

RMA

Caring | Compassionate | Compensation

Connect

NEWSLETTER ISSUE 2 | JULY 2017



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Orphanage &
Community Based
Organization
Center

Be
We Love

Care in action in **Malawi**

Work
together with your
healthcare providers

RMA performing well

**Reporting minor
injuries to RMA**



Working together with your local healthcare providers helps your injured workers

An accident happens in an instant - and when it happens at work, you should know where to send your employees for treatment and what your responsibility is as an employer.

As an employer you have a duty to ensure that your injured employee receives immediate and appropriate treatment following an accident. We thus encourage you to get to know the ambulance services, hospitals, emergency rooms and doctors in your area and to have the appropriate contact details easily accessible. We also urge you to enter into an arrangement with your local healthcare providers to ensure that your employees are treated without delay when involved in an accident.

Have an agreement in place with the hospital or doctor concerned how their practice will be able to identify an employee that belongs to your company, and how to determine if an injury is work-related.

Also indicate to the hospital or doctor who would be liable for the cost of any treatment in the event that we repudiate the claim.

Letter from RMA

During your discussions with your local healthcare providers, you can inform them that you are covered by RMA for injury on duty claims and that as soon as we have accepted liability for a claim, medical expenses will be paid, usually within 10-15 days from the date when the required documents and medical reports are received by us from the employer and the healthcare provider. In order to assist you, a letter for injured employees is available specifically for this purpose and can be downloaded on our website at <http://bit.ly/2rMQsdK>.

Injury on duty champions

We are currently in the process of establishing a database of healthcare providers across South Africa that are willing to be RMA care champions in treating injury on duty patients. This database will then be available to all our beneficiaries and will indicate which doctors work within the compensation environment and where our beneficiaries are assured of easy access and quality service.

If you are aware of a healthcare provider in your area that would be willing to be an RMA care champion, please inform us so that we may add them to the database - email us on medicalbenefitscontact@randmutual.co.za

There will be several benefits for the healthcare provider if they join the database, including that their details will be shared with employers per geographical area and will be available on our website, ensuring them positive exposure.

Medicines excluded by RMA

It is important that you are aware of the medicines that are excluded because where payment is not covered by us, you are liable for the expense. Please note that the below medicines are excluded as both chronic and acute medicines.

- Contraceptive preparations and devices
- Preparations used specifically to treat and/or prevent obesity
- Diagnostic and monitoring agents and appliances
- Medicines used specifically to promote fertility
- Medicines used specifically to treat alcoholism
- Oxygen and the purchase or hire of oxygen delivery systems
- Aphrodisiacs
- Preparations to treat smoking
- Disease management monitoring agents
- Namibian products
- Allergens
- Topical acne preparations
- Essential fatty acid preparations and combinations
- Voluntarily withdrawn products
- Medicines used specifically to treat acquired immune deficiency syndrome
- Anabolic steroids
- Over-the-counter reading glasses
- Contact lens preparations
- Hospital non-recoverables
- Anti-malarials for prophylactic use
- Mediclinic non-recoverables
- Netcare non-recoverables
- Life non-recoverables
- Screening tests
- Professional services excluding screening tests
- Non-chargeable discontinued products
- Geriatric vitamins and vitamin/mineral supplements
- Prenatal and infant vitamins and vitamin/mineral supplements

However, should the treating doctor believe that medicines within any of the excluded categories are clinically necessary for a specific injury on duty condition that is covered by us, then a motivation is required which will be assessed on an individual basis.

Building strong partnerships between employers, healthcare providers and RMA ensures that your employees are well taken care of when they are injured.

RMA PERFORMING WELL

Highlights:



Gross premium income:
R2.3bn ↑ **7.7%**



No. of lives insured:
985 781 (up from 885 114)



Income from Class XIII business:
R1.1bn ↑ **17.8%**



Amount paid out in claims:
R1.598bn (up from R1.340bn)



Assets exceed liabilities by
R 2.19 bn



No of staff:
306

We released our 2016 Annual Integrated Report to shareholders on 6 June 2017, and again, have delivered a sound performance during 2016.

Commenting on the report, and the 2016 financial year, RMA Chief Financial Officer Bilal Adam says that RMA performed well taking into consideration the challenging operating environment in 2015 into 2016, with last year recording the slowest economic growth since 2009.

