Life and Claims

Comprehensive User Manual

September 2017

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1 Background

The Life & Claims Register assists ASISA Members in **sharing medical impairments and claims** to fight fraud within the Insurance industry. It assists the Insurers to properly **assess the risks involved in risk covers, as well as to evaluate the type of claims to be paid**.

It is 1 database with 2 sections, namely:

Life	Claims
The Life sections shares information about persons **who apply for cover or are Life Assured under existing policies who have _notifiable impairments_** that are relevant to the risk or claim assessment.	The Claim section shares information on **persons who have existing policies and who have made _notifiable claims_** that will be relevant to the assessment of future claims.

**Example:** a Substandard Life applies for Life Cover

Being overweight or obese poses a high risk to the cardiovascular system as well as increases the risk of other illnesses _(i.e. diabetes, high cholesterol or high blood pressure)_ which could reduce an individual's life expectancy.

For Insurers, the risk to cover such an individual is high; but they may still offer terms –

This is an example of a _**substandard life**_ – where an Individual cannot be insured at standard rates due to his/her below standard physical condition or medical history of serious illness.

A policy application can either be:

- _Accepted at standard rates_ – Individuals who have a normal healthy life, will **NOT** be captured on the Life and Claims Register

- _**Accepted with a loading**_ – the individual pays a higher premium to account for the extra risk

- _**Declined**_ – when an individual is uninsurable _i.e. has stage 4 cancer and is likely to die soon_

- _**Deferred**_ – when an outcome is unknown _i.e. where a client was recently diagnosed with cancer and the Insurer is unsure if the client will be healthy or not or if there is an operation pending or in a case of pregnancy (where the mother has a history of miscarriages)_

- _**Excluded**_ – conditions are excluded _i.e. because of pregnancy complications_

>> Where Insurers offer terms other than standard terms, that's when information is uploaded on the LIFE register.

Insurers can typically give discounts to substandard lives with a loading of +50%. They would look at other risk factors/lifestyle and credit the individual for those. Exercises _(cycling running, etc)_, regular visits to Doctor, eating healthy _etc_. are all examples of credits that _'eat away'_ at a loading.

Essentially the Insurer could end up charging the client standard rates – but that does not mean the client is a healthy life. But because standard rates are charged, the substandard life is not captured on the Life register – only at **CLAIM stage** will the client be added to the register.

2 Disclaimer

The ASISA Life and Claims Standard is intended to regulate the sharing of impairment information to enable each Member Office to take its own independent decision, in the most efficient manner, based on all available information. A Member Office shall therefore not base an underwriting decision (either to decline or accept) solely on the fact that, in respect of the proposed Life Assured, there –

• is an entry in the Life Register (decline); or

• is no entry in the Life Register (accept)

Simply put: Insurers should not be accepting or declining applications because of the notifications in the register. **The Life and Claims register is a tool** for Life Offices to decide whether investigations should take place or call for further evidence. **It is not there for Member Offices to base their decisions on**.

The **data** in the Life and Claims Register **belongs to the participating members** of ASISA and is **stored for 7 years**. Should any company cease to be an ASISA Member, it is required to destroy and confirm that all life and claim data stored on its systems has been destroyed, within 7 days of its membership ceasing.

3 Life and Claims Value Proposition

The Life and Claims system provides data. Astute stores the data and ASISA members search information from it.

Main Value Proposition:

• **Reduces fraud costs**

  To prevent consumers who have been refused cover due to a notifiable impairment, to approach another Life Office without disclosing the impairment

• **Reduces admin costs**

  To prevent the payment of notifiable claims that is refused/repudiated, usually due to non-disclosure

• **Reduces admin time**

  Centralised capture ensures that there is single version of the truth – no synchronisation discrepancies. All companies can submit their notifications through the multiple integration mechanisms improving fraud prevention

  The combined register ensures that both Life notifications and Claim notifications are always available whether assessing a claim or performing underwriting

4 Participating Companies

The following are ASISA Members who participate on the Life and Claims Register:

1) Absa Life Ltd

2) Alexander Forbes Ltd

3) Assupol Life Limited

4) AVBOB Mutual Assurance Society

5) Clientele Life Assurance

6) Discovery Life Ltd

7) FirstRand Life Assurance Limited

8) FMI

9) Hannover Life Re-assurance Africa Ltd

10) Hollard Life Assurance Company Ltd

11) Liberty Holdings Limited

12) Metropolitan Life

13) Metropolitan Namibia

14) Momentum Life

15) Nedgroup Life Assurance Company Ltd

16) Old Mutual

17) Regent Life Assurance

18) RGA Reinsurance Co SA Ltd

19) PPS Insurance Company Limited

20) Sanlam Life

21) Sanlam Namibia

5 Terminology Explained

5.1 Substandard Life

The most common reasons for substandard lives **are heart ailments, excessive weight, high cholesterol, hypertension and diabetes** because they **increase an individual's risk of dying**. But death is not the only concern. There are conditions which **increase a client's risk of becoming disabled** *i.e. medical or occupational/ avocations*. As an extra-risk policy, it requires policyholders to pay a higher premium than for standard policies.

5.2 Notifiable Impairment

Any impairment which result is a final extra mortality or extra morbidity based on the underwriting decision regardless of the final offer given to the client.

Mortality: chances of dying (death benefits)

Morbidity: chances of becoming sick through dread disease or disability (living benefits)

5.3 Notifiable Claim

Risk claims that meet the following criteria:

- **Early Claims**, policies in force for less than 3 years from inception date, for
  - Individual or Group scheme death claims
  - Disability or Functional Impairment Claim including functional and physical impairment and both lump sum and income disability claims
  - Hospital cash cover
- Claims **under special (forensic) investigation**
- **Fraudulent claims**
- Claims that have been **rejected/declined**
- All claims relating to **dread disease** benefits
- All claims that arise from **outside the SADC countries**
- **Disability Income / Sickness Benefits** claims, where:
  - The amount is greater than R35 000 per month, per policy
  - The insurer has cancelled the benefit due to non-disclosure
  - The benefit was paid for longer than 6 months
- Where the **beneficiary** is not a close family member of the life assured or the beneficiary is an Intermediary
- All claims in respect of **Retrenchment** benefits

5.4 Loading

A loading refers to a Client being given extra morbidity and/or mortality rating. It is an additional amount (percentage increase) that is added to the premium to provide cover for a 'risky' individual. Common reasons for incurring loading costs:

You have a high-risk job or dangerous hobby (Occupation or Avocation). If cover for these is not an outright exclusion, then it will typically incur a loading. Because you are more likely to make claims for injuries or death because a dangerous job or pastime, you must pay more for insurance. *Occupation classes are built into standard rates.

Age loading. The older you are, the higher your risk of health issues and death, and the more likely you are to make a claim before the policy expires. This is reflected in age-related loading, which generally makes premiums increase sharply as you move into older age groups.

Medical Health (Pre-existing conditions). Past health issues or pre-existing conditions might lead some insurers to refuse you, others to set an exclusion for it, and others to simply apply a loading for it *i.e. someone with diabetes might be able to get life insurance which pays out for diabetes-related claims, but only if they pay an extra 15% on their premiums to cover this eventuality*.

** **Companies will not mention the loading** on the register, because that is giving away their rates and secrets. The reasons are loaded, but not the rate they had loaded/charged them on *i.e. +50.*

5.5 Extra Mortality/Morbidity Rate (EMR)

An extra risk arises where a proposal for life insurance is not acceptable at standard rates. The amount of extra risk then represents the underwriter's assessment of how much worse the applicant is in mortality or morbidity terms than a standard risk.

How does it Work?

The standard risk is assigned a value of 100%. Unfavourable risk factors, conditions or impairments expected to produce excess mortality risk are added to that baseline.

Example: if a person has an impairment (blood pressure) with a known 50% increased risk of death compared with standard lives, a rating of +50% would be added to the standard risk to recognise the total mortality risk expected. Each rating is preceded by a plus sign (+) to show that the increase is one of excess mortality.

Standard Risk	100%
Extra mortality risk associated with impairment *(blood pressure)*	+50%
Final mortality risk	**150%**

The minimum level of extra risk would be +25%. **ASISA state that it is not necessary to advise the Register when a Re-Insurer provides an extra mortality/morbidity decision which is lower than 25%** and which is the final decision offered to the client.

5.6   Relationship between Insurer and Re-Insurer

Re-Insurers are silent partners who provide insurance to Insurers by taking on bigger risks by means of:

- unhealthy lives (substandard lives)

- high risk in terms of medical issues (poor health *i.e. diabetic/HIV+*)

- high net-worth

- sum assured

- avocations and/or occupations

Insurance companies apply for reinsurance to protect themselves against significantly large claims or disasters, allowing the Insurance company to cover more individuals without fear of bankruptcy should a disaster occur resulting in multiple policyholders filing claims at one time.

Example: Hannover Re provides insurance to Liberty Life
A highly substandard life applies for life cover through Liberty Life. All the paperwork and payment comes from liberty but behind the scenes, Liberty takes the risk and pass it on to their Re-Insurer – by passing part (or full) of the premium and risk to the Re-Insurer.   Re-Insurers retrocede by passing the risk even further to their reinsurer. The higher the risk gets passed on, the less detail the Re-Insurer has *i.e. they don't have access to a client's banking details. They pay the Insurer who then pays the client*.

Some Re-Insurers don't use the Life and Claims register because they feel it is the responsibility of the Insurer to conduct the first line investigations and underwriting. However, others feel the risk ultimately lies with them and therefore the more progressive Re-Insurers make use of both Consolidated Client Portfolio (CCP) and Life and Claims Register (LC).

5.7 POPI

The Client will need to sign some form of consent that the Insurer and Reinsurer or another interested *party i.e. another insurer from fraud point of view, medical Dr. etc* to view their personal medical details.

Member Offices must clearly disclose to the client why the information is needed and what it will be used for and that to assist with underwriting and assessment of claims it may be exchanged with other insurers or reinsurers through a shared database.

