

Proof of insurability

When an employee's cover exceeds the Medical Proof Free Limit (MPFL), or receives an increase in salary that has resulted in his/her full potential group cover exceeding the MPFL (for the first time), the employee will be required to provide medical evidence of good health (i.e. proof of insurability) for the total amount in excess of the group scheme's MPFL.

Please note: For purposes of this document, all references to SGR members are deemed to include employees or fund members that are insured by Sanlam Group Risk (SGR) under a group scheme policy.

No.	Question:	Answer:
1.	What is a Medical Proof Free Limit (MPFL)?	<p>One of the most significant features of group insurance is that the group cover is granted up to a certain monetary amount, called the MPFL of the group scheme, which applies to all qualifying members of a group scheme.</p> <p>A MPFL is the level of cover (in monetary terms) that a member automatically qualifies for without having to submit medical evidence of good health. This means that all qualifying members (i.e. employees or fund members) will enjoy compulsory cover up to the MPFL of the group scheme that they belong to, without having to submit medical evidence of good health, provided that they become a member within a period of 3 months.</p>
2.	What is the potential group cover/benefit?	<p>The potential group cover is the amount of cover that an employee could qualify for, in terms of the scheme's policy and your salary.</p>
3.	How often do I need to attend to medical requirements?	<p>Medical evidence of insurability is required in the following scenarios:</p> <ul style="list-style-type: none"> • When your group cover exceeds the MPFL of the scheme, you must first provide medical evidence of insurability before you can enjoy the amount of the group cover that exceeds of the MPFL. • When you have a choice to become a member of the scheme and you do not exercise this choice within the prescribed period (normally 3 months), you can only become a member of the scheme after providing medical evidence of insurability at your, or the employer's own cost. The MPFL will not apply in this instance and medical evidence of insurability will be required on your full cover. • When core and flexible life cover is applicable to a scheme, you must provide medical evidence of insurability for any excess of the core plus flexible life cover above the MPFL. The MPFL will apply in the following cases/events: <ul style="list-style-type: none"> - at inception of the scheme or at entry for a new member; - at marriage, should the member choose to increase his/her flex cover multiple; and - at the birth of a child or legal adoption of a child, should the member choose to increase his/her flex cover multiple. • Please note however the MPFL does not apply in the following cases: • Members aged 55 years and older, who choose flexible risk cover will always be required to submit medical evidence of insurability on any flex cover chosen, at all events. • For any increases in flexible risk cover on the annual agreed date i.e. date as agreed between Sanlam and the principal employer, full medical evidence of insurability is required for the increase in the flex cover.



4.	Why do I need to attend to these medicals?	Medical evidence of insurability is required by an insurer to prove that a member is in good health and based on the results of the medicals, can grant him/her the full potential group cover.
5.	How much time do I have to attend to the requested medicals?	The medicals must be completed as soon as possible. Should anything happen to you and you have not submitted medical evidence or received a decision from SGR regarding submitted medicals, the claim amount will be limited to the MPFL of the scheme or your previously accepted cover.
6.	Who should complete the different medical questionnaires?	Each questionnaire indicates who should complete it. For example: <ul style="list-style-type: none"> • A Personal Health Statement (PHS) questionnaire (i.e. declaration of health) must be completed by you, the member. (Kindly note that based on your responses on the PHS, additional medical requirements may be requested.) • A Confidential Medical Report (CMR) will indicate that your treating GP needs to complete it; or • Other medicals might call for you to see a specialist, such as a cardiologist, pulmonologist, neurologist, etc.
7.	Which doctor can I go to?	With regard to pathology tests, there are 3 options available: <ol style="list-style-type: none"> 1. To visit your own doctor / general practitioner (GP); 2. To visit one of the preferred labs, i.e. Path Care, Lancet, Vermaak &Toga Labs, Ampath & Global; or 3. Request for a medical testing nurse to visit you at your office or your home.
8.	What medicals can a travelling nurse assist with?	A travelling nurse can assist with all blood tests and short medical reports (SMR) if requested, in the comfort of your office.
9.	How do I request the service of a travelling nurse if I need one?	Please complete a Nurses on Wheels-Service Request Form which contains all the relevant information that the nurse requires to confirm an appointment on a date and time suitable for you.
10.	Can I submit my yearly company executive medicals that I completed?	Yes, the company executive medicals can be submitted. SGR will assess those medicals and request additional medicals or information, if required.
11.	Medicals already done ... <ul style="list-style-type: none"> • I have already attended to my medicals for this benefit but I have received another request for medicals, why? • I have already attended to my medicals but I have received another request from a different insurer, why? 	<ul style="list-style-type: none"> • SGR has assessed the initial medical information that were submitted and based on the results of those medicals, requires additional information. • If your group risk benefits are placed with different insurers you may be requested to complete more than one set of medicals. <p>If you have completed medicals for one insurer and SGR requires similar tests, it can be arranged for the medicals to be made available to us as well. (Kindly note however that, after assessing those medicals requested by the other insurer, SGR might request additional information.)</p>
12.	The cost of medicals ... <ul style="list-style-type: none"> • Who will be responsible for the medical bill/s? • Do I receive payment upfront? 	<ul style="list-style-type: none"> • The costs involved in providing medical evidence of insurability will be covered by SGR for the medicals they have requested. • No, once you've been to the doctor, you must inform SGR of the doctor's contact details in order to arrange for: <ul style="list-style-type: none"> - direct payment to the service provider; and - collection and assessment of the completed medicals.
13.	I don't want to attend to medicals; I'm happy with my current cover. What am I required to do?	You are not obliged to go for medicals. If you choose not to do so, your cover will be limited to the MPFL of the scheme or your previously accepted cover. Please inform SGR in writing of your decision not to attend to any medicals.



