



Administration Guide



Sanlam

Corporate: Group Risk

Nederduitse Gereformeerde
Kerk van Transvaal

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1. Introduction

This administration guide summarises the procedure that needs to be followed for the successful administration and payment of claims against the group risk cover.

Sanlam Corporate: Group Risk will be referred to as GROUP RISK hereafter.

Group Risk will respond within the turn-around-times as indicated in Annexure A.

Group Risk is in the process of a change in naming conventions regarding the products (See Annexure B at the back).




The Commencement Date of the group policy is 1 November 2023. This administration guide only contains general information about the administration of the group policy and should be read in conjunction with the group policy. The underwriting conditions of the insured/member are contained in the group policy.

All forms as mentioned in this guide can be accessed through Sanlam's website.

[Death-related claims](#)

2. Sanlam's contact details

Postal address	The Manager Sanlam Corporate: Group Risk PO Box 1 SANLAMHOF 7532
Telephone numbers	Death claims: 021 947 1810  The operating hours are between 08:00 and 16:45, Monday to Friday, excluding public holidays
Email enquiries	<ul style="list-style-type: none"> ○ Death claims: sgrdeathclaims@sanlam.co.za ○ Member management: sgradministration@sanlam.co.za ○ All other enquiries: sgradministration@sanlam.co.za
Fax numbers	<ul style="list-style-type: none"> ○ Death claims: 021 957 3788 ○ Administration: 021 957 3803

3. The scheme code

The scheme code is [035867](#).

The scheme code must be used with all correspondence and on all documentation sent to Group Risk.



Not indicating the scheme code on documentation and correspondence may result in delays in turn-around-times.

4. Eligibility

4.1. General qualification requirements

To be covered under the group policy, the employee must be:

- a. on the permanent staff of the employer; and
- b. a member of the Sanlam Umbrella Pension Fund; and
- c. 15 years or older and under the normal retirement age.

If employees fulfil the general qualification requirements, they automatically qualify and are compelled to be insured under the group policy.



Although the employee qualifies automatically, his or her insurance is subject to the terms and conditions that is explained in the group policy.

The employer must inform new employees of this requirement and make it part of their conditions of employment.

4.2. Employees who joined the employer before the Commencement Date

Eligible employees who joined the employer before this date have the option to join the group policy.

In order to take up the option, such employees must submit a formal written application to the employer who must forward the details to Group Risk.

- a. Providing employees apply **within 3 months of the commencement date**, there will be no terms and conditions applicable to the employee and his or her family members (if applicable) for participation in the group policy at that point in time.
- b. If an employee does not apply **within 3 months of the commencement date**, participation of the employee and his or her family members (if applicable) in the group policy, will be subject to the terms and conditions that Sanlam may lay down at that point in time.



It is important that Group Risk is informed of any employees that opted not to join from the commencement date.

4.3. Employees who join the employer on or after the Commencement Date

It is compulsory for eligible employees who joined the employer on or after this date to join the group policy.



Although it is compulsory for eligible employees to join the group policy, his or her insurance is subject to the terms and conditions that are explained in the group policy.

The employer must inform new employees of this requirement and make joining the group policy a compulsory condition of employment.



4.4. When a new employer joins the group policy on or after the Commencement Date

It is important to inform Group Risk if a new employer wants to participate in the group policy (e.g. in the case of a take-over). Group Risk will inform the employer of the requirements for the admission of the new group of employees.

5. Information Group Risk requires

5.1. Data

As a result of changes in legislation which require the insurer to communicate directly with the insured/member and for Group Risk to administer the group policy effectively, an alphabetical list of all the employees who are insured is required. This must be sent to Group Risk on a monthly basis, together with the premium. The list must contain the following information:

- a. Surname
- b. Initials (e.g. J,A)
- c. First name, (e.g. (James)
- d. Identity number
- e. E-mail address
- f. Mobile number
- g. Alternative telephone number (e.g. landline)
- h. Physical address (optional)
- i. Postal address (optional)
- j. Date of birth (ddmmccyy).
- k. Gender
- l. Marital status
- m. Annual salary on which benefits are based (**when applicable)
- n. Benefit(s) per insured/member (sum assured)
- o. Category indication (**when applicable)
- p. Monthly premium per insured/member per benefit
- q. Date of employment and start date of insurance for the insured/member
- r. End date of insurance for the insured/member (*when applicable)

** When the insured's/member's insurance is terminated, indicate the date of exit and the reason for termination on the list.*

*** When an insured's/a member's benefit is not based on his/her annual salary but is insured as a fixed amount, the annual salary of an insured/a member must be included in the data as this is used to calculate the risk exposure and the associated risk premium.*

**** When there are categories applicable in terms of the policy, please add a category indication per insured/member on the data.*

- s. Surname, initials, identity number, dates of birth and gender of family members of insured/member as well as their relationship to the insured/member.