Below is an extract from the ASISA Life Register, which serves as a guideline for Member Offices to use on their forms:

PROTECTION OF PERSONAL INFORMATION DISCLOSURES

I understand that:

- my insurer requires access to my personal information in order to assess this (or any other) application for insurance made by me for underwriting purposes and consideration of any claim for benefits;

- my personal information may be shared with other insurers either directly or through a data base for the same purposes of underwriting risks and assessing claims and my insurer may also collect my personal information from other insurers- exchange of information helps to save costs and combat fraud

- my personal information will be treated in accordance with applicable law, for example it will be safeguarded and treated as confidential;

- the provision of this information is a compulsory requirement from my insurer to provide me with this insurance product. If I choose not to provide this information my insurer will not be able to assess my application for insurance

- I can request details of the information held by my insurer and request its correction where appropriate.

and I authorise a doctor, hospital or any other person to provide this information to my insurer.

Written or electronic signature of applicant (and life assured if different person)

6 How the Database Works

DATA INPUT

- ***When is a Client loaded on the Life and Claims register?***
  - When s/he has been adversely treated - meaning the Insurer:
    - has added a <u>loading</u>
    - <u>defers</u> to offer terms
    - <u>excludes</u> certain conditions from the cover
    - <u>declined</u> cover
  - When an Insurer receives a notifiable claim

- ***How?***
  - Through Astute Online front end
  - Single or batch notifications via Web Services or MQ

- ***Who?***

  Medical Underwriters and Claim Assessors
  - Life Users and Supervisors submit Life Notifications
  - Claim Users and Supervisors submit Claim Notifications

- ***How long is the information stored for?***

  7 years

SEARCHING FOR A NOTIFICATION

It is possible to **search for a Life or Claim Notification** submitted **by any other participating company**, using any of the following criteria:

- ***For an individual***

  Name and Surname <u>OR</u> ID Type and ID Number

- ***For a Company***

  Trading name

- ***Using a Reference Number***
  - Policy number
  - Claim number
  - Internal Reference Number

In all instances, <u>**a reason for enquiry/search needs to be selected**</u>. Only Life User/Supervisor, Claim User/Supervisor and Enquirer will be able to use this functionality.

7 Access

The **information** on the register is **private and confidential**.
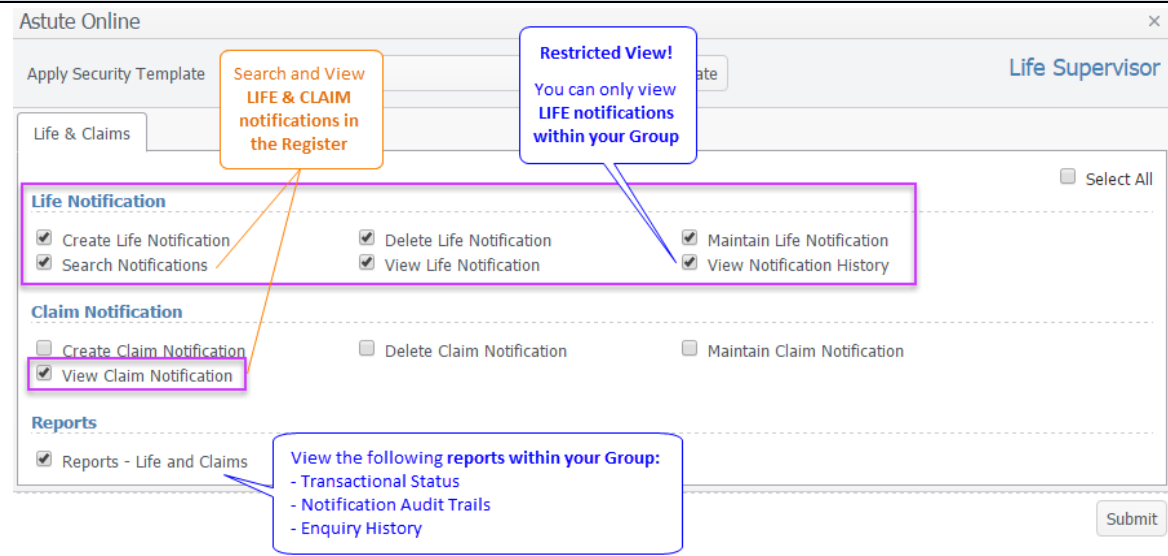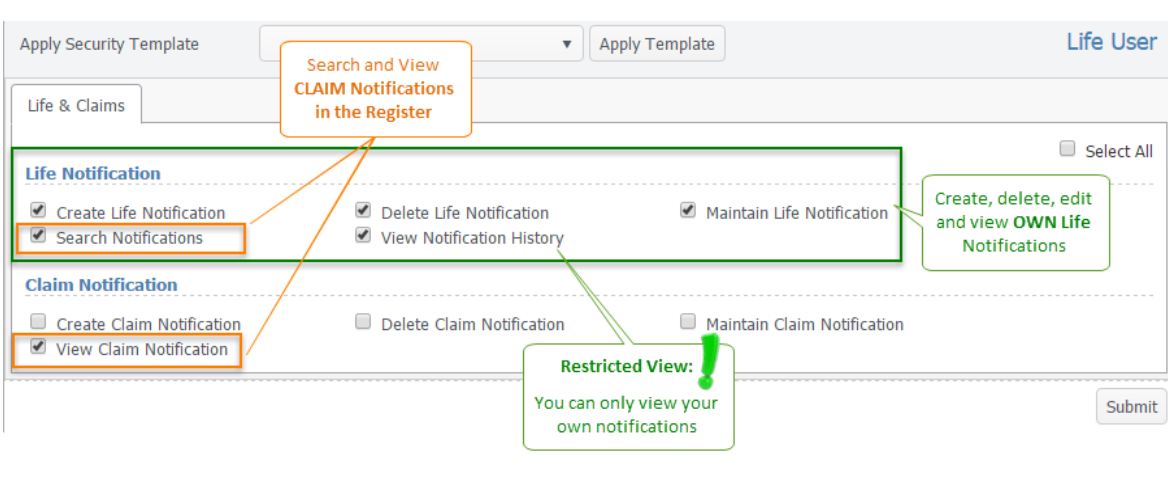
As per the ASISA Standard, access to the Register is **limited to Claim Assessors and Medical Underwriters**.

7.1.1 Type of Users and their Roles
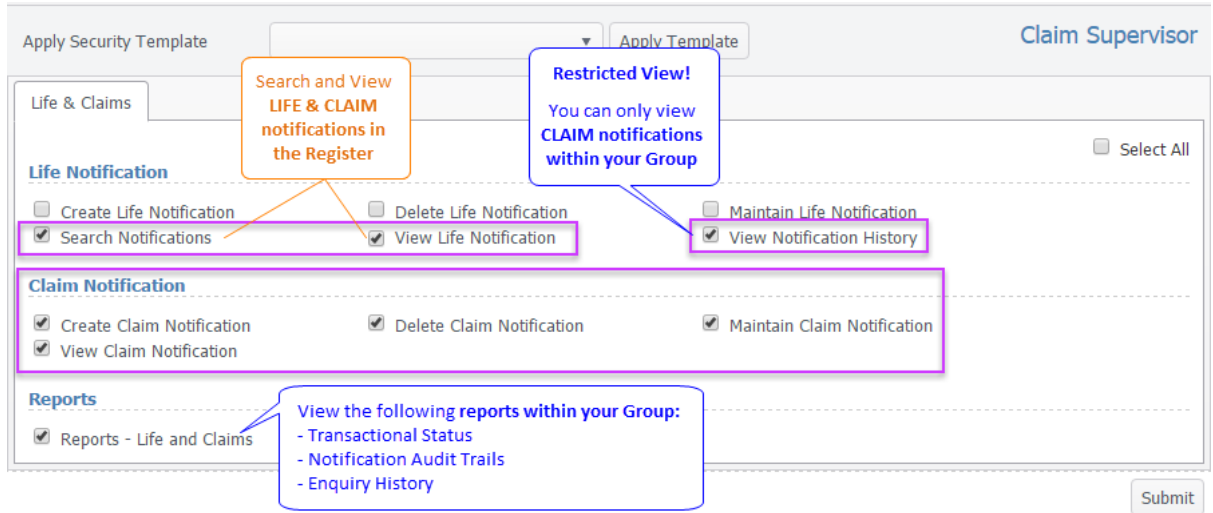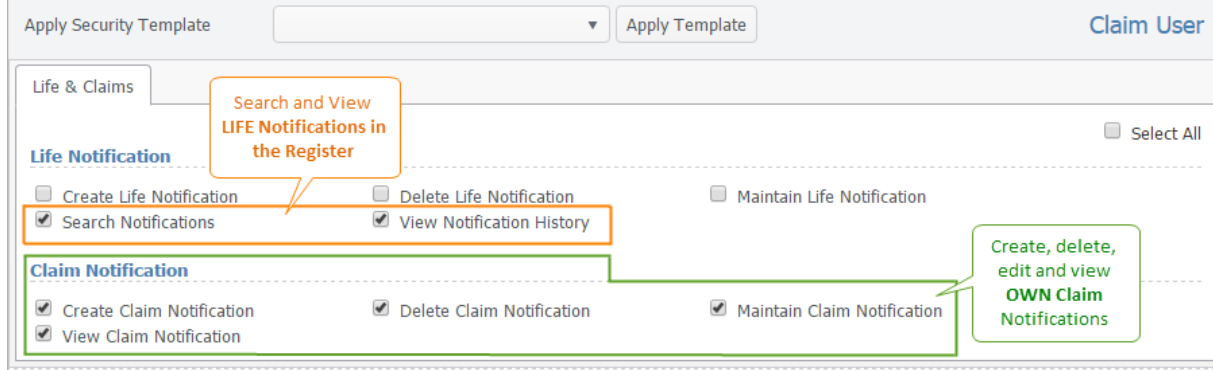
Type of User	Access to give on Astute Online	Functions	Security Claims
LOA/ASISA Administrator	Holding Administrator	Create Life Office Administrators	This is the Global administrator; It has the highest access rights. This User will create the Life Office Administrators. This user c**annot perform any actions within the Life and Claims** screens.
Life Office Administrator	Company Administrator	Maintain Users within the Life Office	This is the Administrator within the Life Office. This role is **only allowed to maintain Users** of the Life Office that the Administrator belongs to.

