



GREENLIGHT

NAM

**Functional and Physical Impairment
Benefits Claim Form
Statement by Medical Specialist**

GREENLIGHT Plan Number (e.g. 12345678)

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Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

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Please print in block letters using black or blue ink.

DETAILS OF CONTRACTING PARTY

First name(s)																			
Surname																			
ID number							Date of birth	D	D	M	M	Y	Y	Y	Y				
Address													Postal code						
Telephone numbers																			
(W) Code					No.					(H) Code					No.				
Fax					No.					Cellphone number									
Email address																			

DETAILS OF LIFE COVERED

First name(s)																			
Surname																			
ID number							Date of birth	D	D	M	M	Y	Y	Y	Y				
Address													Postal code						
Telephone numbers																			
(W) Code					No.					(H) Code					No.				
Fax					No.					Cellphone number									
Email address																			

REQUEST TO MEDICAL SPECIALIST, HOSPITAL OR CLINIC

Doctor's name																	
Doctor's address													Postal code				

Please complete the Confidential Medical Report overleaf in respect of the disease or disorder for which you have been treating the Life Covered.
I authorise you to disclose to Old Mutual any information you may have concerning the Life Covered's health and habits.
The fee will be paid by myself.

Please forward this report to: GREENLIGHT Service Centre
PO Box 165
Windhoek
Namibia
Tel. 061 239 527
Fax. 061 246 795

Yours sincerely

Signature of life Covered

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MEDICAL HISTORY

Who referred this patient to you? Please provide us with a name and contact number.

Doctor's name	
Contact number	

Has the patient consulted any other medical practitioner or has he/she been hospitalised for this or any other condition?

YES NO

If "YES", please state name(s) and address(es) of medical practitioner(s) and hospital(s) involved, and referral date(s).

Name	Address	Illness	Date	Duration

Is the patient a member of a medical aid?

YES NO

Name of medical aid	
Member number	
Name of main member	

CURRENT MEDICAL CONDITION

When was this patient's current medical condition diagnosed?

D D M M Y Y Y Y

Please provide full details of past and present treatment including medication, rehabilitation, etc.

How has the patient's condition responded to treatment?

Is the patient's current impairment permanent and irreversible?

YES NO

What is the prognosis for recovery?

Contract number

DETAILS OF LIFE COVERED'S IMPAIRMENT

(Please tick relevant block, supply reports where indicated and answer questions in the spaces provided.)

Advanced HIV Infection

- Supply copies of specialist reports confirming the diagnosis of full-blown AIDS/Stage IV HIV Infection, including copies of HIV antibody test results.
- What is the Life Covered's CD4 count?
- Please tick the appropriate block if the Life Covered suffers from any of the following conditions/diseases:

- Weight loss of more than 10% body weight in less than 6 months
- Shingles
- Oral thrush
- Chronic diarrhoea
- Active tuberculosis
- Kaposi's sarcoma
- Candidiasis of the oesophagus, trachea, bronchi or lungs
- Oral hairy leukoplakia
- Pneumocystis carinii pneumonia
- Extra pulmonary cryptococcus
- Cytomegalovirus infection of an internal organ other than the liver
- Disseminated atypical mycobacteriosis
- Visceral leishmaniasis

Aphasia/Dysphasia

- Supply copies of specialist reports confirming the diagnosis of aphasia or dysphasia.
- Is the Aphasia or Dysphasia

Total

or Partial

Arrhythmia

- Supply copies of specialist reports confirming the diagnosis of an arrhythmia, including copies of supporting ECG tracings.
- What is the Life Covered's New York Heart Association classification?

- NYHA I
- NYHA II
- NYHA III
- NYHA IV

Biliary Tract Disease

- Supply copies of specialist reports confirming the diagnosis of biliary tract disease, including copies of all liver function test results.
- Does the Life Covered suffer from recurrent Cholangitis? Yes No
- Does the Life Covered have persistent jaundice? Yes No
- Please provide test results for the following:

S-bilirubin μmol/l

Bladder Impairment

- Supply copies of specialist reports confirming the diagnosis of bladder impairment.
- Does the Life Covered have urinary incontinence as a result of organic pathology?
- Does the Life Covered require a:
 - total bladder resection?
 - permanent indwelling catheter?

