

contents

welcome

our service promise

payment of premiums

scheme data

medicals

scheme benefit
improvements

continuation option

new entrants

claiming made easy

monthly and lump sum
disability claims

critical illness claims

children's education
benefit claims

death claims

funeral claims

family assistance
benefit

complaints resolution
procedure

termination

momentum

group risk: administration guide



group risk: administration guide

Welcome

we strive to
provide **you**
and your
employees
with **excellent**
service



Important

Please remember to
quote your Scheme's
reference number on
all correspondence.

Risk benefits provide vital financial protection and are a key part of member's Financial Wellness. Given the stressful circumstances under which these benefits are often paid, Momentum strives to deliver excellent service and make payment as soon as possible. In order to achieve this and make a difference in members lives when they need it most, we need to work closely with you.

This guide outlines the processes required for the efficient administration of your employees' risk benefits. Expected turnaround times are also shared. Please read this guide in conjunction with your scheme policy to see which benefits apply to your scheme.

We look forward to
working **with you**



Our service promise

The table on the right outlines our various services and what we need from you to fulfil them in the agreed turnaround time. Missing or incomplete information causes delays, which is why it's essential to submit all the correct information as soon as possible. This enables us to keep our service promise to you.

Service Request	Turnaround Time (working days)	Your Responsibility
Accidental Disability Claims	10 days	Please submit: <ul style="list-style-type: none"> • Accidental disability claim • Confidential Medical Report form • Job description • All clinical investigations and diagnostic test results • Any additional medical reports • Copy of member's identity document/passport • Member's payslip at the date of accidental disability
Annual data collection and medical underwriting requirements	3 days	Please submit the salary schedule (preferably electronically), including the member class and dependency status (if applicable). Please submit any outstanding exit claim forms.
	3 days	Please provide the relevant detail related to your choice of benefit in writing.
Paying your premiums	48 hours	Policy premiums must be paid monthly in arrears on the last day of the month (i.e. at the end of each month in which they are due). Please email proof of payment, with the scheme reference number. In addition, please email supporting data advising of member changes, such as new members or member exits. Ensure risk salaries are included. If available, members' cellphone numbers and email addresses should be supplied so that we can contact them when necessary.

Our service promise

Service Request	Turnaround Time <small>(working days)</small>	Your Responsibility
Annual rate reviews and any ad hoc rate reviews	10 days	Please complete and submit a New Business and Benefit Change Application document/Form.
Children's Education benefit	5 days	Please submit: <ul style="list-style-type: none"> • Member's death certificate • Children's birth certificates
Change Continuation to Conversion	24 hours	Member's name, date of birth, date of exit and salary at date of exit.
Critical Illness assessment	2 days	Please submit: <ul style="list-style-type: none"> • Dread Disease information • Dread Disease medical report • Copy of identity document • Copy of payslip as at the date of diagnosis • Diagnostic test results/clinical investigation results as specified on the Critical Illness Medical Report form NB: Please ensure that salary and banking details are provided.
Critical Illness claim	Payment will be made within 5 days	Member's name (initial and surname), date of birth, date of exit and salary at date of exit.
Death claims	5 days	Please submit: <ul style="list-style-type: none"> • Completed signed claim form by employer • Documents specified under Notes on the Claim form. N.B. An abridged handwritten death certificate is not acceptable. Please submit a copy of the BI 1663 document / DHA 1663A. N.B. If no documents are available, the death notification must include full names, date of death & salary at date of death. Momentum must be notified of the death within 6 months from date of death. NB: Ensure that the salary at date of death and banking details are completed on the claim form.

