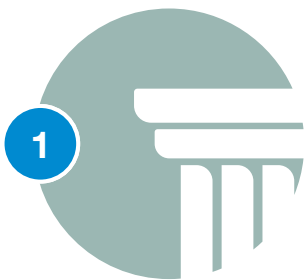


Sanlam Individual Life: Claim Statistics 2019



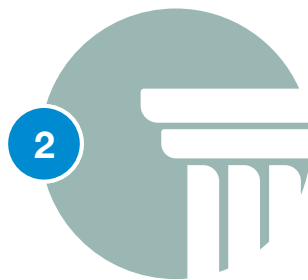
Our Claims Philosophy

At Sanlam we are committed to paying all claims unless reasonable and objective evidence proves that the contractual requirements have not been met. This philosophy is based on the following pillars:



1

We strive to offer clients a claims experience that sets the standard in the industry at all times. We measure ourselves, on an ongoing basis, against the benchmark according to feedback from reinsurers, regulators, and the Ombudsman for Long-Term Insurance; as well as the overall view of our clients and intermediaries.



2

Sanlam follows a consistent, fair and objective assessment approach to ensure payment of valid claims. We pride ourselves on applying an equitable decision-making process by using objective and evidence-based information.



Total claims paid over the past 3 years





In **2019** we paid claims to the value of:
R4 378 288 554

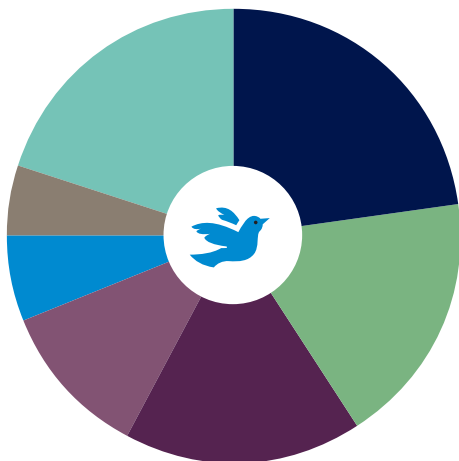
> For life cover
R3 574m

> For income cover
R397m

> For trauma & injury
R406.5m

> Total paid for 2019
R4 378.3m

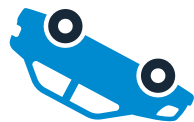
Death claims on Matrix



- 23% Cardiovascular (heart) disease
- 18% Cancer
- 17% Accidents, poisoning and violence (external causes)
- 11% Diseases of the respiratory system
- 6% Infectious and parasitic diseases
- 5% Diseases of the urogenital system
- 20% Other & cause unknown

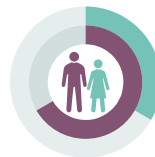


Most death and funeral claims in 2019 were paid in respect of clients in the age group older than **55 years**.



Accidental death claims in 2019:

- > Motor vehicle accidents: 37%
- > Other road accidents: 6%
- > Suicide: 19%
- > Assault: 26%



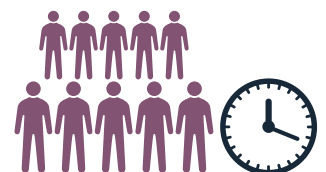
1/3 of all death claims paid were for women and **2/3** were for **men**.



More than 99% of all death claims in 2019 received, were paid.

Heart and Stroke Foundation Annual Report 2019:

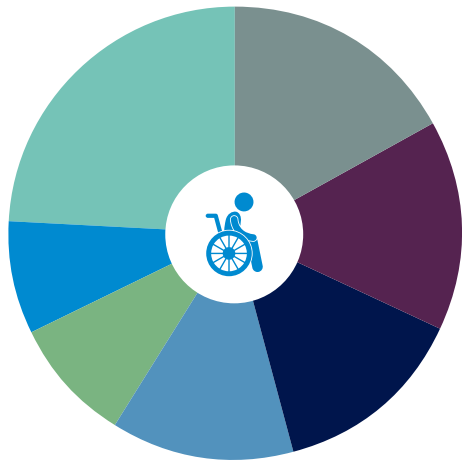
- > 18% of deaths in South Africa are caused by heart disease and strokes – 225 fatalities per day
 - > Ten adults suffer a stroke in South Africa every hour
 - > Heart disease, including strokes, are the second biggest killer in South Africa after HIV/AIDS
- www.heartfoundation.co.za



Ten adults suffer a stroke in South Africa every hour



Disability claims



- 17% Bones, back, joints and connective tissue
- 15% Accidents and injury
- 14% Cardiovascular (heart) disease
- 13% Diseases of the nervous system and sensory organs
- 9% Cancer
- 8% Mental disorders
- 24% Other



Most disability claims paid were in respect of clients in the age group **46 - 55 years**.



