



## **GROUP RISK DISABILITY BENEFITS EXCLUSION: PRE-EXISTING MEDICAL CONDITIONS**

Disability policies have an exclusion regarding pre-existing medical conditions. This means that if you submit a claim in the first 12 months of being insured and the cause of your claim is related to a medical condition you had before you became insured, your claim would be declined.

### **Why is this exclusion in my policy?**

Most employees who are insured under a group risk arrangement are provided with insurance without medical assessments or underwriting. This clause is meant to protect the group of members from employees who submit early claims and who become insured with the intention of claiming.

### **How does it work?**

When a claim is submitted in the first 12 months of joining the scheme, the insurer will conduct an in-depth medical investigation to establish if you had the medical condition before you became insured. This medical condition must have been present in the last 12 months before you became insured.

During this investigation, the insurer may require additional information from your treating doctors. Old Mutual as the insurer will cover the additional costs.

If the disability is as a direct or indirect result of a pre-existing health condition, the benefit will not be paid.

### **Should I submit a claim if I think the condition is pre-existing?**

Disability policies contain many terms and conditions, hence we always recommend that you submit the claim and let us assess to see if your claim is considered to be related to a pre-existing condition.

### **What are my responsibilities as an employer?**

Ensure that your employees, especially your new employees understand the terms and conditions of the policy. You can refer them to a financial advisor for further information or details to check if they are adequately insured.

**What are my responsibilities as an employee?**

If you are a new employee (in the first 24 months of joining the employer, or becoming insured) talk to your financial advisor to understand the terms and conditions of your policy and to ensure you have adequate insurance cover.

If you have submitted a claim, ensure that you have honestly and fully completed the claim documentation and provided us with as much information as possible to allow us to make a fair claim decision.

**Yours sincerely**  
**The ISASA Team**