FOR YOUR
PEACE OF MIND

Budget Insurance Policy Book

1Life Changing Lives

budget insurance

Budget Insurance Company Ltd is a licenced non-life insurer and financial services provider.
Life policies underwritten by 1Life Insurance Limited, a licensed life insurer and financial services provider.

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Your policy documents

Please read your policy book carefully so that you understand what you are paying for, especially any restrictions, waiting periods and exclusions. Check that the information on your policy schedule is correct. To make corrections or general enquiries, kindly refer to the client services contact details on the back cover.

The contract between you and your insurer consists of:

- The application for cover by telephone, through digital platforms or partners;
- Their acceptance of your risk;
- All policy schedules sent to you; and
- The policy book.

Your policy documents refer to the policyholder/owner as you/your, the product provider as your financial services provider and the underwriter or insurer as your insurer.

Life insurance jargon explained

For your peace of mind, you will find the following information in your policy book:

- an explanation of life insurance jargon;
- descriptions of your product benefits; and
- our contact details.

This policy includes consent to the sharing and processing of your personal and private underwriting and claims information in order for us to provide you with various services, benefits and cover.

The phrases defined below are standard terms used in the life insurance industry. They appear in your policy book, policy schedule and other documents your insurer may send you in the future. Each of these has a unique meaning within your contract. To ensure your full understanding of everything in context, please go through the list below before reading the rest of your documents. Please refer to the specific terms and conditions detailed in your policy schedule.

Accelerated benefit: A benefit that pays out a portion of the sum assured based on certain criteria being met. The payout of the accelerated benefits will reduce the total cover amount on the policy by the amount paid out.

Accidental death: A sudden and unforeseen event occurring at an identifiable place and time, which has a visible, violent or external cause, and results in the death of the **life assured**.

Accidental death benefit (ADB) cover: This benefit is an insurance payout that occurs should the **life assured** die as a result of an accidental event.

Accidental disability: A sudden and unforeseen event occurring at an identifiable place and time, which has a visible, violent or external cause, and results in the disability of the **life assured**.

Aggregation of cover: The sum of life insurance benefits owned by the policyholder, across all insurers, used to determine the maximum allowed. The insurance industry uses aggregation to prevent clients from purchasing more life insurance than regulation allows.

Annual benefit escalation: The percentage by which cover increases each year on the policy anniversary.

Annual premium escalation: The percentage by which premiums increase each year on the policy anniversary.

Beneficiary: On the death of the **life assured**, this is the person or institution nominated in the life insurance policy to whom the insurer pays the cover amount to.

Cancellation date: The date on which cover under the contract ends and the benefit ceases.

Commencement date: The date on which cover under the contract starts.

Contract term: The length of time the **life assured** will enjoy cover under the contract.

Cooling-off period: The policyholder may reconsider and/or cancel his/her contract during this period, without incurring any penalties, provided he/she has not made any claims.

Deferment period: The period of time that has to elapse, after occurrence of an event that leads to a claim, before the **life assured** is entitled to receive a benefit.

Disability cover: The life insurance benefit that pays out in the event of the disability of the **life assured**.

Dread disease cover: The life insurance benefit that pays out if the **life assured** is diagnosed with a life-changing disease or life-threatening event as specified by the contract.

Estate: The property, possessions and assets that belonged or are due to the **life assured** on the death

of the **life assured** from the deceased estate.

Financial services provider: The authorised financial services provider that sells the life insurance policy to you which may also be the insurer directly.

Hazardous pursuits: Activities (normally of a physical nature) that increase the risk of death or disability for the **life assured**. These activities include, but are not limited to, rock climbing, scuba diving, paragliding, hang-gliding, fighting (except for self-defence) and speed contests. The insurer may apply special conditions to the policy or exclude a benefit on application for cover or if the policyholder discloses taking up a new activity.

In force: The policy benefits have not expired or been cancelled; premiums are being paid and are up to date.

Insurable interest: A person has an insurable interest in the life of the **life assured** if the death, disability or illness of the **life assured** would result in financial loss for that person. This means that there needs to be a recognised relationship between the policyholder/owner and the **life assured** at time of commencement of the policy. Life insurers consider everyone to have an insurable interest in their own lives as well as the lives of their spouse and dependants. Where no insurable interest exists, the applicable benefits will be void from the commencement date.

Insurer: The underwriter of your life insurance policy.

Life assured: The person who would experience the insured events described in this policy book.

Life cover: The life insurance benefit that pays out in the event of the death of the **life assured**.

Material information: Information provided by the **life assured** to enable the insurer to accurately assess and to determine acceptance or declinature of the risk.

Natural death: Death that occurs from natural causes such as disease or old age, rather than from an act of violence or injury.

Policy anniversary: The date one year from the commencement/cover start date, and every year thereafter for the life of the policy.

Policyholder/owner: The person or institution who owns the policy. Usually this is the **life assured**, however you may own a policy that names someone else as the insured, however in order to be an owner on a policy, clear insurable interest needs to be established. The policyholder/owner needs to ensure that the premiums are received even though there may be a different person paying these premiums.

Premium guarantee period: The length of time for which the insurer guarantees premiums not to change, other than through compulsory annual premium escalations.

Premium payment term: The length of time for which premiums are payable for cover.

Stand-alone benefit: If a claim pays out under a stand-alone benefit, this will not reduce the cover amount under any other benefit on the policy.

Sum assured: The amount of cover that the **life assured** applied for with the insurer. The cover amount for a level sum assured product remains the same for the life of the policy; for an escalating or increasing sum assured it increases on every policy anniversary; and for a decreasing sum assured, it reduces gradually.

Terminal illness cover: The life insurance benefit that pays out the full life cover amount to the **life assured**, while they are still alive and in the event of their doctor's and the insurer's chief medical officer's (CMO) opinion that the **life assured** suffers a terminal illness with a life expectancy under a certain time frame, as defined by the life insurer.

Underwriting: The process during which the insurer determines the level of cover it is prepared to offer, taking into consideration various financial limits based on age, gender, education, occupation, income, current life insurance cover, avocation, personal health status, family health history and insurable interest.

- Financial underwriting measures the potential financial loss to the insurer to determine the proposed sum assured and product they can accept.
- Medical underwriting measures the health status of the **life assured** to determine whether to offer or deny cover and at what premium.

Waiting period: The period during which time a claim cannot be made on the policy and premiums are payable to the insurer.

Whole of life: A life insurance benefit that provides cover throughout the entire lifetime of the **life assured**.

General terms and conditions

Contract of insurance
In return for your payment and the receipt and acceptance of your premium, your insurer will provide insurance cover according to the terms of your policy during the period shown in your policy schedule. Your policy schedule highlights the specifics of your insurance cover, and the terms and details therein are very important. Please check this document carefully and let your insurer know should you have any concerns, questions or queries by contacting Client Services (contact details on the back cover).

Contract duration
Cover under this contract begins on the commencement date, as reflected in your policy schedule, provided that the first premium has been received. The contract remains in force until the end of the benefit term as stated in your policy schedule or until cancelled.

Payments
Premiums are payable monthly in advance by debit order and are payable for as long as the **Premium payment term section** of your policy schedule states. If the premium payment term is whole of life, premiums will be payable until the death of the **life assured**. If the sum assured for certain benefits cease or if the full sum assured has already been paid out for a benefit, no further premiums will be payable for those specific benefits.
Your policy includes a period of grace, provided that the first premium payment has been received. If a payment is not received within 31 days of the normal deduction date, your cover will be suspended immediately, while we endeavour to keep you covered by attempting to collect arrear premium/s. We will inform you in writing and via SMS should your premium go as unpaid as well as inform you of the process to recover your outstanding premium/s.

We encourage you to have the money available in your account as soon as possible to allow us to recover your outstanding premium/s through a variable deduction date premium recovery process to ensure your valuable cover remains in force. The variable deduction date premium recovery process means that we will process your outstanding month's premium/s in the month following non-payment as soon as you have the funds available in your account. Should we still fail to receive payment, the policy may be cancelled. Premiums already paid to date will not be refunded.

Annual premium escalation and premium guarantee period
A premium escalation, benefit escalation (if selected) and premium guarantee period may be applicable depending on the cover type or product chosen.

General terms and conditions

Please refer to your policy schedule for the annual premium escalation, benefit escalation (if selected) and premium guarantee period .

Review
The policy and premiums may be reviewed on an ongoing basis to ensure that they remain actuarially sound. Should the policy or premium be reviewed, you will be provided with the outcome of such review in writing at least 31 days before any such review takes effect.

Reinstatement
Should your contract no longer be in force, your insurer may reinstate your contract at your request. Your insurer reserves the right to review and underwrite the policy terms and conditions on reinstatement and assess whether to reinstate the cover. The new terms and conditions will be set out in your policy book and policy schedule.

