



FOR PROFESSIONALS
SINCE 1941

CLAIMS EXPERIENCE 2017

LOOKING AFTER OUR OWN

The backbone of PPS is its members and protecting them in their time of need is paramount.

PPS is made up of members who form our professional community, where we look after our own. We strive to pay all valid claims as speedily as possible, so that our members and their families can rather spend their time recuperating or dealing with their loss.

WHAT'S IN IT FOR YOU?

Because we are a mutual company with no external shareholders:

- You have peace of mind knowing that your insurance needs are protected;
- What is not paid in claims or operational expenses is paid back to our members through the Profit-Share Account.

PROFIT-SHARE ACCOUNT PAYMENT AND ALLOCATIONS

Cumulative Profit-Share over 10 years
R25 BILLION

Profit-Share Account paid on deaths
R91.3 MILLION

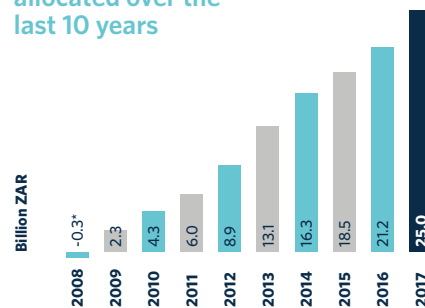
Profit-Share paid on retirement
R692.3 MILLION



TOTAL ALLOCATIONS TO MEMBERS

R3.7 billion

R25 bn cumulatively allocated over the last 10 years



*Including negative investment returns as a result of the global financial crisis



PPS MILLIONAIRES

MORE THAN

4 400

MEMBERS HAVE ACCUMULATED MORE THAN

R1 million

IN THEIR PPS PROFIT-SHARE ACCOUNTS










CLAIMS IN NUMBERS

TOTAL PAID
R1 761 053 470

CLAIMS PER BENEFIT

BENEFIT	AMOUNT
 SICKNESS	R 473.4 MILLION
 PERMANENT INCAPACITY	R 410.4 MILLION
 LIFE COVER	R 607.5 MILLION
 DISABILITY	R 109.0 MILLION
 CRITICAL ILLNESS	R 160.8 MILLION

NUMBER OF CLAIMS PROCESSED

20 571
 83
 CLAIMS PER DAY

ON AVERAGE, WE PAID

R7 072 505
 PER WORKING DAY

10-YEAR CUMULATIVE INSURANCE BENEFITS

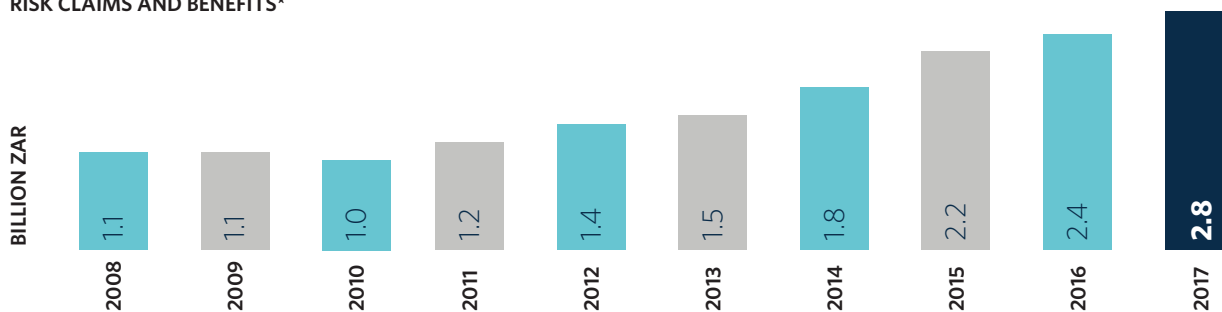
R16 684 505 000

TOTAL CANCER CLAIMS PAID

R248 368 214

INSURANCE BENEFITS PAID IN THE LAST 10 YEARS

RISK CLAIMS AND BENEFITS*



*Risk claims and benefits include all claims and Profit-Share Account paid

SICKNESS BENEFITS

TOTAL PAID

R473 400 412

SICKNESS BENEFITS TOP 3 CONDITIONS

23% DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

15% INJURY

14% PSYCHOLOGICAL ILLNESSES

SPREAD OF CLAIMS BY PROFESSION

36% PARAMEDICAL*

12% FINANCIAL

11% LEGAL

*Includes physiotherapists, occupational therapists, nurses, etc. Excludes medical and dental doctors

