



**FOR YOUR
PEACE OF MIND**

Funeral Cover Policy Book

1Life

Changing Lives

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Your policy documents

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

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 **main member** as you/your, the product provider as your financial services provider and the underwriter or insurer as your insurer.

Funeral insurance jargon explained

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

- an explanation of funeral 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.

Beneficiary: This person is selected by the **main member** and named in the policy to be the person to whom the cover amount is paid to upon the death of the **main member**.

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 when the policy was first taken out / issued.

Continuation option: This is an option whereby the policy continues to cover the additional members on the policy following the death of the **main member**.

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.

Death:

- **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 member.
- **Natural death:** Death that occurs from natural causes such as disease or old age, rather than from an act of violence or injury or accident.
- **Unnatural death:** Death as a result of an event other than natural death, could include accidental death, death due to suicide or homicide.
- **Under investigation:** Cause and/or circumstances of death not yet determined.

Estate: The property, possessions and assets that belonged to the **main member** upon their death form part of the deceased estate.

Financial services provider:

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

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

Insurable interest: A **main member** must have an insurable interest in the life of the additional member. This means that there needs to be a recognised relationship, financial obligation, legal obligation and/or transferable risk between the **main member**

and the additional member 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 legal dependents. Where no insurable interest exists, the applicable benefits will be void from the commencement date.

Insured event: An event which allows a claim to be made on the policy.

Insurer: The underwriter of your funeral insurance policy, in this case 1Life Insurance Limited.

Main member: The person who owns the policy; although there may be a different person paying premiums on the policy, the **main member** is ultimately responsible for the payment of premiums on the policy.

- **Member/s:** The person/s named on the policy as the insured and upon whose death the benefits under the policy become payable. The use of member shall be a reference to either member or members, as the context may require.

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

Policy anniversary: The date one year from the

commencement/cover start date of the policy, and every year thereafter for the life of the policy.

Premium escalation: The percentage amount whereby the premium increases every year from the second policy anniversary.

Options:

- **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.

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.

Reinstatement of cover: Cover that has lapsed (cancelled) and is then reinstated either by the insurer or the main member.

Reinstatement of cover effective date: The date on which cover under the contract re-starts after reinstatement of policy.

Sum assured: The amount of cover that the **main member** applied for either for themselves and/or for any additional member with the insurer. The cover amount for a fixed 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.

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 funeral cover benefit that provides cover throughout the entire lifetime of the member.

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 or queries by contacting the Client Services department (contact details on the back cover).

In order for a valid contract of insurance to exist, your insurer must contract directly with or obtain consent from the main member, failing which it will be

deemed that no valid Contract of Insurance was concluded.

Contract duration

Cover under this contract will begin on the commencement date or reinstatement of cover effective date, as reflected in your policy schedule, provided the **main member** has paid the first premium upon commencement and/or reinstatement. The contract will remain in force until the end of the benefit term as stated in your policy schedule or until cancelled.

The policy is a whole life policy and cover in terms of this policy will cease in respect of all members and come to an end in the event of:

- the death of the **main member** or after expiry of the premium waiver period (if

applicable), where the option to continue the cover has not been exercised. If the **main member's** claim is declined, the continuation option may still be exercised; or

- the failure by the **main member** to pay the premiums in terms of this policy on the due date, and the failure to remedy the situation within the grace period, being a period of 31 (thirty-one) days from the due date thereof; or
- the **main member** residing outside of the Republic of South Africa for a continuous period exceeding 60 (sixty) days, without the prior written approval of the insurer.

The insurance cover in respect of additional members shall

cease in the event of:

- the death of such member;
- the payment of the benefits in respect of such member in terms of this policy; or
- such member residing outside of the Republic of South Africa for a continuous period exceeding 60 (sixty) days, without the prior written approval of the insurer; or
- such member as a dependent child of the **main member**, other than a mentally or physically disabled child, reaching the age of 21 (twenty-one) years.

Premium 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

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states. If the premium payment term is whole of life, premiums will be payable until the death of the **main member**. 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 grace period provided that the first premium payment has been received. If a payment is not received within 31 (thirty-one) 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 via email and/or 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 option chosen.

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 (thirty-one) 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 assess whether to reinstate the cover. Any changes you make will be set out in your policy book and policy schedule and new waiting periods may be applied from the effective date of reinstatement. If no changes are made, cover will be reinstated on the same terms and conditions subject to waiting period requirements.

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.

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The contract will terminate and your insurer will not be liable for any benefits after the cancellation date. Furthermore, your insurer will not refund premiums already paid as you will have already enjoyed cover.

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;
- a payment is not received within 31 (thirty-one) days of the normal deduction date;
- you fail to pay your premium 3 (three) times in the life of the policy;
- they fully discharge all their contractual obligations; or

- the **main member** dies and the continuation option is not selected.

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 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

Contact 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. You or your beneficiary will be asked a series of questions, including details of the full circumstances surrounding the incident. Most details can be gathered telephonically. You or your beneficiary will be advised of any requirements or documentation required. Details on how to claim is set out in your policy schedule.

