



1Life

Changing Lives

LIFE COVER POLICY BOOK

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They include plain language, logical structure, a clean layout and descriptive headlines. The Mark was awarded by Plain Business Writing (Pty) Ltd.

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Your policy documents

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 product supplier consists of:

- the application for cover by telephone, through the website 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 product supplier.

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 of private underwriting and claims information as set out in the standard disclosures made in terms of the Financial Advisory and Intermediary Services Act.

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 product supplier 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 life insurance with the intention of enriching themselves.

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 stated in the life insurance policy to whom the insurer pays the cover amount to.

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.

Financial services provider: The authorised financial services provider that sells the life insurance policy to you.

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 product supplier 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**. 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**.

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 product supplier 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 product supplier 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.

Product supplier: The underwriter of your life insurance policy.

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 product supplier. 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 over a certain time frame, as defined by the life insurer.

Underwriting: The process during which the product supplier 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.

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 product supplier 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 product supplier 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.

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.

If a payment is not received within 30 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

An annual premium escalation and premium guarantee period may be applicable depending on the cover type or product chosen.

Please refer to your policy schedule for the annual premium escalation, premium guarantee period and revision details applicable to your specific cover package.

Reinstatement

Should your contract no longer be in force, your product supplier may reinstate your contract at your request. Your product supplier 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 product supplier will be in South African Rand. South African law will govern this contract.

Your product supplier 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** will be required to go for an HIV test. After completing all underwriting, your product supplier will confirm with the **policyholder/owner** whether cover is accepted, accepted on revised terms, or declined.

Cancellation

If you decide to cancel your policy, your product supplier requests that you do so in writing. Your product supplier will stop your cover once they have received your cancellation letter. The contract will become invalid and your product supplier will not be liable for any benefits after the cancellation date.

Your product supplier will cancel the contract if:

- the benefit term expires;
- you fail to pay your premium within 30 (thirty) days of the normal deduction date. The policy will be cancelled and your product supplier will endeavour to reinstate cover by attempting to collect arrear premiums. Should your product supplier still be unsuccessful, the contract will be suspended;
- they fully discharge all their contractual obligations; 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 commencement date of your policy. If you cancel your policy within the **cooling-off period**, your product supplier 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 product supplier 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 product supplier 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 product supplier 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 amendments requested on the policy may have an effect on claims because of 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. 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 product supplier will not assess a claim until they receive all the necessary information. Your product supplier only accepts original or certified copies of documents. Your product supplier will inform you of how the documents can be supplied to them.

Your product supplier 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 product supplier 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 or a disability or dread disease benefit must be reported to them within 3 (three) months of its occurrence.

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

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

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

Disputed claims

Your product supplier will notify 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 product supplier about their decision on the claim. Your product supplier will respond to your representations within 10 (ten) days of receipt. Representations must be made in writing. Should your product supplier confirm their decision to reject or dispute the claim amount, you can either refer your complaint to the Ombudsman for Long-term Insurance or institute legal proceedings against your product supplier within 6 (six) months from receipt of their confirmation.

Your product supplier 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 product supplier 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 product supplier 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 product supplier 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 product supplier will reduce the benefit payable to an amount in keeping with the actual premiums paid to date.
- **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 product supplier 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 product supplier 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 product supplier 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 product supplier 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 product supplier 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 product supplier 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**.

True and complete information, material misrepresentation, or non-disclosure

Your product supplier 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 product supplier 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 product supplier by the **life assured** 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 product supplier. Your product supplier 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 product supplier'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 product supplier can use the following reasons, but are not limited to these, to terminate and admit no claim if:

- any claim under this policy is in any respect fraudulent;
- 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 conspire to cause, aggravate or accelerate the illness or disability that gives rise to a claim.

Your product supplier 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 product supplier 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

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

Benefit: This product pays out a lump sum 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.

Waiting period: During this period, only **accidental death** claims will be admitted. 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, should the **life assured** die from natural causes.

HIV testing: If indicated in your policy schedule, your product supplier requires a new negative HIV test on the **life assured** to be submitted within a specified time frame of **commencement date** or **reinstatement date**. 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** only and premiums may be adjusted accordingly.

Additional benefits (included automatically at no extra cost)

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 product supplier'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 funeral benefit:** An accelerated death benefit is available for funeral and other related expenses in the event of the death of the **life assured**. Your product supplier pays the funeral benefit from the life cover **sum assured** to the beneficiary selected at claim stage. The balance of the claim will be assessed and settled thereafter, provided the terms and conditions are met.

The funeral 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 of policy.

If the **life assured** is only covered for accidental death, then the benefit will only be paid out in the event of death due to accidental causes, and the above waiting period will still apply.

