

## Eis vir 'n Traumavordeel Claim for Trauma benefit

### Inhoud Contents

Die volgende vorms moet voltooi word met die indiening van 'n trauma-eis.  
The following forms must be completed for the submission of a trauma claim.

Die eisvorms bestaan uit die volgende:

The forms consist of:

- Trauma-eis: Verklaring deur fonds/skema  
Trauma claim: Declaration by fund/scheme - Vorm wat deur die werkgever voltooi moet word.  
Form to be completed by employer.
- Verklaring van versekerde vir 'n trauma-eis  
Statement by insured for a trauma claim - Vorm wat deur die eiser voltooi moet word.  
Form to be completed by the claimant.
- Vraelys aan dokter: Trauma  
Questionnaire to doctor: Trauma - Die vorm moet deur die eiser se behandelende spesialis voltooi word asook die opstel van die verslag.  
Form to be completed by claimant's treating specialist as well as the compiling of the report.

**Baie belangrik:** Indien daar bestaande spesialisverslae beskikbaar is moet dit asseblief saam met die eisdokumente gestuur word.

**Very important:** If there are any existing specialist reports available please forward copies with the claim documents.

### Algemeen General

- Die eiser moet die aanvanklike medies en ander dokumente ter staving van die eis betaal.  
The claimant has the initial responsibility of providing medical and other documentary evidence of disability at his/her own cost.
- Die eiser is verplig om enige medies of ander inligting wat Sanlam redelikerwys nodig mag ag, te lewer.  
The claimant is obliged to submit whatever medical or other information Sanlam may reasonably require.

Die werkgever moet die volledig voltooide vorms pos, faks of e-pos aan:

Sanlam Groep Risiko: Ongeskiktheidseise(7709)  
Posbus 1  
Sanlamhof  
Bellville  
7532  
Faksnommer (021)947-3207  
E-pos adres Disabilityclaimbenefits.EB@sanlam.co.za

The employer must either post, fax or e-mail the duly completed forms to:

Sanlam Group Risk: Disability Claims (7709)  
PO Box 1  
Sanlamhof  
Bellville  
7532  
Fax number (021)947-3207  
E-mail address Disabilityclaimbenefits.EB@sanlam.co.za

## Trauma-eis: Verklaring deur fonds/skema Trauma Claim: Declaration by fund/scheme

### Besonderhede van fonds/skema

#### Particulars of fund/scheme

Naam van fonds/skema \_\_\_\_\_ Kode \_\_\_\_\_  
 Name of fund/scheme \_\_\_\_\_ Code \_\_\_\_\_

E-pos van kontakpersoon \_\_\_\_\_ Telefoonnommer \_\_\_\_\_  
 E-mail of contact person \_\_\_\_\_ Telephone number \_\_\_\_\_

Posadres \_\_\_\_\_  
 Postal address \_\_\_\_\_

Naam van tak/deelnemende werkgewer \_\_\_\_\_  
 Name of branch/participating employer \_\_\_\_\_

### Besonderhede van lid/versekerde

#### Particulars of the member/insured

Volle voorname en van \_\_\_\_\_  
 Full first names and surname \_\_\_\_\_

Geboortedatum \_\_\_\_\_ Geslag \_\_\_\_\_ Huwelikstaat \_\_\_\_\_  
 Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Beroep \_\_\_\_\_ Identiteitsnommer \_\_\_\_\_  
 Occupation \_\_\_\_\_ Identity number \_\_\_\_\_

Watter siekte, afwyking het aanleiding gegee tot die eis?  
 What illness, impairment has led to this claim? \_\_\_\_\_

### Besonderhede van lidmaatskap

#### Particulars of membership

Lidmaatskapnr \_\_\_\_\_ Betaalstaatnr. (Indien daar is)  
 Membership no \_\_\_\_\_ Pay-sheet no. (If any) \_\_\_\_\_

Datum van diensaanvaarding \_\_\_\_\_ Datum van vaste aanstelling \_\_\_\_\_  
 Date of entering service \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of permanent appointment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Aanvangsdatum van lidmaatskap \_\_\_\_\_ (dd/mm/eejj)  
 Date of commencement of membership \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/ccyy)

Jaarlikse pensioengewende besoldiging van lid Annual pensionable remuneration of member		Datum toegestaan Date granted
i. Op fonds-/skemaverjaardag voor traumatiese gebeurtenis On fund/scheme anniversary before traumatic incident:	R	
ii. Ten tye van aanvang van traumatiese gebeurtenis On date of traumatic incident	R	
iii. Een jaar onmiddellik voor traumatiese gebeurtenis One year immediately before traumatic incident	R	

