Stratum Benefits⁰



CLAIMS HANDLING

- Claims must be submitted within **6 months** from the service date or the hospital discharge date.
- 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.
- We'll inform the policyholder of any supporting documents that we need to finalise the assessment of a claim and keep them informed about the progress of a claim.
- Only relevant information pertaining to the assessment of a claim will be considered.

TIMELINES

- When we've received all the supporting documents necessary to assess a claim and no further investigation is required, the policyholder will receive the approval or rejection feedback.
- If additional information and/or an investigation is required, or if further investigations and/or delays are foreseeable, we'll communicate accordingly.
- If additional information is requested that we don't receive within the **initial 6-month period**, an additional **90 days** will be allowed from the date on which the information was requested to submit the requirements.
- The 90-day calendar period may run concurrently and may extend beyond the initial 6 months, but it doesn't decrease the initial 6-month period.
- Our team typically responds within 10 working days to provide an update on a claim. Approved claim payments may take up to 2 working days to reflect in the payee's bank account.

CLAIM REJECTION

Your claim may be rejected if:

- your Gap Cover policy doesn't provide the right benefit to claim from or if the medical event is specifically excluded as defined in your Policy Schedule.
- you didn't adhere to the terms and conditions as stipulated in your Policy Schedule.
- policy premiums are unpaid.
- evidence exists of material misrepresentation and/or non-disclosure by the policyholder, or of any fraudulent activity.
- · any other legally permitted circumstance occur.

CLAIM REJECTION PROCESS

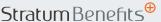
We will:

- · provide reasons for our decision to the policyholder in writing.
- inform the policyholder of our Complaints Procedure and any alternative approaches that may be utilised to have a complaint addressed.
- on request, provide the policyholder with copies of all available documents, recordings (where applicable) and information that influenced our decision that aren't subject to legal privilege.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75. This document is a summary and does not replace any information provided in your Policy Schedule. In the event of any differences, refer to your Policy Schedule. Terms and conditions apply.

Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.



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