30% of all disability claims paid were for **women** and **70%** for **men**.



Men
Most of the disability claims paid were for **accidents and injury: 28%** and **heart disease: 18%**



Women
Most of the disability claims paid were for **musculoskeletal conditions: 26%** and for **diseases of the nervous system and sensory organs: 24%**



We have recently launched a new Disability offering

DID YOU KNOW?

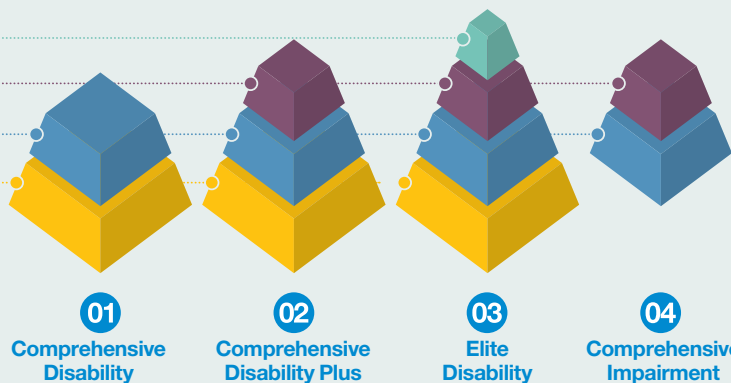
Our new offering is a simple, yet comprehensive range of benefits that is easy to understand. It comprises of 4 new benefits, each suitable for a particular client profile, to facilitate a simpler advice process:

Boosted pay-outs

Less severe impairments @ smaller %'s

Severe impairments @ 100%

Occupational disability (regular occupation)



What is especially noteworthy of the new range is that it:

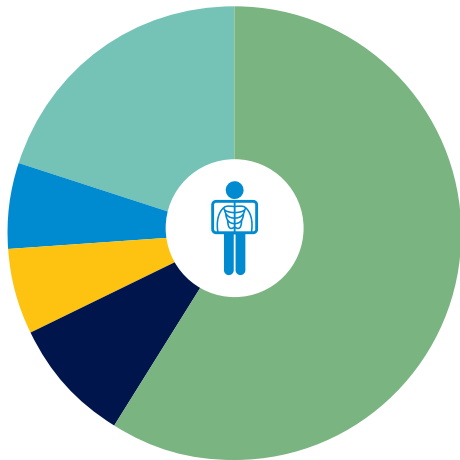
- ▶ addresses a significant short-coming in the market,
- ▶ is relevant for the client of today, who doesn't necessarily look like the client of yesterday, and
- ▶ grows old with clients as they enter into retirement, continuing to protect them in this stage of their life.
- ▶ The benefits also include various additional features that have been added to address specific client needs.

* All benefits are available up to age 65 / 70 / whole of life

* All benefits are also available as Accidental benefits



Severe Illness claims



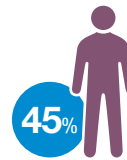
- 59% Cancers and tumours
- 9% Heart attack
- 6% Coronary Artery Bypass surgery
- 6% Stroke
- 20% Other



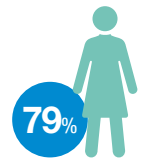
Most severe illness claims were paid in respect of clients **46 years and older.**



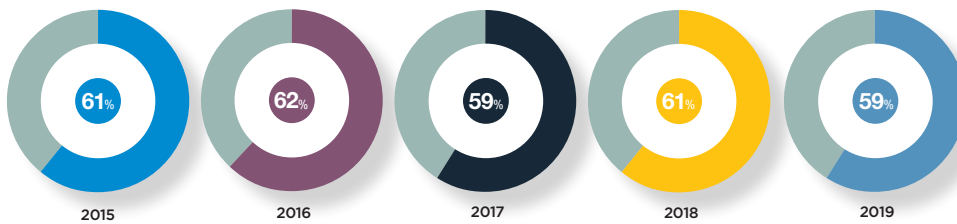
43% of all severe illness claims paid were for **women** and **57%** for **men.**



Men
Most of the severe illness claims paid were for **cancer: 31%** (of which **19%** were for **prostate cancer**) and **heart attack: 13%.**



Women
Most of the severe illness claims paid were for **cancer: 79%**, of which **33%** were for **breast cancer.**



