

FundsAtWork Dread disease medical report

Section 1: Scheme details

Name of employer

Section 2: Claimant details

Name of claimant

Date of birth - -

RSA ID Yes No Identity/ Passport number

Dear Doctor

The medical information requested in this form is in support of a claim for dread disease benefits provided by the claimant's employer. Your expertise and advice will provide a vital link in the process of assessing the claim.

As this is an extremely stressful time for the claimant, we would appreciate your speedy assistance with this matter.

We thank you in anticipation for your co-operation.

As this report is in support of a claim application, any cost in connection with this report will be for the account of the policyholder (employer) in terms of the policy, unless otherwise specified by Momentum FundsAtWork and confirmed in writing.

Please complete the report and return it directly to Momentum FundsAtWork at the address provided at the end of the form.

Diagnosis

Date of diagnosis - -

Standard industry policy definitions for certain dread disease conditions

From 1 September 2009 Momentum FundsAtWork has been following an industry standard of assessing certain dread disease (critical illness) events, to ensure that consistent and objective claims decisions are made.

The former Life Offices Association (LOA), whose members are now part of ASISA (Association for Savings & Investment SA), set up SCIDEP (Standardised Critical Illness Definitions Project) to derive a set of standard industry definitions.

The standard definitions apply to the following four "core" diseases, which make up between 70% and 90% of all dread disease claims:

- heart attack
- cancer
- stroke
- coronary artery bypass graft (CABG)

All other conditions not listed above will be assessed in terms of Momentum's standard policy definitions and terms.

Section 3: Core conditions (assessed under ASISA standard definitions)

Dread disease benefit Disclosure Grid as measured against ASISA critical illness definitions (severity level payments)

DEFINED ILLNESSES	SEVERITY LEVEL			
	A. Most severe	B. Moderate impairment	C. Mild impairment	D. Almost full recovery
Cancer	100%	100%	100%	50%
Heart attack	100%	75%	50%	50%
Stroke	100%	50%	50%	10%
Coronary artery bypass graft	100%	50%	50%	50%
Cancer	A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.			
Exclusions	<ul style="list-style-type: none"> All cancers in situ and all pre-malignant conditions. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0. All skin cancers, other than malignant melanoma that has been histologically classified as having caused invasion beyond the outer layer of skin (epidermis). Tiering of all cancers except for prostate, leukaemia and lymphoma. 			
Payment level A	Stage 4 cancer (distant metastasis).			
Payment level B	Stage 3 cancer (spread to regional lymph nodes).			
Payment level C	Stage 2 cancer (spread to adjacent structures or organs).			
Payment level D	Stage 1 cancer (confined to the tissue or organ of origin). The levels are correlated to the general classification used by the American Joint Committee for Cancer for the type of cancer involved.			
Report	Oncologist's report with histology.			
Heart attack	The death of heart muscle, due to inadequate blood supply as diagnosed by compatible clinical symptoms, characteristic ECG changes of myocardial infarction and raised cardiac markers.			
Exclusions	Angina and other acute coronary syndromes.			
Payment level A and B	Heart attack with permanent impairment. The degree of permanent damage can be measured by a heart sonar, an exercise tolerance test or a measurement of physical abilities performed 6 weeks after the event. Depending on the severity, either level A or B will be paid.			
Payment level C and D	Heart attack with no permanent impairment.			
Report	Cardiologist's report with copies of cardiac marker results and ECG.			
Stroke	The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit lasting longer than 24 hours, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist (refer to attached addendum).			
Exclusions	Cerebral symptoms due to transient ischemic attack, vascular disease affecting the eye or optic nerve, migraine and vestibular disorders or traumatic injury to brain tissue or blood vessels. Severity levels may only be assessed after 3 months by the treating neurologist and will be based on the ability to perform activities of daily living or based on the assessed level of Whole Person Impairment, as calculated by the American Medical Association Guides to the Evaluation of Permanent Impairment 6th edition.			
Payment level A	Requires constant assistance, as measured by the inability to do 3 or more basic activities of daily living, or a whole person impairment of more than 35%.			
Payment level B	Unable to function independently, as measured by the inability to do 6 or more advanced activities of daily living, or a whole person impairment between 21% and 35%.			
Payment level C	Able to function independently, but has impairment as measured by the inability to do 3 or more advanced activities of daily living, or a whole person impairment 11% to 20%.			
Payment level D	If there has been full recovery with little residual symptoms or signs as measured by the ability to do all basic and advanced ADL'S, or a WPI of 10% or less.			
Report	Neurologist's report.			