Yes No
Yes No
Yes No

Contract number



Blindness

- Supply copies of specialist reports confirming the diagnosis of a total loss of sight in one eye OR the diagnosis of bilateral visual impairment in both eyes.
- Please provide the following test results:
 - Visual Acuity
 - Retinopathy grading
 - Hemianopia
 - Visual field loss to a degree radius

Left eye	<input type="text"/>	Right eye	<input type="text"/>
<input type="text"/>			
Left eye	<input type="text"/>	Right eye	<input type="text"/>
<input type="text"/>		degree radius	



Cancer

- Supply copies of specialist reports and Histology confirming the diagnosis of Advanced Stage Cancer.
- At what stage is the Life Covered's Cancer? Stage
- Complete the following Activities of Daily Living scale regarding the Life Covered's functional abilities.

Only tick the relevant box if the Life Covered is **unable** to perform the activity.

ACTIVITIES OF DAILY LIVING SCALE (ADL's)		
Activity	Description	Tick relevant box
Bathing	The ability to wash/bathe oneself independently.	
Transferring	The ability to move oneself from a bed to a chair independently.	
Dressing	The ability to take off and put on one's clothing independently.	
Eating	The ability to feed oneself independently.	
Toileting	The ability to use a toilet and cleanse oneself thereafter independently.	
INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (IADL's)		
Activity	Description	Tick relevant box
Food preparation	The ability to plan and prepare a meal independently.	
Maintaining a household	The ability to perform such tasks as laundry, washing dishes, making beds, etc., independently.	
Transport	The ability to drive a vehicle or access public transport.	
Writing	The ability to take down a message or write ones name and other basic details.	
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Chronic Gastrointestinal Disease

- Supply copies of specialist reports confirming the diagnosis of Chronic Gastrointestinal Disease of an organic nature.
- What is the Life Covered's BMI?



Chronic Kidney Failure

- Supply copies of specialist reports confirming the diagnosis of chronic renal failure.
- Please indicate what the Life Covered's test result were for estimated GFR. ml/min
- Does the Life Covered require:
 - Peritoneal dialysis
 - Haemodialysis

Yes No
Yes No



Chronic Liver Disease

- Supply copies of specialist reports confirming the diagnosis of permanent Chronic Liver Failure.
- Please provide test results for the following:

S-bilirubin µmol/l
 S-albumin g/l
 INR

- Does the Life Covered suffer from any of the following:

Ascites Yes No
 Hepatic Encephalopathy Yes No
 Bleeding oesophageal varices Yes No

Contract number



Chronic Respiratory Disorders

- Supply copies of specialist reports confirming the diagnosis of Chronic Respiratory Failure.
- Does the Life Covered require home oxygen?
- What are the Life Covered's results for the following:

Yes No

FEV1

%

FVC

%

DLco

%



Chronic Spinal Column Conditions

- Supply copies of specialist reports confirming the diagnosis of a Spinal Column Disorder, including electrodiagnostic and radiological evidence.
- Does the Life Covered have a cauda equina abnormality?
- Complete the following Activities of Daily Living scale regarding the Life Covered's functional abilities.

Yes No

Only tick the relevant box if the Life Covered is **unable** to perform the activity.

ACTIVITIES OF DAILY LIVING SCALE (ADL's)

Activity	Description	Tick relevant box
Bathing	The ability to wash/bathe oneself independently.	
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Clotting Disorders

- Supply copies of specialist reports confirming the diagnosis of a Clotting Disorder.
- Has the disorder resulted in end-organ failure? If so, please elaborate:

<input type="text"/>
<input type="text"/>
<input type="text"/>



Congestive Cardiac Failure

- Supply copies of specialist reports confirming the diagnosis of Congestive Cardiac Failure, including copies of echocardiograph results.
- What is the Life Covered's New York Heart Association classification?

NYHA I

NYHA II

NYHA III

NYHA IV

- Is the Life Covered on an official waiting list for a heart transplant?

Yes No



Cranial Nerve V Pathology

- Supply copies of specialist reports confirming the diagnosis of facial neuralgic pain that is resistant to treatment.
- Is the pain/paralysis

bilateral

or unilateral

- Does the Life Covered require decompression surgery?

Yes No

Contract number

Cranial Nerve VII Paralysis

- Supply copies of specialist reports confirming the diagnosis of Facial Nerve Paralysis.

