

## 1. STANDARD REQUIREMENTS

Claims must be submitted within **120 days** from the date of a claimable event.

Submit the following compulsory documents when claiming:

- Completed and signed claim form.
- Copy of principal insured's identity or passport document.
- Bank statement or verification letter dated not older than **3 months** (If payment must be made into a bank account other than the principal insured's, submit a copy of the account holder's identity or passport document dated not older than **3 months**.)
- Healthcare or service provider's account.
- Proof of payment.

## 2. PRINCIPAL INSURED DETAILS

Policy Number	<input type="text"/>		
Title	<input type="text"/>	Name	<input type="text"/>
ID/Passport No.	<input type="text"/>		
Cellphone No.	<input type="text"/>		
Email Address	<input type="text"/>		
	Surname	<input type="text"/>	
	Date of Birth	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>	
	Alternative Contact No.	<input type="text"/>	

## 3. CLAIM DETAILS

### MEDICAL EVENT DETAILS

Casualty	Dentistry	Network GP Consultation	Pre-Birth Maternity / Specialist Consultation	Specialist Consultation
Hospital	Optometry	Pathology	Radiology	Out-of-Network GP Consultation
Hospital Admission Date (if applicable) or Treatment Date	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>			<input type="text"/>
Hospital Discharge Date (if applicable)	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>			

## 4. CLAIM REIMBURSEMENT PROFILE

The approved claim amount will be paid into the bank account number provided.

Proof of banking details, the principal insured's identity or passport document, the healthcare or service provider's account and proof of payment are required, as indicated in **Section 1 - Standard Requirements**.

If payment must be made into a bank account other than the principal insured's, a copy of the account holder's identity or passport document dated not older than **3 months** must be submitted.

**Unity Health** won't accept any responsibility or liability for a claim payment made into an incorrect bank account.

Bank	<input type="text"/>	Account No.	<input type="text"/>
Account Holder	<input type="text"/>	Account Type	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings
Account Holder Signature	<input type="text"/>	Date	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>

## 5. PRINCIPAL INSURED ACCEPTANCE

When you entered this policy, you agreed to share personal information with **Unity Health** and **Stratum Benefits** for underwriting and claims purposes and understood why and for what purpose personal information may be required.

You further authorised us to process this information to administer your policy. This authorisation includes sharing personal information about you and your dependants with your healthcare and service providers and authorising any provider who attended to you or your dependants to provide **Unity Health** and their authorised representatives with any information needed to assess your claim.

You confirm that the details and supporting documents submitted are true and correct and accept that non-disclosure or false representation may result in the rejection of the claim and cancellation of cover.

You understand that you have the right to request **Unity Health** and **Stratum Benefits** to verify the personal information we hold and how this information has been processed. You further understand that you may lodge a complaint with the Information Regulator.

You accept that **Unity Health** isn't responsible for the loss of funds if you provide incorrect banking details.

Principal Insured Signature	<input type="text"/>	Date	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>
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Send the completed claim form to us at: [yoursupport@stratumbenefits.co.za](mailto:yoursupport@stratumbenefits.co.za)

Please contact us if you haven't received feedback within **7 working days** from submitting the reimbursement form.