Marriage means marriage as defined in the group policy.



5.2. Processing of Personal Information

The employer/fund is responsible for ensuring data subjects' personal information are collected and shared with Group Risk in accordance with the Protection of Personal Information Act 4 of 2013 (POPIA) conditions for lawful processing.

The 'data subject' is the natural or juristic person to whom the personal information that is being processed relates. In the context of group insurance, this term refers to the employees or fund members that are insured by the employer or retirement fund as policyholder, respectively.

The conditions for lawful processing includes the requirement for the employer/fund to notify the data subject when personal information is collected, that their personal information will be shared with and processed by Group Risk for the purpose of providing group insurance cover.

Group Risk will in turn ensure that data subjects' personal information is protected and processed lawfully in terms of Protection of Personal Information Act 4 of 2013 (POPIA), upon receipt of their personal information shared by the employer/fund. The personal information provided will only be used for the intended purposes stipulated in the group policy.

All enquiries from data subjects and the Information Regulator concerning the processing of personal information that the employer/fund shared with Group Risk, must be responded to by the employer/fund within a reasonable time, unless Group Risk and the employer/fund have agreed otherwise.

Data subjects may ask Group Risk to access, change or correct their personal information at any time. If legislation allows, Group Risk may charge an administrative fee subject to prior notice to the data subject of the cost, before executing the request.

5.3. Protecting Personal Information

Group Risk has implemented appropriate technical and organisational information security measures to keep all personal information secure, accurate, current, and complete. However, Group Risk cannot guarantee the security, completeness or accuracy of any personal information transmitted to Group Risk by the employer/fund, or a service provider appointed by the employer/fund.

The employer/fund is required to implement appropriate technical and organisational information security measures to keep all data subjects' personal information relating to the group insurance policy secure, accurate, current and complete. The employer/fund must ensure that any personal information shared with Group Risk is complete, accurate and transmitted securely.

5.4. Breach notification

In the event of any breach of data subjects' personal information relating to the group insurance policy, the employer/fund shall without undue delay notify and provide Group Risk with the necessary details within 72 hours after becoming aware of said breach.



The detailed definitions and provisions applicable to the protection of personal information are set out in the group policy in full.

For more information, please also refer to the [Sanlam Group Privacy Notice](#).

5.5. Nomination and Application form with regard to the Funeral Insurance

In the case of the death of an insured/member, the payment of the Funeral Insurance benefit will be made in accordance with a valid beneficiary nomination form.



The Insurance Act 18 of 2017 (the Act) requires group funeral policy benefits to be paid only to a “beneficiary”, as defined in the Act. Any benefit payment at the death of the member/insured will therefore be paid strictly according to a valid beneficiary nomination form completed by the insured member.

A completed Fund nomination form for approved Life Insurance benefits cannot be used for the allocation of the unapproved Funeral Insurance benefit.

Customised forms or employers’ existing nomination forms will be accepted; however, the form should not refer to or be branded in another insurer’s branding, or make any references to Trustee’s, S37C or Fund. Please compare existing forms with the Group Risk template to ensure the relevant information is included.

A **Nomination of beneficiaries for Funeral insurance benefit form** must be completed by every insured/member indicating who must receive the benefit payment when he or she dies, as well as those family members (e.g., spouse) that have to be insured:

- When the insurance of an employee begins in terms of an unapproved policy, or
- There is a change in the information regarding the nomination of beneficiaries or the insured’s/member’s family members.

For example, if the employee is unmarried at the time that he or she becomes an insured/member under the group funeral policy and gets married at a later stage, or there are any changes in the information of the insured’s/member’s family members, the *beneficiary nomination form* must be updated.