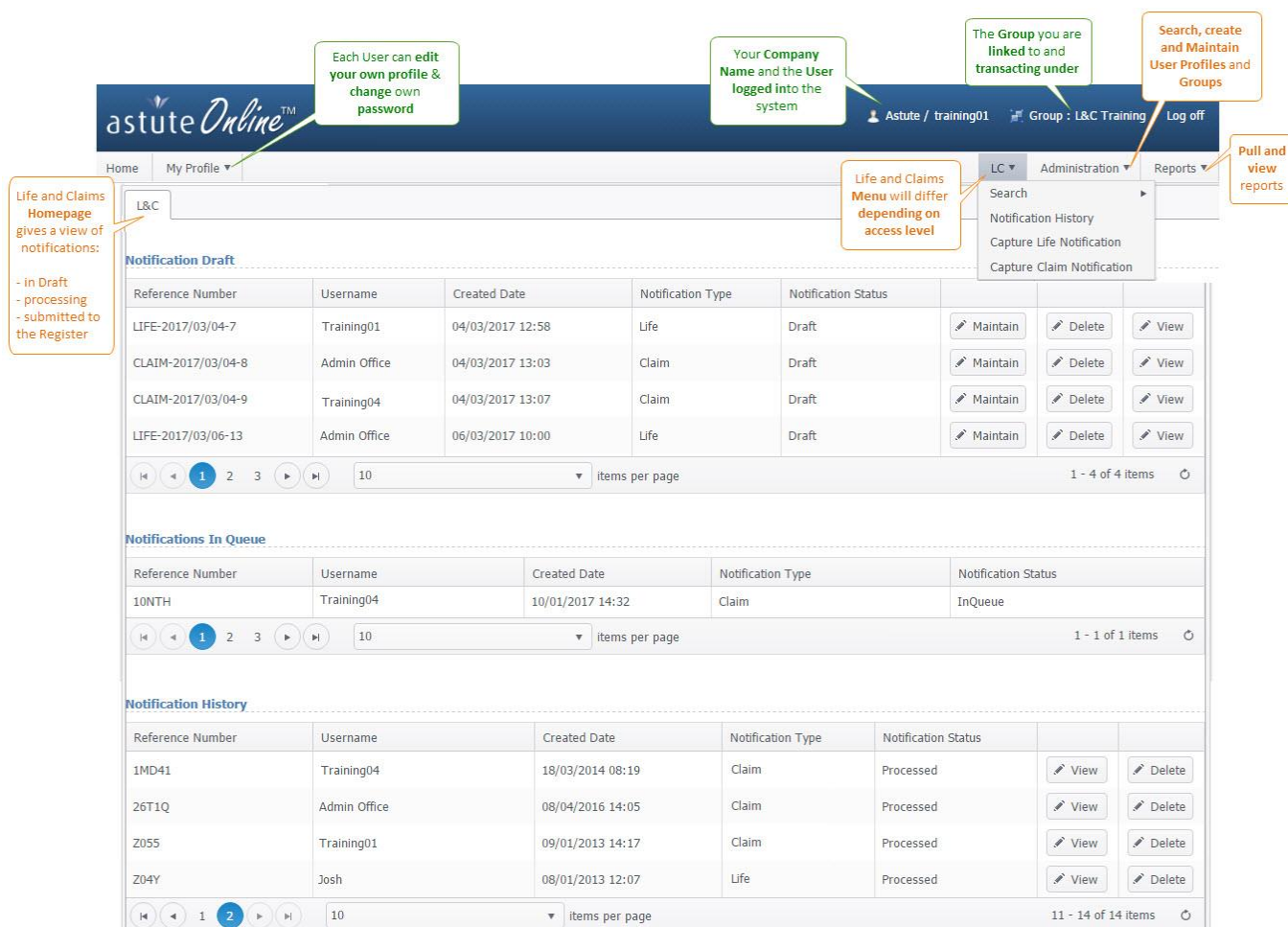|		**LIFE REGISTER**	
LIFE SUPERVISOR	Group Administrator	The Supervisor will see all Users *within their Group* and view their Draft and Processed notifications in addition to: • **Creating Life notifications** • Searching notification • Updating notifications • Deleting notification • Viewing reports within their Group	
LIFE USER	Standard User	• **Create Life notification** • Search notification • View notifications *(This user can only view own notifications, except when a search is conducted)* • Update notification • Delete notification	

CLAIM REGISTER		
CLAIM SUPERVISOR	Group Administrator	The Supervisor will see all Users *within their Group* and view their Draft and Processed notifications in addition to: • **Creating Claim notifications** • Searching notification • Updating notifications • Deleting notification • Viewing reports within their Group	
CLAIM USER	Standard User	• **Create Claim notifications** • Search and view own and processed notifications • View notifications *(This user can only view own notifications, except when a search is conducted)* • Update notification • Delete notification	

ENQUIRER	Standard User	Search and view notifications in the register. No other access is granted.	

Astute Online ✕

Apply Security Template [▼] [Apply Template]   Enquirer

Life & Claims

Search and View both Life and Claim Notifications in the Register

☐ Select All

Life Notification

☐ Create Life Notification   ☑ Delete Life Notification   ☐ Maintain Life Notification
☑ Search Notifications   ☑ View Life Notification   ☐ View Notification History

Claim Notification

☐ Create Claim Notification   ☐ Delete Claim Notification   ☐ Maintain Claim Notification
☑ View Claim Notification

[Submit]

8 Homepage Navigation

The **home screen** for Life and Claims defaults to the **Notification History** page, which indicates the notifications still:

- In **Draft** phrase: incomplete notifications

- In **Queue**: notifications that have been submitted and being processed

- **History**: notifications that have been processed, and saved in the register *i.e. claims that have been paid*

My Profile tab – Each User can **only edit their personal details and change their password** once logged in. Users cannot change their system access level, the Company in which they work, Username and ID number.

The **LC tab / Life and Claims Menu**. The Menu items will defer depending on the Users' role and access given on the system.

Administration Tab – The Life Office Administrator can add, search, deactivate, delete, update User Profiles and Groups, as well as assign security claims to a User, move Users between Groups and reset User Passwords.

Reports – Supervisors can view three reports, namely Transactional Status, Notification Audit Trail and Enquiry History reports

9   LC Menu

9.1   Search

Searching for a notification allows Member Offices to search for and view Life or Claim notification submitted by any other Member Office. The notification needs to be successfully submitted via the front end, web services or MQ to be viewed.

The three main types of searches are:

- *Individual* – search by *Name and Surname <u>or</u> ID Type and ID Number*

- *Company* – search by *Trading Name*

- *Reference Number* – search either the Policy Number, Claim Number or Internal Reference Number
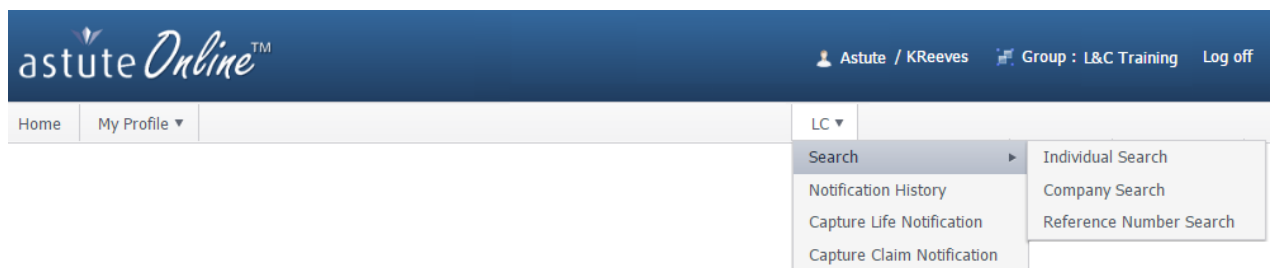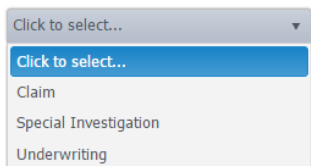

Each User has access to the Search function. To search is to conduct an enquiry on an individual. Every time an enquiry is done on the Individual, the enquiry history is generated.

In all instances, the **reasons for conducting an enquiry** remain the same, namely:

- check if the individual has claimed before *(processed claims)*

- if there is a special investigation done on the individual *(i.e. a fraudulent claim)*

- the individual applied for cover *(Underwriting)*

Note the following:

- A maximum of 50 records will be returned for any given search. Where more than 50 records where found, the User will receive a message requesting them to narrow the search.

- Search results are in alphabetical order.

- Type the first three (3) characters of a word to return partial matches.

- If the User searches for a notification captured by their Life Office, s/he has the option to edit, delete or view the information captured.

- If the User searches for a notification not captured by their Life Office, s/he can only view the information captured.

9.1.1 Individual Search

The Individual Search allows the User to search for all notifications relating to an Individual.

9.1.1.1 How the Search Criteria Works

The system matches the search criteria to what was captured in the wizard, under the Life Assured Details.

a) Search by Username and Forename

- **Select** a reason for enquiry

  Type in the Life Assured's full name(s) and Surname > *Search*. If no results are returned, follow the alternative methods as shown below.

- **Type** in the **first 3 letters of the surname** and the **first initial** (or the full name) in the relevant fields.

- **Click** the *Search* button to view results.

The results may return more than one result because of partial matches.

All notifications that match your search criteria will appear

Search Results

Clear S

Controls may differ, depending on access rights

Title	Surname	Forename	Id Number	Date Of Birth	Address	Gender	Life Office	Member Number	Reference Number	Notification Type	Role Type	Entry Date	
Mr	SOARES	JOSE	5409175148186	17 Sep 1954		Male	LIBERTY LIFE:LIBERTY LIFE	59936685800	1JUH0	Life	Life Assured	20 Sep 2013	✏ View
Mr	SOARES	JONATHAN	8103225068083	22 Mar 1981		Male	LIBERTY LIFE:LIBERTY LIFE	59528372200	244DA	Life	Life Assured	22 Mar 2016	✏ View
Mr	SOARES	JONATHAN	8103225068083	22 Mar 1981		Male	LIBERTY LIFE:LIBERTY LIFE	59528372200	244W0	Life	Life Assured	23 Mar 2016	✏ View
Mr	SOAMES	Jonathan C	6111025199083	02 Nov 1961		Male	DISCOVERY LIFE	5130636145	1SVSF	Life			✏ View

To refine the results, include the Date of Birth in your search

|◄ ◄ **1** 2 3 ► ►| 10   ▼ items per page   1 - 10 of 21 items ↻

To refine the result, add the Life Assured's **date of birth** to the search criteria and click on the Search button to view results

Search Criteria

Enquiry Reason	Special Investigation ▼ *		
Surname	Soa	Forename1	Joline
Id Number		Forename2	
Id Type	Click to select... ▼	Forename3	
Date of Birth Start	1974/01/01 📅	Date of Birth End	📅

Type in the full name to refine further

Include the DOB to refine the search

Please note: Id Number and Id type is required or Surname and Forename1

Clear Screen   Search

Details of the Life Assured's notification should now be assessable. Use the controls to proceed to your next step.