Cranial Nerve VIII Paralysis

- Supply copies of specialist reports confirming the diagnosis of a permanent Vestibulocochlear Nerve Paralysis.
- Complete the following Activities of Daily Living scale regarding the Life Covered's functional abilities.

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Cranial Nerves IX, X, XII Paralysis

- Supply copies of specialist reports confirming the diagnosis of cranial nerve IX, X, XII paralysis.

Endocrine Disorders

- Supply copies of specialist reports confirming the diagnosis of an endocrine disorder.
- Has the disorder resulted in end-organ failure? If so, please elaborate:

Epilepsy

- Supply copies of specialist reports confirming the diagnosis of Epilepsy, including copies of all radiological imaging reports.

- How many seizures does the Life Covered have per month?

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- Has the Life Covered had seizures for at least 3 consecutive months?

Yes No

- Complete the following Activities of Daily Living scale regarding the Life Covered's functional abilities.

Only tick the relevant box if the Life Covered is **unable** to perform the activity.

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Facial Disorders or Disfigurement

- Supply copies of specialist reports confirming that the Life Covered has suffered total Facial Disfigurement.
- Does the Life Covered's disfigurement hinder social acceptance?
- Does the Life Covered require reconstructive surgery?

Yes No
Yes No

Faecal Incontinence

- Supply copies of specialist reports confirming the diagnosis of complete Faecal Incontinence.

Gait Disorders/Poor Motor Co-ordination

- Supply copies of specialist reports confirming the diagnosis of a Cerebellar Disorder as well as copies of rehabilitation reports e.g. Physiotherapy/ Occupational Therapy reports, detailing the impact of the condition on the Life Covered's physical and functional abilities.
- Complete the following Activities of Daily Living scale regarding the Life Covered's functional abilities.

Only tick the relevant box if the Life Covered is **unable** to perform the activity.

ACTIVITIES OF DAILY LIVING SCALE (ADL's)

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Gastrointestinal Stoma

- Supply copies of specialist reports confirming a gastrointestinal stoma.

Hearing Loss

- Supply copies of specialist reports confirming the diagnosis of a loss of hearing in one or both ears.
- Please indicate the Life Covered's Audiometry results for each ear:

- Left ear
- Right ear

dB
 dB

Hemiplegia

- Supply copies of specialist reports confirming the loss of functioning of one side of the body.

Hypertension

- Supply copies of specialist reports confirming the diagnosis of uncontrolled Hypertension, including:
 - blood pressure recordings
 - measurements of kidney functioning
 - Echocardiogram results
 - Fundoscopy findings
 - neurological imaging evidence of a cerebrovascular accident
- What is the Life Covered's New York Heart Association classification?

NYHA I
NYHA II
NYHA III
NYHA IV

Contract number

Impaired Consciousness

- Supply copies of specialist reports confirming the diagnosis of a Coma, including Glasgow Coma Scale results.
- Does the Life Covered require:
 - total medical support
 - assisted ventilation
- What was the duration of the Coma?

Yes No
Yes No

hrs or irreversible

Irreducible Hernia

- Supply copies of specialist reports confirming the diagnosis of an Irreducible Hernia.
- Complete the following Activities of Daily Living scale regarding the Life Covered's functional abilities.

Only tick the relevant box if the Life Covered is **unable** to perform the activity.

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Loss of use of a combination of upper and lower limbs

- Supply copies of specialist reports confirming the Life Covered's loss of use of two limb appendages, i.e. feet, legs, hands or arms, including radiographic and electroconduction study results, where appropriate.

Loss of use of both arms

- Supply copies of specialist reports confirming the Life Covered's loss of use of both arms, including radiographic and electroconduction study results, where appropriate.

Loss of use of both legs

- Supply copies of specialist reports confirming the Life Covered's loss of use of both legs, including radiographic and electroconduction study results, where appropriate.

Loss of use of one arm

- Supply copies of specialist reports confirming the Life Covered's loss of use of one arm, including radiographic and electroconduction study results, where appropriate.

Loss of use of one foot

- Supply copies of specialist reports confirming the Life Covered's loss of use of one foot, including radiographic and electroconduction study results, where appropriate.