Indien (ii) van (i) verskil, verskaf datum waarop die verhoging toegestaan is.  
 If (ii) differs from (i), state the date of the increase. \_\_\_\_\_

Het die lid/versekerde op datum van aanvang van trauma vir lidmaatskap van die fonds/skema gekwalifiseer? Ja Nee  
 Did the member/insured qualify for membership of the fund/scheme on the date of commencement of trauma? Yes  No

Ons, die ondergetekendes, verklaar namens die fonds/skema dat die inligting hierbo verstrek volledig en korrek is.  
 We, the undersigned, declare on behalf of the fund/scheme that the information provided above is complete and correct.

### Ondertekening namens die fonds/skema

#### Signature on behalf of the fund/scheme

Datum (dd/mm/eejj) \_\_\_\_\_ Plek \_\_\_\_\_  
 Date (dd/mm/ccyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place \_\_\_\_\_

Handtekening \_\_\_\_\_ Hoedanigheid \_\_\_\_\_  
 Signature \_\_\_\_\_ Designation \_\_\_\_\_

Handtekening \_\_\_\_\_ Hoedanigheid \_\_\_\_\_  
 Signature \_\_\_\_\_ Designation \_\_\_\_\_

## Verklaring van versekerde vir 'n trauma-eis Statement by insured for a trauma claim

Naam van fonds/skema Name of fund/scheme _____	
Naam van versekerde Name of insured _____	
Versekerde se geboortedatum Insured's date of birth _____	Telefoonnummer Telephone number _____
Lidmaatskapnommer Membership number _____	Selfoonnummer Cell Phone number _____
Identiteitsnommer Identity number _____	E-pos adres E-mail address _____

### Aard van siektetoestand of afwyking Nature of illness or impairment

1.1 Naam en adres van u gereelde huisdokter  
 Name and address of your regular family doctor  
 \_\_\_\_\_

1.2 Sedert watter datum is hy/sy u huisdokter? \_\_\_\_\_ (dd/mm/eejj)  
 Since what date has he/she been your family doctor? \_\_\_\_\_ (dd/mm/ccyy)

1.3 Meld datum van die laaste konsultasie. \_\_\_\_\_ (dd/mm/eejj)  
 Mention date of last consultation. \_\_\_\_\_ (dd/mm/ccyy)

1.4 Wie was u vorige huisdokter?  
 Who was your previous family doctor? \_\_\_\_\_

1.5 Watter siekte of afwyking het aanleiding gegee tot die eis?  
 Which illness or impairment has led to this claim? \_\_\_\_\_

1.6 Op watter datum het u vir die eerste keer 'n geneesheer hiervoor geraadpleeg? \_\_\_\_\_ (dd/mm/eejj)  
 On what date did you see a doctor about this for the first time? \_\_\_\_\_ (dd/mm/ccyy)

1.7 Wat is die naam van die geneesheer?  
 What was the name of this doctor? \_\_\_\_\_

1.8 Meld asseblief die name van alle ander geneeshere wat u in die verband geraadpleeg het.  
 Please state the names of all other doctors you have consulted in this regard.  
 \_\_\_\_\_

1.9 Indien u eis uit 'n ongeluk voortspruit, verstrek asseblief die volgende inligting:  
 If this claim resulted from an accident, please give the following information:

1.9.1 Datum van ongeluk \_\_\_\_\_ (dd/mm/eejj)  
 Date of accident \_\_\_\_\_ (dd/mm/ccyy)

1.9.2 Omstandighede wat tot die ongeluk aanleiding gegee het.  
 Circumstances causing the accident.  
 \_\_\_\_\_

1.9.3 As 'n formele ondersoek gehou is, meld asseblief deur wie en wat die uitslag daarvan was.  
 If a formal enquiry was conducted, please state by whom and what the result was.  
 \_\_\_\_\_

### Algemeen General

Het u ook trauma versekering by ander versekeraars? Ja  Nee   
 Do you have trauma assurance with other companies too? Yes No

Indien wel, Naam van versekeraar \_\_\_\_\_  
 If so, Name of company

Versekerde bedrag Intreedatum \_\_\_\_\_ (dd/mm/eejj)  
 Sum assured R \_\_\_\_\_ Inception date \_\_\_\_\_ (dd/mm/ccyy)

Verstrek asseblief enige ander inligting wat na u mening die eis kan beïnvloed.  
 Please give any other information which, in your opinion, may influence the claim.  
 \_\_\_\_\_