Our service promise

Service Request	Turnaround Time <small>(working days)</small>	Your Responsibility
Death claims	Payment will be made within 2 days of receipt of a tax directive	
Disability claims (monthly income & lump sum) assessment	10 days	Please submit: <ul style="list-style-type: none"> • Job description • Employee's declaration • Employer's declaration • Confidential Medical Report • Copy of Identity Document • Copy of payslip as at the last day at work. Ensure salary, banking and monthly deduction details are provided • Copies of all diagnostic test results/clinical investigation results and copies of available specialist reports • Leave records for the preceding 2-year period together with copies of any sick certificates
Disability claims payments - lump sum (once the claim is admitted and after the expiry of the waiting period)	5 days	
Disability claim payments - monthly income (once the claim is admitted and after the expiry of the waiting period)	Initial payment - 6 working days. Thereafter monthly as agreed between the member and Momentum	

Our service promise

Service Request	Turnaround Time (working days)	Your Responsibility
Disability review	10 days	Please submit: <ul style="list-style-type: none"> • Medical Report • Certificate of existence or disability progress report • Claimant update form • Copy of identity document
Existing business quotations	4 days	You or your financial adviser must submit: <ul style="list-style-type: none"> • Quote request • Updated member data • Claims experience for new benefits, if your membership is 300 or more
Funeral claims	48 hours	Please submit: <ul style="list-style-type: none"> • Completed signed claim form by member (must be signed by a signatory) • Documents specified under Notes on Claim Form . NB: For payments to a funeral parlour, please submit a cancelled cheque as proof of banking details.
General queries	48 hours	Email your Scheme Risk Administrator.
Issuing of new legal contracts and endorsements	10 days	Please submit a completed New Business and Benefit Change Application document, including the Policyholder Protection Regulation requirements.
New business installations	10 days	You or your financial adviser must submit: <ul style="list-style-type: none"> • New Business Installation instructions document • Signed quotation • Membership data • Other documents as requested

Our service promise



Important

An additional 48 hours is required for payments into bank accounts in African countries other than South Africa.

Service Request	Turnaround Time (working days)	Your Responsibility
New business quotations	5 days	Please provide your broker with: <ul style="list-style-type: none"> • Quote request • Member data • Claims experience if your membership is 300 or more
Termination of existing benefits	30 days	Please provide one month's written notice to terminate benefits. We would appreciate a reason for the termination and details of the new insurer, if applicable. Any underpayment will be due following a final reconciliation of premiums.



Payment of premiums

If payment is **delayed**, the scheme's cover could be **placed on hold** – leaving members vulnerable.



Important

Please use your scheme reference number as your payment reference.

Policy premiums must be paid at the end of each month in which they are due. Your scheme's Risk Administrator or your Momentum Consultant will provide you with the banking details.

If no attempt is made to pay overdue premiums, cover may be terminated.

Paying premiums on time is extremely important. If payment is delayed, the Scheme cover could be placed on hold – leaving members vulnerable. In addition, claims in progress may be frozen, resulting in desperate claimants having to wait.

Interest will be charged on overdue premiums at First National Bank's most recent call interest rate from the date the grace period expired to the date on which the overdue premiums are paid.



Scheme data

We rely on you to provide us with accurate, up-to-date membership and salary data. This is vital for effectively administering your scheme, and particularly critical during the scheme's annual review.

The review process includes:

- rate review
- medical underwriting
- benefit structure audit
- membership changes
- premium payments
- special categories, where applicable
- disability claimants

Please submit the following membership data annually:

- effective date of membership data
- members' names and surnames
- current monthly or annual salary amount
- gender breakdown
- birth dates and identity numbers
- date of entry into service
- date of entry to the scheme

- any other details which may be relevant for efficient administration e.g. marital statuses, dependants, job descriptions
- special categories
- disability claimants (where risk cover continues)

Funeral benefits

Please provide your members':

- name and surname
- date of birth
- relationship to the member
- amount of cover for each of the member's dependants

Riskflex benefits

Please provide the additional multiple of cover chosen for each member.

Payment adjustments

The payment due from the annual review month must include premium increases resulting from salary and risk rate changes. Any changes to your risk rate will be communicated.