Search Results

Clear Screen   Search

Title	Surname	Forename	Id Number	Date Of Birth	Address	Gender	Life Office	Member Number	Reference Number	Notification Type	Role Type	Entry Date	
Ms	Soap	Joline	7401010011055	01 Jan 1974		Female	Claims Department	AFSE54321	CLAIM-2017/03/24-1	Claim	Life Assured	24 Mar 2017	✏ View

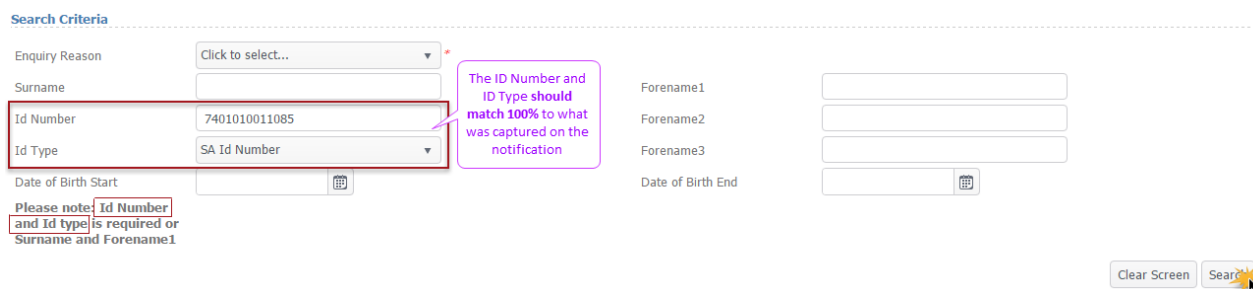|◄ ◄ **1** ► ►| 10   ▼ items per page   1 - 1 of 1 items ↻
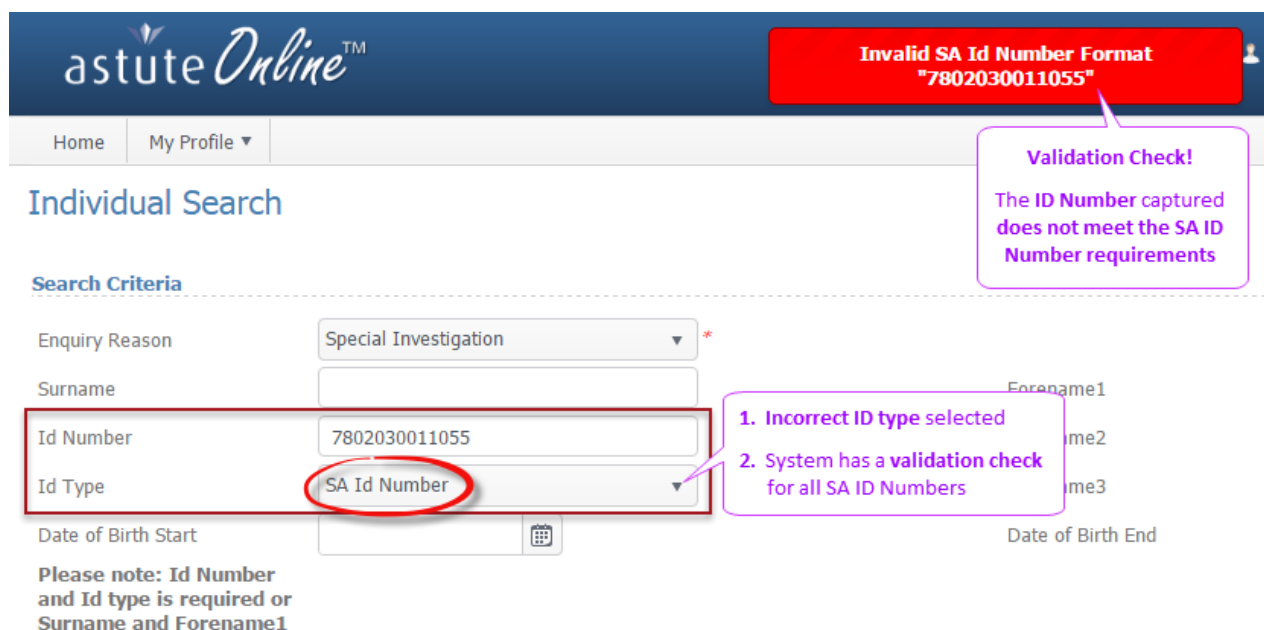
b) Using the ID Number and ID Type Search

An alternative way to search for an individual, is to use his/her ID Number only - which is unique to an individual, therefore displays the exact match to the individual you are searching for.

The ID Number and ID Type criteria should match exactly as it was captured on the notification, for results to be returned.

Where this is not the case, no results will be returned. Also, no results will return if there was no ID Number captured on the notification.

If the SA ID Number is selected from the drop-down list of ID Types, the system automatically conducts a validation check on the ID Number captured.

When capturing a new notification or updating a previous one, Astute Online only validates on South African ID Numbers.

Possible match – date of birth search range

Select a reason for enquiry then type in the Company's name

Click here to view results

9.1.2.1 How to Search Using a Reference Number

- From the Homepage, click on the *Life and Claims Menu > Search > Company Search*

- Under the *Search Criteria*, **select a reason** for the enquiry from the drop-down list and **type in** the Company name and any other additional information you have on the company.

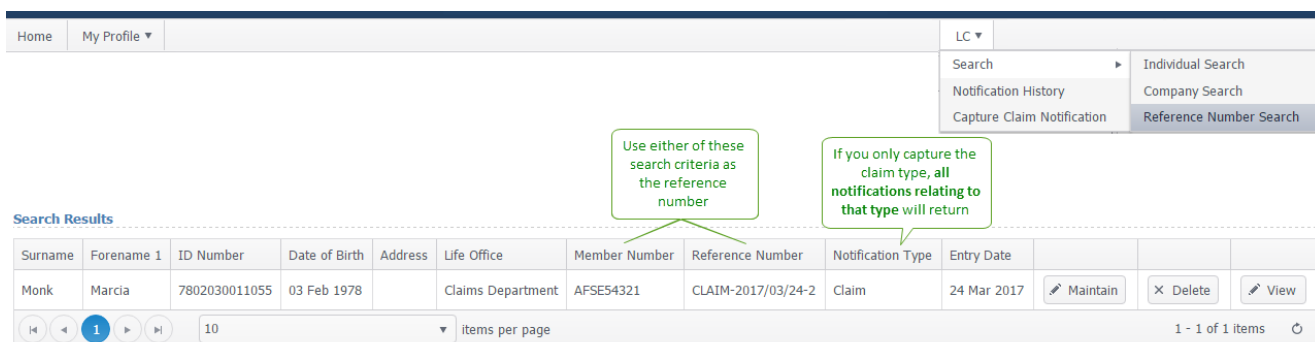- **Click** on the *Search* button to view results

9.1.3 Reference Number Search

9.1.3.1 How to Search Using a Reference Number

- From the Homepage, click on the *Life and Claims Menu > Search > Reference Number Search*

- Under the *Search Criteria*, **select a reason** for the enquiry from the drop-down list and **type in** the Reference Number

- **Click** on the *Search* button to view results

Depending on your access level and security rights, you may be able to:

- o *Maintain the notification*. You will be redirected to the first page of the wizard to edit/update the notification. If the update(s) are not submitted to the register, the notification will be saved to the User's Draft Notifications. This means the updated version will <u>not</u> be seen when searching in the register. No changes will be made to the Reference Number, however, the User that updated the notification can be seen under the *Notification Audit Trail Report*.

- o *Delete*. The notification will be deleted from the central Life and Claims database

- o *View*. Read the notification in its entirety on a 1-pager, as captured in the wizard. Every time a notification is read/viewed, the *'Enquiry History'* for the individual is generated. You can download the notification and may be able to maintain the notification from this view as well.
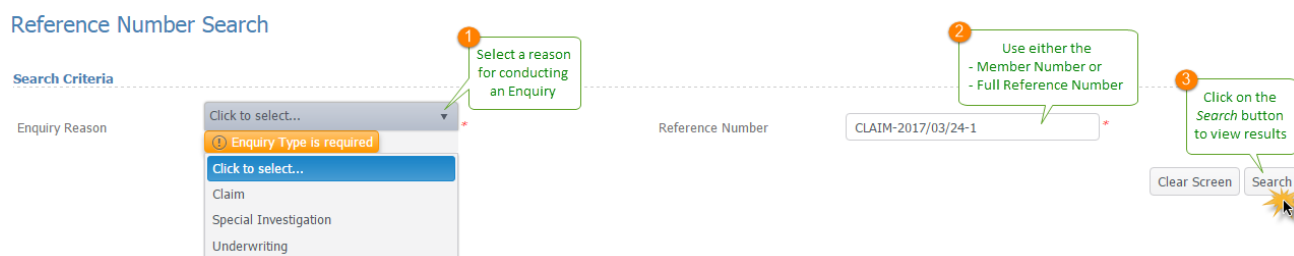
Search Results

Surname	Forename 1	ID Number	Date of Birth	Address	Life Office	Member Number	Reference Number	Notification Type	Entry Date			
Soap	Joline	7401010011055	01 Jan 1974		Claims Department	AFSE54321	CLAIM-2017/03/24-1	Claim	24 Mar 2017	✎ Maintain	✕ Delete	✎ View

|◄ ◄ **1** ► ►| | 10 ▾ | items per page | 1 - 1 of 1 items ↻

Make changes to the notification

Remove notification from the register

Read the notification

If you **only capture the minimum compulsory fields**, the search results will be **the entire list** of notifications for the Enquiry Reason and ID Type selected