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.

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- All costs incurred in proving a claim shall be for the account of the person submitting the claim.
- The insurer will within 2 (two) business days after receiving all the required documents in respect of a claim, assess and validate the claim. In the event of a dispute on a claim, the insurer will have an additional 14 (fourteen) business days to further investigate the claim.
- The insurer will not pay or be liable for a claim unless the **main member** or the nominated beneficiary:
 - complies with requirements for notification and lodgement of its claim for benefits;
 - notifies the insurer of its claim and institutes the claim with the insurer in the prescribed manner within 6 (six) months from the date of the occurrence of the insured event;
 - complies with all the requirements of the policy agreement.
 - A claim may be placed on hold if:
 - the cause of death is unnatural and does not meet insurer's accidental death definition; or
 - the cause of death has not yet been determined or is under investigation; or
 - the main member and/or nominated beneficiary on the policy is identified as a person of interest in the death of the member on the policy by the South African Police Service (SAPS) and/or the South African Police Service (SAPS) or the National Prosecuting Authority (NPA) or the Financial Intelligence Centre (FIC) has directed the insurer not to proceed with the claim until their investigation is concluded.
- Should the main member and/or nominated beneficiary be convicted or proven to be in violation of the law that resulted in the death of the member, the insurer reserves the right to pay any valid claim benefits that would have been payable to the main member and/or beneficiary, to the member's deceased estate instead, provided the executor of the estate was not complicit in the death of the member.
- The insurer shall be entitled to apply set-off against any benefits payable and any

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outstanding premiums or other amounts payable to the insurer by the **main member**. In the event that the insurer is not able to apply set-off, the insurer shall be entitled to deduct any such amounts outstanding from the benefits payable.

- No claims of whatsoever nature shall be instituted or entertained in terms of this policy after the date of cancellation or termination of the policy, unless the insured event giving rise to such claim occurred prior to the date of cancellation.
- The insurer reserves the right to cancel the cover and declare all premiums paid as forfeited, should there be evidence of or an

attempted submission of a fictional claim, fraud or misrepresentation.

- All claims are assessed in South Africa only.

Disputed claims

Your insurer will provide notice within a reasonable period after receipt of the claim, advising the **main member** or nominated beneficiary whether the claim is accepted or declined or whether the amount claimed is in dispute. The notice will contain the reasons for the dispute or decline.

The **main member** or nominated beneficiary is granted 90 (ninety) days to make representations to the insurer about their decision on the claim. Your

insurer will respond to the representations within 10 (ten) days of receipt.

Representations must be made in writing. Should the insurer confirm their decision to decline or dispute the claim amount, the **main member** or nominated beneficiary can either refer the complaint to the National Financial Ombud Scheme South Africa NPC (the NFO) or institute legal proceedings against the 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.

Policy ceding

The policy and the rights in terms of the policy may be ceded only to a registered South African bank. The policy may not be ceded to any other person or institution.

Country of residence

All members in terms of this policy must be citizens of the Republic of South Africa with effect from the commencement date or reinstatement of cover effective date. Benefits will not be paid in respect of a member who is a permanent resident in a foreign country and who does not have a

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valid South African identity number.

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 funeral cover change.

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

Your insurer can only assess and accept risk if you supply

them with complete and truthful answers before the policy **commencement date** or **reinstatement of cover date** or effective date of change. If they find that information provided to them was incorrect or certain details were withheld, misrepresented or untruthful, either at application stage or at a time when changes were made to the policy, and this information is in their opinion, material to the assessment of the risk, they may decline your claim, decline 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 any amount 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 **main member** so that they could form their own view as to the impact of that information in assessing the relevant risk. The **main member** must supply this kind of information before the policy commences; when any changes are made to the policy; or when the insurer should be notified of any changes. Your insurer will use the information to determine whether to accept the risk or any special conditions that may be applied.

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 will terminate the contract, may terminate any related contract and decline the 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 obtain the

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- cover and/or benefit from the cover granted;
- you knowingly allow anyone acting on your behalf to provide false information to obtain the cover and/or benefit; or
- you deliberately and willfully act or cause to act, conspire to cause, aggravate or accelerate the illness or accident that gives rise to a claim.

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

Other general terms and conditions

- The policy does not accumulate cash or surrender value and may

not be converted into a paid-up policy. No loans will be allowed in terms of this policy.

No latitude, extension of time or other indulgence which may be given or allowed by either party to the other in respect of any payment provided for in the policy or the performance of any other obligation shall under any circumstances be construed to be an implied consent by such party or operate as a waiver or a novation of or otherwise affect any of the third party's rights in terms of or arising from this policy, or prevent such party from importing, at any time and without notice, strict and punctual compliance with each and every provision or term hereof.

