HEALTHCOR PROJECTS SINCE1988

Healthcor Projects (Pty) Ltd,
an Authorised Financial Services
Provider, No. 17862

BARGAINING COUNCIL BCCCI CONTRACT CLEANING SERVICES INDUSTRY KZN

HOW TO CLAIM

This form MUST be completed and returned to **Healthcor Projects (Pty) Ltd**.
Leli fomu KUFANELWE ligcwaliswe bese libuyiselwa kwa **Healthcor Projects (Pty) Ltd**.

IS YOUR CLAIM VALID

In order for a claim to be valid, there are certain basic criteria that have to be met. These include, but are not limited to:

- Your contributions being paid up.
- You or your nominated dependants having been hospitalised for a minimum of 1 day for illness or 1 day for injury.
- You or your nominated dependants having a valid funeral / accidental death.

SUBMITTING YOUR CLAIM

- **Please note that the claim will not be processed until all supporting documents have been received.** You have 6 months from the first day that you were hospitalised/date of death to submit your claim and relevant documentation.
- Any claim received for the first time after the 6 month period has expired, will not be honoured. Should a portion of the documentation be received within the 6 month period, the claim will be held pending for a further six month period, after which it will go stale and will not be honoured.
- Once received, your claim will be processed and if all requirements have been met, the benefit amount will be paid directly into the policy holder's bank account within 7 to 14 working days for hospital claims and 3 working days for funeral and accidental death claims. Please note that we will not pay a 3rd party.

CLAIM FORMS

Please contact our Member Support Unit on our Toll free number: **0800 800 030**

HOSPITAL CLAIM

- ✓ Fully completed and claim form stamped and signed by the hospital.
- ✓ Discharge form, with the doctor's details clearly stated.
- ✓ Certified ID / birth certificate copies - principal member and patient.
- ✓ Stamped copy of principal member's bank statement.
- ✓ In the case of a dependant child over the age of 21, please attach details of the school, college or university attended by the patient.

DEATH CLAIM

- ✓ Fully completed claim form.
- ✓ Certified ID/ birth certificate copies - deceased and claimant.
- ✓ Certified copy of death certificate.
- ✓ A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.
- ✓ BI-1663 form / death registration form.
- ✓ Stamped copy of claimant's bank statement.
- ✓ In the case of a dependant child over the age of 21, please attach details of the school, college or university attended by the deceased.

ACCIDENTAL DEATH CLAIM

- ✓ Fully completed claim form.
- ✓ Certified ID/ birth certificate copies - deceased and claimant.
- ✓ Certified copy of death certificate.
- ✓ A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.
- ✓ BI-1663 form / death registration form.
- ✓ Accident / Police report.
- ✓ Stamped copy of claimant's bank statement.
- ✓ In the case of a dependant child over the age of 21, please attach details of the school, college or university attended by the deceased.

Once all documents have been collected it must be emailed to **claims@healthcorsa.co.za** for claims to be processed accordingly.

Claims are only paid once all documents are submitted.

Any information that is not correct/accurate, and that cannot be confirmed by hospital administration or by the doctor(s) that attended to the patient, will be forwarded to the forensics department for investigation. The council/employer will be informed if any fraudulent information is being supplied and case will be reported to SAPS for further investigation.