Very Important:

- Premiums must be paid on time.
- The employer must:
 - ensure that valid unapproved nomination forms are in place;
 - remind insureds/members at least annually to update their nomination forms, as required;
 - ensure forms are stored securely; and
 - provide the relevant form to Sanlam, when submitting a funeral claim.
- The employer reminds the insureds/members to review the beneficiary nomination form at least annually to ensure the latest information is reflected, i.e. to accommodate life events, for example, on getting married or divorced, at the birth or adoption of a child; and when a beneficiary’s contact information changes.
- A new form must be completed to replace the previous form if any of the details on it have to be changed.
- The latest nomination forms of insureds/members are collected and stored securely on the record by the employer and submitted to Group Risk together with the documents for a claim for Funeral Insurance.
- In the absence of a nomination form, the benefit will be paid to the deceased employee’s estate. No employer, committee or trustee discretion in the determination of beneficiaries will be permitted.



6. Correct and prompt payment of premiums

6.1. When premiums must be paid

The premium for a specific month must be paid at the end of the month.

For example:

The premium for April is payable by 30 April.



Very Important:

- Premiums must be paid on time.
- If we receive premiums late, premiums are not paid on the full benefit or premiums are not paid at all, Group Risk will not be liable to pay an insured's/a member's claim.

It is preferred that premiums are transferred or paid directly via an electronic link (Internet). This method of payment is safe, cost-effective and reduces the processing time.

6.2. How to calculate monthly premiums payable to Group Risk

Group Risk determines the premium rate from time to time (usually once a year) and will communicate it with the employer. The premiums are calculated in terms of a formula as set out below.

Multiply the premium rate by the total number of insured/members and round off the result to the nearest cent.

Example:

There are 100 employees who are insured. The premium rate for the benefit is R15.00 per insured/member per month.

$$100 \times R15.00 = R1\ 500.00$$

The monthly premium is thus R1 500.00

Please feel free to contact Group Risk if assistance is needed.



If an employee's insurance begins, or an increase/decrease in a benefit takes place before or after the 15th of a month, it will have an effect on the calculation of the premium. Please consult the group policy for the full details.

6.3. Method of payment

The monthly premiums of all the insured/members must be paid over in one amount and the following methods of payment can be used:

- Transfer premiums electronically via an electronic banking system.
- Deposit cash into Sanlam Corporate's bank account at any ABSA branch.



6.4. Unique deposit reference number

It is essential to indicate the unique deposit reference number (13-digit PIN code)

- on the deposit slip (reference number) in the case of a deposit.
- in the relevant description field in the case of an electronic transfer.

This is important to enable Group Risk to identify the payment.



Not indicating the unique deposit reference code (13-digit PIN code) or not informing Group Risk of the payment as requested above, may cause delays in identifying the payment.

This may lead to delays or the incorrect allocation of premiums with the result that

1. insured/members' claims cannot be assessed on time; and
2. commission (where applicable) is not paid on time.

6.5. Group Risk banking details

Bank	ABSA
Branch	Sanbel Bellville
Branch code	523410
Name of account	Sanlam Corporate
Type of account	Current
Account number	01017102342
Deposit Reference number (13-digit PIN code)	See welcome letter

6.6. Notification of Deposit

Submit the electronic monthly data file, indicating the required details (refer 5.1 Data) and monthly premium paid per benefit per individual employee, together with confirmation of the payment to sgradministration@sanlam.co.za.

6.7. What happens if an insured/a member is away (absent) from work for a long period?

If the absence is temporary and approved by the employer, the insurance of the insured/member and premiums continue unchanged for the maximum period of 2 years.



7. Territorial limitations

7.1. What happens if an insured/a member is temporarily working outside the borders of the Republic of South Africa for the employer?

An insured/A member is covered as long as he or she is physically present in the Republic of South Africa.

- a. If the insured/member is going to be physically outside the Republic of South Africa for an uninterrupted period of 6 months or less:
 - The insured/member must remain on the employer's local payroll.
 - There is no change in his or her insurance from the date on which he or she is physically outside the borders of the Republic of South Africa if Group Risk receives premiums uninterrupted.
 - It is not necessary to inform Group Risk about this.
- b. If the insured/member is going to be physically outside the Republic of South Africa for an uninterrupted period of longer than 6 months:

The employer must complete the **Confirmation of travel outside the borders of RSA form** and submit it to Group Risk for approval.

The information specified above must be given to Group Risk at the end of the first 6 month period and after that (for the duration of the insured's/member's stay) at the end of each 12 month period.

On receipt of all the information, the employer/fund will be informed in writing if the insured/member is still covered or whether there are any additional conditions that must apply in order for the insured/member to remain covered.

