Accident or Illness Claims Information

FMI™
Income Protection Specialists

1. Notification of potential claims should be made telephonically on our Client Care Number **086 010 1119,** as soon after the date of occurrence (preferably within 48 hours thereafter).

2. The FMI Client Care Agent receiving the call immediately screens and lodges the potential claim utilising the existing client data on our unique system. **It is for this reason that the person lodging the claim should have either the policy number or an ID Number as a reference.**

3. Our Client Care Agents will always attempt to speak directly with the claimant where possible, as this person is usually in a better position to provide accurate, comprehensive and detailed information.

4. The duration of this call will be approximately 5 minutes while the information listed below is being captured. Please ensure that you have this information ready when lodging a claim:
   - Confirmation of physical and postal address
   - Confirmation of contact details
   - Confirmation of banking details
   - Address and contact details of Medical Practitioner/s
   - Details of Hospital, if applicable
   - Details of accident or illness (including medical term for illness or injury)
   - Sick leave dates (time booked off from work)

   PLEASE NOTE:
   It is important to note that the Client Care Agents are not qualified to make a decision, or offer an opinion as to the result of a claim. For this reason, they shall not attempt to state whether a claim will be accepted or not.

5. This information together with our existing client data is used to generate a virtually complete Client Accident or Illness Claim Form and Medical Practitioner Claim Form.

6. Within 72 hours of the claim being lodged, the above-mentioned claim forms are faxed to all relevant parties for completion. It is again explained that these need to be returned to FMI by no later than 30 days after the date of claim notification.

7. The Client Accident and Illness Claim Form will list all supporting documentation required from you, and the time frames by which these need to be returned to FMI.

8. The system automatically generates a letter of claim notification for your Financial Adviser detailing all the supporting documentation requested by us from you. This letter is then sent to your registered Financial Adviser.

9. The FMI Claims team requests that all these claim forms are returned within 48 hours.

PLEASE NOTE:
The returning of all relevant documentation is the biggest delaying factor in enabling FMI to settle claims. It is important that all documentation is returned to us as soon as possible, preferably within 48 hours.

10. On receipt of all claim forms, the second medical assessment determines whether further supporting information is needed to finalise the claim.

11. If assessed to be a valid claim, the claim is then finalised for payment.

12. Benefit payments are made directly into a banking account via electronic funds transfer.

13. Detailed notification of payment is generated and forwarded to the client and financial adviser following each fund's transfer.

PLEASE NOTE:
It is important to remember that notification of any possible extension of the period that a client is Temporarily Totally disabled from continuing with his/her nominated occupation must be made in writing within 7 DAYS of the final date of the original claim period.

For conditions where a pre-existing condition is possible, records of clinical history will be requested.