

**momentum**  
corporate



# Disability **Claims Handbook**

## Guidelines for the submission and assessment of disability claims

**At Momentum Corporate, the success of your employees is our business. We prioritise the human experience and the employee's journey to success.**

This is why we try to make the claims submission and assessment process clear and accessible to clients and strive to get employees back to meaningful, productive employment as soon as possible.

This booklet provides a guide to the claims process and details of the following:

- Our disability claims philosophy
- When to submit a disability claim
- Deadline for submission of a claim
- Roles of the employee, employer and Momentum Corporate in the claims process
- Forms and documentation required for submitting a claim, such as:
  - The employee declaration
  - The employer declaration
  - The confidential medical report
- Other requirements
- Incapacity and the Labour Relations Act of 1995
- Frequently asked questions (FAQs) and answers



Our Wellness Care Centre is a multi-disciplinary team of medical professionals.

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# Our disability claims philosophy

Our Wellness Care Centre is a multi-disciplinary team of medical professionals. The team delivers holistic disability claims assessment and management services in accordance with the provisions and definitions of the policy, and legislation such as the Labour Relations Act, 1995, and Employment Equity Act, 1998.

We believe that early intervention can minimise the impact of an injury or illness for an employee and employer. As medical professionals, our assessors genuinely care and empathise with employees during this difficult time, recognising the challenges the claims process may pose for an employer and employee. We use our extensive network of independent medical practitioners to provide objective information and facilitate the assessment and management of the claims process. Ultimately we want to ensure that claims are processed quickly and efficiently.

## When to consider submitting a claim

A claim should be submitted when the employer:

- Notices that the employee has been absent from work for an extended period of time (e.g. more than two consecutive weeks) due to injury or illness.
- Notices that the employee is not coping with the requirements of their occupation due to injury or illness.
- Needs to accommodate the employee in a different occupation or adjust the employee's work tasks to cater for an injury or illness.
- Learns that the employee is unlikely to return to work or unable to cope with the duties of their occupation after an injury or illness.
- Becomes aware that the employee is going to be absent from work for an extended period of time due to an injury or illness requiring a recovery period, and/or a chronic or progressive illness and/or planned surgery.

**It's important that we are informed of a potential claim as soon as possible. When we are informed early, we have an opportunity to assist and support both the employer and employee. Our team can make recommendations for treatment and explore the need for rehabilitation, retraining or reskilling.**

## Deadline for the submission of a claim

Generally the maximum period allowed for the submission of a claim is three months from the date that the employee was last able to properly perform his normal full-time duties. Please check your policy document for your specific terms and conditions.

# Roles of the employee, employer and Momentum Corporate in the claims process

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## The employee

If an employee is impacted by injury or disease to such an extent that they are incapable of performing their own occupation, or a big part of it, he should discuss the implications with his immediate supervisor as soon as possible.

An appointment must be made with a suitably qualified doctor, preferably the treating specialist who is actively treating and managing the employee for the medical condition giving rise to the claim. The employee must take the following to the doctor's appointment:

- Momentum Corporate's Confidential Medical Report form,
- A sample of all medication currently being taken,
- Copies of any medical reports or X-rays in the employee's possession,
- An interpreter if required, and
- The employee's ID document/card.

The employee also needs to complete the Employee Declaration form.

## The employer

It's imperative to start the claims process as early as possible since it gives us the opportunity to intervene with either rehabilitation, retraining or reskilling of the employee and leads to lower costs for you as the employer.

If an employee is disabled due to an injury or disease, and incapable of performing the majority of their normal duties or has been absent from work for longer than ten working days, their immediate supervisor must inform the designated authority within the company.

The employer needs to complete the Employer Declaration form and submit it together with the balance of the supporting documents to Momentum Corporate. This includes the Confidential Medical Report form.

The Labour Regulations Act, 1995, says that the employer must make reasonable attempts to accommodate the employee with a disability and it's recommended that a written record is kept of those proceedings.



# Assessment process

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Momentum Corporate will conduct a comprehensive assessment process that includes consultation with medical professionals and requesting further information, where necessary.

Once the assessment is complete, we will inform the client of the decision.