For the last 5 years, about **60%** of Severe Illness claims paid every year, were for **cancer.**



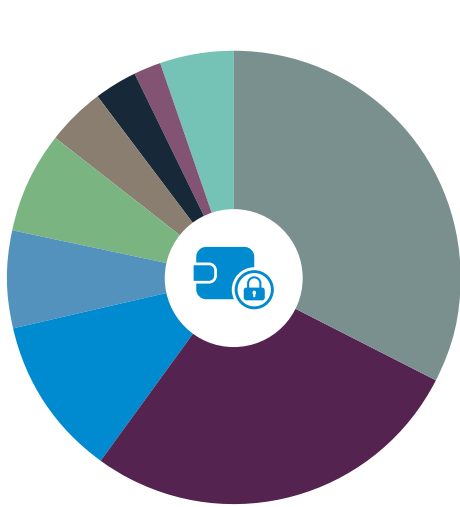
DID YOU KNOW?

Sanlam Cancer cover (available as a stand-alone benefit or under the Comprehensive Severe Illness or Comprehensive Severe Illness Plus benefit) includes cover for cancer, leukaemia, lymphoma and tumours, with comprehensive cover for early cancers including skin cancer, as well as wide cover for benign brain tumours. Specified aggressive cancers are covered at 100% from stage I even if the more affordable impact-based Comprehensive Severe Illness benefit is selected.





Income Protector claims



- 32% Bones, back, joints and connective tissue
- 27% Accidents, poisoning and violence
- 11% Mental disorders
- 7% Diseases of the nervous system and sensory organs
- 7% Cancers and tumours
- 4% Diseases of the urogenital system
- 3% Diseases of the digestive system
- 2% Diseases of the respiratory system
- 5% Other



Most income protector claims were paid in respect of clients between **36** and **55 years old**.



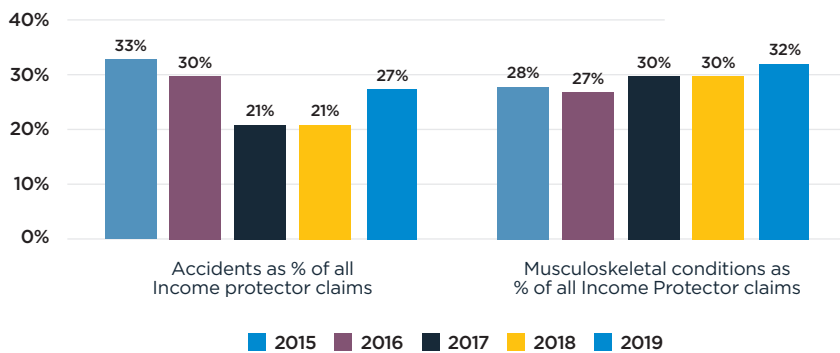
35% of income protector claims paid were for **women** and **65%** for **men**.



Men
Most of the income protector claims paid were for **accidents and injury: 41%**



Women
Most of the income protector claims paid were for **musculoskeletal diseases: 39%**



DID YOU KNOW?

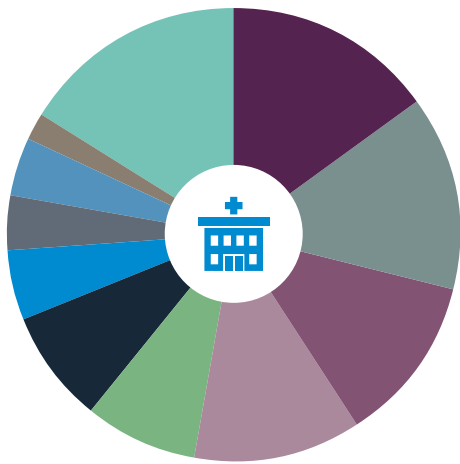
We offer a choice of payment patterns on our **Income Protector benefits**, but we have also made sure that our age-related payment pattern is more sustainable for income protection benefits as the premium increases on this pattern start reducing at older ages, which is unique in the market.



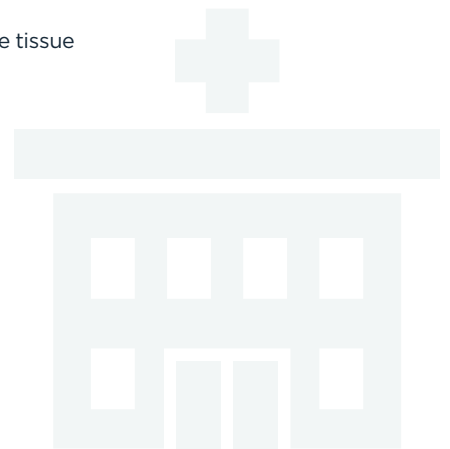
Over the last 5 years, more than 50% of all **Disability Income benefit-claims** under the Income Protector product every year, were for **accidents & injury and musculoskeletal conditions**.



