



CLAIMS HANDLING AND CLAIMS REJECTION PROCEDURE 2020 / 2021

CLAIMS HANDLING

- Claims must be submitted within 6 months from the service date or the date you're discharged from hospital.
- Claims handling will be conducted in a fair, transparent and timely manner.
- Policyholders will be advised on how to submit a claim and be made aware of any supporting documentation that may be required.
- When claims are assessed for payment, only relevant information pertaining to the assessment will be considered.
- Policyholders will be kept informed about the progress of a claim.
- **The following time limits apply when assessing a claim:**
 - Once all supporting documentation is received and no further investigation is required, the claim will either be approved or rejected and notification thereof will be sent to the policyholder.
 - Should further information and / or an investigation be required, the policyholder will be notified. If further investigations and / or undue delays are foreseeable, new time lines will be communicated.
 - Where additional documentation is requested and not provided within the initial 6-month period, an additional 90 days will be given from the date on which the information was requested to submit the outstanding documents.
The 90-day calendar period may run concurrently and may extend beyond the initial 6 months but doesn't decrease the initial 6-month period.
 - Our standard turn-around time for processing claims is 7 - 10 working days. Payment for approved claims may take up to 2 weeks.

CLAIMS REJECTION

Stratum Benefits may reject claims if:

- The medical event is not covered or is specifically excluded from cover, as defined in the Policy Particulars.
- Conditions stipulated in the Policy Particulars were not met by the Insured Person.
- The policy premium is unpaid.
- Evidence exists that there was a material misrepresentation and / or non-disclosure by the policyholder.
- Evidence exists that the claim is fraudulent.
- Any other legally permitted circumstances occur.

PROCEDURE FOR CLAIMS REJECTIONS

Stratum Benefits will:

- Provide reasons for the decision to the policyholder in writing.
- Inform the policyholder of our Complaints Procedure and any alternative approaches that may be utilised to have their complaint addressed.
- On request, provide the policyholder with copies of all available documents, recordings (if applicable) and information that influenced the decision and that are not subject to legal privilege.