**Please remember that:**

- *All monthly disability benefits are reviewed on a regular basis in order to determine the employee's ongoing eligibility for the benefit. As such, Momentum Corporate may request updated medical information and/or documentation (e.g. bank statements). These requirements will be shared in writing and the employee will have enough time to submit the requirements to us. Failure to submit the required information by the due date could result in suspension of benefit payments.*
- *Following review of the claim, we may believe that the employee is ready to return to work.*
- *Please remember that we don't insure the availability of work, but rather the employee's ability to work.*

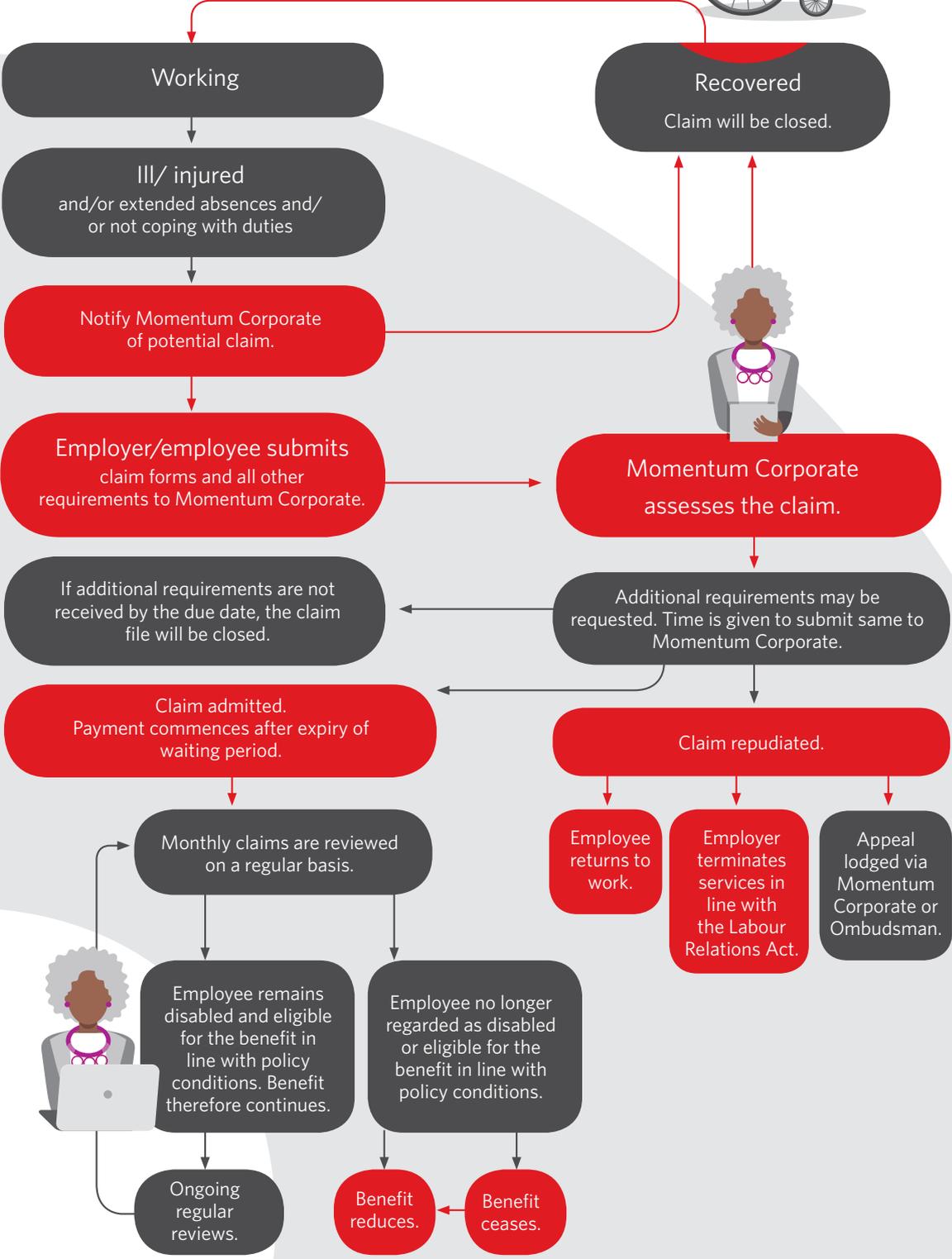
We believe that disability is not the end of an employee's work-life. So, where appropriate, we will make recommendations around rehabilitation, retraining and reskilling.