14.	<p>If I am based abroad (outside the border of RSA), can I do the medicals in the country I reside?</p>	<p>Yes, you can, but all medicals must be done in English. The medicals must be paid for by you, the client.</p> <p>You'll be reimbursed in RSA rands and into a South African bank account, only up to the price quoted in South Africa for similar tests.</p> <p>It is important to verify the cost before attending the medical to ensure that you'll be fully reimbursed. Alternatively, you may wait and attend to this on a return visit to South Africa.</p>
15.	<p>Underwriting decision ...</p> <ul style="list-style-type: none"> • What do I do if I have completed my medicals and my cover has been declined? • I'm not happy with the decision and reasons that the insurer provided, what do I do? 	<ul style="list-style-type: none"> • SGR provides the reasons for declining your additional cover only to your doctor/GP. You will have to contact your doctor to obtain the reasons. • You can appeal the decision in writing. SGR could request additional medical information, which would then be at your own cost based on your appeal. <p>The additional information will be assessed, but does not however guarantee that the decision will change.</p>

Medical Underwriting & Assessment process

Step 1: Employee's potential or individual limit exceeds the Medical Proof Free Limit (MPFL)

Medical evidence of insurability is required (the costs involved in providing medical evidence of insurability will be borne by Sanlam, except if indicated otherwise).

Step 2: SGR requests the initial medical information

Step 3: Employee provides the required medical information to Group Risk

Step 4: SGR assesses the medical information and informs client of the outcome

Member submits the required additional medical information directly to SGR, or SGR collects directly from the doctor/specialist:

Cover is approved	Request for additional medical and / or other information	Cover is repudiated	Employee declines to provide medicals
SGR grants member's potential cover and no further medical information is required.	SGR assesses the medical information, and informs the client/broker of the outcome: <ul style="list-style-type: none"> • Group risk cover is accepted, and member qualifies for their potential cover. OR <ul style="list-style-type: none"> • Group risk cover is declined, and member is restricted to MPFL or their individual limit. 	SGR declines member's potential cover due to poor health conditions.	A member is not obliged to go for medicals. If he/she chooses not to do so, the member's cover will be limited, i.e. restricted to MPFL or his/her individual limit. SGR informs the client/broker of the outcome.
SGR informs member via formal letter of the accepted cover, i.e. member qualifies for his/her potential cover.	SGR informs member via formal letter, i.e. member qualifies for his/her potential cover OR member is restricted to the medical proof free limit or individual limit.	SGR informs member of the outcome via formal letter, i.e. member is restricted to the MPFL or his/her individual limit.	SGR informs member of the outcome via formal letter, i.e. member is restricted to the MPFL or his/her individual limit.
		Member can appeal the decision in writing.	