



CLAIMS HANDLING AND CLAIMS REJECTION PROCEDURE

CLAIMS HANDLING

- Claims must be submitted within **6 months** from the service date or the date you're discharged from hospital.
- Refer to your **Policy Schedule** and our **Basic Guide to Submitting a Claim** for more information about our claims processes.
- Claims are handled in a fair, transparent and timely manner.
- Only relevant information pertaining to the assessment of a claim will be considered.
- We'll inform the policyholder of any supporting documents needed to finalise the assessment of a claim.
- Continuous communication is sent between the different administrative stages to keep the policyholder informed of the progress of a claim.

TIME LINES

- When all the necessary supporting documents are received, and no further investigation with the medical aid or healthcare provider is required to assess a claim, the policyholder will receive the approval or rejection feedback.
- If we can't assess a claim because of outstanding supporting documents or a pending investigation with the medical aid or healthcare provider, we'll communicate accordingly.
- If additional information is requested but not received during the **initial 6-month period**, an extra **90 days** will be allowed from when the information was requested to be submitted.
- The **90-day calendar period** may run concurrently and extend beyond the **initial 6 months**, but it doesn't decrease the **initial 6-month period**.
- Our standard turn-around time for processing claims is **7 - 10 working days**.
- Approved claim payments are reflected in the payee's bank account within **24 - 48 hours** from the payment date.

CLAIMS REJECTION

A claim may be rejected if:

- your **Gap Cover** policy doesn't provide the proper benefit to claim from.
- your medical event is excluded from cover.
- terms and conditions aren't adhered to as stipulated in your **Policy Schedule**.
- policy premiums are unpaid.
- evidence exists of misrepresentation, non-disclosure, fraudulent activity, or any other illegal circumstance occurs.

CLAIMS REJECTION PROCESS

We will:

- provide reasons for our decision to the policyholder in writing.
- inform the policyholder of our **Complaints Procedure** and any alternative approaches that may be taken to address a complaint.
- on request, provide the policyholder with copies of all available documents, applicable recordings, and information that influenced our decision that isn't subject to legal privilege.