CLAIMS BY AGE

21-30 YEARS

4%

31-40 YEARS

18,5%

41-50 YEARS

25,5%

51-60 YEARS

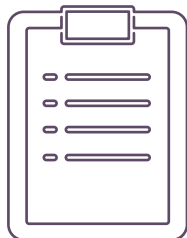
29%

61-70 YEARS

20%

71+ YEARS

3%



96%

OF ALL CLAIMS PAID

Over R40 m paid in hospital benefits for members and their families

GENDER SPLIT OF CLAIMS PAID

MALE

57%

FEMALE

43%

YOUNGEST CLAIMANT: 24 YEARS

OLDEST CLAIMANT: 85 YEARS

AVERAGE AGE: 55 YEARS



CLAIM EXAMPLE

A 61-year-old physiotherapist ruptured her knee ligaments while dancing. She had surgery to reconstruct her knee ligaments and was initially booked off for 82 days, during which time she received her full monthly benefit. She returned to work part-time, for 225 days, and was paid a partial payment equal to 50% of her benefit during this period.



DID YOU KNOW?

With the sickness benefit, you may select a whole of life option, provided that you are still practising your profession and working in private practice. This is a unique benefit given that people are living longer and working well into traditional retirement.

PERMANENT INCAPACITY BENEFITS

TOTAL PAID

R410 375 392

SICKNESS BENEFITS TOP 3 CONDITIONS

20.6% PSYCHOLOGICAL ILLNESSES

10.4% INJURY

9.3% DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

SPREAD OF CLAIMS BY PROFESSION

35% PARAMEDICAL*

13% LEGAL

11% DENTAL

*Includes physiotherapists, occupational therapists, nurses, etc.
Excludes medical and dental doctors

CLAIMS BY AGE

21-30 YEARS

1%

31-40 YEARS

2%

41-50 YEARS

16%

51-60 YEARS

40%

61-70 YEARS

41%

71+ YEARS

0%

PERMANENT INCAPACITY BENEFIT (PI)

BENEFIT AMOUNT	% OF TOTAL PI CLAIMS
100%	78%
60%	15%
20%	7%

GENDER SPLIT OF CLAIMS PAID

MALE	FEMALE
62%	38%

YOUNGEST CLAIMANT: 29 YEARS

OLDEST CLAIMANT: 66 YEARS

AVERAGE AGE: 57 YEARS



CLAIM EXAMPLE

A 38-year-old accountant was diagnosed with chronic liver failure. This affected her ability to stand or sit for prolonged periods and also impaired her cognitive abilities. After 2 years of receiving sickness benefits, which also covered her business expenses, she was awarded a 100% Permanent Incapacity Benefit, which she will continue to receive until retirement.



DID YOU KNOW?

Your condition does not have to be permanent for the Permanent Incapacity Benefit to be payable. The Benefit becomes payable when the 728-day cycle for sickness benefits has been exhausted. The assessment for Permanent Incapacity can be reviewed as the condition improves.

LIFE COVER

TOTAL PAID

R607 447 309

SICKNESS BENEFITS TOP 3 CONDITIONS

37% DISEASES OF THE CIRCULATORY SYSTEM

36% CANCER

21% SUICIDE AND ACCIDENTS

SPREAD OF CLAIMS BY PROFESSION

24% FINANCIAL

22% PARAMEDICAL*

20% LEGAL

*Includes physiotherapists, occupational therapists, nurses, etc.
Excludes medical and dental doctors