Governing law and currency
All benefit amounts specified in your contract are in the currency of the Republic of South Africa. All amounts payable to or by your insurer will be in South African Rand. South African law will govern this contract.
Your insurer may change the contractual terms of your policy if any laws or legislation affecting your type of life insurance change.

Underwriting
Your policy may be referred to an underwriter or quality assurer to assess whether to issue the policy and at what premium rate. To qualify for certain cover types, the **life assured** may be required to go for an HIV test. After completing all underwriting, your insurer will confirm with the policyholder/owner whether cover is accepted, accepted on revised terms, or declined.

Cancellation
If you decide to cancel your policy, you are requested to notify your insurer telephonically or in writing. Your insurer will stop your cover once they have received your cancellation request or you have stopped the premium payment. The contract will terminate and your insurer will not be liable for any benefits after the cancellation date.

Your insurer will cancel the contract if:
- the benefit term expires;
- if you fail to provide true and complete information, in the instance of fraud, material misrepresentation, or non-disclosure;
- you fail to pay your premium 3 (three) times in the life of the policy. ;
- they fully discharge all their contractual obligations;
- At the end of the premium waiver period, if applicable; or
- the **life assured** dies.

During the cooling-off period
You may cancel your policy during the cooling off period, a 31 (thirty-one) day period from the date when the policy was

General terms and conditions

issued or varied. If you cancel your policy within the cooling-off period, your insurer will refund the premiums you have paid, after deducting any costs specifically charged to provide cover for the period. The cooling-off period only applies if your insurer has not paid out any benefits.

After the cooling-off period
Should you cancel your policy at any time other than during the cooling-off period, your insurer will not refund the premiums already paid to them, as you would have already enjoyed cover.

Claims
Call the Claims Department (contact details on the back cover) to inform your insurer of any events that may or may not give rise to a claim, such as a death, disability or dread disease. When you call, they will ask you or your beneficiary a series of questions, including details of the full circumstances surrounding the incident. Most details can be gathered telephonically.

Any prior amendments requested on the policy may have an effect on claims depending on the effective date of change. Contractual/ underwritten changes such as change in cover amount or amendment to benefits take effect on the first day of the following month. However, non-underwritten changes such as update of contact information or amendments to beneficiaries are immediate. Certain documents will be required from you to confirm the details of the claim. Your insurer will not assess a claim until they receive all the necessary information. Your insurer only accepts original or certified copies of documents. Your insurer will inform you of how the documents can be supplied to them.

Your insurer will only accept a claim if:

- the definitions and requirements of the insured event have been met;
- they rule that the claim is valid;
- they have received and accepted all the information required;
- the premiums for the policy have been paid in full; and
- the cover has not been cancelled.

All claims are assessed in South Africa only.

Should a nominated beneficiary be a minor at the time of your death, benefits payable to such beneficiary will only be made into a registered trust or the Guardian's Fund.

Important claims time limits
Your insurer must be notified of an event that may result in a claim for a death benefit within 6 (six) months of its occurrence.

An event that may result in a claim on a disability or dread disease benefit must be reported to them within 3 (three) months of its occurrence.

General terms and conditions

Initial claim documentation must be sent to your insurer within 3 (three) months of you notifying your insurer of the claim event.

Any additional documents required in order to process the claim need to be forwarded to your insurer within 3 (three) months.

Your insurer may reject a claim if they do not receive notification within the prescribed period.

Disputed claims
Your insurer will notify you within a reasonable period after receipt of the claim, advising you whether the claim is accepted or rejected, or informing you whether the amount claimed is in dispute. The notice will contain the reasons for the dispute or rejection.

You are granted 90 (ninety) days to make representations to your insurer about their decision on the claim. Representations must be made in writing. Should your insurer confirm their decision to reject or dispute the claim amount, you can either refer your complaint to the National Financial Ombud Scheme South Africa NPC (the NFO) or institute legal proceedings against your insurer within 6 (six) months from receipt of their confirmation.

Your insurer will calculate all benefits paid on valid claims in relation to total premiums paid to them.

Interest payable
No interest will be accrued or be payable on any payments related to premium refunds, ex gratia payments or claim payments due.

Continuity of cover
Your insurer may review and, where necessary, make changes to the policy terms and conditions, benefit amounts and/or premiums payable or cancel certain benefits if there is a change in one or more of the following:

- **Smoking status:** If the **life assured** starts or recommences smoking at any stage during the contract period, your insurer requires notification of this change, please contact them on the number supplied on the back inside cover. In the event of a change notified, your insurer reserves the right to adjust the sum assured or premium as necessary. Failure to inform them of starting or recommencing smoking will result in the benefit being reassessed at the claims stage, in line with the relevant underwriting practice at that time. This calculation will assume that the **life assured** was a smoker from the **commencement date**. Your insurer will reduce the benefit payable to an amount in keeping with the actual premiums paid to date.

General terms and conditions

- **Country of residence**: In order to take out life insurance, a policyholder must be a citizen of South Africa. Citizens from selected countries, as determined by underwriting, may be granted cover, however they have to have resided in South Africa for more than 12 months, must own property in South Africa and have a South African bank account.
- **Foreign travel**: The **life assured** must inform your insurer in writing of any travel outside the borders of South Africa. The Underwriting Department will advise whether the client will enjoy cover in the applicable country or whether they will exclude cover for that country.
- **Primary occupation**: Your insurer excludes certain occupations from cover for disability. Certain occupations also put you at a greater risk of death. If they grant cover and the **life assured** changes his/her occupation, your insurer requires notification of this change within three (3) months. If the new occupation falls into an excluded category, they may not be able to continue the disability cover. Failure to inform them of such a change will result in the benefit being reassessed at the claims stage, in line with the relevant underwriting practice at that time. Your insurer may reduce the benefit payable to an amount in keeping with the actual premiums paid to date or reject the claim and you will forfeit premiums. This calculation will assume that the **life assured** was in his/her changed occupation from the **commencement date**. Where the **life assured** has more than one occupation, the one with the highest risk will be captured.
- **Hazardous pursuits:** If the **life assured** starts or alters participation in a hazardous pursuit at any stage during the contract period, your insurer requires notification of this change. In the event of a change notified, they reserve the right to adjust the **sum assured** or premium as necessary and to advise the **policyholder/owner** of any additional premiums or exclusion(s) added to the policy. Failure to inform them of such changes will result in their reassessing the benefit at claims stage, in line with the relevant underwriting practice at that time. Your insurer may reduce benefits payable to an amount in keeping with the actual premiums paid to date or reject the claim and you will forfeit the premiums. This calculation will assume that the **life assured** was participating in the hazardous pursuit(s) to this extent from the **commencement date.**

General terms and conditions

True and complete information, material misrepresentation, or non-disclosure
Your insurer can only assess and accept a risk if you supply them with complete and truthful answers before the policy **commencement date** or effective date of change. If they find that information provided to them was incorrect or certain details were withheld, either at application stage or at a time when changes were made to the policy, and this information is material to the assessment of the risk, they may repudiate your claim, repudiate future claims or cancel the policy. In such a case, your insurer will not refund the premiums already paid to them and they may recover monies already paid to you for claims that relate to the misrepresentation or non-disclosure.

Material information
Information is material if a reasonable person would consider that the particular information should have been correctly disclosed to your insurer by the **life assured**. This is so that they can determine the impact of that information in assessing the relevant risk.

The policyholder/owner must supply this kind of information such as health, smoking status, occupation etc., when any changes are made to the policy; or when any changes must be notified to your insurer. Your insurer will use it to determine whether to accept the risk, any special conditions that may be applied, and whether there is a need for extra evaluations before confirmation of your cover. This could include, but may not be limited to, the life assured's/owner's medical history, smoking status, lifestyle, hazardous pursuits, occupation, income, and any existing life assurance policies for the **life assured**.

Duty of disclosure
You must fulfil your duty of disclosure by making a fair presentation of the risk proposed for insurance. The duty of disclosure should be sufficient to draw your insurer's attention in such a way that they can decide whether they require further information before taking up the cover.

Fraudulent or deliberate acts
Your insurer can cancel the policy and/or not admit a claim if:

- any representation or claim under this policy is in any respect fraudulent, dishonest or untruthful;
- it is found that fraudulent means or false information was used to benefit from the cover granted;
- you knowingly allow anyone acting on your behalf to provide false information to obtain a benefit; or
- you deliberately and wilfully act or cause to act, aggravate or accelerate the death, illness or disability that gives rise to a claim.

General terms and conditions

Your insurer will make no refunds for premiums already paid and may initiate legal proceedings against the defrauding party.

