



**FOR YOUR
PEACE OF MIND**

**1Life
Priority Cover
Policy Book**

1Life

Changing Lives

Contents

Your policy documents	3
Life insurance jargon explained	4
General terms and conditions	8
Your product	15
• Priority Life Cover	16
• Priority Accidental Death Benefit (ADB) Cover	18
• Priority Disability Cover	21
• Event-based Disability Cover	22
• Accidental Event-based Disability Cover	22

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**.

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. 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. 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 issued or varied. If you cancel your policy within the cooling-off period, your insurer will refund the premiums you have

General terms and conditions

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 terminal illness. 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 or provide any benefit 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 benefit must be reported to them within 3 (three) months of its occurrence.

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

General terms and conditions

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 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.

- **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,

General terms and conditions

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

Priority Life Cover



Priority 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.

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 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 available immediately for death due to accidental causes and after six (6) 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 life cover will not be charged for a period of 5 (five) years.

Priority Life Cover

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.

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

Priority Accidental Death Benefit (ADB) Cover



Priority 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 Priority 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**. 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.

The benefit is available from

commencement or effective date of reinstatement of cover provided the first premium was paid.

- **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 life cover 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. After this period, normal cancellation rules will apply as stated above.

General exclusions

Your insurer will have no liability whatsoever under the policy

Priority Accidental Death Benefit (ADB) Cover

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/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

Priority Disability Cover



Priority Disability Cover

Priority 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.

Priority 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.

Priority Disability Cover

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.

Priority 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.

Priority Disability Cover

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

Priority 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.

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 will not be charged for a period of five (5) years. Policy premium collection will recommence and is payable when the premium waiver period has expired.

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).

Priority 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 **Specific exclusions section**.

Contact us

We take pride in providing you with the freedom to choose high-quality, life 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
E-mail: clientservices@1Life.co.za

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

Tel: 0860 10 51 96
E-mail: claims@1Life.co.za
<https://www.1life.co.za/claims>

Cancellations – **If you wish to cancel your policy, please call or email us informing us to do so. Contact the Cancellations Department for more information regarding cancellations.**

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

Contact us

Complaints

Email: complaints@1Life.co.za

Compliments

Email: compliments@1Life.co.za

Report fraud

Tel: 0861 11 56 53

Email: fraud@1Life.co.za

Policyholder admin

<https://mypolicy.1life.co.za/login>

Policyholder WhatsApp

0860 10 53 40

Follow up on social media



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

www.1Life.co.za

1Life Insurance (Pty) Ltd
Clientèle Office Park
Corner Rivonia & Alon Road, Sandton, 2196
PO Box 1316, Rivonia, 2128
www.1life.co.za

Premiums are risk profile dependent and subject to annual review. 1Life is a Licensed Life Insurer & FSP. Ts & Cs online.