CLAIMS BY AGE

21-30 YEARS

0%

31-40 YEARS

7%

41-50 YEARS

21%

51-60 YEARS

42%

61-70 YEARS

26%

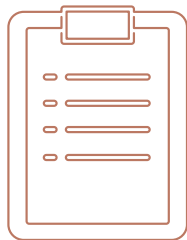
71+ YEARS

4%

PROFIT-SHARE ACCOUNT PAID ON DEATH

R91 342 133**

**paid to beneficiaries or the estate



99%

OF ALL DEATH CLAIMS PAID

Business Life Provider: R16.8 million
Terminal Illness Benefit paid: R6.5 million

GENDER SPLIT OF CLAIMS PAID

MALE

FEMALE

85%

15%

YOUNGEST CLAIMANT: 31 YEARS

OLDEST CLAIMANT: 95 YEARS

AVERAGE AGE: 54 YEARS



CLAIM EXAMPLE

A member applied for life cover benefits and the application form was on PPS's systems. Sadly, the member passed away before the application process was finalised and no premiums had been received. The Immediate Cover benefit of R2.5 million was paid to his beneficiaries.



DID YOU KNOW?

If a member applies for life cover and the application form is loaded onto PPS's systems, the member will enjoy Immediate Cover up to the value of R2.5 million if the member passes away from unnatural causes, even though the policy has not issued yet.



LUMP SUM DISABILITY

TOTAL PAID

R109 040 357

SICKNESS BENEFITS TOP 3 CONDITIONS

21% NEUROLOGICAL

21% DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

13% NERVOUS SYSTEM DISEASES

SPREAD OF CLAIMS BY PROFESSION

26% PARAMEDICAL*

16% LEGAL

13% ENGINEERING

*Includes physiotherapists, occupational therapists, nurses, etc.
Excludes medical and dental doctors

CLAIMS BY AGE

21-30 YEARS

4%

31-40 YEARS

16%

41-50 YEARS

13%

51-60 YEARS

57%

61-70 YEARS

10%

71+ YEARS

0%



80%

OF ALL CLAIMS PAID

Reasons for non-payment:

Claim criteria not met,
non-disclosure.

GENDER SPLIT OF CLAIMS PAID

MALE	FEMALE
63%	37%

YOUNGEST CLAIMANT: 28 YEARS

OLDEST CLAIMANT: 62 YEARS

AVERAGE AGE: 50 YEARS



CLAIM EXAMPLE

A 31-year-old doctor was diagnosed with complex regional pain syndrome, with secondary radial nerve neuritis. This affected his hand function, which he needed to examine patients. Despite several treatments, his condition did not improve and he was paid 100% of his disability benefit as a lump sum payment.



DID YOU KNOW?

The Lump Sum Disability Benefit will pay out even if you are not occupationally disabled, provided the condition is permanent, significant and severe.

CRITICAL ILLNESS COVER

TOTAL PAID

R160 790 187

SICKNESS BENEFITS TOP 3 CONDITIONS

53% **CANCER**

28% **DISEASES OF THE CIRCULATORY SYSTEM**

9% **NERVOUS SYSTEM DISEASES**

SPREAD OF CLAIMS BY PROFESSION

32% **PARAMEDICAL***

17% **LEGAL**

17% **FINANCIAL**

*Includes physiotherapists, occupational therapists, nurses, etc.
Excludes medical and dental doctors

CLAIMS BY AGE

21-30 YEARS

2%

31-40 YEARS

11%

41-50 YEARS

32%

51-60 YEARS

35%

61-70 YEARS

20%

71+ YEARS

0%

CLAIMS BY SEVERITY LEVEL

SEVERITY LEVEL	% OF CLAIMS	BENEFIT PAYMENT
A	72%	100%
B	7%	75%
C	13%	50%
D	7%	25%

GENDER SPLIT OF CLAIMS PAID

MALE	FEMALE
63%	37%

YOUNGEST CLAIMANT: 28 YEARS

OLDEST CLAIMANT: 69 YEARS

AVERAGE AGE: 51 YEARS



CLAIM EXAMPLE

A 35-year-old psychologist bought PPS Critical Illness Cover in May 2017. In August 2017, she was diagnosed with stage 1 breast cancer and qualified for a 25% payout of her benefit. The member had taken the Core Benefit, which boosted her payment to 100%.



