the present treatment (for disability claims)
- Allow Capital Alliance to advise on possible rehabilitation (for disability claims)
- Allow the actuary to correctly rate the scheme.

## Disability benefits

As soon as a member of an Income Replacement benefit, Managed Income Replacement benefit, Critical Condition benefit or Permanent Disability benefit contracts an illness or sustains an injury, the employer must submit written notification to Capital Alliance detailing the claimant's name, date of incident, nature of disablement, last working day and the member's occupation.

Guidelines of when to notify Capital Alliance of a potential claim can be found overleaf.

The maximum time period for notification of disability claims are as follows:

**Income Replacement Benefit** (also known as Permanent Health Insurance, Income Security Plan and Total Temporary Disability).

Within three months of the expiry of the waiting period. The waiting period commences on the day that the illness or injury was contracted.

Waiting period is a period of time chosen by the employer at the commencement of the scheme, during which he pays his employee his salary until the scheme starts paying the benefit. The waiting period can be considered as self-insurance by the employer.

### **Managed Income Replacement Benefit**

Within four weeks of contracting the injury or illness.

### **Critical Condition Benefit**

Within three months of the occurrence of the dread disease.

### **Permanent Disability Benefit** (also known as Lump Sum Disability and Total Permanent Disability)

Within nine months of contracting the injury or illness.

## General

The notification periods serve as Capital Alliance practice and are less onerous than its official rules and policies. Should there, however, be any policy provisions which are less onerous than these notification periods, the scheme policy will apply in the event of a dispute.

Failure to comply with the notification period will result in the claim being repudiated due to late submission.

In addition to the notification periods, the employer must bear in mind that a maximum period of 12 months from the date of disability is permitted to submit the full claims package. Any additional documentation must be submitted within 60 days.

Failure to comply with the above submission of evidence periods, will result in the file being closed and no further evidence being considered for assessment purposes.

Please contact your broker or Capital Alliance advisor shortly after the contracting of the injury or illness to obtain full claims documentation. The documentation should be completed and sent to Capital Alliance to enable it to assess the claim on current evidence and to reach a decision timeously.

This information sets out Capital Alliance policy regarding the requirements for the notification of potential claims. Should you have any additional queries, please contact the following person:

### **Service Managers**

#### **Johannesburg**

- Disability claims

Aysha Rahaman: +27 11 408 2449

e-mail: [aysha.rahaman@liberty.co.za](mailto:aysha.rahaman@liberty.co.za)