## Betaling van voordele

### Payment of benefits

#### Persoonlike besonderhede

##### Personal information

Posadres

Postal address \_\_\_\_\_

Woonadres

Residential address \_\_\_\_\_

Telefoonnommer(s) (werk)

Telephone number(s) (work) \_\_\_\_\_

(huis)

(home) \_\_\_\_\_

Indien voordele in die begunstigde se bankrekening betaal moet word, voorsien ons asseblief van 'n gekanselleerde tjek of 'n gesertifiseerde inlegstrokie in geval van 'n spaarrekening asook van die volgende inligting:

If the benefits are to be paid into the beneficiary's bank account, please provide us with a cancelled cheque or a certified deposit slip in the case of a savings account as well as the following information:

Naam van bank

Name of bank \_\_\_\_\_

Bankkode

Branch code \_\_\_\_\_

Tak van bank

Branch of bank \_\_\_\_\_

Tipe rekening

Type of account \_\_\_\_\_

Rekeningnommer

Account number \_\_\_\_\_

Ek verklaar dat ek die persoon is wat hierbo beskrywe word en dat die antwoorde en die opgawes deur my hierbo verstrek in elke opsig waar en korrek is. Terwyl ek aanvaar dat ek my reg op privaatheid daardeur inkort, maar om die beoordeling van die risikos en die oorweging van enige eis om voordele makliker te maak, ingevolge 'n polis verband hou met hierdie of enige ander aansoek om versekering deur my, of aangaande my as versekerde, magtig ek Sanlam onherroeplik om:

- enige inligting wat Sanlam nodig ag van enige persoon te bekom - wat ek hiermee magtig en versoek om die inligting aan Sanlam te gee, en
- daardie inligting en enige inligting in hierdie aansoek of enige verwante polis of ander dokument vervat met ander versekeraars te deel - hetsy regstreeks, hetsy deur 'n databasis wat deur of vir versekeraars as 'n groep bedryf word, te enigertyd (selfs na my dood) en in sodanige gedetailleerde, of verkorte of gekodifiseerde vorm waarop Sanlam of die operateurs van die databasis van tyd tot tyd besluit.

I declare that I am the person described above and that the replies given to the questions and the statements made above are true and correct. Accepting that I am thereby curtailing my right of privacy, but to facilitate the assessment of the risks and the consideration of any claim for benefits under a policy related to this or any other proposal for insurance made by me, or in respect of me as insured, I irrevocably authorise Sanlam to:

- obtain from any person whom I hereby so authorise and request to give any information which Sanlam deems necessary, and
- share with other insurers that information contained in this proposal or in any related policy or other document, either directly or through a data base operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam or by the operators of such database.

#### Ondertekening

##### Signature

Datum (dd/mm/eejj)

Date (dd/mm/ccyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Plek

Place \_\_\_\_\_

Handtekening

Signature \_\_\_\_\_

Getuie

Witness \_\_\_\_\_

## Vraelys vir dokter: Trauma Questionnaire for doctor: Trauma

Naam van fonds/skema  
Name of fund/scheme \_\_\_\_\_

Lidmaatskapnr  
Membership no \_\_\_\_\_

Naam van tak/deelnemende werkgewer  
Name of branch/participating employer \_\_\_\_\_

Naam van eiser  
Name of claimant \_\_\_\_\_

Versekerde se geboortedatum (dd/mm/eejj) Identiteitsnommer  
Insured's date of birth (dd/mm/ccyy) Identity number \_\_\_\_\_

**Geagte Dokter / Dear Doctor**

Ons versoek u vriendelik om die onderstaande inligting te verstrek. Die eiser moet die aanvanklike medies en ander dokumente ter staving van die eis betaal.

Please provide us with the information requested below. The claimant has the initial responsibility of providing medical and other documentary evidence of disability at his/her own cost.

**A Algemeen (Moet ten alle tye voltooi word)**  
**General (To be completed at all times)**

Is u die versekerde se huisdokter? Ja  Nee   
Are you the insured's family doctor? Yes  No

- Indien wel, vanaf watter datum is die versekerde u pasiënt?  
If you are, from what date is the claimant your patient? \_\_\_\_\_
- Indien nie, verstrek asseblief sy/haar naam indien dit aan u bekend is.  
If not, please give his/her name if known to you.  
\_\_\_\_\_

Verstrek asseblief besonderhede van vorige of ander abnormale liggaams- of geestestoestande waarvoor u gekonsulteer is.  
Please give full details of previous or other abnormal physical or mental conditions about for which you have been consulted.

