Stratum Benefits

CLAIMS HANDLING AND REJECTION PROCEDURE

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.

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