If a claim is declined, you may request for it to be reassessed. A dedicated reassessment team will review any new information that you submit and let you know if further information is required.

This disability claims process is illustrated visually as a flow chart.



# Flow chart of disability claims process



# Forms and documents required when submitting a claim

## Initial notification

Because it can take some time to gather all the information required for a formal claim submission, employers can inform us of a potential claim using the shortened claim notification form.

## Formal claim submission

Before assessing the extent of the employee's disability, we need to make sure that the claim meets certain contractual criteria. The following information is required when a claim is submitted:

### Documentation:

- Employee Declaration, completed in full, signed and dated by the employee.
- Employer Declaration, completed in full, signed and dated by the employer.
- Copy of the employee's employer-issued job description.
- Copy of the employee's leave records for the 2-year period leading up to the employee's last active date of service.
- Copy of the employee's payslip for the month in which they were last able to perform their normal full-time employment duties.

### Medical evidence:

- Confidential Medical Report form, completed in full by the employee's treating medical specialist.
- Copies of all diagnostic test results to support the employee's diagnosis and its severity, for example blood test results and radiology reports. Please provide the reports only and not the actual X-ray film or scan.
- Copies of all additional and available Medical Reports/evidence/certificates on file.

We expect that a disability claimant should consult regularly with and receive treatment from an appropriate medical specialist registered with the Health Professions Council of South Africa. Should the employee not consult regularly with a specialist, we may accept medical evidence from the treating general practitioner as being enough, depending on the medical condition and the circumstances surrounding the particular claim.

We understand that the disability claims process often creates stress and anxiety, and therefore request that the information provided is as detailed and accurate as possible.

**If we receive incomplete or incorrect information, additional or outstanding information will be requested which may result in delays in the successful conclusion of a claim.**

The information listed above is vital in the assessment process and the basis on which the claim is assessed. As such, it warrants careful consideration. Every effort should be made to make sure that the information given is complete and accurate. Any misstatement could result in a claim being denied.

# Employee Declaration

This form enables employees to explain the reasons they are incapable of performing their duties. Questions are asked regarding education level and previous occupations, as this information is helpful in assessing the possibility of retraining and reskilling. Details of all medical practitioners consulted are required as we often contact them for further information.



**The declaration must be signed as this gives us the authority to obtain medical evidence from other sources to support the assessment.**

# Employer Declaration

It is important to state the last day the employee was last able to perform their normal duties, as this is often regarded as the date of disability. Certain contractual elements depend on this date. If the employee is still working but unable to perform most job duties, please show the date they were last able to perform these duties.

We also need information around any other income the employee may receive as a result of the disability. For example, in terms of the Compensation for Occupational Injuries and Disease Act of 1993, (formerly the Workmen's Compensation Act) and disability payments from any financial institution or the state.

We also need details of the employee's occupation, and need to know the employee's core duties, along with the following:

- The tools used for performing the required duties,
- The employee's normal environment and usual workplace (e.g. dusty, noisy, uneven terrain),
- Tasks of the job that need to be performed; and
- The level of education or training required to perform the duties, and how much interaction there is with clients and colleagues.

This detailed information is required by the claims consultant in order to assess the claim in terms of the policy's definitions of disability.

## Other requirements

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### **Detailed sick leave records**

We need a record of absenteeism for the previous 24 months, together with copies of medical certificates. This will assist the claims consultant in assessing the duration of illness or when the injury occurred.

### **Copy of payslip for the month in which the employee became disabled**

This will serve as proof of membership and help us calculate payment of the disability benefit.

### **A copy of the detailed employer report (where applicable)**

In line with the Labour Relations Act of 1995, an employer should make reasonable attempts to accommodate a disabled employee and keep a written record of proceedings, including:

- The investigation into the duration, cause and extent of the disability,
- Details of the steps taken to find alternative employment within the company, and
- How successful these have been or why they have failed.



# Incapacity and the Labour Relations Act of 1995

This information can be used for any employee where disability or injury affects work performance.

