

GAP SERVICE COMMITMENT: DISABILITY CLAIMS PROCESS AND CONTACT DETAILS

In order to make sure that your claim is dealt with quickly the first time, below is a list of how to contact the claims team.

PROCESS	CONTACT DETAILS
Receipt and assessment of new claims	gapdisabilityassessments@oldmutual.com
Claims payment	gapdisabilitypayments@oldmutual.com
Medical fees and accounts	gapmedicalfees@oldmutual.com

QUERIES

Please send all queries to the relevant email address provided above. We commit to acknowledging your query in 2 working days, and provide ongoing regular feedback thereafter.

COMPLAINTS

Claims complaints	groupassurancecomplaints@oldmutual.com
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ALTERNATIVELY, YOU CAN CALL:

Disability claims	021 509 6403	Disability claim payments	086 010 3659
Medical fees	021 509 3209	Complaints	021 509 5417

You may also contact us at the following postal and fax details:

Post Disability Claims, PO Box 1659, Cape Town 8000 **Fax** 021 509 6855

Our claims management is a personalised service where our individual consultants deal with your unique needs, so please check our email or letter for the contact details of the consultant dealing with your claim.



We are committed to ensuring that our clients receive the highest level of service.



**CORPORATE
GROUP ASSURANCE**

DO GREAT THINGS EVERY DAY

CLAIM TIMELINES

The timelines provided below are a guide only, and are dependent on whether we receive complete claim forms and the information requested.

	Timeline
DISABILITY CLAIMS (and other living benefit claims)	
Initial feedback on a claim (e.g. inform you of any outstanding requirements or provide an initial decision)	10 working days from receipt of the initial claim
Requests for outstanding documents/ information	Old Mutual provides you with a period of 8 weeks from the date of request to submit. If we do not receive the documents or information within these 8 weeks, the claim will be closed. Please ensure that the requested information/documents are submitted on time as no reminders will be sent
Decision letters	10 working days from receipt of all the outstanding requirements
Payment letters	7 – 10 working days from receipt of all the information required to make a payment
Review of income protection claims	When we send the decision that we will pay a valid claim, we will inform you when the next review of this claim will occur, and what information will be required at this time. Please ensure that all the requested information is submitted on time as no reminders will be sent. Should this information not be submitted at the requested date, we will stop the payment of the benefit.
Monthly payment of income protection claims	Benefits paid monthly on the 1st, 25th or 30th of each month (check your payment letter for your specific date)
Medical accounts	We will pay accounts that we have confirmed responsibility for within 10 days of receipt of all the information to make payment

IMPORTANT INFORMATION

All time standards are expressed from the next working day after all documents are received.
(Working days exclude weekends and South African public holidays for claim processing purposes).



For more information on other processes regarding Group Assurance, go to our [website](#)

"This document has been compiled for information purposes and to answer frequently asked questions. It does not contain all details contained in your policy document. Please consult the policy document relevant to your scheme for further detail. Whilst every effort has been made to ensure its accuracy, if a discrepancy exists between this document and the terms and conditions of the policy issued to the policyholder, the provisions of the policy will prevail".