8. How to submit a claim

8.1. Notification period

- **Funeral Insurance**

Group Risk must be notified of the claim within 6 months after the date of the insured's/member's or family members' death. The notification must be in writing.

8.2. Documentation required for a claim for the Funeral Insurance

If the insured/member or any family member of the insured/member died, the employer must complete the **Funeral Insurance: Benefit claim form** and submit this to Group Risk, together with all the required documents listed therein.

The form must be completed correctly, as incomplete and incorrect information will delay the assessment of the claim.

8.3. Group Risk's undertaking for Funeral Insurance

Providing that **all** the required documents and information is received, Group Risk will notify the employer of the outcome of the claim within 2 business days.



Group Risk can only consider payment of the claim if the deceased's original official death certificate or an original certified copy of the official death certificate has been provided. This must be certified by a Commissioner of Oaths, who may not be a Commissioner of Oaths of the employer concerned.

It is important to submit the death certificate as soon as it becomes available.

9. Interest on late payment of a claim

In the event that a claim is not paid, within the period stipulated in Annexure A, due to a delay caused by Group Risk, interest may be payable on the claim. When interest is deemed to be payable, it will be calculated by Group Risk taking into account prevailing money market interest rates and any other factors that Group Risk may deem relevant at the time. Such interest shall be calculated for the period of the delay of the payment of the claim from the date as specified in Annexure A to date of payment.

10. Disputing the outcome of a claim

In the event that the employee, employer, or a beneficiary of the employee, is not satisfied with our decision regarding a claim, he/she may within 90 days provide us with written representations of his/her dissatisfaction, together with medical reports in support thereof.

Step 1: Contact the claims department

The insured/employer/beneficiary(s) can forward representations to:

For death-related claims:

- E-mail address: sgrdeathclaims@sanlam.co.za
- Fax number: (021) 957-3788
- Postal address: Sanlam Group Risk: Death Claims, P.O. Box 1, Sanlamhof, 7532

Step 2: Contact the Sanlam Arbitrator

If the dispute is not resolved to the insured's satisfaction, he/she may submit his/her dispute to the Sanlam Arbitrator:

- E-mail address: arbitrator@sanlam.co.za
- Fax number: (021) 957-1786
- Postal address: Sanlam Arbitrator, P.O. Box 1, Sanlamhof, 7532

Step 3: Contact the Ombudsman for Long-term Insurance

Should the insured not be satisfied with the determination given by Sanlam's Arbitrator he/she may submit a complaint to the Ombudsman for Long-term Insurance:

- E-mail address: info@ombud.co.za
- Fax number: (021) 674-0951
- Postal address: Ombudsman for Long-term Insurance, Private Bag X45, Claremont, 7735

Please note that any claim against the policy will prescribe 3 years after expiry of the 90-day period referred to above, should legal action not be instituted within this 3-year period.








11. Wealth Bonus Lifestyle for Sanlam Corporate

Description of benefits and services

The benefits and services are not described in the group policy(ies) but is available to the insured/member in terms of the *life, disability or severe/critical illness* group policy(ies) (except a Funeral Insurance group policy) or the insured's/member's spouse or child, *automatically qualify for Wealth Bonus Lifestyle for Sanlam Corporate*.

Sanlam Group Risk, via these group policies, have access to the following exclusive value-added services and discounted lifestyle benefits, at no additional cost:

Benefit	offer
	Get 10% off fibre to your home, each month.
	Enjoy 2D blockbusters at R35 each (Mon-Wed) with refreshments at R39 each. Not on public or school holidays.
	Get 10% discount (4 tickets per year; standard and business class only).
	Save 5% on over 25 000 LekkeSlaap Accommodation options across South Africa and Namibia.
	Enjoy 5% off accommodation.
	Get 20% off UberGo and UberX with after-hours trips (up to R150), 10pm-4am.
	Get 2 months' entertainment streaming per year on us.
	Access discounted Cambridge homeschooling for Grades 10-12 or free supplementary support, based on the CAPS curriculum for Grades 8-12. Children and adults get free access to a Social and Emotional Learning platform.
	Get 20% (up to R150) of your trips for up to two trips per year.
	Make your money go further with a large variety of grocery coupons redeemable at Shoprite and Checkers.
 Online Will	You have exclusive access to a free will-drafting service. Get telephonic consultations, safe storage, and assistance with updating your beneficiary nomination forms – all for free.
 Credit Report	A free tool to help you understand your credit profile, so you can gain an accurate, holistic view of your financial position.
 Emergency Medical Response	Around-the-clock emergency medical support for you, your spouse and children.
 Burial Repatriation & Funeral Support	Assistance with the arrangement of the burial of a loved one by way of providing transport, assisting with claims processes, advice on matters like death certificates and more.
 Legal Assist	You have access to legal help via our 24-hour helpline, operated by experts ready to answer your legal queries.
 Trauma, Assault & HIV Assist	Get 24-hour assistance with trauma and assault, as well as HIV support for you, your spouse and children.
 Wealth Sense	You have access to our online content portal packed with information, tools and calculators to empower you to live your best financial life.