Examples in this policy book
Examples are provided for illustrative purposes and DO NOT form part of the contract. The terms and conditions of the contract and the details of the policy schedule determine any entitlement to benefits.

Language
Your insurer communicates with its clients in English over the telephone and in writing. All explanations and communication conducted in another language are merely for the client's convenience and to aid understanding.

Should any discrepancy arise in interpretation and/or understanding, the English version of the policy documents will take precedence.

YOUR PRODUCT

Pure Life
Cover

Pure Life Cover

Depending on the level of cover chosen, the following benefits and conditions will apply:

Benefit: This product pays out the sum assured in the event of the death of the **life assured**. The amount that will be paid out is stated on your policy schedule and is subject to all the conditions of this contract being met.

Expiry of cover: Your life cover is a whole of life cover; cover will cease in the event of the death of the **life assured**, however the policy will automatically expire if it becomes invalid for any other reason.

Waiting period: The waiting period will be as set out in your policy schedule. During this period, only accidental death claims will be admitted.

HIV testing: Your insurer may require a new negative HIV test on the **life assured** to be submitted, as specified in your policy schedule or amendment schedule. HIV testing may be required within a specified time frame from date of commencement, policy upgrade and/or reinstatement of cover. Should this not be supplied within the required period or the test result is reactive, the **life assured** will automatically be covered for **accidental death** and accidental disability (if applicable) only. Dread disease cover (if applicable) and Terminal Illness benefit will fall away and premiums may be adjusted accordingly. Should the HIV test result be received after the required date, underwriting may be required to review any benefits on the policy.

Additional benefits

Depending on your policy, one or more of these benefits may be added to your contract. Please refer to your policy schedule for confirmation of the benefits that have been included.

- **Terminal illness cover:** If the **life assured** is diagnosed with a terminal illness and your insurer's medical officer confirms a life expectancy of no more than 12 (twelve) months, payment of the sum assured will be made. Thereafter, all benefits under this product will cease.

This cover will not be applicable if the waiting period has not yet expired.

- **Pay-now accelerated death benefit:** An accelerated death **benefit** is available for funeral and other related expenses in the event of the death of the **life assured**. Your insurer pays the benefit from the life cover sum assured to the nominated beneficiary on the policy, who is responsible for the cost of the funeral. The balance of the claim will be assessed and settled thereafter, provided the terms and conditions are met. Should a beneficiary not be nominated on the policy or if the beneficiary/ beneficiaries are minors at the time of claim, the

Pure Life Cover

pay-now accelerated death benefit will not apply and the full **sum assured** will be paid to the estate or relevant registered trust upon finalisation of the claim, provided all the terms and conditions are met.

The benefit is only available after six (6) months for death due to accidental causes and after twelve (12) months for death due to natural causes, from commencement or reinstatement effective date of cover provided the first premium was received.

- **Premium waiver:** If applicable to the product chosen, if the **life assured** becomes disabled and is paid a 100% lump sum disability benefit, the premiums for pure life cover and dread disease cover (if applicable) will not be charged for a period of 5 (five) years. Policy premium collection re-commence and is payable again when the premium waiver period has expired. After this period, normal cancellation rules will apply as stated above.
- **Guaranteed assurability:** If applicable to the product chosen, the life cover sum assured on the policy may be increased by a percentage of the original sum assured, up to a maximum allowed or up to your insurer's maximum insurable amount at the time, whichever is lower. This is without the need for any further underwriting, other than providing a new negative HIV test for the **life assured**. Such an option may only be exercised on every third policy anniversary or after a significant event, as described below:
  - the marriage of the **life assured**;
  - a child being born to or legally adopted by the **life assured**;
  - the **life assured** purchasing a home; and/or
  - the **life assured** entering into a business or taking an increased interest in an existing business.

If cover is increased after any of the above events, the **sum assured** will remain the same for a period of three years and further guaranteed assurability increases will only be allowed after this period, as stated in the policy schedule.

You may only use this benefit if you:

- have not claimed and are not in the process of claiming;
- are not aware of any condition present and have not suffered any event that would entitle you to claim under a policy;
- request the increase within 3 (three) months of the date of the significant event or third policy anniversary; and
- are younger than the maximum entry age for this benefit.

Your insurer may need further information about the significant events described

Pure Life Cover

above when you request the cover increase. Financial underwriting may also be required.

Your insurer will base the premium for the increased cover on current premium rates and conditions applicable at the time of the increase.

General exclusions
Your insurer will have no liability whatsoever under the policy where any claim arises from, or is the result of the:

- death of the **life assured**, being, in the supplier's opinion, as a result of the client's own act, within 2 (two) years or 24 (twenty-four) months from the **commencement date** of the policy or the effective date of the cover, as stated in the policy schedule. If the sum assured is increased, a new 2 year (two year) period will apply to the increased portion, effective from the date of increase;
- **policyholder/owner/life assured/beneficiary/ premium payer** deriving or standing to derive any financial benefit or gain from the contravention of any law (including, but not limited to fraudulent activities);
- participation by the **life assured** in any criminal activity;
- the **life assured** wilfully and materially breaking any law; or the claim event having been accelerated by the **life assured** materially breaking any law; or
- excessive consumption of alcohol; intentional inhalation of fumes; or intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions) by the **life assured**.

In the event of such a claim, the policyholder/owner will forfeit all benefits afforded in terms of this policy and all premiums paid in respect of this policy, and your insurer may void or cancel this policy as from the **commencement date**, at its discretion.

Specific exclusions
Your insurer will not pay a claim if the death of the **life assured** was, in their opinion, related directly or indirectly to any one of the events or conditions listed in the policy schedule under the **Specific exclusions section.**

YOUR PRODUCT

Accidental Death Benefit (ADB) Cover

Accidental Death Benefit (ADB) Cover

Depending on the level of cover chosen, the following benefit and conditions will apply:

Benefit: This product pays out a lump sum in the event the **life assured** dies as a result of accidental causes, but not for death due to natural causes. The accident and death of the **life assured** must occur after the commencement date and/or reinstatement effective date of cover. Death as a result of your own act will be excluded. The amount that will be paid out as stated in your policy schedule and is subject to all the conditions of this contract being met.

Expiry of cover: Your accidental death benefit (ADB) cover is a whole of life cover; cover will cease in the event of the death of the **life assured**, however the policy will automatically expire if it becomes invalid for any other reason.

Waiting period: There is no waiting period applicable to this cover.

Additional benefits
Depending on your policy, one or more of these benefits may be added to your contract. Please refer to your policy schedule for confirmation of the benefits that have been included.

- **Pay-now accelerated death benefit:** An accelerated death benefit is available for funeral and other related expenses in the event of the accidental death of the **life assured**. This benefit is only available after six (6) months after commencement or effective date of reinstatement of cover provided the first premium was paid. Your insurer pays this benefit from the accidental death benefit (ADB) cover sum assured to the nominated beneficiary on the policy, who is responsible for the cost of the funeral. The balance of the claim will be assessed and settled thereafter, provided the terms and conditions are met. Should a beneficiary not be nominated on the policy or if the beneficiary/beneficiaries are minors at the time of claim, the pay-now accelerated death benefit will not apply and the full sum assured will be paid to the estate or relevant registered trust upon finalisation of the claim, provided all the terms and conditions are met.

  Should a beneficiary not be nominated on the policy or if the beneficiary/beneficiaries are minors at the time of claim, the pay-now accelerated death benefit will not apply and the full sum assured, will be paid to the estate or relevant registered trust upon finalisation of the claim, provided all the terms and conditions are met.

- **Premium waiver:** If the life assured becomes disabled and is paid a 100% lump sum disability benefit, the premium for accidental death benefit (ADB) and

Accidental Death Benefit (ADB) Cover

dread disease cover (if applicable) will not be charged for a period of five (5) years. Policy premium collection re-commence and is payable again when the premium waiver period has expired. Any premium increases will be applicable during this period.

- **Guaranteed assurability:** If applicable to the product chosen, the accidental death benefit (ADB) cover sum assured on the policy may be increased by a percentage of the original sum assured, up to a maximum allowed or up to your insurer's maximum insurable amount at the time, whichever is lower. This is without the need for any further underwriting for the **life assured**. Such an option may only be exercised on every third **policy anniversary** or after a significant event, as described below:
  - the marriage of the **life assured**;
  - a child being born to or legally adopted by the **life assured**;
  - the **life assured** purchasing a home; and/or
  - the **life assured** entering into a business or taking an increased interest in an existing business.

If cover is increased after any of the above events, the sum assured will remain the same for a period of three years and further guaranteed assurability increases will only be allowed after this period, as stated in the policy schedule.