- **Premium waiver:** If the **life assured** becomes disabled and is paid a lump sum disability benefit, the premiums for pure life cover and dread disease cover (if applicable) will not be charged for a certain period, as stated in the policy schedule.

The waiver will commence after a certain time frame, as stated in the policy schedule, following a full payout for the disability benefit. This premium waiver benefit is available for as long as the disability benefit is valid, **but will expire** after a certain time frame, as stated in the policy schedule.

- **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 product supplier'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 the **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 specific time frame and further 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 **policy anniversary**; and
- are younger than the maximum entry age for this benefit.

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

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

General exclusions

Your product supplier 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 reinstatement 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** deriving any income from the intentional contravention of any criminal law, whether legislative or common-law (including fraud);
- participation by the **life assured** in criminal activity;
- the **life assured** wilfully and 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 product supplier may void or cancel this policy as from the **commencement date**, at its discretion.

Specific exclusions

Your product supplier 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**.

Disability

Occupation-based disability

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 how they would make this 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

Event-based disability

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.

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.
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.

Definition	50% Payout	100% Payout
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.
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.		<ul style="list-style-type: none"> • Paraplegia. • Quadriplegia.

Example

A client selects a R250 000 sum assured disability policy for event-based disability. In an accident, the client loses 1 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 product supplier requires a new negative HIV test on the **life assured**, to be submitted within a specified time frame of **commencement date** or **reinstatement date**, as stated in the policy schedule. 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.

Additional benefits (included automatically at no extra cost)

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.

- **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 product supplier'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 the **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 specific time frame and further 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 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 product supplier may need further information about the significant events described above when you request the cover increase. Financial underwriting may also be required.

Your product supplier 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 criminal activity;
- radioactivity and nuclear explosions;
- failure to obtain and/or follow reasonable medical advice;
- the **life assured** wilfully and materially breaking any law;
- 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 product supplier and accepted for cover (with or without an increase in premium).

Specific exclusions

Your product supplier 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 **Specific exclusions section**.

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
 - 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.

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.
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.	<ul style="list-style-type: none"> • 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.

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: If indicated in your policy schedule, your product supplier requires a new negative HIV test on the **life assured** to be submitted within a specified time frame of **commencement** or **reinstatement date**. 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.

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 criminal activity;
- radioactivity and nuclear explosions;
- failure to obtain and/or follow reasonable medical advice;
- the **life assured** wilfully and materially breaking any law;
- 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);
- participation in any hazardous sport or pursuit, unless notified to your product supplier 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 product supplier 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**.

Dread disease

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 product supplier 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 reason explain under the heading Cancellation on page 13 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 product supplier 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: If indicated in your policy schedule, your product supplier requires a new negative HIV test on the **life assured** to be submitted within a specific time frame of **commencement date** or **reinstatement date**, as stated in the policy schedule. Should this not be supplied within the required period or the test result is reactive, the product supplier will proceed to cancel the cover and will not refund the premiums already paid to date.

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
<p>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.</p>	<p>Stage 1 or Stage 2 cancer or diagnosis of leukaemia.</p>	<p>Stage 3 or Stage 4 cancer or recurrence (relapse) or persistence of leukaemia despite treatment.</p>
<p>Specific Exclusions</p> <ul style="list-style-type: none"> • 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. 		

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 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 of the following raised cardiac markers: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • All Acute Coronary Syndromes, including but not limited to angina. Keyhole or percutaneous surgery. 		

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 <ul style="list-style-type: none"> • Transient ischaemic attacks (TIA). • Migraine. 		

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.

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 transplant waiting list. The diagnosis must be confirmed by a gastroenterologist.
Specific Exclusions <ul style="list-style-type: none"> • Liver: alcohol and/or drug abuse related disease. • Pancreas: alcohol and/or drug abuse related disease. • Corneal transplants. 		

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
<p>Multiple Sclerosis: A definite diagnosis of Multiple Sclerosis with all of the following criteria:</p> <ul style="list-style-type: none"> • 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
<p>Specific Exclusion</p> <ul style="list-style-type: none"> • Benign Multiple Sclerosis and clinically isolated syndrome (CIS). 		

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
<p>Parkinson's disease: A definite diagnosis of Parkinson's disease which satisfies all of the following criteria:</p> <ul style="list-style-type: none"> • The diagnosis must be confirmed by a neurologist using the appropriate diagnostic tests. A DAT scan (dopamine transporter imaging) may be required for confirmation. <p>There must be permanent impairment of motor function, with associated tremor and rigidity of movement.</p>	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.
<p>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.</p>	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.