“Unpredictable investment and currency markets, fueled by international political developments and South African political issues continued to cause some uncertainty amongst investors,” says Adam.

“We have seen how the economic challenges have impacted our clients, particularly Class XIII. Despite this, our gross premium income increased during 2016 from R2.1bn to R2.3bn, an increase of 7.7%. This increase was driven mainly by the Class XIII business which increased from R933m to R1.1bn, an increase of 17.8%. Class IV gross premium income remained static at R928m, while the non-COID insurance business also remained mostly unchanged at R292m. In addition, we obtained additional income through the licencing of the IT system.

“Last year we reported that a liability driven investment strategy will be implemented during the year, because of the stringent measures being implemented for risk assets by the Solvency and Asset Management (SAM) regime. SAM was expected to be implemented in January 2017 however was postponed by the Financial Services Board (FSB). The industry is thus awaiting formal notification from the FSB of the expected date for the implementation. Notwithstanding this, RMA continues to position itself for the implementation

of SAM and by December 2016 had thus purchased R8.6bn worth of inflation linked bond as part of the liability matching strategy. This strategic asset allocation is expected to optimise the Group’s capital adequacy and its resultant solvency level, whilst achieving a targeted return of CPI + 2.5% per annum.



The Group remains well capitalised as at the year ended December 2016. The assets of the Group exceeded liabilities by R2.19bn, thereby covering its Capital Adequacy Ratio (CAR) 2.58 times.

In addition to regulatory reserves, the Bonus Stabilisation Reserve has been set at R1.21bn as at 31 December 2016. This provision enables the Group to adequately cover its CAR 4.20 times.

“The South African economic outlook, particularly for the second half of 2017, is expected to be positive due to increased international demand of commodities. South Africa is the third largest exporter of commodities from Africa, behind Nigeria and Angola.

“Local issues such as political risk and the effect this has on monetary and fiscal policy, could be a negative for the South African economy in 2017. However, the international outlook on emerging markets should more than compensate for this risk. RMA is well placed to take advantage of any growth opportunities available because of this net positive outlook,” concludes Adam.



REPORTING MINOR INJURIES TO RMA



When an employee has an accident at work and is just bruised and grazed as a result, often we just dismiss this as being insignificant and don't think to report it. Did you know that even something as small as a cut on a finger needs to be reported?

A requirement of section 39 of the Compensation for Occupational Injuries and Diseases Act (COIDA) is that all work-related injuries on duty, regardless of the severity of the injury, be reported. This even includes:

- first aid cases
- minor lacerations
- contusions
- abrasions

This protects you the employer should the employee report something different to us, or should the

graze or cut become infected or complicated by an underlying medical condition and lead to major treatment in future.

This requirement is also in place to ensure your employees are taken care of when an accident occurs, no matter how negligible the accident may seem at the time.

Once the employee has reported an injury to you, you are required to report it to us within seven days, or 14 days after the diagnosis of a disease.

In addition, if an employee reports an accident alleged to have taken place in the workplace yet you are not convinced it is a work-related accident, it should also be reported.

CARE IN ACTION IN MALAWI

Our mobile prosthetic clinic undertook its annual trip to Malawi this month, reaching beneficiaries who generally have limited access to medical and prosthetic services.

The mobile clinic is fully kitted to ensure beneficiaries can be completely reviewed in terms of their injury, including the capability to manufacture prosthetics on site. This year, 85 beneficiaries were assessed and assisted in the areas of Lilongwe and Blantyre with maintenance, manufacturing and fitting of their prosthetics. Assisted by a team comprising both RMA staff and representatives from prosthetics partner, Marissa Nel Prosthetics and Orthotics, our beneficiaries were extremely grateful for the ongoing support.

The mobile clinic was launched 12 years ago to improve the quality of life of our disabled beneficiaries living in rural areas when we saw a need to bring care directly to them. Many of these beneficiaries, the oldest of whom is 105 years, were injured more than 30 years ago and have been visiting the clinic since its first trip to that country in 2005.

In line with our caring, compassionate approach, we go beyond our legal obligations in helping these beneficiaries by assessing them holistically. Not only do we assist them with their healthcare, we also ensure that during their clinic visit they are fed, washed, transported and accommodated overnight. We also look beyond the obvious during their treatment to see how we can help them to have a better quality of life. Now that is care in action!