You may only use this benefit if you:

- have not claimed and are not in the process of claiming;
- are not aware of any condition present and have not suffered any event that would entitle you to claim under a policy;
- request the increase within 3 (three) months of the date of the significant event or third **policy anniversary**; and
- are younger than the maximum entry age for this benefit.

Your insurer may need further information about the significant events described above when you request the cover increase. Financial underwriting may also be required.
Your insurer will base the premium for the increased cover on current premium rates and conditions applicable at the time of the increase.

General exclusions
Your insurer will have no liability whatsoever under the policy where any claim arises from, or is the result of the:

- death of the **life assured**, being, in the supplier's opinion, as a result of the client's own act from the **commencement date** of the policy or the effective reinstatement date of the cover, as stated in the policy schedule;
- **policyholder/owner/life assured/beneficiary/**

Accidental Death Benefit (ADB) Cover

premium payer deriving or standing to derive any financial benefit or gain from the contravention of any law (including, but not limited to fraudulent activities);

- participation by the **life assured** in any criminal activity;
- **the life assured** wilfully and materially breaking any law; or the claim event having been accelerated by the life assured materially breaking any law; or
- excessive consumption of alcohol; intentional inhalation of fumes; or intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions) by the **life assured.**

In the event of such a claim, the policyholder/owner will forfeit all benefits afforded in terms of this policy and all premiums paid in respect of this policy, and your insurer may void or cancel this policy as from the commencement date, at its discretion.

Specific exclusions

Your insurer will not pay a claim if the death of the **life assured** was, in their opinion, related directly or indirectly to any one of the events or conditions listed in the policy schedule under the **Specific exclusions section.**

YOUR PRODUCT

Disability
Cover

Disability Cover

Occupation-based disability cover

Benefit: This product pays out a lump sum if the **life assured** becomes disabled and:

- is totally and permanently unable to perform the normal tasks required by his/her normal occupation; and
- cannot do any other work that he/she would be able to do, given his or her education, knowledge, training or experience.

The maximum benefit amount, as stated on the policy schedule, will remain the same until 5 (five) years before the **life assured** turns 65 (sixty-five) or reaches his/her selected retirement age, whichever is earlier. Thereafter, the maximum benefit will be divided by 5 and your policy will be decreased annually by this amount. No increases in cover can be made at this time.

The table below illustrates the above adjustment on a sum assured of R100 000 with a retirement age of 65 (sixty-five):

Age	Amount
61	R80 000
62	R60 000
63	R40 000
64	R20 000
65	R0

Disability Cover

Accidental Occupation-based disability cover

Benefit: This product pays out a lump sum if the **life assured** becomes disabled as a result of accidental causes only and:

- is totally and permanently unable to perform the normal tasks required by his/her normal occupation; and
- cannot do any other work that he/she would be able to do, given his or her education, knowledge, training or experience.

The maximum benefit amount, as stated on the policy schedule, will remain the same until 5 (five) years before the **life assured** turns 65 (sixty-five) or reaches his/her selected retirement age, whichever is earlier. Thereafter, the maximum benefit will be divided by 5 and your policy will be decreased annually by this amount. No increases in cover can be made at this time.

The table below illustrates the above adjustment on a sum assured of R100 000 with a retirement age of 65 (sixty-five):

Age	Amount
61	R80 000
62	R60 000
63	R40 000
64	R20 000
65	R0

Disability Cover

Event-based disability cover
Benefit: This product pays a percentage of the sum assured for disability according to the criteria as described in the tables below. Any claim paid out reduces the amount available for future claim events. Once a cumulative amount of 100% (one hundred percent) of the total **sum assured** (stated in the policy schedule) has been paid out, no further payouts for this benefit will be considered and cover will cease.

Accidental Event-based disability cover
Benefit: This product pays a percentage of the sum assured for accidental disability only according to the criteria as described in the tables below. Any claim paid out reduces the amount available for future claim events. Once a cumulative amount of 100% (one hundred percent) of the total sum assured (stated in the policy schedule) has been paid out, no further payouts for this benefit will be considered and cover will cease.

Definition	50% Payout	100% Payout
Loss of or Loss of Use of Limbs: The permanent physical severance of a limb from above the elbow or knee joint or the total, permanent and irreversible loss of muscle function and sensation of the whole of a limb.	One limb.	Two limbs.
Blindness: Total and permanent loss of sight that is not correctable by treatment or operation, defined as a visual acuity of 20/200 Snellen rating or less in one or both eyes, tested with the use of any corrective aids.	Total blindness in one eye.	Total blindness in both eyes.

Disability Cover

Definition	50% Payout	100% Payout
Deafness: Total and permanent loss of hearing that is not correctable by treatment or operation, of 90dB or more in either one or both ears measured over 500, 1000, 2000 and 3000Hz frequencies measured 6 months apart, tested with the use of any hearing aids.	Total deafness in one ear.	Total deafness in both ears.
Loss of Speech: Total and permanent loss of the ability to speak confirmed by the appropriate neurological evidence. Loss of speech due to any psychological disorder is excluded.		Total Loss.
Permanent confinement: Total and permanent limitation of mobility which has resulted in the loss of independence or the need for permanent assistance. This is to be confirmed by our medical officer.		Bedbound / wheelchair dependant.
Major Burns: Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering a minimum specified body surface area percentage.	Full thickness burns covering at least 15% of body surface area.	Full thickness burns covering at least 20% of body surface area.

Disability Cover

Definition	50% Payout	100% Payout
Major Head Trauma: A traumatic injury to the brain, caused by an external physical force, resulting in significant and permanent impairment of cognitive abilities and/or physical functioning. The diagnosis must be confirmed by appropriate neurological evidence.		Major head trauma resulting in signi- ficant permanent neurological deficit and the need for ongoing and continual professional assistance for basic personal care, e.g. in a registered nursing home facility or home-based care by a registered health care professional.
Spinal cord injury or disease: Total and irreversible loss of muscle function and sensation affecting at least two limbs due to injury or disease. The impairment must be permanent and confirmed by the appropriate neurological evidence.		• Paraplegia. • Quadriplegia.

Disability Cover

Example
A client selects a R250 000 sum assured disability policy for event-based disability. In an accident, the client loses 1 (one) limb. A 50% payout is made and the client receives R125 000. For any future claims, the remaining R125 000 is available for either a 50% or 100% payout per claim event.

Aggregation
The sum of life insurance benefits owned by the policyholder, across all insurers, used to determine the maximum allowed. The insurance industry uses aggregation to prevent clients from purchasing life insurance with the intention to enrich themselves.

HIV testing: If indicated in your policy schedule, your insurer requires a new negative HIV test on the **life assured**, to be submitted, as specified in your policy schedule or amendment schedule. HIV testing may be required within a specified time frame from commencement, policy upgrade and/or reinstatement of cover. Should this not be supplied within the required period or the test result is reactive, the **life assured** will automatically be covered for **accidental disability** only and premiums will be adjusted accordingly. Should the HIV test result be received after the required date, underwriting may be required to review any benefits on the policy.

Additional benefits
Depending on your policy, one or more of these benefits may be added to your contract. Please refer to your policy schedule for confirmation of the benefits that have been included.

- **Premium waiver:** If the **life assured** becomes disabled and is paid a 100% lump sum disability benefit, the premiums for life cover and dread disease (if applicable) will not be charged for a period of five (5) years. Policy premium collection will re-commence and is payable when the premium waiver period has expired.
- **Guaranteed assurability:** If applicable to the product chosen, the cover **sum assured** on the policy may be increased by a percentage of the original sum assured, up to a maximum allowed or up to your insurer's maximum insurable amount at the time, whichever is lower. This is without the need for any further underwriting, other than providing a new negative HIV test (if required) for the **life assured**. Such an option may only be exercised on every third policy anniversary or after a significant event, as described below:
- The marriage of the **life assured;**
- A child being born to or legally adopted by the **life assured;**
- The **life assured** purchasing a home; and/or
- The **life assured** entering

Disability Cover

into a business or taking an increased interest in an existing business.

If cover is increased after any of the above events, the sum assured will remain the same for a period of three years and further guaranteed assurability increases will only be allowed after this period, as stated in the policy schedule.

You may only use this benefit if you:

- request the increase within 3 (three) months of the date of the significant event or third policy anniversary;
- Are younger than the maximum entry age for this benefit;
- Have not claimed and are not in the process of claiming; and
- Are not aware of any condition present and have not suffered any event that would entitle you to claim under the policy.

Your insurer may need further information about the significant events described above when you request the cover increase. Financial underwriting may also be required.

Your insurer will base the premium for the increased cover on current premium rates and conditions applicable at the time of the increase.