The Labour Relations Act of 1995, by means of its Code of Good Practice (Section 10 of Schedule 8), codifies a process relating to an employee's disability due to ill health or injury. In terms of this Code, an employer's obligation can be summarised as follows:

1. An employer has to determine whether an employee is temporarily or permanently unable to work.
2. If the employee is temporarily unable to work, the employer should investigate the extent of the disability and alternative solutions to accommodate the employee. This includes investigating the nature of the job, the expected duration of absence and the possibility of a temporary replacement.
3. If the disability is permanent, the employer should assess the possibility of securing alternative employment or adapting the duties or work circumstances of the employee to accommodate such employee's disability.
4. In any investigations related to the disability, the employee should be allowed to state a case in response, and be assisted by a trade union representative or a fellow employee. All proceedings should be conducted in consultation with the employee with a disability.
5. The degree of disability is relevant to the fairness of any dismissal, whether for temporary or permanent incapacity. The cause of disability is relevant and, if the cause arises at work, the duty of an employer to assist an employee is greater. In the case of certain kinds of disabilities, such as alcoholism or drug abuse, counselling and rehabilitation may be appropriate steps for an employer to consider prior to dismissal.
6. At all times during assessments, an employer should consider:
  - 6.1 whether the employee is capable of performing the work,
  - 6.2 if the employee is not capable, the extent to which the employee is able to perform the work,
  - 6.3 the extent to which the employee's work circumstances can be adapted to accommodate the disability or, where not possible, the extent to which the employee's duties can be adapted, and
  - 6.4 the availability of suitable alternative employment.

Investigating alternative employment does not necessarily mean the creation of a new position. In the past, the industrial court has found that alternative employment at a reduced salary is acceptable.

Once this process has been followed and adaptation of duties is not possible or alternative employment is not available, an employee's service may be terminated by giving him notice in terms of his contract of employment.

# Frequently asked questions and answers (FAQs)

**Our Wellness Care Centre is committed to assessing the validity of disability claims submitted and to managing all disability claims in payment, in line with the provisions of the relevant policy and disability product in place.**

The following general information is intended as a guide to the benefits, requirements and terms and conditions relating to disability claims. It does not override the provisions of the specific policy.

This information should therefore be read in conjunction with the policy document. If any information contained in this guide is different to that set out in the specific policy in place, the policy rules and conditions will apply.

## **Who pays for the medical evidence?**

The employee/employer is required to pay for the medical evidence and supporting diagnostic test results submitted to support the employee's claim because the responsibility rests with employees to prove their inability to work. However, if we require, for example, a second opinion on the medical evidence before finalising the assessment, we will pay for this additional medical evidence. This will be communicated in writing.

For all monthly income disability claims in payment, we will continue to monitor the employee's medical condition and continued eligibility for the benefit and request progress medical reports from time to time. We will pay for these medical reports.

## **Who determines the date of disability?**

We determine the employee's date of disability based on evidence such as, but not limited to, medical reports, leave records and the last active date of service. It is important that an accurate account of the date on which the employee was last capable of performing their normal full time employment duties as a result of injury or illness is provided on the claim forms.

## **What is the waiting period?**

The waiting period is the period of time that must pass before any disability benefit is paid. The purpose of the waiting period is to allow us time to gather all necessary

evidence in order to assess the claim and determine whether or not the employee is disabled and entitled to the benefit in place.

No disability benefits accrue or are paid during the waiting period.

If the "payback option" is required in terms of the policy, and the claim is considered to be valid, an amount equal to the monthly disability benefit for the duration of the waiting period is paid to the employer (policyholder). This is to offset any costs incurred by the employer in continuing to pay the employee a salary during the waiting period.

It's important to remember that premiums must be paid throughout the waiting period.

## **Can the employer continue to pay the employee during the waiting period?**

We do not prescribe any rules around this. It's entirely at the employer's discretion.

## **What is the difference between medical boarding and occupational disability?**

The disability benefit products offered by Momentum Corporate are occupational disability benefit products. So, we not only consider the details of the employee's injury or illness but also the impact of this injury or illness on the employee's ability to continue working in their insured occupation. This assessment is done in line with the particular disability product in place and the definition of disability outlined in the relevant policy document.

The employee's treating doctor may recommend that the employee is medically boarded or placed on disability benefits based on the employee's medical condition. It should be noted that although a doctor has recommended that the employee be placed on disability benefits, the employee may not be eligible for receiving benefits when we assess the claim in the context of their insured occupation and the disability benefit product and policy in place.

## When does Momentum Corporate consider the disability to be permanent?

If an employee is receiving a monthly disability benefit, we are unable to comment on the likelihood of a permanent medical condition.