Click on the *Clear Screen* tab to remain on the same screen and capture new or refined information.
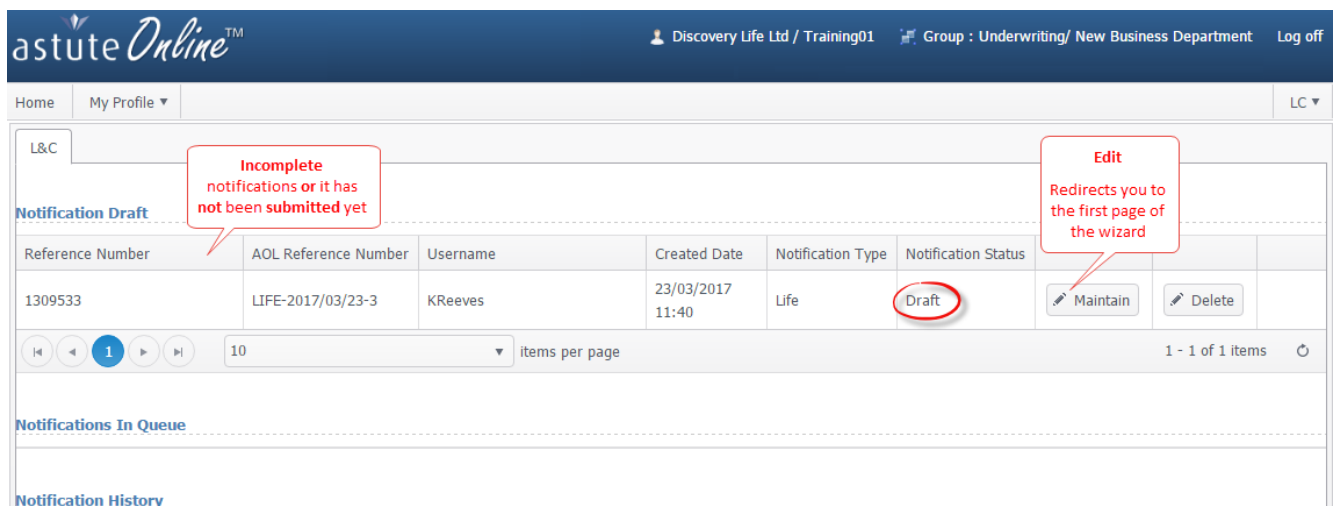
9.2 Notification History

The Notification History tab works the same way as what is on the home screen and is used to view notifications at a high level.

Standard Users and Supervisors have different views of this screen. A Standard User can only see notifications that they capture. A Supervisor can see all notifications within their Group *i.e. a Life Supervisor can only see Life Notifications within the Group s/he supervises.*

9.2.1 Notification Draft

A *Draft* status indicates a User has started capturing the notification / wizard and either stopped before reaching the end of the wizard, or has completed all fields in the wizard but has not submitted the notification for processing.

9.2.2 Notifications in Queue
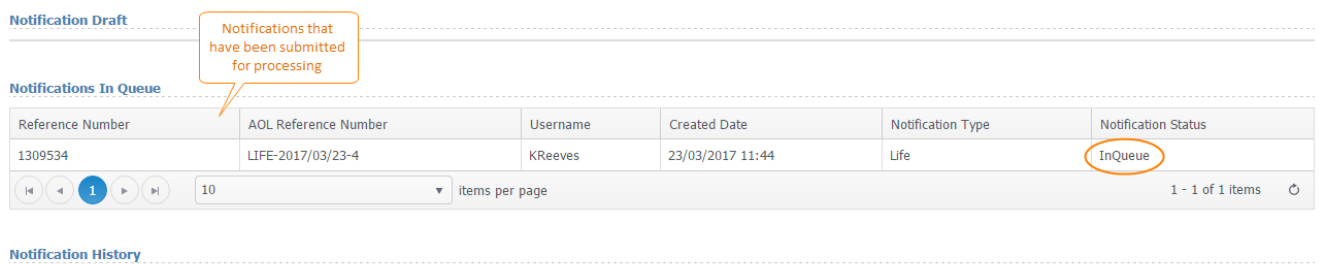
An *InQueue* status indicates that the notification has been submitted for processing and is in the queue to be sent to the Life and Claims register.

This *list will generally be empty* as notifications are processed by the system as they are saved. You may see items in this list when system processing volumes are high.

No amendments can be made to the notification in this stage.

9.2.3 Notification History

A *Processed* status indicates that the notification has been successfully processed and uploaded into the central Life and Claims register.

A Supervisor will see the 50 most recent notifications submitted by all users in their Group/Life Office.

Depending on your access level, the following controls may be available to you:
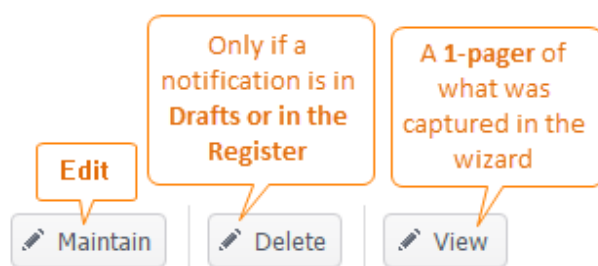
- **Maintain** – ASISA requires each Life Office that subscribes to the Register to enter all 'notifiable impairments and claims' and keep their entries updated.

    Click on the Maintain tab to edit and update a notification. You will be directed to the first step of the wizard again - ensuring you do not skip any information to capture when updating a notification. Notifications can be maintained in Drafts or in the Register if an error or omission is discovered.

    Only Life/Claim Users and Supervisors - within the Life Office that submitted the notification - can update the notification.

- **Delete** – removes the notification from Drafts or the Register. Entries can be removed from the register if it has been inserted in error.

- **View** – a consolidated one pager of the whole notification (all that was captured in the wizard).

NOTE: Any functions performed above is recorded and can be viewed under the Notification Audit Trail Report and Enquiry History Report.

9.3   Capture Life Notification

- **WHAT** is a Life Notification?

  A **notifiable impairment** - which only applies to risk business but excludes:
  - pure investment policies with no risk-related benefits
  - a life assured who is not subject to underwriting

- **WHO** Captures a Notifiable Impairment?

  Life Users and Supervisor(s) within the *Underwriting* department

- **WHEN** to Capture a Notifiable Impairment

  At *New Business* stage, when the client has been adversely treated *i.e.* where the application:
  - has attracted a loading
  - has been deferred
  - has exclusions
  - (cover) has been declined

  Whether the policy is take up or not, is immaterial as Underwriters will not know when a policy is take up or not.

- **HOW** to Capture a Notifiable Impairment?

  Astute Online uses a wizard to capture and edit all notifications. Users are required to go through each screen, even though not all screens are compulsory to complete.

Each screen is saved as you progress.

At the end of the wizard, the **notification will be saved under Drafts until you submit** it for processing.

Note: The compulsory fields is information that will pull through to a Life Office front end, hence if the field is not mandatory, it is left blank. However, it is good practice to complete all fields in full as the more information you input, the better the understanding of the client.

9.3.1 Life Assured Details

Capture the Life Assured's information who has a notifiable impairment by completing the compulsory fields.

Where the ID number is a valid South African number, the Gender and Date of Birth fields will auto-populate. The Title field will need to be completed manually.

Life Assured Information

| Life Assured Details | Role Players | Impairments | Notes | Enquiry History |

Life Notification

Life Assured Information

Surname	Soap	*	Maiden Name	
ID Number	7401010000085	*	Forename 1	Joline *
ID Type	SA Id Number ▼	*	Forename 2	
Title	Ms ▼	*	Forename 3	
Date Of Birth	1974/01/01 📅	*	Gender	Female ▼ *
Nationality	Click to select... ▼			

SA ID Number — the **Gender and Date of Birth** fields will auto populate

Select a Title — This field does not auto populate

Address Information

Address Line 1		Address Line 3 (Suburb)	
Address Line 2		Address Line 4 (Town)	
Province	Click to select... ▼	Postal Code	

POLICY TYPES

- **Accident Benefits** including accidental death and disability benefits

- **Disability Income Replacement** includes all income benefits (offered for a short or long term), including overhead expense benefits.

- **Dread Disease** includes all critical illness, sever illness or trauma benefits including basic and comprehensive cover. Also includes Cancer only benefits and Female/Children dread disease benefits.

- **Funeral Policy** is cover that pays on the death of the life insured to cover funeral costs

- **Hospital / Medical** includes hospital cash plans and major medical expenses benefits

- **Impairment** refers to physical impairments also known as debility benefits that cover loss or loss of use of limbs or senses. It includes Continental Scale and Functional Impairment benefits.

- **Lump Sum Disability** includes all lump sum disability benefits with an occupational definition

- **Retrenchment** is a monthly benefit that is paid for a limited period of time

- **Risk Benefit** excludes accident benefits (but includes Endowments and Whole of Life)

** *For a Joint Assurance, Pension or Group Scheme*, a separate notification should be given for each 'life' that is impaired and no notification should be given for any 'life' that is not impaired.

Click to select...
Accident benefits
Disability Income Replacement
Dread Disease
Funeral Policy
Hospital / Medical
Impairment
Lump Sum Disability

Policy Information

PolicyType	Click to select... ▼	*	Member Number	*
	ⓘ Policy Type is required.			
Inception Date	📅	*	Company Registration Number	
Scheme Name			Scheme Number	

The type of policy the client applied for

Usually captured as the following month

Policy Number — Complete if the client is part of a Company's Group Scheme

Next

- Click on the *Next* button to proceed with the wizard.

9.3.2 Role Players

Note: This is an optional screen to complete.

The reason Underwriters may not capture the role players is because the Owner of the policy may make changes to the policy *i.e. beneficiary details* (through the call center at a later stage) and the Underwriter's information will be outdated.

- **To add a new role** player, click on *Create Role Player* button

Role Players

Life Assured Details	Role Players	Impairments	Notes	Enquiry History

Life Notification

Role Players

Create Role Player

Add all the role players relating to this notifiable impairment

No records found.

Delete Notification   Previous   Next

- On the *Add Role Player* screen, **select a Role Player Type** from the drop-down list **then complete the particulars** about that role player. Only one role player can be added at a time

- **Click** on the *Save* button. You can now add a new role player.

Add Role Player

Life Assured Details	Role Players	Impairments	Notes	Enquiry History

Select a Role Player Type...

Select a Role Player Type...
Alias
Beneficiary Individual
Beneficiary Company
Broker
Claimant Individual
Claimant Company
Deceased

Select a role player from the drop-down list then complete his/her particulars

Cancel   Save

Click on the Save button after capturing the Role Player's details

- Once all role players have been captured, **click** on the **Next** button to proceed to the *Impairment* screen.