Aard Nature	Datum van konsultasie Date of consultation	Duur Duration

Meld asseblief die naam en adres van enige geneesheer wat die versekerde geraadpleeg het.  
Please state the name and address of any other doctor the insured consulted.

Dokter Doctor	Toestand Condition	Datum van konsultasie Date of consultation	Duur Duration

Datum waarop toestand gediagnoseer is / Datum van verlies / Datum van insident  
Date on which condition was diagnosed / Date of the loss / Date of the incident \_\_\_\_\_ / /

Datum van eerste konsultasie  
Date of first consultation \_\_\_\_\_ / /

## **B Minimum mediese vereistes vir die versekerde se siektetoestand**

### **Minimum medical requirements for the insured's illness**

**Belangrik** Die versekerde kan slegs eis vir die siektetoestand soos gelys in die toepaslike kontrak en nie noodwendig almal soos hieronder genoem nie.

**Important** The insured can only claim for the illnesses listed in the relevant contract and not all the illnesses listed below.

#### **Kanker / Cancer**

- Op datum kliniese verslag van behandelende mediese spesialis  
Up to date clinical report from the treating medical specialist
- Patologie verslag(e)  
Pathology report(s)

#### **Miokardiale infarksie / Myocardial infarction**

- Kliniese verslag ingesluit die datum van diagnose, omvang van infarksie (transmurale of subendokardiaal)  
Clinical report including date of diagnosis, extent of infarction (transmural or sub-endocardial)
- Alle EKG's beskikbaar (oud en/of nuut)  
All ECG's available (old and new)
- Serieë hartensieme (CK, CK-MB fraksie): afskrif van laboratorium verslae  
Serial Cardiac enzymes (CK, CK-MB fraction): copy of lab reports
- Hartmerkers (bv. Trop T)  
Cardiac markers (e.g. trop T)
- Ander: Verslae van Eggokardiogram, angiogram  
Other: Reports of echocardiogram, angiogram

#### **Beroerte / Stroke**

- Kliniese verslag nadat 'n toestand van maksimale verbetering bereik is, met aanduiding van permanente neurologiese inkorting  
Clinical Report after maximal medical improvement has been reached indicating permanent neurological impairment
- Kopie van breinskanderingsverslae  
Copy of brain scans

#### **Koronêre slagaarchirurgie / Coronary artery bypass surgery**

- Kardioloogverslag  
Cardiologist report
- Operasie verslag  
Operation report

#### **Hartklepvervanging / Heart valve replacement**

- Kardioloogverslag  
Cardiologist report
- Operasie verslag  
Operation report

#### **Aorta slagaarchirurgie / Aortic artery surgery**

- Chirurg verslag  
Surgeon report
- Operasie verslag  
Operation report

#### **Aritmie / Arrhythmia**

- Op datum kardioloogverslag  
Up to date cardiologist report
- Operasie verslag ten opsigte van pasaangeër, difibrillator of ablasie  
Operation report regarding pacemaker, defibrillator or ablation

#### **Kardiomiopatie / Cardiomyopathy**

- Op datum kardioloogverslag met uitwerpraksie en oefen-kapasiteit toets met aantal METS behaal ten tye van maksimale oefening  
Up to date cardiologist report including the ejection fraction and exercise test to determine amount of METS reached on maximal exercise
- Eggokardiografie  
Echocardiography

#### **Blindheid / Blindness**

- Oftalmoloog verslag met gesigskerpte voor en na korreksie  
Ophthalmologist report with visual acuity before and after correction
- Gesigvelde waar van toepassing  
Visual fields where applicable

#### **Orgaanoorplanting / Organ transplant**

- Spesialis verslag  
Specialist report
- Operasie verslag  
Operation report

#### **Kroniese nierversaking / Chronic renal failure**

- Kliniese verslag met periode van dialise  
Clinical report indicating period of dialysis
- Op datum nierfunksietoetse  
Up to date kidney functions (blood tests)

**Sero-positiewe rumatoïede artritis / Sero-positive rheumatoid arthritis**

- Rumatoloog verslag met besonderhede van behandeling toegedien  
Rheumatologist report with details of treatment administered
- Bloedtoetse (rumatoïede faktor)  
Blood tests (rheumatoid factor)

**Veelvuldige sklerose / Multiple sclerosis**

- Op datum neuroloogverslag met besonderhede van die chronologiese verloop van die siekte  
Up to date neurologist report, with details of chronological progression of disease
- Spesiale ondersoeke: skanderings  
Special investigations: scans