Medical requirements

If a member's insured benefits exceed the automatic acceptance limit (free cover limit), certain medical evidence will be required. While a decision on the additional cover is pending, the member's benefit will be restricted to the free cover limit. A member will not be eligible for additional cover if the medical evidence is not submitted within 12 months of the initial request.



Please forward medical evidence as soon as possible to enable a quick assessment and decision on your members' risk cover.

Medicals

What is a free cover limit?

A free cover limit is the benefit amount that a member can be covered for without providing medical evidence or being underwritten.

For greater efficiency, evidence of health for insured life assurance and disability benefits up to the automatic acceptance limit, known as the free cover limit, is not required.

Cover above the free cover limit may be given once medical evidence has been submitted and accepted. We will communicate on a case by case basis.



Scheme Benefit Improvements

Requests for changes to the scheme's benefit structure or product component should be sent in writing, either directly to Momentum or via your financial adviser.

A quotation of revised costs and benefits will then be issued. Once this has been accepted in writing, we will issue an amendment to your policy and will administer your scheme according to the new benefit structure. Your premium will be adjusted if necessary.



Conversion option

If your policy includes a conversion option, a withdrawing member may take out an individual life and disability benefit policy with Momentum as defined in the Group Policy.

The individual policy is subject to the terms and conditions applicable to new individual policies at the time of issue.

This option must be taken up within 90 days of the member leaving the scheme. The maximum age up to which the option can be taken and the maximum benefit can be found in your scheme policy.



Termination of the Scheme

All documents related to claims with a claim date before the termination date should be submitted as soon as possible.

One calendar month's written notice of your intention to terminate benefits and cease premium payments is required. Any arrear premiums must be settled regardless of whether the Scheme is terminated or not.



New entrants

It is
important
that new
employees
are covered
as soon as
possible

Any new member should be added to your scheme as soon as they are eligible. Your scheme policy outlines the eligibility conditions.

Immediate entry

If a member is eligible to enter the scheme immediately, please provide the new entrant details prior to the first of the next month.

Payment form

Please adjust the monthly payment to include the salary of each new entrant.

Entry date

Employees who qualify for membership up to the fifteenth of a month will normally enter on the first day of that month, e.g. Members who qualify to join

on 1 March or 15 March will enter on 1 March, while members who qualify to join on 20 March will enter on 1 April.

Waiving the waiting period

If, for any reason, you want an employee to join the scheme before they become eligible, please email us the employee's details. We will advise if additional information is required



Claiming made easy

Remember:

The payment of benefits will be delayed **if forms are incorrect or unsigned**, or if information and supporting documentation is missing, or if forms are received late.

This section explains how to claim for the following:

- Monthly & Lump Sum Disability Benefits
- Critical Illness Benefit
- Children's Education Benefit
- Death Benefit
- Funeral and Family Assistance Benefits

Each benefit has specific requirements for claiming.

For an efficient claims process and speedy payment of benefits, make sure all claim documents are completed in full and all supporting documentation is submitted as early as possible.

You can speed up the payment of benefits by:

- Explaining the claims requirements and turnaround times.
- Making sure that employee files are up to date with ID numbers, beneficiary details, bank account details, etc.
- Ensuring up to date salary information and indicating the claimant's salary on the claim form. The benefit is calculated based on the salary at the effective date of the claim, so it's very important that the correct salary is used for the benefit calculation.
- Including the claimant's surname and date of birth and a reference number when checking on the status of a claim.
- Providing written notification of a claim within 3 months for a disability claim and 6 months for a death claim.
- Ensuring all supporting documents are submitted within 12 months of the effective date of death or disability.



Monthly and lump sum disability claims

Gathering
all the
required
documents
takes time.



As the policyholder, the employer needs to notify Momentum immediately of a potential disability claim. Late submission could whirlpool into negative outcomes. The sooner we know about the claim, the sooner our Wellness Care Centre can intervene and respond with appropriate treatment and rehabilitation.