DID YOU KNOW?

The Core100% Benefit boosts all cancer, heart attack, Coronary Artery Bypass Graft (CABG) and stroke conditions to 100%, regardless of their severity. The CI100% Benefit boosts ALL critical illness claims to 100%.



UNDER 35's

Our claims experience over the last few years has shown us that our young members are not immune to illness or death.



SICKNESS BENEFITS TOP 3 CONDITIONS

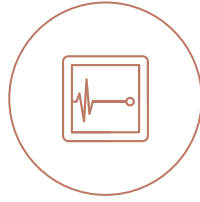
18% INJURY

11% DISEASES OF THE RESPIRATORY SYSTEM

10% PREGNANCY, CHILDBIRTH AND THE PUERPERIUM*

*6-week period following childbirth





DEATH BENEFITS TOP 3 CONDITIONS

- 50% INJURY
- 17% CANCER
- 17% DISEASES OF THE CIRCULATORY SYSTEM



CRITICAL ILLNESS TOP 3 CONDITIONS

- 53% CANCER
- 16% DISEASES OF THE NERVOUS SYSTEM
- 11% PREGNANCY, CHILDBIRTH AND THE PUERPERIUM*

*6-week period following childbirth



BENEFITS OF TAKING OUT INSURANCE WHEN YOU ARE YOUNGER

It is tempting to think that you don't need insurance when you are young, especially if you are unmarried and have no children. However, there are many benefits to having life insurance when you are younger:

It's better to be prepared - many young people believe they are invincible, but none of us know when disaster will strike.

Pay a lower premium - being young often comes with being healthier, which means your premiums will be lower compared to if you take out the same level of cover later on in life.

Support yourself and others - though you are young, you might be supporting your parents or siblings. Having the correct insurance in place can help look after their needs, when you are not able to.

Settle outstanding debt - with insurance your debts will be taken care of when you are not able to, leaving you and your loved ones with one less thing to worry about.

Leave a legacy - money can be left to beneficiaries or a cause that you are passionate about.

Save money - life insurance is a form of savings, as it will take care of your expenses when you are not able to.

WE PRIDE OURSELVES ON PAYING ALL VALID CLAIMS:

IN 2016:

- Less than 0.7% of all Ombud cases were for PPS
- 36 cases referred, 17 were claims related
- 8 ruled in favour of member
- That is 0.04% of total claims paid

WINNING WAYS:

We won the 2017 FIA Long-Term Insurer of the Year Award, based on the following criteria:

- Products are considered value for money
- Products meet customers' needs
- Products add value for customers
- Fairness of complaints management processes and resolutions
- Treating customers fairly

WE LOOK AFTER YOU

At the time when you make a claim, it is likely that you are going through a difficult time. PPS aims to pay all valid claims as quickly and efficiently as possible, whilst supporting you through the claims process.

We employ a dedicated assessor approach, ensuring that for a specific claim, members only deal with one assessor. Claims are assessed in a consistent, transparent and fair process.

Our claims assessors will work with you during the claims process and keep you informed at all times.

5-STEP CLAIM JOURNEY

99% OF SICKNESS CLAIMS ARE PAID INTO MEMBERS' BANK ACCOUNTS WITHIN 4 WORKING DAYS*



CLAIM EVENT

- a. Notification sent to PPS – claims@pps.co.za
- b. Acknowledgement email sent to sender



CLAIMS DOCUMENTS VERIFICATION

- a. Incomplete claims information requested if necessary
- b. Member and intermediary** informed



CLAIMS ASSESSMENT

- a. Dedicated claims assessor communicates to member and intermediary**



CLAIMS DECISION

- a. Member and intermediary** informed of claim outcome



CASE CLOSED

- a. Customer feedback survey sent to member

* Provided the banking institution is the same as PPS.

** Members should provide PPS with permission on the Declaration by Member form to communicate claims information to an intermediary.





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For more information visit www.pps.co.za



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