Role Players

Create Role Player

Surname	Forename1	Id Number	Trading Name	Role Player Type		
Dolly				Nurse	✎ Maintain	✎ Delete

|◄ ◄ 1 ► ►| 10 ▼ items per page   1 - 1 of 1 items ↻

Delete Notification   Previous   Next

9.3.3 Impairments

This is an important screen to complete accurately as this is where the notifiable impairment(s) are captured.

Note: Only one impairment can be captured at a time. Up to 18 impairments can be created/listed per individual.

- **To add an impairment**, click on the *Create Impairment* button.

The Impairment Category field has been removed, but included in the Impairments Code/Description.

- **Type in the impairment code or (part of) the impairment**.

  As you type, the drop-down will display all impairments that match your search criteria as well as the impairment category

- **Click** on the correct impairment **to select** it.

- Complete the **READINGS** field where applicable. The *Reading* field validates the information captured. In other words, readings should be in a specific format *i.e. systolic blood pressure over diastolic blood pressure (120/80) when recording a blood pressure*.

  Time period is the current year. Underwriters call for all new requirements so they have updated information. This may also help in building a pattern for an individual *i.e. for blood pressure or overweight.*

  Consider a Life Office who may not be prepared to take up the risk for an individual now but in the future. They can defer for consideration for six months or more and determine if the impairment is improving or declining, then make an informed decision on whether to insure the individual or not, based on the pattern observed here.

Readings

Reading

Readings should be in a specific format

Time Period

Current Year

Add another reading

+

- It is good practice to indicate **when** a notifiable impairment was detected, under the **SYMBOLS** column *i.e. when did the Underwriter pick up that the client has diabetes?*

  - *Non-Medical: when the client disclosed i.e. on the application from without Underwriter calling for medicals or documentation.*

  - *Questionable: in a case where an individual has only applied for life cover and indicated that s/he has high stress levels, but there is no proof of such. The next person that sees the notification will then be aware and investigate further.*

  - *Under treatment: the individual is receiving medical care for a certain condition*

  - *Found on medical examination: when determining a person's health or physical fitness*

SPECIAL INVESTIGATIONS *are physical medical reports the Life Office has of the Life Assured, from the specialist physician, family doctor or nurse etc.* What is ticked under this column is the information the Life Office has and has paid for, so another Life Office can call for them at **half cost**.

***Half Costs Example**: A client approaches Liberty after not taking up a policy at Discovery. Liberty can request to pay half price for the client's medical records that where conducted from Discovery, provided the medicals are valid (conducted within the last 6 months).*

How will Liberty know that Discovery has the medical records? Discovery would have indicated that under Special Investigations.

Symbols
- ✓ Non-Medical
- ☐ Questionable
- ☐ Under Treatment
- ☐ Found on Examination
- ☐ Assumed Significance

When you find out about the impairment

Special Investigations
- ✓ W0 - Medical Report
- ☐ W1 - Abstract from clinical records
- ☐ W10 - Examination of urine by laboratory
- ☐ W11 - Glucose Tolerance Test
- ☐ W12 - Intra-venous pyelogram
- ☐ W13 - Liver function tests
- ☐ W14 - X-ray or Screening of chest
- ☐ W15 - Serum urea of creatinine estimation
- ☐ W16 - Other
- ☐ W2 - Barium Meal
- ☐ W3 - Blood examination or count by laboratory
- ☐ W4 - Thryoid studies, e.g. T4, T3 etc..
- ☐ W5 - Pulmonary function tests, bronchogram, etc..
- ☐ W6 - Lipid studies
- ☐ W7 - Clinical examination by a Physician Specialist
- ☐ W8 - EEG (Electro-encephalogram)
- ☐ W9 - E.C.G. (Electrocardiogram)

The physical medical records a Life Office has
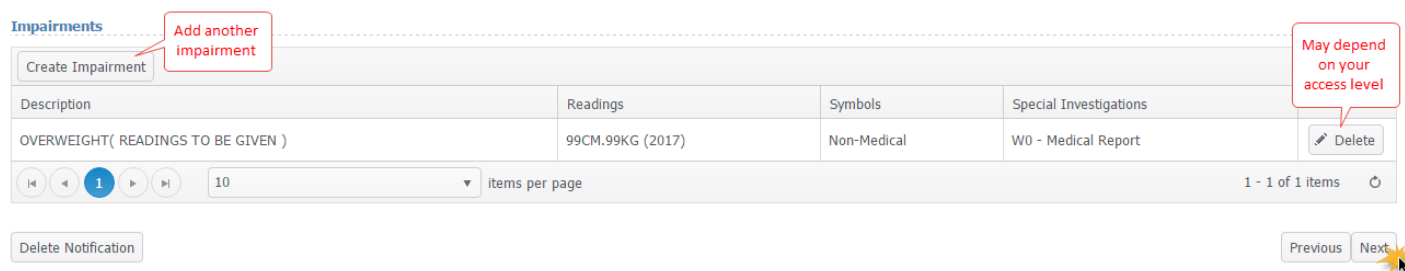
Cancel   Save

The rule with ASISA states that the impairment should remain on the register for a period of 7 years.

The Life Office notifying would need to keep evidence regarding why they notified, for that period. This means **the physical medical records can be kept longer, but the notification falls away after 7 years.**

A Member Office may obtain supporting documentation from other Members. Documentation needs to be sent within three (3) working days to enable the enquiring office to come to a decision.

o Click on the **Save** button to save the impairment. Note the information that pulls through to this screen.

A new impairment can be captured now; if the life assured has more than one impairment. The system allows up to 18 impairments to be captured per person.
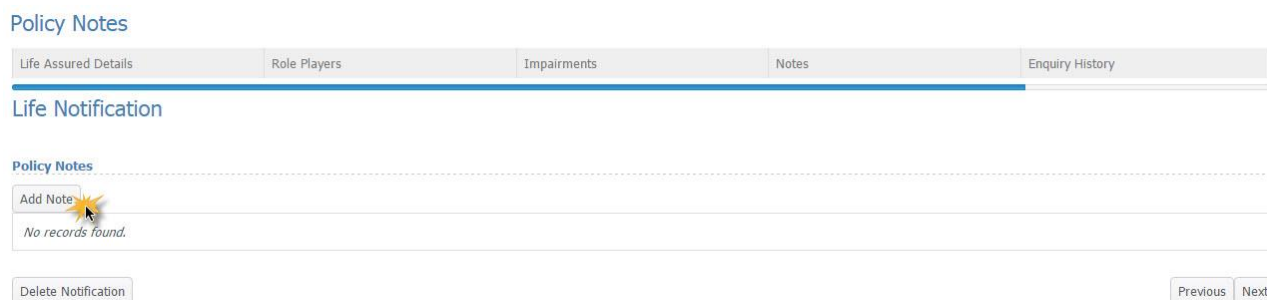

- **Click** on the *Next* button to proceed to the *Notes* page.

9.3.4 Notes

These notes will be made public and shared with all participating Life Offices in the register. The client has the right to find out what has been placed on the register. Therefore, notes should be factual and need to be substantiated *i.e. with clinical records.* Refrain from subjective comments.

*ASISA further states that **factors or conditions other than health impairments must not be notified** – even though they may lead to an application being loaded, deferred, declined or subject to exclusions.*

- **To add a new note**, **click** on the *Add Note* button under *Policy Notes*

- The **Note Details** pop-up box is a free text field. Capture your notes here.
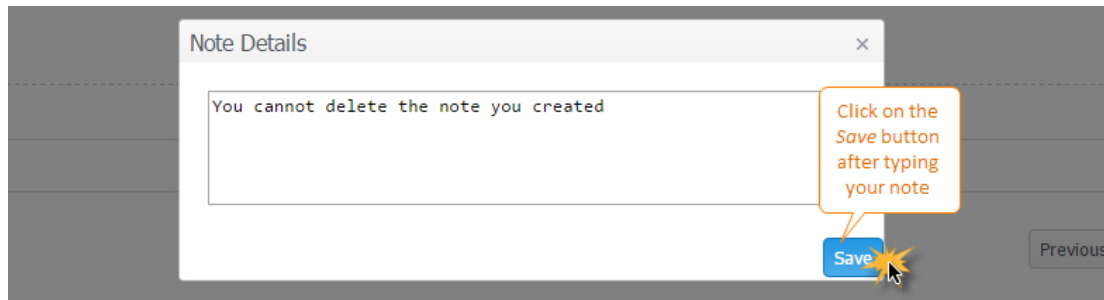
Once saved, your note will be visible to any other User who searches for this individual. Your details (the person who captured the notification), will also appear.

**Companies who make use of MQ and Web Services, completing the *Notes* section is not necessary for them as they only use the system to capture information, not to view data.

- **Click** on the N*ext* button to proceed to the *Enquiry History* screen.
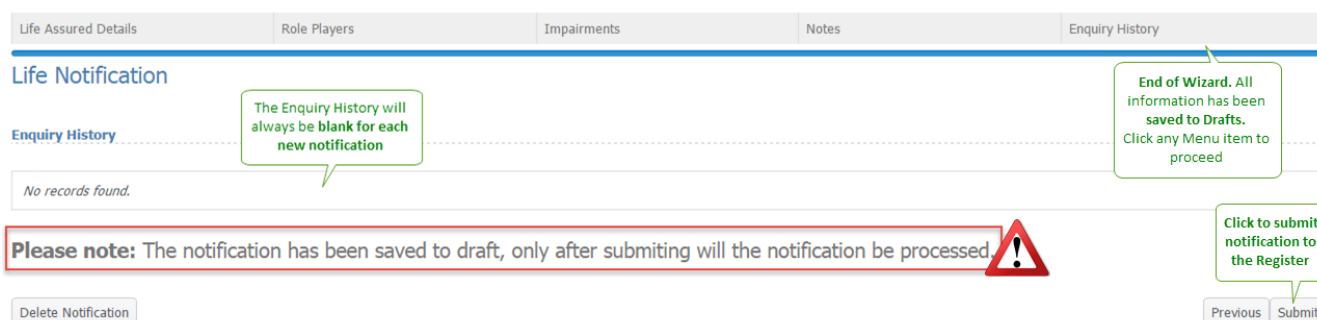
9.3.5 Enquiry History

The Notification Summary page is the end of the wizard. The previous screens are saved as one followed the wizard. At the end of the wizard, the notification will be saved under Drafts until the User submits it for processing.
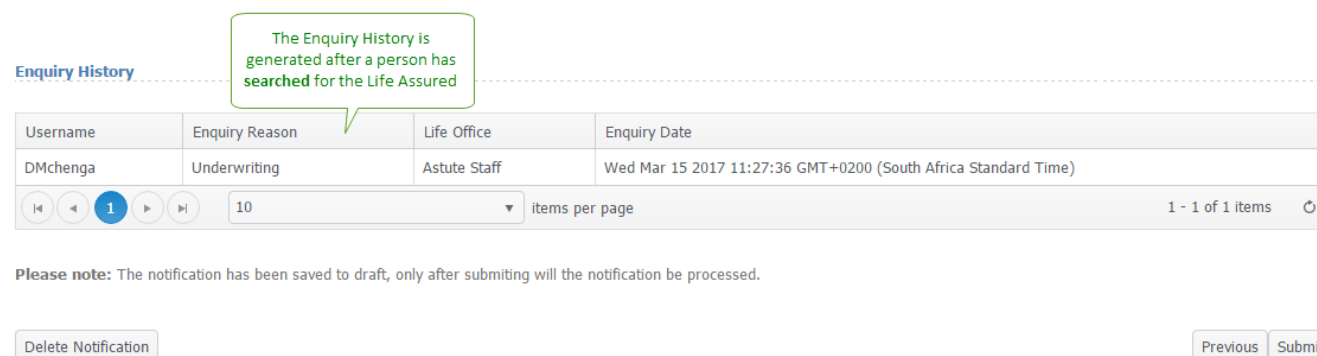
The Enquiry History displays all the other Users who have enquired on the Life Assured. Therefore, **a new notification will not have an Enquiry History**, as someone is still to enquire on the individual.