Click here to see what the outcome could be, if we are not informed quickly of a possible disability. On-time submission enhances your business' and your employees' Financial

Wellness When to submit a disability claim

- A member has been absent from work for an extended period (e.g. more than two consecutive weeks) due to injury or illness.
- A member is not coping with the requirements of their occupation due to injury or illness.

- It is necessary to accommodate a member in a different occupation or adjust his/her work tasks to cater for an injury or illness.
- It appears unlikely a member will return to work or is able to cope with the duties of their occupation after an injury or illness.
- You become aware that an member is going to be absent from work for an extended period due to an injury or illness requiring a recovery period, and/or a chronic or progressive illness and/or surgery that is due to take place, etc.

Gathering all the required documents takes time. Please notify us of a potential claim by completing the Claim Notification Form. All required claim documents must be submitted within three months of the members last active date of service.



Helpful hints!

- Documents should be submitted no later than three months from the date on which the employee was able to perform his/her duties at work.
- The member is responsible for paying costs related to providing medical information such as diagnostic tests, assessments, reports, etc.
- A disability claim could be rejected if the above documents are not submitted, or if they are incomplete or submitted more than three months after the date of disability.

What documents to submit

- Job description
- Members Declaration
- Confidential Medical Report
- Copy of identity document
- Copy of payslip as at the last day at work.
Ensure that salary, banking and monthly deduction details are provided

- Copies of all diagnostic test results/clinical investigation results and copies of available specialist reports
- Leave records for the preceding 2-year period along with copies of any sick certificates

Where to find the forms

Accidental disability claim employer employee declaration form <[Click here](#)>

Disability claim employee declaration form <[Click here](#)>

Disability claim potential claim notification form <[Click here](#)>

The Wellness Care Centre (WCC) will provide all the information you need to submit a disability claim, including claim forms, a disability handbook and frequently asked questions.

Claims can be submitted in one of three ways:

Email: wcc@momentum.co.za

Post: Momentum Employee Benefits disability claims, PO Box 2212, Bellville, 7535

Fax: +27 (0) 21 917 3711

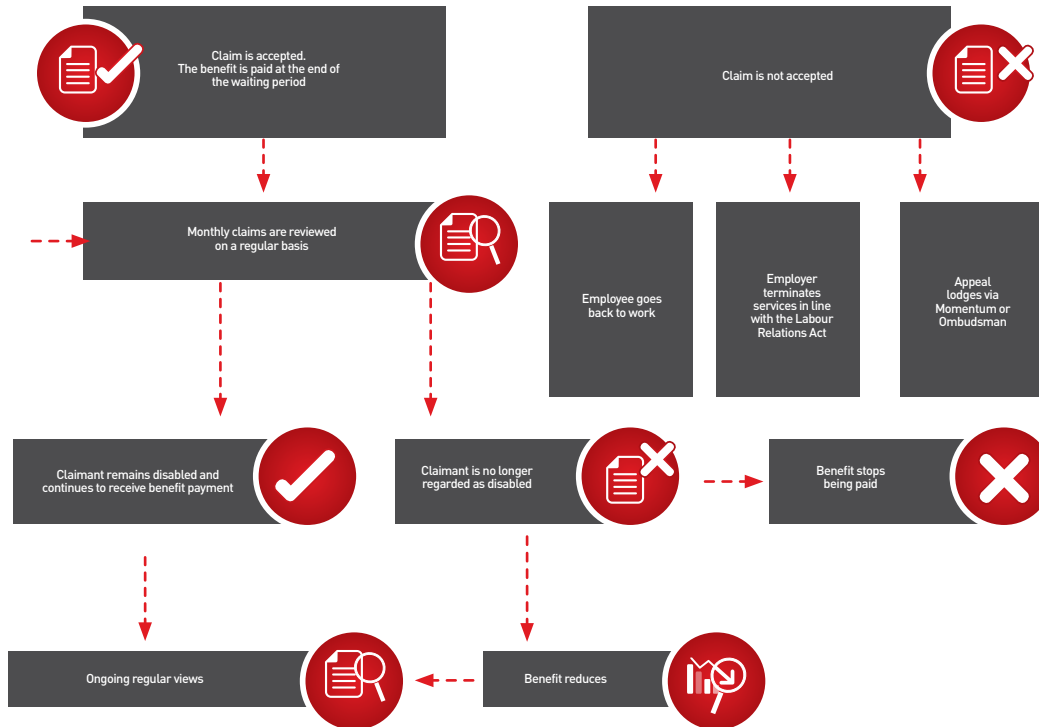
Need help?