Sickness claims



- 15% Accidents and injury
- 14% Bones, back, joints and connective tissue
- 12% Diseases of the respiratory system
- 12% Complications of pregnancy, childbirth and the puerperium
- 8% Cancers and tumours
- 8% Diseases of the digestive system
- 5% Mental disorders
- 4% Infectious and parasitic diseases
- 4% Diseases of the nervous system and sensory organs
- 2% Diseases of the urogenital system
- 16% Other



Most sickness claims were paid in respect of clients between **26** and **45** years old.



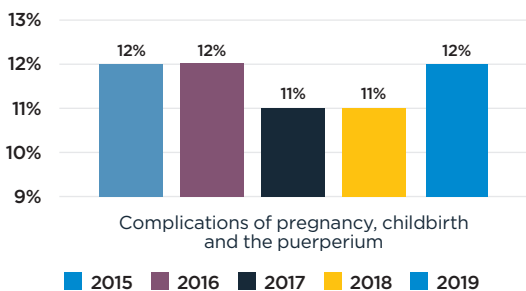
48% of all sickness claims paid were for **women** and **52%** for **men**.



Men
Most of the sickness claims paid were for **accidents and injury: 25%**.



Women
Most of the sickness claims paid were for **complications of pregnancy, childbirth and the puerperium: 20%**.



The Sanlam Sickness benefit also **covers all pregnancy-related complications**. Over the last 5 years more than 10% of all Sickness claims paid every year, were for pregnancy, childbirth and puerperium complications and it remains one of the main causes of sickness claims for our female clients.



DID YOU KNOW?

Clients may claim under their **Sickness benefit** if they are booked off sick by a doctor for a minimum of the chosen waiting period, regardless of their actual loss of income, which is a great advantage in the case of short-term, temporary inability to work.

The benefit is particularly suitable for graduated lives in private practice, but is also available to employed lives whose sick leave and group cover do not provide complete protection. In the professional market segment a Sickness benefit with a 7-day waiting period is considered to be more appropriate than traditional income protection with a short waiting period. Self-employed professionals or professionals in private practice may have no protection in the form of paid sick leave, and are therefore particularly vulnerable, especially those who "sell their time".



Claim decision

Each claim will go through the same assessment (decision-making) process.

The provisions of the policy contract and the medical conditions are important aspects to consider in claim decisions. Qualified medical advisers who specialise in claims, along with experienced claims specialists, assess claims. A legal adviser is consulted in exceptional cases. Other specialists in the fields of psychiatry, orthopaedic surgery and cardiology are often consulted for medical views, especially when available evidence is contradictory.

A claim will always be reconsidered when we receive new information. In this appeals process the claim will be discussed in a claims forum. If we repudiate a claim or when a dispute is evident, we refer the client to the internal arbitrator or the external ombudsman.



The outbreak of a pandemic

Sanlam has been paying claims for more than 100 years and has survived a pandemic or two already. In fact, it is written in the history books that Sanlam paid out 8 death claims to the value of £2 205 as the result of the Spanish flu pandemic in 1918 during our first year of business.

Covid-19: Paying valid claims

Although Sanlam does not cover any specific virus infection other than HIV as a claimable event under any of our living benefits, we can confirm that we **cover any claimable event** in our living benefit product suite **caused by this COVID-19 virus or any other virus or infective organism.**

Under our Sickness and Disability Income benefits, we have provided specific guidelines for scenarios that we will consider and also how we will determine a valid period of sick leave, including time required for medical isolation as per medical doctor instruction. This information is regularly updated and communicated.

Under our Severe Illness-, Impairment- and Disability benefits, we assess the medical evidence provided against the claimable events irrespective of the cause that triggered the claimable event.

We pay death claims as per our normal requirements, irrespective of the cause of the death claim. For Funeral claims we will, wherever applicable, take into account the waiting period for natural causes.



Disclaimer

- ▶ Information in this flash fact and in the technical guide is with regards to the latest versions of the applicable benefits. Refer to the contract documents for information about the existing benefits of a life insured.
- ▶ A claim will only be considered if the life insured meets the contractual claim event definition of the claim event in question, as well as any other contractual requirements, as set out in the applicable contract documents.