Sanlam Group Risk members are registered using their identity numbers; this allows insureds/members to seamlessly claim the services and savings of [Wealth Bonus Lifestyle for Sanlam Corporate](#).

To receive more information regarding the lifestyle benefits and to use the discounts, members can supply their contact information on the [Wealth Bonus Lifestyle for Sanlam Corporate webpage](#).

Insureds/Members are given the option to opt-out/unsubscribe from future communication at any time.

In addition, insureds/members of our group ~~scheme~~ policy(ies) will also have the option to add more lifestyle benefits by upgrading their membership to one of Sanlam Reality's paid membership options (www.sanlamreality.co.za/join).

12. Annexure A: Turn-around-times

Process	Turn-around-times*
Insured/Member Data (Member Management)	
Bulk insured/member reviews (annual updating of membership data)	within 4 – 6 weeks
Updating individual insured/member records, e.g. Life Partner, Spouses and Flex applications	within 3 business days
Benefit Statements	Single requests: within 3 business days (subject to number of employees) Bulk requests: within 10 business days
Conversion Option Requests	within 3 business days for single requests
Premiums	
Notification of outstanding premiums	within 5 business days after grace period has expired
Processing of commission	within 1 month from policy anniversary
Premium reconciliations	within 10 business days
Death Benefit on Spouse's Life	within 10 business days
Medical Proof Free Limit in respect of an Insured/a Member	
Take over cover letters	within 5 business days
Confirmation of cover letters for Spouses and Flex benefits	within 5 business days
Issuing of initial medical requirements	within 10 business days
Assessment of medical requirements	within 10 business days
Releasing medical results to the nominated doctor	within 2 business days
Disclosing reasons for a decision to the nominated doctor	within 2 business days
Medical Proof Free Limit Reports (after data updated by Data Management)	within 10 business days (dependent on the latest member review)
Payment of Medical Accounts	within 2 business days
Travelling Nurses Facility	within 2 business days (subject to confirmation of an appointment)



Use of Medical Advisor at Sanlam's Head Office	within 2 business days (to confirm an appointment)
Courier service/collection of medical documents	within 3 business days
Death Claims	
Funeral Claims	within 2 business days
Death, Spouse's and Children's Claims	within 10 business days
Universal Education Protector Claims	within 10 business days (once death claim is paid)
Disability Claims (monthly income disability, lump sum disability, critical illness and severe illness)	
Assessment of initial disability claims	within 10 business days
Assessment of review disability claims	within 10 business days
Payment of medical accounts	within 10 business days
General Enquiries	resolve within 5 business days unless otherwise agreed

*The turn-around-times are based on Sanlam Corporate: Group Risk's standard offering and commences from the following business day, after all the required information has been submitted to Group Risk.



13. Annexure B: Change in product names

Current	New
Death benefit	Life Insurance
Death Benefit: Core and Flex benefit	Life Insurance/Flexible Life Insurance
Accelerated Payment of Death Benefit at Disability	Lump Sum Disability Insurance
Trauma Insurance	Critical Illness Insurance
Income Continuation Insurance	Income Disability Insurance
	Temporary Income Disability Insurance
Income care	Managed Income Disability Insurance
Waiver of Contribution Benefit	Employer waiver
	Contribution waiver
Funeral Aid Benefits	Funeral Insurance
Death Benefit on Spouse's Life	Spouse's Life Insurance
Terminal Illness benefit	Terminal Illness Insurance
Accelerated Payment of Death Benefit at Spouse's Disability	Spouse's Lump Sum Disability Insurance
Free Cover Limit	Medical Proof Free Limit