CLAIMING BENFITS

The loss of a loved on is never easy. At Mihr, we make every effort to ensure that claiming benefits is simple and user-friendly. Firstly, please accept our condolences for your loss. We are available through each step to assist and support you. This guide explains who you can speak to for assistance, how to lodge a claim, who may lodge a claim, the information and documents that are required to lodge a claim and what you can expect once we have received your claim.

MAKING CONTACT AT MIHR

Phone: 010-446 6721

E-mail: claims@mihr.co

USSD: Dial *134*115# and follow the prompts. We will call you back

Website: www:sacanegrowersbenefits.co.za

By fax: 011-805 0721

CLAIMS PROCEDURE

- In the event of a death, please contact Mihr or request your employer to make contact to report the claim.
- Mihr will confirm the status of the claim, if the claim is valid or not, within 48 hours.
- Once we have confirmed that the deceased person is covered for benefits, we will request submission of initial documentation in order to prepare your claim forms.
- If the person is not covered, you will be advised of the reason for there being no claim and the steps you need to take, if you object to the decision, including contact details and time lines for resolution.
- Mihr prepares claims notification forms for claimants and we will also assist with additional requirements that may be applicable, including the preparation of supporting affidavits.
- You will be advised if we need additional documents, once we have reviewed the initial documents supplied.
- Once all requirements have been submitted, including the claim form signed by both the claimant and the policyholder, claims processing will commence.
- IMPORTANT: Claims must be lodged within 12 (twelve) months from the date of death, notification of event must take place within 6 (six) months from the date of death.

WHO MAY CLAIM

The person who may claim is determined by who has died:

- 1. If the **employee** has died, then the claim must be lodged by the nominated beneficiary, or if no beneficiary is nominated, then by a family member who the dependents agree may lodge a claim. Alternatively, the policyholder, who will make the final decision as to who will receive payment, if this cannot be agreed by the family or the beneficiaries are based outside of South Africa.
- 2. If a **dependent of the employee** has died, then the claim is paid to the employee, or nominated beneficiary if this is different to the employee. In the event of a dispute over payment, the decision of the policyholder is final as to who will receive payment of the benefit.

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DOCUMENTS REQUIRED

In order to prepare your claim notification form we require:

- Copy of certified death certificate, as issued by the South African Department of Home Affairs.
- DHA 1663 completed by the doctor or the traditional authority who certified the death
- DHA 14 Burial Order
- Copy of certified identity document or passport of the deceased.
- Copy of certified identity document or passport of the claimant.
- Confirmation of banking details that shows the address of the claimant. If no address is shown, we will
 require proof of address for the claimant.

IMPORTANT:

- 1. All certification must be done by the South African Police Services or a Commissioner of Oaths.
- 2. We will accept scanned or photographed copies of documents; however, they must be legible, and if they are not, we may call for clearer copies.

Once we are in receipt of the above, your claim form will be prepared and forwarded to the policyholder for signature by both the policyholder and claimant.

ADDITIONAL DOCUMENTS REQUIRED

Additional documentation may be requested that could include the following:

- Spousal Affidavit supporting proof of relationship if member and spouse are not legally married.
- Common-law Adoption Affidavit where a child who is not the biological or adopted child of the member is covered under the scheme.
- Student Dependent Affidavit where a child of the member who is 21 but not yet 26 and as a full-time student is covered under Full Family Benefit. Additional evidence will be required from the recognized educational institution to confirm full-time studies at the time the death occurred.
- Dependency Affidavit confirming insurable interest and/or financial dependence on the member.
- Other Requirement as may be required by Mihr and our underwriters.

CLAIM HANDLING INTERNAL PROCESS

- On receipt of the claim form and all supporting documents the claim will be assessed within 48 hours.
- The assessor may call for additional requirements, which once receipted will be assessed within 48 hours.
- If the claim is approved, payment will be made into the bank account supplied and you will be notified of the payment.
- If the claim is not approved, you will be provided with reason for repudiation of the claim in writing and the steps you need to take to dispute the claim including contact details and time lines for resolution.
- If you wish to appeal a no claim or repudiation, the following time limits apply:
 - 90 days to make representation to the Insurer as to why the claim should be paid. Mihr will respond
 to your representation within 45 days providing full details as to the outcome.
 - $\circ\quad$ 180 days to initiate legal proceedings against the decision of the insurer.

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