**Parkinson se siekte / Parkinson's disease**

- Neuroloogverslag  
Neurologist report

**Verlies aan ledemaatfunksie / Loss of limb function**

- Kliniese verslag ingesluit diagnose, amputasievlak, omvang van bewegings, krag, sensasieverlies, deformiteite  
Clinical report indicating diagnosis, amputation level, range of movement, power, sensation, deformities
- X-strale, EMG, Doppler studies (waar van toepassing)  
X-rays, EMG, Doppler studies (where applicable)

**Goedaardige breingewas / Benign brain tumor**

- Kliniese verslag wat neurologiese inkorting aandui  
Clinical report indicating neurological impairment
- Skanderings  
Scans
- Patalogie verslae  
Pathology reports

**Longembolis / Pulmonary embolism**

- Kliniese verslag  
Clinical report
- Ventilasië-perfusie skandering (VQ)  
Ventilation-perfusion scan (VQ)

**Algehele doofheid / Total deafness**

- Kliniese verslag  
Clinical report
- Audiogram met spraak diskriminasie  
Audiogram with speech discrimination

**Ongelukverwante MIV infeksie / Accidental HIV infection**

- Kliniese verslag  
Clinical report
- Ongelukverslag of polisieverslag  
Injury report or Police report
- MIV bloed toetse: resultate van eiser en pasiënt betrokke  
HIV blood tests: results of claimant and patient involved in injury/incident
- Pre-serokonversie bewys van MIV negatiewe status  
Pre-seroconversion proof of negative HIV status

**Alzheimer se siekte / Alzheimer disease**

- Kliniese verslag van psigiater met DSM diagnose en inkorting van aktiwiteite van daaglikse lewe  
Clinical report from psychiatrist indicating DSM diagnosis and restrictions of activities of daily living
- Kopie van psigometriese toetse gedoen  
Copies of psychometric tests done

**Motorneuronsiekte / Motor neuron disease**

- Op datum neuroloogverslag  
Up to date neurologist report

**Spiërdistrofie / Muscular dystrophy**

- Neuroloogverslag insluitend beskrywing van funksionele inkorting  
Neurologist report including description of functional impairment

**Aplastiese anemie / Aplastic anaemia**

- Hematoloogverslag  
Haematologist report
- Beenmurgverslag  
Bone marrow report

**Koma / Coma (meer as 96 uur, nie medikasie geïnduseer) / (more than 96 hours, not medically induced)**

- Volledige kliniese verslag aangaande oorsake, diagnose, rede vir ventilasie, verloop, tydperk van ventilasie en penetrasie  
Detailed clinical report of the causes, diagnosis, reason for ventilation, clinical progression, time of ventilation and parenteral feeding
- Glasgow komaskaal met opname en gedurende ventilasie tydperk  
Glasgow coma scale on admission and during ventilation
- Alle hospitaalrekords  
Copies of all hospital records

**Brandwonde / Major burns**

- Die presiese beskrywing en omvang van derdegraadse brandwonde (nie eerste- en tweede- graad) word verlang. (% van liggaamsoppervlakte geaffekteerd)  
A detailed description of third degree (not first and second degree) burn wounds is needed. (% of body surface affected)
- Oorsaak en datum van insident  
Cause and date of incident
- Die aangehegte skets kan gebruik word om die omvang van die derdegraadse brandwonde aan te dui.  
The attached diagram can be used to show the extent of the third degree burns.

**Lewerversaking / Liver failure**

- Kliniese verslag van behandelende spesialis  
Clinical report from treating specialist
- Afskrifte van spesialis ondersoek verslae (bv. Lewerfunksietoetse, lewerbiopsie)  
Copies of special investigations done (e.g. liver function tests, liver biopsy)

**Eindstadium longsiekte / End stage lung disease**

- Kliniese verslag van internis of pulmonoloog  
Clinical report from pulmonologist or physician
- Longfunksietoetse, diffusie kapasiteit (DCO)  
Lung function tests, diffusion capacity (DCO)

**Besonderhede van geneesheer en ondertekening  
Medical practitioner's information and signature**

Voorletters en van  
Initials and surname \_\_\_\_\_

Praktyknommer  
Practice number \_\_\_\_\_

Kwalifikasies  
Qualifications \_\_\_\_\_

Adres  
Address \_\_\_\_\_

Telefoonnommer (huis)  
Telephone number (home) \_\_\_\_\_

(werk)  
(work) \_\_\_\_\_

Handtekening  
Signature \_\_\_\_\_

Datum  
Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/eejj)  
(dd/mm/ccyy)