General exclusions

Neither claims for disability nor the premium waiver benefit will be paid if the condition of the **life assured** is caused or accelerated, whether directly or indirectly, by:

- Participation in war and/or acts of war, whether war be declared or not;
- Participation in civil commotion, insurrection, riot, usurpation of power, terrorism or acts of terrorism;
- Participation in any criminal activity;
- Radioactivity and nuclear explosions;
- Failure to obtain and/or follow reasonable medical advice;
- The **life assured** wilfully and materially breaking any law, or the claim event having been accelerated by the life assured materially breaking any law; or
- Material misrepresentation or non-disclosure of information before the **commencement date**;
- Self-inflicted injury or illness;
- Excessive consumption of alcohol; intentional inhalation of fumes; and intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions); or
- Participation in any hazardous sport or pursuit, unless notified to your insurer and accepted for cover (with or without an increase in premium).

Disability Cover

Specific exclusions
Your insurer will not pay the disability claim or the premium waiver benefit if the condition of the life assured is caused or accelerated, whether directly or indirectly, by any one of the events listed in the policy schedule under the S**pecific exclusions section.**

YOUR PRODUCT

Expense
Protector

Expense Protector

Expense Protector pays out if the **life assured** does not receive their regular income due to incapacitation as a result of either illness or injury. Expense protector can be purchased on its own, or as part of a life insurance policy and provides two types of cover.

Occupation-based expense protector: this product pays out a monthly income as indicated in the policy schedule, if the **life assured** suffers a loss of income due to an inability to perform any of the occupational duties that they have been trained to perform, due to injury or illness.

Event-based expense protector: this product pays out a monthly income as indicated in the policy schedule, if the **life assured** becomes impaired due to accidental or natural causes; and

- That impairment results in the **life assured** being unable to perform their own or suited occupations; or
- The impairment results in 100% of the **sum assured** being paid out as per the definitions contained in the ensuing tables.

Benefit escalation

Expense protector includes an optional **benefit escalation** which provides the policyholder with the option to increase the benefit pay-out by 5% on the anniversary of the policy, as well as when a claim is made.

Terms and conditions

- The payout is limited to 75% of the **life assured's** gross monthly salary or R100 000 whichever is lower.
- The **life assured** must inform the insurer if there is any change in occupation, within three (3) months of the said change.
- The premium will not be waived during a claim.
- Proof of loss of income will be required in the case of claims which are paid for three (3) months or longer.
- Payment will continue until either:
- The date upon which the insurer deems the **life assured**:
  - Able to carry out a substantial portion of his/her occupational duties; or
  - No longer suffers an income reduction that is solely attributable to the illness, injury, disease or surgical procedure that gave rise to the claim.
  - The **life assured** reaches the age of sixty-five (65).
  - The **life assured's** death.
- Claim payments will cease if:
  - The **life assured** refuses to undergo any physical examinations or tests required by the insurer in order to ascertain the continued validity of the claim;
  - The **life assured** does not provide satisfactory evidence of continued disability when requested to do so by the insurer;
  - There has been a material change in the **life assured's** health, income or occupation which affects the continued validity of a claim; or

Expense Protector

- The **life assured** declines to undergo medical treatment recommended by his/her own medical practitioner or the insurer's Chief Medical Officer which could reasonably be expected to undergo and which could substantially improve or remove the condition being claimed for.
- The **life assured's** benefit amount will be reduced accordingly if, after a claim has been admitted, the life assured:
  - Engages in his/her own occupation with reduced remuneration or duties; or
  - Is considered by the insurer to be capable of engaging in his/her own occupation.

Expense Protector

Definition	100% Payout
Loss of or loss of use of limbs: The permanent physical severance of a limb from above the elbow or knee joint or the total, permanent and irreversible loss of muscle function and sensation of the whole of a limb.	Two limbs.
Blindness: Total and permanent loss of sight that is not correctable by treatment or operation, defined as a visual acuity of 20/200 Snellen rating or less in one or both eyes, tested with the use of any corrective aids.	Total blindness in both eyes.
Deafness: Total and permanent loss of hearing that is not correctable by treatment or operation, of 90dB or more in either one or both ears measured over 500, 1000, 2000 and 3000Hz frequencies measured 6 months apart, tested with the use of any hearing aids.	Total deafness in both ears.
Loss of Speech: Total and permanent loss of the ability to speak confirmed by the appropriate neurological evidence. Loss of speech due to any psychological disorder is excluded.	Total loss.
Permanent confinement: Total and permanent limitation of mobility which has resulted in the loss of independence or the need for permanent assistance. This is to be confirmed by our medical officer.	Bedbound / wheelchair dependant.
Major Burns: Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering a minimum specified body surface area percentage.	Full thickness burns covering at least 20% of body surface area.

Expense Protector

Definition	100% Payout
Major Head Trauma: A traumatic injury to the brain, caused by an external physical force, resulting in significant and permanent impairment of cognitive abilities and/or physical functioning. The diagnosis must be confirmed by appropriate neurological evidence.	Major head trauma resulting in significant permanent neurological deficit and the need for ongoing and continual professional assistance for basic personal care, e.g. in a registered nursing home facility or home-based care by a registered health care professional.
Spinal cord injury or disease: Total and irreversible loss of muscle function and sensation affecting at least two limbs due to injury or disease. The impairment must be permanent and confirmed by the appropriate neurological evidence.	• Paraplegia. • Quadriplegia.

Expiry of cover: Cover expires when the **life assured** turns 65 (sixty-five) or reaches his/her selected retirement age, whichever is earlier.

Annual benefit escalation: An annual benefit escalation may be applicable, depending on the type of cover or product chosen. Please refer to your policy schedule for the annual benefit escalation and revision details applicable to your specific cover package.

Expense Protector

Waiting period: You will not be entitled to claim under this benefit for the duration of the period indicated in your policy schedule from the date of commencement of this contract.

Deferment period: The **life assured** will receive the monthly benefit only after the deferment period indicated in the policy schedule from the date of the claim event.

HIV testing: Your insurer requires a new negative HIV test on the **life assured** to be submitted, as specified in your policy schedule or amendment schedule. HIV testing may be required within a specified time frame from commencement, policy upgrade and/or reinstatement of cover. Should this not be supplied within the required period or the test result is reactive, the **life assured** will automatically be covered for accidental disability only and premiums may be adjusted accordingly. Should the HIV test result be received after the required date, underwriting may be required to review any benefits on the policy.

Earnings
On disability, previous earnings will mean the average monthly earnings during the 12 (twelve) months prior to incapacity of the **life assured** from his/her nominated occupation, together with any pension fund contributions. Earnings will mean nett after tax earnings, and will only include amounts earned in respect of work actually done by the **life assured** in his/her nominated occupation during this period.

General exclusions
Neither claims for disability nor the premium waiver benefit will be paid if the condition of the **life assured** is caused or accelerated, whether it be directly or indirectly, by:

- Participation in war and/or acts of war, whether war be declared or not;
- Participation in civil commotion, insurrection, riot, usurpation of power, terrorism or acts of terrorism;
- Participation in any criminal activity;
- Radioactivity and nuclear explosions;
- Failure to obtain and/or follow reasonable medical advice;
- The **life assured** wilfully and materially breaking any law; or the claim event having been accelerated by the life assured materially breaking any law; or
- Material misrepresentation or non-disclosure of information before the commencement date;
- Self-inflicted injury or illness;
- The excessive consumption of alcohol; intentional inhalation of fumes; and intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to the instructions);

Expense Protector

- Participation in any hazardous sport or pursuit, unless notified to your insurer and accepted for cover (with or without an increase in premium);
- Claims where the disability arose directly or indirectly as a result of elective surgery, other than medical procedures needed due to an injury or illness that occurred after the commencement date; or
- Claims where the claimant refuses medical treatment recommended by his/her medical practitioner or the insurer's chief medical officer (CMO), which he/she could reasonably be expected to undergo and which could substantially improve or remove the condition being claimed for.

Specific exclusions
Your insurer will not pay the disability claim or the premium waiver benefit if the condition of the **life assured** is caused or accelerated, whether directly or indirectly, by any one of the events listed in the policy schedule under **Specific Exclusions.**

YOUR PRODUCT

Dread Disease Cover

Dread Disease Cover

Dread Disease Cover
Benefit: This product pays a percentage of the sum assured if the **life assured** suffers a dread disease, according to the criteria described in the tables below. Any claim that is paid out reduces the amount available for future claims. Two payout levels apply on occurrence of a dread disease defined below:

- **25% payout - Life Changing Event Level 1**
- **100% payout - Life Changing Event Level 2**

Once your insurer has paid out a claim for a life changing event, they will only consider further claims for life changing events if the subsequent claims are not directly related to or caused by the previous disease(s). Once a claim for a disease has been made, no further claims will be considered for that specific disease, unless the condition has progressed to a Level 2 Life Changing Event – the remaining 75% (seventy-five percent) will then be paid out. Once a cumulative amount of 100% (one hundred percent) of the total **sum assured** (stated in the policy schedule) has been paid out, no further payouts for this benefit will be considered and cover will cease.