Only **after a search has been conducted on the Life Assured,** *i.e. someone has enquired on the Life Assured*, will the enquiry history start generating. From it, one can see:

- o *who* conducted the enquiry (Username)
- o *why* they conducted the enquiry
- o *where* the enquirer works
- o *when* the enquiry took place (date and time stamped)

Who can see this information?

The User who captured the notification.

Why?

This information can be used to warn other participating companies about the Individual searched on.

9.4   Capture Claim Notification

- **WHAT** is a Claim Notification?

  A **Notifiable Claim** – are risk claims that meet the following criteria:

  o **Early Claims**, policies in force for less than 3 years from inception date, for

    ▪ Individual or Group scheme death claims

    ▪ Disability or Functional Impairment Claim including functional and physical impairment and both lump sum and income disability claims

    ▪ Hospital cash cover

  o Claims **under special (forensic) investigation**

  o **Fraudulent claims**

  o Claims that have been **rejected/declined**

  o All claims relating to **dread disease** benefits

  o All claims that arise from **outside the SADC countries**

  o **Disability Income / Sickness Benefits** claims, where:

    ▪ The amount is greater than R35 000 per month, per policy

    ▪ The insurer has cancelled the benefit due to non-disclosure

    ▪ The benefit was paid for longer than 6 months

  o Where the **beneficiary** is not a close family member of the life assured or the beneficiary is an Intermediary

  o All claims in respect of **Retrenchment** benefits

- **WHO** Captures a Notifiable Claim?

    Claim Users and Supervisor(s) within the *Claims* department

- **WHEN** to Capture a Notifiable Claim

    At *claim stage* – while the Claim department validates a claim received from a client.

    This is to create awareness to other participating companies that a claim has been received so that they (and internally) don't receive new business from the same individual.

    ASISA requires its members to update the register *within 48 hours* of receiving a notifiable claim.

- **HOW** to Capture a Notifiable Claim?

    Astute Online uses a wizard to capture and edit all notifications and has the **same functionality as the Life Register** *(as recorded in section 9.3)* **with the following exceptions**:

    ▪ It is a claim that is captured, not an impairment

The Claims Register relates solely to Life policies issued in respect of:

a) group schemes

b) death benefits

c) disability benefits

d) dread disease benefits

e) medical lifestyle benefits

9.4.1 Claim Details

Claim Details

| Life Assured Details | Role Players | Claim Details | Category / Reason Details | Notes | Enquiry History |

Claim Notification

Claim Details

Registration Date	08 Mar 2017		Claim Reference Number	
Event Date	2017/03/01		Claim Type	Dread Disease Claim *
Claim Status	Unpaid *		Payment Method	EFT

Delete Notification

Previous Next

The day the notification is being captured

Date when the claim occurred

Internal reference number

The Claim Type selected here will affect the Claim Category on the next screen

Outcome of the claim

Registration Date defaults to the date when the notification is being captured. It cannot be changed

Event Date is the date when the claim occurred *i.e. when death occurred*

Claim status select an outcome of the claim, from the drop-down list.

Initially, a claim can be captured as *Unpaid*, without the impairment details, just to notify the L&C community that a claim has been received – then updated accordingly once the claim has been processed.

Claim Reference Number a free text field. Can be used to link an internal reference number to a claim being captured

Claim Type will affect the *Claim Category* options on the next screen

Payment Method applicable to claims that have been paid

9.4.2 Claim Category/Reason Details

| Life Assured Details | Role Players | Claim Details | Category / Reason Details | Notes | Enquiry History |

Claim Notification

Claim Type : Dread Disease Claim

Selected from the previous screen

Claim Categories

Claim Category:	Select category...	Add

Options are specific to the Claim Type

Select category...

- Select category...
- All claims other than Aids related
- Aids/HIV+
- Overseas claim
- Claims under special investigation
- Proven fraudulent claim

Click on the Add button after selecting a category

Claim Reasons

Claim Reason:		Add

Similarly, click the Add button after selecting the Claim Reason

Code	Des...		
D83	COM...		Delete
R77	OTHER ABNORMALITIES OF PLASMA PROTEINS		Delete

1 10 items per page   1 - 2 of 2 items

Delete Notification

Previous Next

Claim Category – the drop-down options are specific to the *Claim Type* selected on the previous page.

Claim Reasons – are the same Impairment categories in the Life Register. It is important to select an impairment here as it is the only way to see why the client was loaded on the register.

10 REPORTS TAB
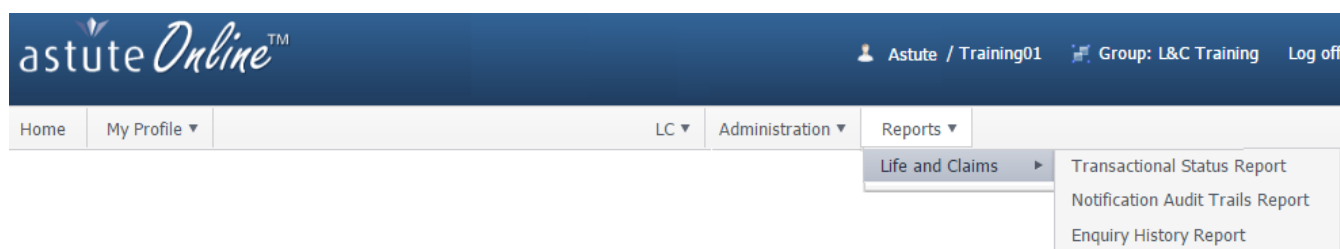
- *Transactional Status Report* – view, within the stipulated period, the status of notifications i.e. those in Draft, in Queue or Processed

- *Notification Audit Trails Report* – See what functions Users performed on the system *i.e. new captures, updates, deletions*

- *Enquiry History report* – The enquiry history is no longer an action but a report

Who has Access to these Reports?

Administrators and Life Office Supervisors *(Group Administrators),* will have access to these reports.
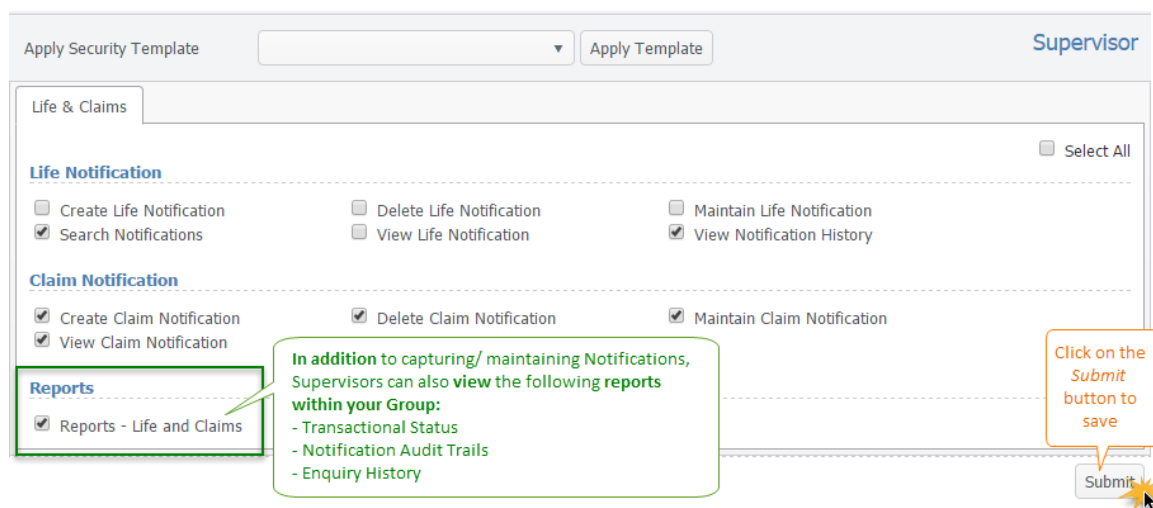
Administrators can pull reports for all Life and Claims participating companies or specify which company information to view.

Supervisors can only view reports within the Group they supervise.