Please call our Wellness Care Centre on
0860 000 021

When will the benefit be paid?

If the claim is approved, benefits are paid in terms of the Scheme policy.

The disability claim process



Critical Illness claims

This benefit pays a lump sum if a member is diagnosed with a critical illness or event, such as a stroke, blindness, cancer, kidney failure, heart attack, paralysis, heart surgery, major organ transplant, etc.

What documents to submit

- Dread disease member information
- Dread disease medical report
- Copy of Identity Document
- Copy of payslip as at the date of diagnosis
- Diagnostic test results/clinical investigation results as specified on the Critical Illness Medical Report form

Where to find the forms

Dread disease employer employee declaration form <[Click here](#)>
Dread disease confidential medical report <[Click here](#)>

The Wellness Care Centre (WCC) will provide all the information required to submit a critical

illness claim, including claim forms, a critical illness handbook and frequently asked questions.

You can submit claims in one of three ways:

Email: wcc@momentum.co.za

Post: Momentum Employee Benefits disability claims, PO Box 2212, Bellville, 7535

Fax: +27 (0) 21 917 3711

Need help?

Please call our Wellness Care Centre on **0860 000 021**

When will the benefit be paid?

If the claim is approved, benefits are paid in terms of the Scheme policy.

Helpful hints!



- Ensure accurate salary and banking details are provided.
- Please submit all documents no later than three months from the date on which the employee was able to perform his/her duties at work.
- A critical illness claim could be rejected if the above documents are not submitted, are incomplete or submitted more than three months after the date of the critical illness diagnosis.

Children's Education Benefit claims

Part of a member's Financial Wellness journey is ensuring their children's educational needs are covered should they die.

The benefit covers:

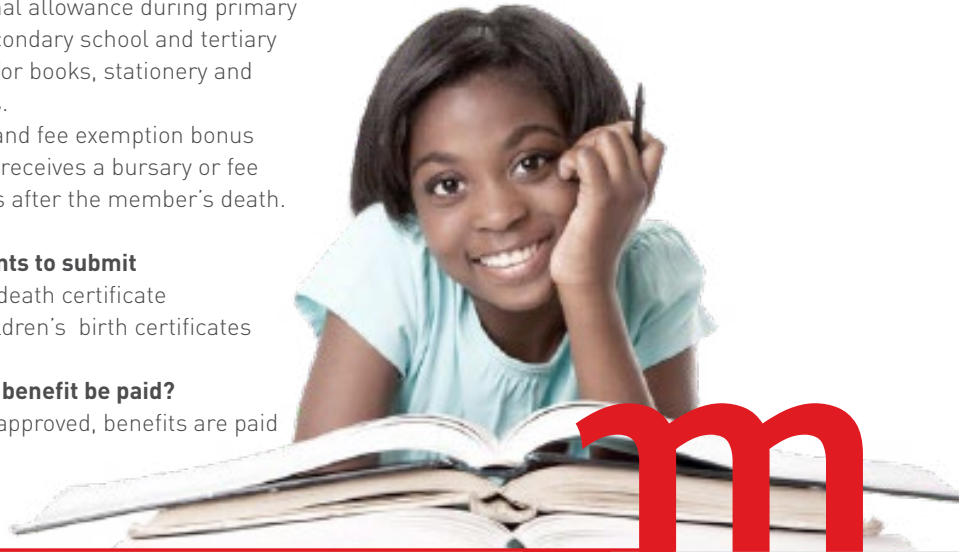
- The actual education fees of the educational institution, subject to certain limits.
- An additional allowance during primary school, secondary school and tertiary education for books, stationery and other costs.
- A bursary and fee exemption bonus if the child receives a bursary or fee exemptions after the member's death.