Expiry of cover: Cover is taken out on a whole-of-life basis and will terminate for the reasons explained under the heading Cancellation on page 9 of this book.

Survival period: The lump sum will only be paid if the **life assured** survives for at least 28 (twenty-eight) days from the date of diagnosis. If the life assured dies during this period, your insurer will not pay any dread disease claim. This survival period applies to all claims, regardless of whether there has been an earlier claim, or not.

HIV testing: Your insurer requires a new negative HIV test on the **life assured** to be submitted, as specified in your policy schedule or amendment schedule. HIV testing may be required within a specified time frame from **date of commencement**, policy upgrade and/or reinstatement of cover. Should this not be supplied within the required period or the test result is reactive, the insurer will proceed to cancel the cover and will not refund the premiums already paid to date.

Should the HIV test result be received after the required date, underwriting may be required to review any benefits on the policy.

Dread Disease Cover

The different diseases and their definitions and conditions under this policy are as follows:

Disease	Life Changing Event Level 1 – 25% Payout	Life Changing Event Level 2 – 100% Payout
Cancer Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. Unequivocal histological evidence of invasive malignancy must be provided.	Stage 1 or Stage 2 cancer or diagnosis of leukaemia.	Stage 3 or Stage 4 cancer or recurrence (relapse) or persistence of leukaemia despite treatment.
Specific Exclusions • All pre-malignant conditions, conditions with low malignant potential and borderline malignancies. • Kaposi Sarcoma. • Carcinoma in situ including melanoma in situ. • Basal Cell Carcinoma of the skin - all stages. • Squamous Cell Carcinoma of the skin - all stages. • CLL Stage 0. • Stage 1 Hodgkin's Lymphoma. • T1N0M0 (any Gleason) prostate cancer.		

Dread Disease Cover

Cardiovascular: **Disease**	**Life Changing Event Level 1 – 25% Payout**	**Life Changing Event Level 2 – 100% Payout**
Angioplasty: An interventional procedure to improve or restore blood flow to the narrowing (stenosis) of a coronary artery where the stenosis is at least 50% of the diameter of the vessel. Angiographic evidence to support the necessity for the above procedure must be provided.	With or without stent.	
Heart Valve Repair or Replacement: Undergoing any surgical procedure to replace or repair one or more heart valves. This includes a Valvotomy, Valvuloplasty (Valvoplasty) and all types of valve replacement.	Heart valve repair or replacement performed via keyhole (endoscopic) surgery.	Heart valve repair or replacement performed via open heart surgery.
Heart Attack: The death of a portion of heart muscle, due to inadequate blood supply, confirmed by a cardiologist, and as evidenced by all 3 (three) of the following criteria: 1. Compatible clinical symptoms. 2. New characteristic ECG changes, e.g. ST-segment and T-wave changes indicative of myocardial ischaemia or myocardial infarction or new onset Q waves. 3. Any 1 (one) of the following raised cardiac markers: • Trop T > 500 ng/L. • Trop I > 250 ng/L or equivalent. • CK-MB mass raised above the upper limit of normal laboratory reference range in the acute presentation phase. • Total CPK elevation above the upper limit of normal laboratory reference range values, with at least 6% being CK-MB.	Meeting the Heart Attack definition.	Severe Heart Attack with a decline in cardiac function. Meeting the definition for Heart Attack but with an ejection fraction (EF) of <40% measured with an ultrasound (echo) 30 days after the heart attack.
Coronary Artery Bypass Graft Surgery (CABG): Undergoing heart surgery on the advice of a cardiologist to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.	Coronary Artery Bypass Graft performed through keyhole (endoscopic) surgery.	Coronary Artery Bypass Graft performed through open heart surgery.
Aorta Graft Surgery: Undergoing any surgical procedure to excise and replace a portion of the diseased aorta with a graft. For this definition, aorta refers to the thoracic and abdominal portion of the aorta and not to any of its branches.		Aorta graft surgery.
Specific Exclusions • All Acute Coronary Syndromes, including but not limited to angina. Keyhole or percutaneous surgery.		

Dread Disease Cover

Cerebrovascular Incident (Stroke): **Disease**	**Life Changing Event Level 1 – 25% Payout**	**Life Changing Event Level 2 – 100% Payout**
Death of brain tissue due to inadequate blood supply or haemorrhage (bleeding) within the skull resulting in neurological deficit lasting for longer than 24 hours, consistent with the brain lesion as seen on a CT or MRI scan and confirmed by a neurologist.	Stroke resulting in any neurological deficit lasting for longer than 24 hours.	Stroke resulting in significant permanent neurological deficit and the need for ongoing and continual professional assistance with personal care, e.g. in a registered nursing home facility or home-based care by a registered health care professional, measured three months after the event.
Specific Exclusions • Transient ischaemic attacks (TIA). • Migraine.		

Dread Disease Cover

Major Organ Transplant or Chronic End Stage Organ Failure:		
Disease	**Life Changing Event Level 1 – 25% Payout**	**Life Changing Event Level 2 – 100% Payout**
Kidney: End stage renal failure.		Kidney: Chronic and irreversible end stage renal failure of both kidneys to function, as a result of which either regular ongoing dialysis or kidney transplant is required. The diagnosis must be confirmed by a nephrologist.
Heart: Requiring a heart transplant.		Heart: Having undergone a heart transplant or on a registered transplant waiting list. The diagnosis must be confirmed by a cardiologist.

Dread Disease Cover

Major Organ Transplant or Chronic End Stage Organ Failure:		
Disease	**Life Changing Event Level 1 – 25% Payout**	**Life Changing Event Level 2 – 100% Payout**
Lung: Requiring a lung/heart-lung transplant		**Lung:** Having undergone a lung or heart/lung transplant or on a registered transplant waiting list. The diagnosis must be confirmed by a pulmonologist or cardiologist.
Liver: Chronic and irreversible liver failure.		**Liver:** Chronic and irreversible liver failure that results in liver transplant or being placed on a registered transplant waiting list. The diagnosis must be confirmed by a gastroenterologist.
Pancreas: Inflammatory disease of the pancreas.		**Pancreas:** Chronic and irreversible failure of the function of the pancreas that results in pancreatic transplant or being placed on a registered transplant waiting list. The diagnosis must be confirmed by a gastroenterologist.
Specific Exclusions • Liver: alcohol and/or drug abuse related disease. • Pancreas: alcohol and/or drug abuse related disease. • Corneal transplants.		

Dread Disease Cover

Other Diseases of the Nervous System (Confirmed diagnosis by a specialist neurologist):		
Disease	**Life Changing Event Level 1 – 25% Payout**	**Life Changing Event Level 2 – 100% Payout**
Multiple Sclerosis: A definite diagnosis of Multiple Sclerosis with all of the following criteria: • The diagnosis must be confirmed by a neurologist using the appropriate diagnostic tests. • Two separate events must have occurred and resulted in permanent neurological deficit. • There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.	Definite diagnosis of Multiple Sclerosis with two separate documented events.	Progressive form of Multiple Sclerosis confirmed by a neurologist.
Specific Exclusion • Benign Multiple Sclerosis and clinically isolated syndrome (CIS).		

Dread Disease Cover

Other Diseases of the Nervous System (Confirmed diagnosis by a specialist neurologist):		
Disease	**Life Changing Event Level 1 – 25% Payout**	**Life Changing Event Level 2 – 100% Payout**
Parkinson's disease: A definite diagnosis of Parkinson's disease which satisfies all of the following criteria: • The diagnosis must be confirmed by a neurologist using the appropriate diagnostic tests. A DAT scan (dopamine transporter imaging) may be required for confirmation. There must be permanent impairment of motor function, with associated tremor and rigidity of movement.	Definite diagnosis of Parkinson's disease.	Parkinson's disease requiring on-going and continual professional assistance with personal care, e.g. in a registered nursing home facility or home-based care by a registered health care professional.
Alzheimer's disease: Definite diagnosis of Alzheimer's disease with loss of memory and concentration and overall decline in all mental faculties and an MMSE score of 18 or less. The diagnosis must be confirmed by a neurologist or psychiatrist.	Early onset Alzheimer's disease (before age 65).	Alzheimer's disease requiring on-going and continual professional assistance with personal care, e.g. in a registered nursing home facility or home-based care by a registered health care professional.