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.
Specific Exclusions <ul style="list-style-type: none"> • Incidental tumours found on CT or MRI scans. • Pituitary microadenoma. 		
Motor Neuron Disease: Definite diagnosis of Motor Neuron Disease confirmed by a Neurologist using the appropriate diagnostic tests.		Diagnosis of Motor Neuron Disease.

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.		

Connective Tissue Diseases:		
Disease	Life Changing Event Level 1 – 25% Payout	Life Changing Event Level 2 – 100% Payout
<p>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.</p>	<p>Systemic lupus erythematosus with single system involvement despite optimal treatment.</p> <p>Systemic lupus erythematosus with documented involvement of any one of the following organ systems:</p> <ul style="list-style-type: none"> • Cardiovascular (heart or blood vessels). • Respiratory (lungs) • Neurological (eyes, brain or nerves). • Renal (kidneys). • Rheumatological (joints). • Haematological (blood and bone marrow). 	<p>Severe Systemic lupus erythematosus with chronic progressive documented involvement of two or more of the following organ systems:</p> <ul style="list-style-type: none"> • Cardiovascular (heart or blood vessels). • Respiratory (lungs). • Neurological (eyes, brain or nerves). • Renal (kidneys). • Rheumatological (joints). • Haematological (blood and bone marrow).
<p>Specific Exclusion</p> <ul style="list-style-type: none"> • Discoid lupus or any other associated skin rash. 		

Disease	Life Changing Event Level 1 – 25% Payout	Life Changing Event Level 2 – 100% Payout
<p>Rheumatoid Arthritis: Chronic inflammatory disease in which there is musculoskeletal and systemic involvement. The diagnosis is to be confirmed by a rheumatologist.</p>	<p>Severe Rheumatoid Arthritis with single system involvement despite optimal treatment.</p> <p>Rheumatoid Arthritis with documented involvement of any one of the following organ systems:</p> <ul style="list-style-type: none"> • Cardiovascular (heart or blood vessels). • Respiratory (lungs). • Neurological (eyes, brain or nerves). • Renal (kidneys). • Rheumatological (joints). • Haematological (blood and bone marrow). • Gastrointestinal (liver). 	<p>Severe Rheumatoid Arthritis with chronic progressive involvement of the heart or lungs or Vasculitis despite optimal treatment.</p> <p>Rheumatoid Arthritis with documented involvement of two or more of the following organ systems:</p> <ul style="list-style-type: none"> • Cardiovascular (heart or blood vessels). • Respiratory (lungs). • Neurological (eyes, brain or nerves). • Renal (kidneys). • Rheumatological (joints). • Haematological (blood and bone marrow). • Gastrointestinal (liver).

Aids:		
Disease	Life Changing Event Level 1 – 25% Payout	Life Changing Event Level 2 – 100% Payout
Advanced Aids.		<ul style="list-style-type: none"> • A positive HIV test result AND • A CD4 cell count of less than 200 AND • Evidence of at least 1 year treatment compliance confirmed by treating doctor AND either THREE of the following: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Kaposi's sarcoma under age 60. • Pneumocystic carinii pneumonia. • Progressive multi-focal leukoencephalopathy. • Extra pulmonary tuberculosis. • Cryptococcal meningitis.
Specific Exclusion <ul style="list-style-type: none"> • The Advanced Aids benefit is excluded unless a new negative HIV test on the life assured was required as per the policy schedule. 		

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 27). 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 (included automatically at no extra cost)

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 product supplier'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 the **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 specified period and further 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 **policy anniversary**; and
- are younger than the maximum entry age for this benefit.

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

Your product supplier 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 lump sum dread disease benefit, the premiums for pure life and disability cover (if applicable) will not be charged for a certain period.

- this benefit is available for as long as the dread disease policy is valid, **but will expire** after a certain time frame; and
- the waiver will commence after a certain time frame, following the month in which a full payout for the dread disease benefit was made.

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 product supplier 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**.

All Woman

Benefit: This product pays out a percentage of the **sum assured** (stated in the schedule) if the **life assured, or up to four children of the life assured,** suffers an event according to the criteria described in the following tables. 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, which will only affect the insured amount under dread disease.

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.
- 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: You will not be entitled to claim on certain insured events for the duration of the period indicated in your schedule from the **date of commencement** 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 product supplier, 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 commencement 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:

Event	Payout (as a percentage of the total sum assured)	
Cancer	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.	Stage 1 and 2 cancer	Stage 3 and 4 cancer
<p>Cancers covered are:</p> <ul style="list-style-type: none"> • 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
- 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 tumor that first occurred within the six-month waiting period
- Central nervous system lymphoma
- Kaposi's sarcoma.

