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| --- | --- |
| Liberty-own-your-life-logo.jpg | Liberty Corporate  Libridge Building, 25 Ameshoff Street, Braamfontein 2001  PO Box 2094, Johannesburg 2000  ***t*** +27 (0)11 408 2999 ***f*** +27 (0)11 408 2726  ***e*** contactlcb@liberty.co.za ***w*** www.liberty.co.za  **Directors:** S J Macozoma (Chairman), J B Hemphill\*  (Chief Executive), A W B Band, A P Cunningham#, J H Maree,  M P Moyo, Prof L Patel, T D A Ross, Dr S P Sibisi, J H Sutcliffe#, B S Tshabalala, CG Troskie, P G Wharton-Hood  (\* Executive Director, # British)  **Company Secretary**: J M Parratt  *Liberty Life – an Authorised Financial Services Provider In terms of the FAIS Act (Licence No. 2409). Liberty Group Limited – Reg. No. 1957/002788/06* |

<Date>

**«$intermediary.name »**

**«$intermediary.emailAddress »**

Dear Mr/s

**Scheme name: «$memberDetails.schemeName »**

**Scheme number: «$memberDetails.schemeNumber»**

**Member name: «$memberDeatils.firstName» «$memberDetails.lastName»**

**Member number: «$memberDetails.memberNumber»**

**Case number:** <workflow case number>

**Benefit assessed:** <populate claim type/s>

**Waiting period: «$waitingPeriod »**

Thank you for submitting documents to assess the member’s application for Disability and/or Dread Disease Benefits in terms of the above Scheme.

Pend reasons must auto populate

We have insufficient evidence to assess this claim.

|  |  |
| --- | --- |
| **Claims Decision:** | Defer |
| **Requirements outstanding:** | <This is where the reasons you select when pending will be placed> |
| **Due date:** | <insert due date – 90 days from date of letter> |
| In order to ensure that the claim is processed within good time, please endeavour to submit the outstanding evidence and documents by the due date. | |

Kindly note that it is the member’s responsibility to submit all outstanding evidence by the due date.

In terms of the policy all initial medical evidence and clinical reports in support of a claim must be paid for by the member or employer. Therefore, we cannot be held liable for any medical expenses incurred.

Should you have any further queries, please contact me.

Yours Sincerely

<Name>

<Telephone number>

<E mail address>

**Claims Assessor**

**Disability Claims**

**Liberty Corporate**