Dread Disease Cover

Other Diseases of the Nervous System (Confirmed diagnosis by a specialist neurologist):		
Disease	**Life Changing Event Level 1 – 25% Payout**	**Life Changing Event Level 2 – 100% Payout**
Benign brain tumour: A non-malignant tumour in the brain, meninges or spinal cord resulting in permanent neurological deficit including seizures. The diagnosis is to be confirmed by a neurologist.	Benign brain tumour with neurological deficit including seizures.	Treatment resistant (a tumour that recurs after surgery or radiation or does not respond to treatment) or inoperable benign brain tumour that has resulted in severe permanent neurological impairment.
Motor Neuron Disease: Definite diagnosis of Motor Neuron Disease confirmed by a Neurologist using appropriate diagnostic tests.		Diagnosis of Motor Neuron Disease.
Specific Exclusions • Incidental tumours found on CT or MRI scans. • Pituitary microadenoma.		

Dread Disease Cover

Gastrointestinal Diseases: **Disease**	**Life Changing Event** **Level 1 – 25% Payout**	**Life Changing Event** **Level 2 – 100% Payout**
Ulcerative Colitis as confirmed by a gastroenterologist or specialist physician with colonoscopy and biopsy.	Ulcerative Colitis or Crohn's Disease that has required the use of either steroids or immunomodulatory medication, continuously for more than six months.	Ulcerative Colitis or Crohn's Disease where a hemicolectomy, permanent colostomy or ileostomy has been performed.
Crohn's Disease as confirmed by a gastroenterologist or specialist physician with endoscopy and biopsy.		

Dread Disease Cover

Connective Tissue Diseases: **Disease**	**Life Changing Event** **Level 1 – 25% Payout**	**Life Changing Event** **Level 2 – 100% Payout**
Systemic lupus erythematosus: This is a chronic inflammatory auto immune disease, which may involve many different organ systems. The unequivocal diagnosis of Systemic Lupus Erythematosus, including a positive anti-nuclear factor test, must be confirmed by a specialist physician.	Systemic lupus erythematosus with single system involvement despite optimal treatment. Systemic lupus erythematosus with documented involvement of any one of the following organ systems: • Cardiovascular (heart or blood vessels). • Respiratory (lungs). • Neurological (eyes, brain or nerves). • Renal (kidneys). • Rheumatological (joints). • Haematological (blood and bone marrow).	Severe Systemic lupus erythematosus with chronic progressive documented involvement of two or more of the following organ systems: • Cardiovascular (heart or blood vessels). • Respiratory (lungs). • Neurological (eyes, brain or nerves). • Renal (kidneys). • Rheumatological (joints). • Haematological (blood and bone marrow).
Specific Exclusion • Discoid lupus or any other associated skin rash.		

Dread Disease Cover

Connective Tissue Diseases: **Disease**	**Life Changing Event** **Level 1 – 25% Payout**	**Life Changing Event** **Level 2 – 100% Payout**
Rheumatoid Arthritis: Chronic inflammatory disease in which there is musculoskeletal and systemic involvement. The diagnosis is to be confirmed by a rheumatologist.	Severe Rheumatoid Arthritis with single system involvement despite optimal treatment. Rheumatoid Arthritis with documented involvement of any one of the following organ systems: • Cardiovascular (heart or blood vessels). • Respiratory (lungs). • Neurological (eyes, brain or nerves). • Renal (kidneys). • Rheumatological (joints). • Haematological (blood and bone marrow). • Gastrointestinal (liver).	Severe Rheumatoid Arthritis with chronic progressive involvement of the heart or lungs or Vasculitis despite optimal treatment. Rheumatoid Arthritis with documented involvement of two or more of the following organ systems: • Cardiovascular (heart or blood vessels). • Respiratory (lungs). • Neurological (eyes, brain or nerves). • Renal (kidneys). • Rheumatological (joints). • Haematological (blood and bone marrow). • Gastrointestinal (liver).

Dread Disease Cover

Aids: **Disease**	**Life Changing Event Level 1 – 25% Payout**	**Life Changing Event Level 2 – 100% Payout**
Advanced Aids.		• A positive HIV test result AND • A CD4 cell count of less than 200 AND • Evidence of at least 1 (one) year treatment compliance confirmed by treating doctor AND either THREE of the following: • Weight loss of >10% body mass in less than 6 months • Shingles • Oral thrush • Chronic diarrhoea • Active pulmonary tuberculosis OR 1 (one) of the following: • Kaposi's sarcoma under age 60. • Pneumocystic carinii pneumonia. • Progressive multifocal leukoencephalopathy. • Extra pulmonary tuberculosis. • Cryptococcal meningitis.
Specific Exclusion • The Advanced Aids benefit is excluded unless a new negative HIV test on the life assured was required as per the policy schedule.		

Dread Disease Cover

Claims examples

1. A client with a sum assured of R400 000 has a minor heart attack. This is a Level 1 life-changing event and he qualifies for a 25% payout and thus receives an amount of R100 000. He later suffers a more severe heart attack, with a resultant ejection fraction of 35% more than 30 days after the event (see page 46). He receives the remaining R300 000.
2. A client with a sum assured of R750 000 has an angioplasty, qualifies for a 25% payout and receives R187 500. Some years later, an oncologist diagnoses the client with stage 2 cancer. The client qualifies for and receives 25% of R562 500 (the remaining sum assured), which totals R140 625. A year later the cancer progresses and the oncologist diagnoses the client with stage 4 cancer. He then qualifies for a 100% payout and receives the remaining R421 875. The dread disease policy ceases with this payment.

Additional benefits

Depending on your policy, one or more of these benefits may be added to your contract. Please refer to your policy schedule for confirmation of benefits that have been included.

- **Guaranteed assurability:** If applicable to the product chosen, the cover sum assured on the policy may be increased by a percentage of the original **sum assured**, up to a maximum allowed or up to your insurer's maximum insurable amount at the time, whichever is lower. This is without the need for any further underwriting, other than providing a new negative HIV test for the **life assured**. Such an option may only be exercised on every third **policy anniversary** or after a significant event, as described below:
  - the marriage of the l**ife assured**;
  - a child being born to or legally adopted by the **life assured**;
  - the **life assured** purchasing a home; and/or
  - the **life assured** entering into a business or taking an increased interest in an existing business.

  If cover is increased after any of the above events, the **sum assured** will remain the same for a period of three years and further guaranteed assurability increases will only be allowed after this period, as stated in the policy schedule.

  You may only use this benefit if you:
  - have not claimed and are not in the process of claiming;
  - are not aware of any condition present and have not suffered any event that would entitle you to claim under the policy;
  - request the increase within 3 (three) months of the date of the significant event or third policy **anniversary**; and
  - are younger than the maximum entry age for this benefit.

Dread Disease Cover

Your insurer may need further information about the significant events described above when you request the cover increase. Financial underwriting may also be required.

Your insurer will base the premium for the increased cover on current premium rates and conditions applicable at the time of the increase.

- **Premium waiver**: If the **life assured** suffers a dread disease and is paid a 100% lump sum dread disease benefit, the premiums for pure life and disability cover (if applicable) will not be charged for a period of 5 (five) years. Policy premium collection will re-commence and is payable when the premium waiver period has expired.

General Exclusions
No dread disease claim will be paid if the condition of the **life assured** is caused or accelerated, whether it be directly or indirectly, by:

- radioactivity and nuclear explosions;
- material misrepresentation or non-disclosure of information before the **commencement date**; and/or
- excessive consumption of alcohol; intentional inhalation of fumes; and intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions).

Specific Exclusions
Your insurer will not pay the claim amount if the dread disease the **life assured** suffers from arises or is accelerated, directly or indirectly, by any one of the events listed in the policy schedule under the **Specific Exclusions section.**

YOUR PRODUCT

All Woman
Cover

All Woman Cover

Benefit: This product pays out a percentage of the **sum assured** (stated in the schedule) if the **life assured (policyholder)**, **or up to four children of the life assured**, suffers an event according to the criteria described in the tables outlined below. Only one claim will be paid per event. Any claim that is paid out will reduce the amount available for future claims.
Once a cumulative amount of 100% of the total sum assured has been paid out, no further payouts under this benefit will be considered and cover will cease. This is also a standalone product.

Definition of a child: The life assured's biological child, stepchild or legally adopted child.

- The child must be 18 (eighteen) years or younger and unmarried at the date of diagnosis.
- A maximum of 1 (one) claim per child will be covered.
- A maximum of 4 (four) children will be covered.
- A 6-month (six-month) waiting period will be enforced in respect of children's claims.
- The benefit paid out on child cancer is 50% (fifty percent) of the sum assured or R250 000 (two hundred and fifty thousand rand), whichever is lower.
- Multiple claims are allowed, but all cover under this policy falls away once 100% (hundred percent) of the sum assured, in total, is paid out.