How to Grant Access to the Reports

Life Office Administrators will grant access to the Supervisor under the *Assign Security* Screen:

- From the Homepage > click on **Administration** tab > **Search** > **User Profile**

- In the *Search Criteria* field, *type* in the Supervisor's name > click on the *Search* button

- In the *Results* screen, click on the [Assign Security] button to open the pop-up screen below:

10.1 Transactional Status Report

From the Transactional Status Report, Supervisors can see, within a selected period, which notifications were in Draft, In Queue and Processed at any given period.
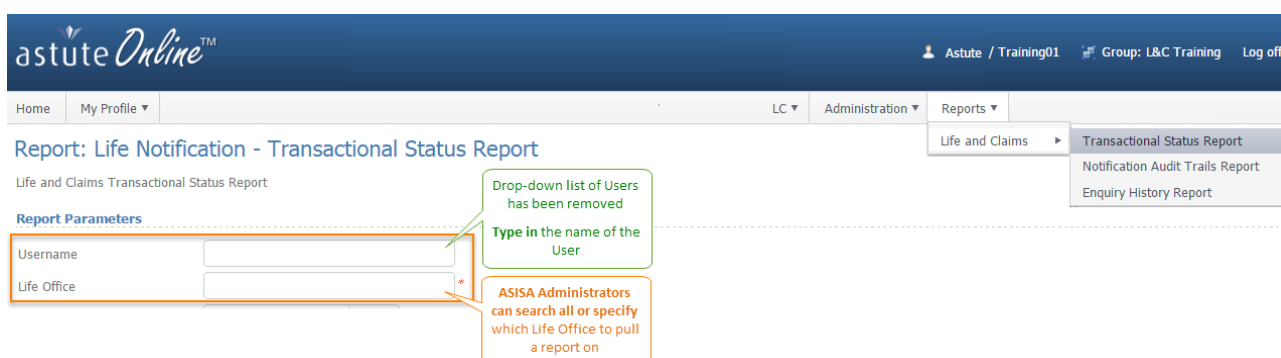
Differences between the Administrator view and the Supervisor view

- **Administrator View**

    The *Username* field. **Type in** the name of the User. The drop-down list of Users has been removed.
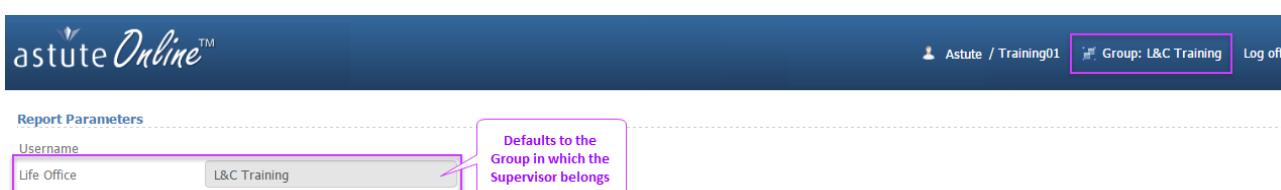
    The *Life Office* field is a **compulsory field to complete** as the Administrator needs to specify the company on which to view the report. Type in *'ALL'* to view a report on all Life Offices, for the selected time, status and notification type.

    **For both fields, type in either the full names or key words to return results.

- **Supervisor View**

    The Username field is not editable. The Life Office field **defaults to the Group the Supervisor belongs to**, therefore restricting the information that the Supervisor can see.

Date range: Select the date range the report should generate for. Life and Claims data dates back to 7 years.

Status: Select a notification status from the drop-down list:

- *Draft* – notifications that have not been finalised yet

- *In Queue* – notifications that have been loaded for processing to the register

- *Processed* – notifications that have been processes *i.e. claims that have been paid*

- *Error* – notifications that failed to process

Notification Type: the options from the drop-down list will depend on the User's role and access level. Life Supervisors will only be able to view Life Notifications. Similarly, a Claim Supervisor can only view claim notifications. ASISA Administrators can see both notification types.

To View a Report

Once the minimum (required) criteria have been selected, Users need to download the report in order to analyse it.

The format in which the report can be exported and downloaded is either Excel or CSV.

Below is the layout of the report and type of information that will be returned.

**A blank report also indicates *'No records found'*
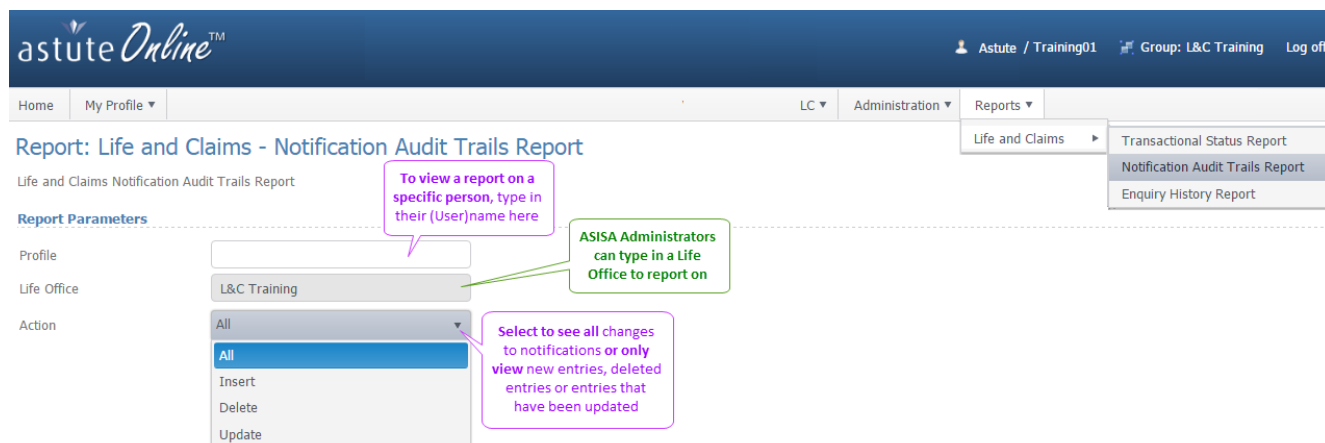
10.2 Notification Audit Trails Report

The Notification Audit Trails report is used to view the history of notification changes made in the central register - whether notifications have been inserted (added), deleted or updated.

To view notifications that have been searched, refer to the Enquiry History Report.

Profile: You can choose to review all Users (default) or specify a User by **typing in their name or Username** in the *Profile* field.

Life Office: ASISA administrators can choose to view all life offices (by default) or **type in the name of the Life Office** in the *Life Office* field.

Supervisors can only view reports within the Group s/he belongs. Hence the *Life Office* field **defaults to the Group the Supervisor belongs.**

Action: Select which notification actions you would like to review from the drop-down list:

- *All* – view all available notification changes in the register
- *Insert* – only view new entries to the register
- *Delete* – only view deleted entries in the register
- *Update* – only view entries that have been updated in the register

Date Range: Select the date range the report should be generated for. ASISA Administrators and Supervisors can **view data that dates back to 7 years**.

To View a Report

Once the minimum (required) criteria have been selected, Users need to download the report in order to analyse it.

The format in which the report can be exported and downloaded, is either Excel or CSV.

The example below is of a report showing only new entries for a specific Life User, within the specified period.

Notification Audit Trails

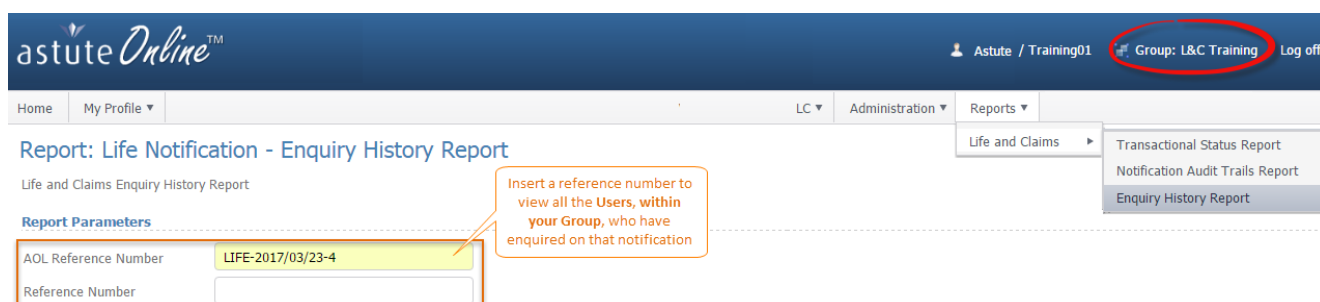5-2-2017 9:23:22 AM

Period:01 March 2017 - 21 April 2017

Date Of Transaction	Life Office	Username	Action	Reference Number	Atute Online Reference Number	Life Assured Surname	Life Assured Forename	Life Assured Date of Birth	Life Assured ID Number	Notification Type
2017-03-22	ASTUTE TRAINING	Training01	Insert	1309534	LIFE-2017/03/22-4	Soap	Joe	1974-04-01	7404010000088	Life
2017-03-24	ASTUTE TRAINING	Training01	Insert	1309535	LIFE-2017/03/24-1	Reeves	Knight	1983-02-14	8302140000086	Life

10.3 Enquiry History Report

The Enquiry History Report is used to **view the history of enquired/searched notifications made of the Life & Claims notifications**

The Enquiry History report differs from the Notification Audit Trail report, in that it includes the reason (WHY) an enquiry was performed on an individual
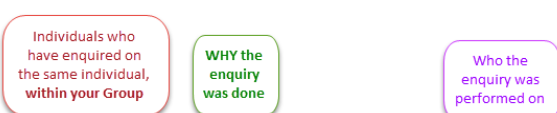

AOL/ Reference Number: Insert a reference number from the register to view all the Users, **within your Group**, that have enquired on that notification/person.

After completing the compulsory fields and downloading the report, it will look like below:

Life Office: The system defaults to the Group in which the Supervisor belongs.

ASISA Administrators can choose to generate a report on all Life Offices (by default) or specify a Life Office by *typing in the name of the Life Office* in this field. The drop-down list of companies has been removed.

Username: Generate an enquiry report on a specific person, by typing in their (User)name in this field

Status: Refers to the three (3) reasons for conducting a search/ enquiry on someone, namely:

- **Underwriting** – where the individual applied for cover

- **Special Investigations** - if there is a special investigation done on the individual

- **Claims** - check if the individual has previously claimed

Date Range: select any date range within the last 7 years

Enquiry History Report

5-4-2017 2:53:09 PM

Period:01 March 2017 - 28 April 2017

Date Of Enquiry	Enquirer Life Office	Enquirer Username	Enquiry Reason	Reference Number	Atute Online Reference Number	Life Assured Surname	Life Assured Forename	Life Assured Date of Birth	Life Assured ID Number
2017-04-26	AstuteTraining	Training01	UnderWriting	57802	1D7WG	Reeves	Knight	1963-08-20	6308200993088
2017-04-04	AstuteTraining	Training01	Special Investigation	1309535	CLAIM-2017/03/24-1	Soap	Joline	1974-01-01	7401010011055
2017-04-03	AstuteTraining	Training01	UnderWriting	1309536	CLAIM-2017/03/24-2	Monk	Joe	1978-02-03	7802030011055

This marks the end of the manual. Please note that this manual is also available online on our training website, uLearn.

Contact Us for training bookings or queries.

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