

# DISCOVERY GROUP LIFE





Your life would be dramatically impacted if you were unable to work because of illness or injury - fortunately your employer has provided you with disability cover with Discovery Group Life. Below are the steps to follow to assist with a seamless assessment process.

Tell your employer about any injury or illness as soon as possible. Your employer/adviser needs to inform Discovery Group Life immediately.

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You need to complete a disability claim notification and consent form, and this must be submitted to groupriskclaims@discovery.co.za.



Discovery will acknowledge the notification and send your employer/ adviser an email with the relevant forms that need to be completed and submitted.

The aim is to assess your claim speedily and to help you get better and back to work.



The standard forms that need to be completed to assess a claim are known as the "Claims Pack" and include the following:

- 01 | Member statement. (to be completed by you)
- 02 | Employer statement. (to be completed by your employer)
- 03 | Certified copy of your ID.
- 04 | Your leave and attendance record for the two years before the date on which your disability claim was submitted.
- **05** | Your pay slip as at the last day you were actively at work.
- **06** | Copies of all your existing medical reports, certificates, file notes, pre/post op reports and treatment records, pathology and radiology reports etc - basically all medical information that you have relating to the condition you are claiming for.

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If you need help completing the claim documentation, please contact your scheme adviser or the disability claims department on 0860 047 687.

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It's important that Discovery Group Life is notified within 3 months from the last day you were able to perform your work duties.



Once all documentation is received, we will assess the claim which will have one of the following possible outcomes:

### 01 | Admit

Claim has been approved and the stipulated benefit amount will be paid after the waiting period.

Income Continuation Benefit - will be paid monthly for as long as the claim is considered medically valid. Your claim will be subject to regular reviews depending on the determined claim management programme/strategy.

Capital Disability Benefit - will be paid as a lump sum directly into your bank account if it is an unapproved benefit or via the retirement fund if it is an approved benefit.

Severe Illness Benefit - will be paid as a lump sum directly into your bank account.

## 02 | Request more information

To complete the assessment more information is required. This may include medical reports, leave records or any outstanding requirements. Discovery Group Life will cover the costs if they request an additional independent assessment and report.

## 03 | Decline

The disability claim may be declined for various reasons, for example you are fit to return to work, or the medical condition does not meet the policy conditions. You have 90 days to appeal against the decision on your claim. You will need to provide the reasons you are disagreeing with the decision and can submit any additional evidence you would like to be considered. If there is no change to the outcome following your appeal, and you still do not agree with the decision, you can file a complaint with the Ombudsman for Long Term Insurance.

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If your Income Continuation Benefit claim is approved, Discovery Group Life may request that you undergo rehabilitation to assist you to achieve a level of performance that will help you return to work.

A board of medical professionals will determine the feasibility of a case management programme and if you are accepted, you will be required to sign a written undertaking of your genuine intent to follow the programme.

Discovery will pay the cost of the case management programme.

### The programme will end:

- If you are considered rehabilitated by Discovery Group Life.
- If you fail to comply with the requirements of the programme.
- If Discovery Group Life believe that the programme is not effective.