Expiry of cover: Cover is on a whole-of-life basis and will expire once 100% (hundred percent) of the total **sum assured** has been paid out.

Waiting period: Any event and/or diagnosis occurring during the waiting period, will not be covered under this policy from the date of commencement or reinstatement effective date (if applicable) of this contract. Please see your schedule for the details of any applicable waiting periods.

Pre-existing conditions and exclusions: The **life assured** will not be covered for any claim arising from any disease, injury or other condition, which, in the opinion of your insurer, is related to a previous disease, injury or other condition for which the life assured has received medical treatment or advice at any time prior to the date of commencement or reinstatement effective date of this policy.

Claims should be submitted within 3 (three) years of the birth of a child in the case of claims for conditions relating to congenital abnormalities.
The different events covered and their definitions under this policy are as follows:

All Woman Cover

Cancer (Covering the policyholder):	Payout (as a percentage of the total sum assured)	
Disease	**25% Payout**	**100% Payout**
Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. Unequivocal histological evidence of invasive malignancy must be provided. The term malignant tumour includes leukaemia, lymphoma and sarcoma.	Stage 1 and 2 cancer	Stage 3 and 4 cancer

Cancers covered are limited to:

- Breast cancer
- Cervical cancer
- Ovarian cancer (all ovarian cancers classified as low malignant potential/borderline cancers are excluded from this definition)
- Uterine cancer
- Cancer of the fallopian tubes
- Choriocarcinoma
- Cancer of the vagina
- Cancer of the vulva.

Specific Exclusions

- Cancers for which the life assured had treatment or advice prior to the policy commencement date or reinstatement effective date
- All tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, or non-invasive
- All cancers in situ
- All pre-malignant conditions
- Carcinoma-in-situ
- Stage 0 chronic lymphocytic leukaemia
- Any skin cancer other than malignant melanoma with Breslow thickness greater than 1mm
- All tumours that occur within the six-month waiting period, or are a recurrence or metastases of a tumour that first occurred within the six-month waiting period
- Central nervous system lymphoma
- Kaposi's sarcoma.

All Woman Cover

Pregnancy Complications (Covering both the policyholder and child): **Complications**	**Payout (as a percentage of the total sum assured)** **20% Payout**
Pregnancy complications covered are limited to: • Pregnancy complications requiring the policyholder to: a. spend 48 (forty-eight) hours or more in ICU b. spend 24 (twenty-four) hours in ICU and 3 (three) or more consecutive days in a general hospital ward c. spend more than 5 (five) consecutive days in a general hospital ward. • Miscarriage due to amniocentesis or chorionic villus sampling • Foetal death following at least 28 (twenty-eight) weeks of pregnancy as a result of unintended trauma - self-inflicted trauma is not covered • Abruptio placentae with any 1 (one) of the following: a. maternal hypovolaemic shock b. foetal loss or c. disseminated intravascular coagulopathy • Eclampsia which has been clinically documented (pre-eclampsia is not covered) • Hydatidiform mole treated with chemotherapy • Placenta praevia of Grade 3 (three) or 4 (four) severity • Placenta accreta which has necessitated a hysterectomy • Embolism during pregnancy or delivery • Uterine rupture that has necessitated a hysterectomy • Third- or fourth-degree vaginal tear that has resulted in a fistula and has undergone surgical repair • ICU admission for a documented pregnancy- related complication of at least 5 (five) days in duration.	

All Woman Cover

Pregnancy Complications (Covering both the policyholder and child): Complications	Payout (as a percentage of the total sum assured) 20% Payout
Complications affecting the newborn that are covered are limited to: • Confirmed chromosomal disorder: chromosomal disorder confirmed by genetic testing where the baby has survived for at least 1 (one) month from birth • Other genetic disorders: genetic disorder confirmed by genetic testing where the baby has survived for at least 1 (one) month from birth • Birth defect or congenital anomaly in the newborn baby of the policyholder requiring life-saving surgery in the 90 (ninety) days following birth, or resulting in a significantly reduced life expectancy for the newborn baby • Cerebral palsy with documented motor-system involvement (diplegia, hemiplegia, quadriplegia) or mental retardation • Tracheooesophageal fistula, oesophageal atresia or exomphalos major which has undergone surgical repair • Congenital heart disease that has been surgically corrected • Cleft palate involving the lip, hard and soft palate and/or alveolus, which has been surgically corrected • Spina bifida • Hypospadias that has been surgically corrected • Anal atresia with colostomy • Biliary atresia • Inborn metabolic disorders with a documented developmental delay over a 12-month (twelve- month) period • Congenital blindness (total) in one or both eyes • Congenital deafness (total) confirmed by a specialist.	

All Woman Cover

Children's Cancer (Covers children of the policyholder): **Event**	
Definition of cancer: A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term 'malignant tumour' includes leukaemia, lymphoma and sarcoma.	**50% or R250 000 payout, whichever is lower**
Childhood cancers covered are limited to: • Leukaemia • Lymphoma • Brain tumours (malignant or benign, as classified according to the World Health Organization grading) • Neuroblastoma • Retinoblastoma • Nephroblastoma (Wilm's tumour) • Osteosarcoma • Rhabdomyosarcoma.	
Specific Exclusions • Cancers for which the child of the policyholder had treatment for or advice on, prior to the policy commencement date or reinstatement effective date • All tumours, which are histologically described as benign (except brain tumours), pre malignant, borderline malignant, low malignant potential or non-invasive • All cancers in situ • All pre-malignant conditions • Carcinoma-in-situ • Stage 0 chronic lymphocytic leukaemia • Any skin cancer other than malignant melanoma with Breslow thickness greater than 1mm • Central nervous-system lymphoma • Kaposi's sarcoma.	

All Woman Cover

Accidental HIV Infection as a result of a violent crime, including rape (Covering the policyholder): Event	Payout (as a percentage of the total sum assured)
• The offence must have been reported to the South African Police Service (SAPS) and a criminal case opened and not withdrawn. • An HIV test must have been performed within 24 (twenty-four) hours of the assault to confirm HIV negative status at the time of the assault. • A medical examination of the victim must have been performed within 24 (twenty-four) hours of the incident. • Proof should also be supplied that the patient has started a course of anti-retroviral drugs.	**40% Payout**

All Woman Cover

Systemic Lupus Erythematosus (Covering the policyholder): Disease	Payout (as a percentage of the total sum assured)
Systemic lupus erythematosus with documented involvement of any one of the following organ systems: • Kidneys • Eyes • Brain. The following gastrointestinal tract involvement: • Hepatomegaly AND splenomegaly • Lungs. The following cardiovascular system involvement: • Endocarditis, cardiomyopathy OR recurrent arterial thrombosis.	**10% Payout**
Specific Exclusions • Involvement of the skin, joint(s) or any mental and behavioural disorders.	

All Woman Cover

Claim examples

1. A policyholder with a R500 000 insured amount is a victim of a violent crime, including rape, and is accidentally infected with HIV. She qualifies for a 40% payout and receives an amount of R200 000. She is later diagnosed with cancer. She qualifies for a 100% payout and receives the remaining R300 000. The All Woman policy ceases with this payment.
2. The child of the policyholder with a R750 000 insured amount is diagnosed with cancer. The policyholder qualifies for and receives 50% of the **sum assured** or R250 000, whichever is lower. R250 000 was paid reducing the sum assured to R500 000. A few months later, the policyholder is a victim of a violent crime, including rape, and is accidentally infected with HIV. She qualifies for a 40% payout of the original sum assured of R750 000 and thus receives an amount of R300 000. The **sum assured** on the policy has now reduced to R200 000. A few years later, the client is diagnosed with systemic lupus erythematosus. She qualifies for a 10% payout of the original sum assured of R750 000 and receives R75 000. The All Woman policy will remain active with a **sum assured** of R125 000 (one hundred and twenty-five thousand rand).

General exclusions

All Woman claims will not be paid if the condition of the **life assured** is caused or accelerated, whether directly or indirectly, by:

- radioactivity and nuclear explosions;
- material misrepresentation or non-disclosure of information before commencement date or reinstatement effective date;
- the excessive consumption of alcohol, intentional inhalation of fumes, intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used as described);
- intentional and gross negligent self-inflicted injury; and/or
- elective termination of pregnancy.

Specific exclusions

Your insurer will not pay the claim amount if the dread disease that the **life assured** suffers from arises or is accelerated, directly or indirectly, by any one of the events listed in the policy schedule under the **Specific exclusions.**

Contact us

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