

Go to www.stratumbenefits.co.za/first-time-cancer-diagnosis-benefit/ to view or download our **First-Time Cancer Diagnosis Benefit** guide for more information about the qualifying criteria.

1. YOUR PROFILE

PRINCIPAL INSURED DETAILS

Title Name Surname
 ID/Passport No. Contact No.
 Email Address

PATIENT DETAILS

Please indicate if the patient is the principal insured, in which case the below details aren't required.

Title Name Surname
 ID/Passport No. Medical Aid
 Medical Aid Plan Membership No.

2. MEDICAL HISTORY *(For your treating Healthcare Provider to complete)*

Please provide the required medical details as indicated below:

Date cancer was diagnosed - - Type of cancer diagnosed (ICD10 Code)
 Is this the first cancer ever diagnosed in the patient's lifetime? Yes No If "No", confirm the date when cancer was diagnosed the first time - -
 If "No", provide more information about the cancer that was previously diagnosed
 Is the most recent diagnosed cancer in remission? Yes No If "Yes", confirm the remission date - -

Confirm the following details regarding the cancer currently being treated:

Neoplasm is: Benign Malignant Stage of cancer: Stage 1 Stage 2 Stage 3 Stage 4
 Have cancerous cells invaded surrounding or underlying tissue? Yes No
 Is the patient registered on a medical aid oncology programme / treatment plan? Yes No

3. HEALTHCARE PROVIDER DECLARATION

As the Healthcare Provider who's treating/treated the patient, I hereby declare that the information provided is true and correct.

Healthcare Provider Name Practice No.
 Discipline Contact No.
 Practice Stamp

4. YOUR CLAIM REIMBURSEMENT PROFILE

The approved claim amount will be paid into the bank account number provided. We don't accept any responsibility or liability for a claim payment made into an incorrect bank account.

Bank Account No.
 Account Holder Branch
 Account Type: Cheque Savings Account Holder Signature

5. AUTHORISATION & DECLARATION ACCEPTANCE

As the principal insured, I confirm that the details and supporting documents submitted are true and correct and understand that non-disclosure or false representation may result in the rejection of the claim and cancellation of cover.
 I authorise my medical aid and healthcare providers to provide **Stratum Benefits** and their authorised representatives with any information needed to assess my or my dependant's claim.

Principal Insured Signature Date - -

Email yourspecialisedclaim@stratumbenefits.co.za
 Please contact us if you haven't received feedback within 10 working days from submitting your claim form.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75.



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www.stratumbenefits.co.za