Section 3: Core conditions (assessed under ASISA standard definitions) (continued)

Coronary artery bypass graft	Undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary artery/ies by means of a bypass graft.
Exclusions	Angioplasty or other non-surgical techniques such as laser treatment. Severity level will depend on the number of arteries grafted.
Payment level A	Three or more coronary arteries.
Payment level B	Two coronary arteries.
Payment level C	Left main or proximal left anterior descending coronary artery.
Payment level D	Any one coronary artery.
Report	Surgery report and pre-operative angiogram report.

Core conditions (Not assessed under ASISA standard definitions)

Benefit level	Benefit percentage
Level A	100%
Level B	50%
Level C	10%

Heart valve surgery	Open-heart surgery to replace one or more heart valves.
Payment level A only	
Report	Surgery report.
Aorta graft surgery	Surgery for an aortic aneurysm, an obstruction of the aorta or a co-arcuation of the aorta, via thoracotomy or laparotomy.
Payment level A only	
Exclusion	Traumatic repair of the aorta or branches.
Report	Surgery report and pre-operative assessment by specialist surgeon.
Angioplasty	First time undergoing coronary artery angioplasty to correct a narrowing or blockage of at least 60% stenosis.
Payment level 10% only	
Report	Angiography report with details of procedure.
Kidney failure	End-stage renal failure requiring regular renal dialysis or transplant.
Payment level A only	
Report	Nephrologist's report.
Major organ transplant	Kidney, liver, heart, lung, pancreas, small bowel or the transplantation of bone marrow.
Payment level A	Transplant has been performed.
Payment level B	Submission of medical report that claimant is on transplant waiting list.
Report	Transplant centre report.
Paralysis	Permanent and total loss of function of two or more limbs as a result of injury or disease.
Payment level A only	
Report	Neurologist's report confirming permanence.
Blindness	Irreversible reduction of sight in both eyes as a result of acute sickness or accident. The visual acuity of the better eye must be less than 1/50 (20/1000).
Payment level A	Loss of both eyes due to acute trauma.
Payment level B	Loss of sight of one eye due to acute trauma.
Report	Ophthalmologist's report.

Section 4: Comprehensive conditions

Loss of limbs	Complete and permanent loss of function or complete severance of one or more limbs above the wrist or ankle directly as a result of trauma.
Payment level A	Severance or loss of two limbs.
Payment level B	As above, of one limb.
Report	Surgeon's report for severance or neurologist's report for loss of function.
Loss of hearing	The complete and irrecoverable loss of hearing in both ears.
Payment level A only	
Exclusion	No benefits will be payable if hearing devices or implant restores partial or total hearing.
Report	Audiologist's report or ENT surgeon's report outlining cause of loss of speech.
Coma	Failure of cerebral function characterised by total unrousable, unresponsiveness to all external stimuli.
Exclusions	"Artificial" coma.
Payment level A	Permanent neurological deficit after three months.
Payment level B	Continuous coma for a period of 96 hours.
Report	Intensive care consultant's report.
Severe burns	Third-degree or full thickness burns.
Payment level A	Burns covering more than 30% of the body surface.
Payment level B	Burns covering between 15% and 30% of the body surface.
Report	Surgeon's report.
Multiple sclerosis	The irreversible neurological deficits must include at least one of the following conditions: <ul style="list-style-type: none"> paralysis in limbs; walking impairment that can be neurologically verified; the claimant has to use a wheelchair.
Payment level A only	
Report	Neurologist's report including CT scan or MRI no sooner than six months after first diagnosis.
Motor neurone disease	Progressive irreversible damage to the nervous system.
Payment level A only	
Report	Neurologist's report.
Parkinson's disease	Meaning the slowly progressive degeneration disease of the central nervous system as a result of pigment containing neurones of the brain.
Payment level A	Inability of claimant to independently perform three or more of the following ADLs (activities of daily living): transfer, mobility, continence, dressing, bathing / washing, eating.
Payment level B	Confirmation that: <ul style="list-style-type: none"> the disease cannot be controlled with medication; the disease shows signs of progressive impairment.
Report	Neurologist's report.
Benign brain tumour	Life-threatening, non-cancerous brain tumour causing permanent brain damage.
Exclusion	Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine.
Payment level A only	Permanent neurological deficit must include at least one of the following ailments: blindness, deafness, speech disorders or motor paralysis involving one or more limbs.
Report	Neurologist's report including CT scan or MRI.
Alzheimer's disease	Significant reduction in mental and social functioning requiring continuous supervision.
Payment level A only	
Report	Psychiatrist's or neurologist's report.
Poliomyelitis	Leading to permanent neurological damage.
Payment level A only	
Report	Neurologist's report after three months.