If the employer requires advice on the permanence or prognosis of the medical condition in order to manage their internal processes, they should contact the employee's treating doctor for comment.

## What medical treatment is required?

We require that an employee consults with his treating practitioners and takes the recommended treatment in order for the disability claim to be considered valid, because this could alleviate the medical condition giving rise to the claim and therefore alter the outcome of the claims assessment.

Reasonable optimal treatment is determined on a case-by-case basis, taking into account the employee's medical condition and the circumstances surrounding the particular claim.

## What does the pre-existing condition exclusion mean?

If an employee submits a claim for a disability benefit during the first year or two (depends on the policy) of us insuring their disability benefit, the claim may be declined if there is evidence to support that the employee is submitting a claim as a result of a medical condition that existed prior to their cover commencing with Momentum Corporate.

## What documents are required in order for a claim to be paid?

The following information is required to facilitate payment:

- Copy of the employee's payslip at employee's date of disability.
- Confirmation of the employer's banking details.
- Banking details of the fund (for payment of the employer contributions, if applicable).

## What are Momentum Corporate's turnaround times?

Once documentation has been submitted, we will respond within ten working days with either our decision or correspondence asking for more information.

Once a claim has been admitted, our payment department has five working days in which to pay the benefit, provided they have all necessary documentation in order to do this. Please remember that the benefit will only be paid after the waiting period.

## Who receives the benefit payment once it has been processed?

Benefits are paid to the policyholder for onward payment to the employee. In certain instances, we may agree to pay the employee directly. In these instances, the following deductions are allowed before payment to the employee:

- Employee contributions
- Pension-backed home loan
- Garnishee order

**Our payment department can be contacted via email or telephone: [eba@momentum.co.za](mailto:eba@momentum.co.za)  
0860 100 460**

## What does rehabilitation entail?

- Rehabilitation is a programme that aims to improve the employee circumstances by providing skills training, therapy, or equipment to reduce his inability to work.
- Rehabilitation and return to work is the ideal outcome for both employer and the employee.
- We may agree to sponsor an employee's rehabilitation over and above their disability benefit. Any funds for rehabilitation services will be paid directly to the rehabilitation service providers.
- Rehabilitation may be provided proactively even to non-claimants, with a view to prevent a claim and keep the employee at work.
- If we agree to sponsor a rehabilitation programme, a rehabilitation agreement will need to be signed.

## Can a person receive a disability benefit and earn an income from employment?

We encourage and support return to gainful employment. If an employee receiving a disability benefit starts working and receives an income at any stage, we must be informed as it may be necessary to end or reduce the employee's disability benefit in line with policy conditions.

### **Can a person receive more than one disability benefit at the same time?**

In terms of an agreement between insurance companies in South Africa, all disability benefit payments are added together and may be reduced to ensure that the total income received is not unreasonably high compared to earnings before disablement. If an employee starts receiving any disability-related benefits over and above their disability benefit from their group disability policy with us, it's important that we are told so that we can decide if there will be any impact on their disability benefit being paid.

### **Can a person withdraw from the Fund and still receive a disability benefit?**

In order to be eligible for assessment and possible payment of a benefit, premiums for the benefit must be paid for the duration of the waiting period. An employee should, where possible, remain in service and not exit the fund before the waiting period ends.

If an employee meets all eligibility criteria and has active cover at their date of disability, but ends their service and / or exits the fund before the waiting period ends, an arrangement must be made for benefit premiums to be paid upfront for the duration of the waiting period in order for the claims team to continue with the assessment of the claim. If an employee exits the fund due to resignation or early retirement after a disability benefit becomes payable, in most cases we will continue to pay the disability benefit to the employee directly.

We however caution employees against exiting the fund as cover for all benefits linked to their Fund membership (e.g. death benefit) will end and they will no longer be contributing towards their retirement savings.

We recommend that all employees speak to their financial adviser before making any decisions that may impact their financial position.

### **What is the process for appealing Momentum Corporate's decision around the claim?**

If the employee or the employee's representative wants to appeal the decision on a claim, we will reassess the claim once we receive further evidence to support it. The reassessment process will be done by our dedicated reassessment team to ensure a fair and unbiased outcome/ decision/appeal.

**Alternatively, the employee or the employee's representative can call the Ombudsman for Long-term Insurance on 0860 103 236 or 021 657 5000 or email [info@ombud.co.za](mailto:info@ombud.co.za)**



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