Event	Payout (as a percentage of the total sum assured)
PREGNANCY COMPLICATIONS (Covering both the life assured and child):	
<ul style="list-style-type: none"> • Pregnancy complications requiring the Life Assured to: <ul style="list-style-type: none"> • spend 48 (forty-eight) hours or more in ICU • spend 24 (twenty-four) hours in ICU and three or more consecutive days in a general hospital ward • spend more than five consecutive days in a general hospital ward. • Birth defect or congenital anomaly in the newborn baby of the Life Assured requiring life-saving surgery in the 90 days following birth, or resulting in a significantly reduced life expectancy for the newborn baby. <p>Pregnancy complications covered are:</p> <ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> a. maternal hypovolaemic shock b. foetal loss or c. disseminated intravascular coagulopathy • Eclampsia which has been clinically documented • 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 	<p>20% Payout</p>

Event	Payout (as a percentage of the total sum assured)
PREGNANCY COMPLICATIONS (Covering both the life assured and child):	
<ul style="list-style-type: none"> • 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 days in duration. <p>Complications affecting the newborn that are covered:</p> <ul style="list-style-type: none"> • Confirmed chromosomal disorder: chromosomal disorder confirmed by genetic testing where the baby has survived for at least 1 (one) month • Other genetic disorders: genetic disorder confirmed by genetic testing where the baby has survived for at least 1 (one) month • Cerebral palsy with documented motor-system involvement (diplegia, hemiplegia, quadriplegia) or mental retardation • Tracheo-oesophageal 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 in one or both eyes • Congenital deafness confirmed by a specialist. 	<p>20% Payout</p>

Event	Payout (as a percentage of the total sum assured)
CHILDREN'S CANCER (Covers children of the Life Assured):	
<p>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.</p>	<p>50% or R250 000 payout, whichever is lower</p>
<p>Childhood cancers covered include:</p> <ul style="list-style-type: none"> • Leukaemia • Lymphoma • Brain tumours (malignant or benign, as classified according to the World Health Organization grading) • Neuroblastoma • Retinoblastoma • Nephroblastoma (Wilm's tumour) • Osteosarcoma • Rhabdomyosarcoma. 	
<p>Specific Exclusions</p> <ul style="list-style-type: none"> • Cancers for which the child of the Life Assured had treatment for or advice on, prior to the policy commencement 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. 	

Event	Payout (as a percentage of the total sum assured)
ACCIDENTAL HIV INFECTION AS A RESULT OF A VIOLENT CRIME, INCLUDING RAPE	
<ul style="list-style-type: none"> • 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

Event	Payout (as a percentage of the total sum assured)
SYSTEMIC LUPUS ERYTHEMATOSUS	
<p>Systemic lupus erythematosus with documented involvement of any one of the following organ systems:</p> <ul style="list-style-type: none"> • Kidneys • Eyes • Brain. <p>The following gastrointestinal tract involvement:</p> <ul style="list-style-type: none"> • Hepatomegaly AND splenomegaly • Lungs. <p>The following cardiovascular system involvement:</p> <ul style="list-style-type: none"> • Endocarditis, cardiomyopathy OR recurrent arterial thrombosis. 	10% Payout
<p>Specific Exclusions</p> <ul style="list-style-type: none"> • Involvement of the skin, joint(s) or any mental and behavioural disorders. 	

Claim examples

1. A client 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 a client with a R750 000 insured amount is diagnosed with cancer. The client qualifies for and receives 50% of the **sum assured** or R250 000, whichever is lower. A few months later, the client 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. A few years later, the client is diagnosed with systemic lupus erythematosus. She qualifies for a 10% payout 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;
- 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 product supplier 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

We take pride in providing you with the freedom to choose high-quality, long-term insurance options and products that suit your needs, at a premium you can afford.

Client Services – Contact our Client Services Department to obtain policy information, make changes, query payments and any other general enquiries regarding your policy.

Tel: 0860 10 51 94
Fax: 0860 10 51 97
E-mail: clientservices@1Life.co.za

HIV Test Enquiries – Contact the HIV Department for more information on HIV tests, where applicable.

Tel: 0860 67 06 70
Fax: 0860 10 51 97
E-mail: hivtests@1Life.co.za

Claims – Contact the Claims Department to submit a claim or make an enquiry regarding an existing claim.

Tel: 0860 10 51 96
Fax: 0860 10 51 97
E-mail: claims@1Life.co.za

Cancellations – If you wish to cancel your policy, please send a letter informing us to do so. Contact the Cancellations Department for more information regarding cancellations.

Tel: 0860 10 52 49
Fax: 0860 10 51 97
E-mail: cancellations@1Life.co.za

If you are considering cancelling your policy, please speak to one of our consultants about restructuring your policy to better suit your needs.

Visit us on our website or make changes via USSD:

Website: www.1Life.co.za
Dial *120*101# from your cell phone.