Loss of use of one hand

- Supply copies of specialist reports confirming the Life Covered's loss of use of one hand, including radiographic and electroconduction study results, where appropriate.

Loss of use of one leg

- Supply copies of specialist reports confirming the Life Covered's loss of use of one leg above or below the knee or through disarticulation at the hip joint, including radiographic and electroconduction study results, where appropriate.

Loss of use of one thumb

- Supply copies of specialist reports confirming the Life Covered's loss of use of one thumb, including radiographic and electroconduction study results, where appropriate.

Major Burns: Third Degree

- Supply copies of specialist reports confirming that the Life Covered has suffered third degree burns.
- Please confirm the percentage of total body surface area involved.

%

Contract number

Organic Brain Disorders/Dementia

- Supply copies of specialist reports confirming the diagnosis of Dementia.
- What does the Life Covered score on the Clinical Dementia Rating Scale?
- How much supervision does the Life Covered require with everyday duties?

None Some Constant **Paraplegia/Diplegia**

- Supply copies of specialist reports confirming the loss of use of either both lower limbs or both upper limbs.

Peripheral Arterial Disease

- Supply copies of specialist reports confirming the diagnosis of Peripheral Arterial Disease, including copies of Doppler readings.
- Does the Life Covered suffer from any of the following:
 - Severe vascular ulceration
 - Gangrene secondary to peripheral arterial disease
 - Cold leg
 - Pain on exercise wth claudication on walking less than 500 m

Yes No Yes No Yes No Yes No **Peripheral Venous Disease**

- Supply copies of specialist reports confirming the diagnosis of Peripheral Venous Disease.

Psychiatric Disorders

- Supply copies of specialist reports confirming the diagnosis of a Psychiatric Disorder, including classification on the DSM IV (or the latest version thereof) multiaxial system.
- What is the Life Covered's score on the Global Assessment of Functioning Scale?
- Does the Life Covered require constant supervision for self care?
- Has the Life Covered been institutionalised?

Yes No Yes No **Pulmonary Hypertension**

- Supply copies of specialist reports confirming the diagnosis of permanent Pulmonary Hypertension.
- What is the Life Covered's pulmonary artery pressure?
- What is the Life Covered's New York Heart Association classification?

NYHA I NYHA II NYHA III NYHA IV **Quadriplegia**

- Supply copies of specialist reports confirming the total and permanent loss of functioning of both upper and lower limbs.

Red Blood Cell Disorders

- Supply copies of specialist reports confirming the diagnosis of severe Anaemia.
- Please indicate the Life Covered's haemoglobin levels: g/dL
- How many blood transfusions does the Life Covered require per week?

Speech Impairment

- Supply copies of specialist reports confirming the diagnosis of a loss of the ability to speak OR the diagnosis of a Speech Impairment.

Systemic Skin Disorder

- Supply copies of specialist reports confirming the diagnosis of a Systemic Skin Disorder.

White Blood Cell Disorders

- Supply copies of specialist reports confirming the diagnosis of a severe White Blood Cell Disorder.
- Please indicate the Life Covered's absolute Neutrophil Count:
- Has the Life Covered been diagnosed with Lymphoma or Leukaemia?
- If yes, please indicate how many chemotherapy treatments are required per year.
- How many hospitalisations has the Life Covered previously had per year, due to acute bacterial infections?

Yes No

Contract number

Activities of Daily Living

- Supply copies of specialist reports confirming the Life Covered's impairment.
 - Complete the following Activities of Daily Living scale regarding the Life Covered's functional abilities.

Only tick the relevant box if the Life Covered is **unable** to perform the activity.

ACTIVITIES OF DAILY LIVING SCALE (ADL's)		
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INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (IADL's)		
Activity	Description	Tick relevant box
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DECLARATION BY MEDICAL SPECIALIST

I certify that I have personally attended to the patient (Life Covered) and that all the foregoing statements are correct to the best of my knowledge.

Signed at [redacted] this [redacted] day of [redacted] 20[redacted]

Signature of medical specialist

For more information about the study, please contact the study team at 1-800-258-4929 or visit www.cancer.gov.

Initials

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Surname

ANSWER: The following table summarizes the results of the simulation for the two models.

Practice number

Qualifications

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at john.smith@researchinstitute.org.

Postal code

Telephone

Number

Fax

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Number

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