

**Please return Claim Forms to:**

1. **Fax to**  
(011) 351-3003
2. **Post Originals to:**  
Life Claims  
P O Box 87428  
HOUGHTON 2041



# Dread Disease Benefit - Claim Form

Policy No. ....  
 on the life of .....  
 in respect of .....  
 (hereinafter called the person insured)

**This form is issued without admission of liability.**

The relevant sections must be completed and all questions answered in full. Strokes of the pen and vague replies such as "N/A", "as before" etc. are unacceptable. Where an answer YES or NO is required the relevant block must be ticked

(./). Sections to be completed:

4 **Section 1** - General

4 **Section 2** - Dread Disease

4 **Section 3** - Declaration

## 1. GENERAL

Name of claimant .....

In what capacity or by what title do you submit this claim? .....

Person insured ..... Sex .....

Date of birth of claimant .....

( Proof of age will be required before any benefit is paid)

Identity No. ....

Occupation at commencement of the policy.....

Occupation when circumstances led to the claim .....

What are/were the habits regarding smoking?.....

Alcohol consumption? .....

Was the person insured at any time engaged in any hazardous pursuit such as aviation, parachuting, motor racing, diving, underground mining etc? If YES give details .....

YES	NO
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Was the person insured engaged in any military, airforce or naval service at the time of the circumstances, which led to the claim? If YES give details .....

YES	NO
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Date of onset of illness or injury which led to the claim .....

Duration of the illness or injury .....

Has the person insured received, or does he/she expect to receive, any medical advice, counseling, treatment or blood test in connection with AIDS or an AIDS-related condition? If YES give details .....

YES	NO
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Please give the names and addresses of all doctors and specialists who attended or prescribed for the person insured during the two years preceding the circumstances which led to the claim .....

Has the person insured any other life, disability, health, accident or funeral insurance?

YES	NO
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If YES give details of companies, dates effected, type and amount of cover .....



#### 4. DEFINITIONS OF DREAD DISEASE CONDITIONS

The following defined dread disease conditions which the life assured must suffer or undergo are insured events in terms of this policy. The claim must be supported by the reports indicated by an asterix alongside each condition.

<p><b>(a) Heart Attack</b> The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis will be based upon the following three criteria: A history of typical chest pain; new ECG changes and elevation of cardiac enzymes</p>	<ul style="list-style-type: none"> <li>• ECG tracings</li> <li>• Raised enzyme test results</li> </ul>
<p><b>(b) Stroke</b> Any cerebrovascular incident producing neurological sequelae lasting for more than 24 hours and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. Evidence of permanent neurological deficit must be produced.</p>	<ul style="list-style-type: none"> <li>• All specialist reports</li> </ul>
<p><b>(c) Cancer</b> A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. The term "cancer" also includes leukaemia and Hodgkin's Disease but excludes: all skin cancers and Cancer-in-situ; including melanoma-in-situ.</p>	<ul style="list-style-type: none"> <li>• Histology reports</li> </ul>
<p><b>(d) Renal Failure</b> End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.</p>	<ul style="list-style-type: none"> <li>• All specialist reports</li> <li>• All pathology reports</li> </ul>
<p><b>(e) Paraplegia</b> The total and irreversible loss of use of both legs and arms.</p>	<ul style="list-style-type: none"> <li>• All specialist reports</li> </ul>
<p><b>(f) Blindness</b> The total and permanent loss of all sight in both eyes</p>	<ul style="list-style-type: none"> <li>• All specialist reports</li> <li>• and investigations</li> </ul>
<p><b>(g) Coronary Artery Disease Requiring Surgery</b> The actual undergoing of surgery by the life assured due to coronary artery disease. This does not include angioplasty and/or any intra arterial procedures.</p>	<ul style="list-style-type: none"> <li>• All specialist reports</li> </ul>
<p><b>(h) Surgery for a Disease of the Aorta</b> The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.</p>	<ul style="list-style-type: none"> <li>• The full operation report</li> </ul>
<p><b>(i) Replacement of a Heart Valve</b> The replacement of one or more heart valves with artificial valves due to stenosis or incompetence, or a combination of these conditions.</p>	<ul style="list-style-type: none"> <li>• The full operation report</li> </ul>
<p><b>(j) An Organ Transplant</b> The human-to-human organ transplant, from a donor to the life assured, of one or more of the following organs: the kidney, heart; lung, heart-lung; liver, pancreas or bone marrow. The transplantation of all other organs, parts of organs or any other tissue transplant is excluded.</p>	<ul style="list-style-type: none"> <li>• The full operation report</li> <li>• All specialist reports</li> </ul>
<p><b>(k) Terminal Illness</b> Any disease process which in the opinion of an appropriate specialist, and with the agreement of Hollard Life's chief Medical Officer, is likely to lead to death of the life assured within 12 (twelve) months of the notification of the claim.</p>	<ul style="list-style-type: none"> <li>• All specialist reports</li> </ul>
<p><b>(l) Multiple Sclerosis</b> An equivocal diagnosis of Multiple Sclerosis made by a Neurologist or Physician and confirmed by another independent neurologist. The claimant must exhibit neurological abnormalities occurring in more than one area of the nervous system, separated by a period of time, during which stage of evidence of some regression of symptoms has occurred. The neurological features must exhibit the typical symptoms of demyelination occurring in the cerebrum, cerebellum optic nerves, brainstem, or spinal cord.</p>	<ul style="list-style-type: none"> <li>• All specialist reports</li> </ul>

In addition to any specific requirements set out in the definitions above each of the above conditions must be diagnosed as may be appropriate by a registered medical practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to Hollard Life Assurance Company.