Section 4: Comprehensive conditions (continued)

<p>Aplastic anaemia</p> <p>Exclusion</p> <p>Payment level A only</p> <p>Report</p>	<p>A bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia.</p> <p>Congenital and iatrogenic.</p> <p>Treatment with at least one of the following must be necessary:</p> <ul style="list-style-type: none"> • blood product transfusion; • immunosuppressive agents; • bone marrow transplantation. <p>Haematologist's report including a bone marrow biopsy report. The concentration of granulocytes in serum must be less than 500 per mm and of the thrombocytes less than 20 000 per mm. An anaemia and reticulocytopenia must be proven.</p>
<p>Severe ulcerative colitis</p> <p>Payment level A</p> <p>Payment level B</p> <p>Report</p>	<p>Inflammatory disease chiefly of the large intestine characterised by ulcers of the intestinal mucosa with mucous and bloody stools as symptoms.</p> <p>A total colectomy is performed.</p> <p>Three of the following four:</p> <ul style="list-style-type: none"> • the acute period must be proven to have lasted at least three months; • loss of 10% of the body weight in preceding six months; • hb of less than 10gms%; • two hospital admissions in preceding year. <p>Gastroenterologist's report including endoscopic examinations and histopathology.</p>
<p>Severe Crohn's disease</p> <p>Payment level A</p> <p>Payment level B</p> <p>Report</p>	<p>Chronic inflammatory disease of chiefly the small bowel.</p> <p>A total colectomy is performed.</p> <p>Three of the following four:</p> <ul style="list-style-type: none"> • the acute period must be proven to have lasted at least three months; • two hospital admissions in preceding year; • loss of 10% of body weight in preceding six months; • Hb of less than 10gms%. <p>Gastroenterologist's report including endoscopic examinations and histopathology.</p>
<p>Primary pulmonary hypertension</p> <p>Payment level A only</p> <p>Report</p>	<p>Pathological increase of pulmonary pressure due to structural, functional or circulatory disturbances of the lung.</p> <p>Cardiac catheterisation performed at the beginning and the end of a period of time lasting at least six months shows pulmonary pressure above 30mm Hg on both occasions.</p> <p>Specialist physician's report including cardiac catheterisation and pulmonary pressure readings.</p>
<p>Acquisition of HIV from blood transfusion</p> <p>Exclusions</p> <p>Payment level A only</p> <p>Report</p>	<p>Infection by Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome due to proven infection from a blood transfusion received after commencement of the policy.</p> <p>Haemophiliacs.</p> <p>The institution which provided the transfusion admits liability or there is a valid court verdict indicating such liability.</p> <p>Physician's report including pathology and report of liability.</p>
<p>Occupationally acquired HIV</p> <p>Payment level A only</p> <p>Reports</p>	<p>Acquired as a result of:</p> <ul style="list-style-type: none"> • an injury occurring during the course of the claimant's normal occupation, or • occupational handling of blood or other body fluids. <p>The infection must have occurred while the claimant worked in defined profession. Sero-conversion must take place during the four months following the incident.</p> <ul style="list-style-type: none"> • Negative HIV test within five days. • Positive HIV test within four months. <p>Occupational health & safety report.</p>

Do any of the definitions listed above accurately describe the claimant's condition, and if so, which definition is the accurate description of the claimant's condition?

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Please provide all the relevant medical information substantiating the claimant's condition. Documentation substantiating the claim is also required, if applicable.

Multiple empty rectangular boxes for text entry.

Medical practitioner's name

Grid for medical practitioner's name

Speciality

Grid for speciality

Address

Grid for address

Postal code

Grid for postal code

Telephone - work

Grid for telephone - work

Cellphone number

Grid for cellphone number

Medical practitioner's signature

Signature box

Date DD - MM - YYYY

Date input fields

Dr's Stamp

Dr's Stamp box

Completed form together with supporting documents to be faxed to 012 675 3822 or emailed to clientcontactcentre@momentum.co.za.

Addendum

Ability to perform Activities of Daily Living (Stroke)

Basic	Competent	Impaired
Bowel status		
Bladder status		
Grooming		
Toileting		
Feeding		
Transfers from chair to bed		
Indoor mobility		
Dressing		
Stairs		
Bathing		
Advanced		
Driving a car		
Medical care: prepares and takes correct medications		
Money management		
Communicative activities: use of phone, writing checks, writing letters		
Shopping: lifting or carrying groceries		
Food preparation		
Housework		
Community ambulation with or without assistive device, but not requiring a mobility device		
Moderate activities: moving table, pushing vacuum cleaner, bowling, golf		
Vigorous activities: running, heavy lifting, sports		