What documents to submit

- Member's death certificate
- Child's/children's birth certificates

When will the benefit be paid?

If the claim is approved, benefits are paid within 5 days.



Death claims

A member's death is not only traumatic for family members but can create financial strain for dependants while benefits are being finalised.

To ensure death benefits are paid as quickly as possible, please provide written confirmation of a death claim within six months of the member's death, together with the information listed below.

What documents to submit: death before retirement

- Fully completed signed claim form by employer (must be signed by a signatory)
- Documents specified under Notes on the Claim form.

Please note: An abridged handwritten death certificate is not acceptable. Please submit a copy of the BI 1663 / DHA-1663A document.

If no documents are available when the death is advised, the death notification must include full names, date of death & salary at date of death.

Ensure that the salary at date of death and banking details are completed on the claim form.

Where to find the forms

What documents to submit: death after retirement

- Written notification of the death
- Copy of the death certificate
- Proof of age



Death claims

continued>>

When will the benefit be paid?

Death benefits are paid in terms of the scheme policy. If a tax directive is not required, and all documents and forms have been completed in full and submitted, the benefit will be paid within 5 working days.

If a tax directive is required, payment will be made within 2 days of us receiving the tax directive from SARS.

Payments to bank accounts outside South Africa, but on the African continent, take an extra 2 days.



Helpful hints!



- Ensure members regularly update their Beneficiary Nomination Forms so that beneficiaries can be easily traced for payment purposes.
- Make sure you have all members' tax numbers.
- Although death benefits are not paid in terms of a member's will, every member should have an up-to-date will.
- Claims could be rejected if the above information and/or documents are not submitted or if they are submitted more than six months after the date of death.

Funeral claims

To enable family members to give their loved one a dignified funeral, we strive to pay funeral benefits within 48 hours of receiving the claim documents. Please assist us by ensuring that all claim documents are submitted as soon as possible following a member's death. Incomplete or missing information will delay the payment of the benefit.

What documents to submit

- Fully completed and signed claim form by member (must be signed by a signatory)
- Documents specified under Notes on the Funeral claim form

<[Click here](#)> to find the funeral benefit claim form



Helpful hints!



- A funeral claim could be rejected if the above documents are not submitted, or if they are submitted more than 12 months after date of death.
- The claim form must include the banking details of the nominated beneficiary. If the benefit is being paid to another party, then the third party's banking details must be provided.
- Where payment must be made to a funeral parlour, please submit a cancelled cheque as proof of banking details.

Family Assistance Benefit

This benefit provides invaluable support to the member and his/her immediate family, including spouse, children, parents and parents-in-law, in their time of need.

On bereavement, benefits include:

- repatriation, to return the deceased safely home for burial.
- funeral assistance, to help with funeral arrangements for the deceased.
- bereavement counselling, in the form of face-to-face counselling services.

In the event of a trauma, such as rape and accidents, this benefit offers trauma, assault and HIV protection as well as emergency medical services.

The Family Assistance Benefit also provides access to legal advice and assistance from admitted attorneys.

To ensure accurate submission of claim forms and speedy payment, this benefit offers assistance with completion of claims forms and adherence to claims procedures.

These services are provided via the Call Centre, 24 hours a day and 7 days a week. Please call 0861 666 111 use these services.



Complaints Resolution Procedure

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