Language

Your insurer communicates with its clients in English over the telephone and in writing. All explanations and communications 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

Funeral Cover



Funeral Cover

The purpose of this policy is to provide insurance to assist the **main member** and/or the **nominated beneficiary** to cover the costs associated with the funeral of the members, in the event of their death. This is achieved through the payment of a lump sum amount and benefits as specified in the policy schedule (and amended from time to time).

The main member

Although the **premium payer** and the **main member** may be different persons, the **main member** will be responsible for payment of the premiums in terms of this policy in respect of the members.

Insurance cover for a **main member** in terms of this policy is available to all persons over 18 (eighteen) years of age subject to such maximum age limitations as determined by the insurer.

Member	Definition	Number of members per policy	Minimum entry age (years)	Maximum entry age (years)
Main member	Main member: The person who owns the policy; although there may be a different person paying premiums on the policy, the main member is ultimately responsible for the payment of premiums on the policy	1	18	64

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The members

The **members** are the person/s in respect of whose life this policy for insurance cover is applied for by the **main member** (as first member) and in whose life the **main member** has an insurable interest.

The **main member** may apply for insurance cover and the benefits in terms of this policy in respect of additional family members up to a maximum of 9 (nine) as set out in the policy schedule.

Such persons being referred to as **extended family members**, in whose life the **main member** has an insurable interest and has paid the premium, and upon whose death the benefits applicable to such extended family members as **additional members**, shall become payable in terms of this policy.

Application for insurance cover in respect of **additional members** shall be made by the **main member** by completing the prescribed application process and if accepted by the insurer, shall be stipulated in the policy schedule.

The following persons may be covered as members in terms of this policy. In respect of children under the age of 14 years the maximum sum assured as prescribed by legislation will be applicable:

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Additional Member	Definition	Number of members per policy	Minimum entry age (years)	Maximum entry age (years)
Spouse	The nominated spouse of the main member , including a party to a customary marriage concluded in accordance with the applicable indigenous law as well as a union concluded between parties married in accordance with the doctrines of any recognised religion or tradition, as well as a partner to a civil partnership in terms of the Civil Union Act, 17 of 2006, a life partner, provided that such partner is nominated and that the main member provides, upon request, satisfactory proof of the permanency of his/her relationship with his/her life partner.	Up to 2	18	74
Dependent child (up to 21 years)	A child of the main member or spouse, under the age of 21 (twenty-one) years including a step-child, a legally adopted child, including a child adopted in terms of a customary adoption under traditions practiced by the people of the Republic of South Africa provided that the child's natural parents are both deceased, or an adoption under the tenets of any religion practiced by the people of the Republic of South Africa has been undertaken.	Up to 5	From birth	20
Dependent Child (21-25 years full time student)	A child of the main member under the age of 25 (twenty-five) years who is a full time student at any university, or tertiary education institution registered in terms of legislation in the Republic of South Africa or such other institution as may be approved in writing by the insurer, and who is unmarried.		21	24

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Additional Member	Definition	Number of members per policy	Minimum entry age (years)	Maximum entry age (years)
Dependent Child (over 21 years disabled)	A child, over the age of 21 (twenty-one), of the main member being permanently mentally or physically disabled and totally dependent upon the principal member.		21	74
Extended Family Members:		Total up to 9 members		
Parent(s)	Parent(s) means the natural or adoptive or step-parent(s) of the main member and parents-in-law shall bear the same meaning with respect to the spouse of the main member .	Up to 4	18	74
Additional Spouse	Refer to spouse definition above.	Remainder of balance up to 9	18	74
Child (over 21 years non-student)	A child, over the age of 21, non-student.	Remainder of balance up to 9	21	74

Funeral Cover

Additional Member	Definition	Number of members per policy	Minimum entry age (years)	Maximum entry age (years)
Sibling	Brothers, sisters, brothers-in-law, sisters-in-law.	Remainder of balance up to 9	From birth	74
Aunt / Uncle	Aunt means the sister of a parent of the main member and uncle shall bear the same meaning with respect to the male gender.	Remainder of balance up to 9	From birth	74
Cousin	Cousin means a dependent child of the uncle or aunt of the main member .	Remainder of balance up to 9	From birth	74

Funeral Cover

Cover for stillborn and newborn children

Funeral insurance in terms of this policy will be provided for stillborn and newborn children born to the mother who is a **main member** or spouse of the **main member** on the policy.

Please refer to schedule for confirmation of this cover. The following conditions must apply in order for the stillborn child to be covered:

- the child must have been born after 26 weeks of pregnancy;
- either show no signs of life or dies within 24 hours of birth;
- the death must be documented and confirmed within 24 hours of birth by a

- qualified, certified medical professional; and
- the death should not be classified as self-inflicted termination as per the Choice of Termination Act 92 of 1996.

The following conditions must apply in order for the newborn child to be covered:

- a recently born child where death occurred within 30 days from date of birth.
- the death must be legally documented.

The beneficiary

The beneficiary is the person entitled to be paid the benefits provided for in terms of this policy upon the death of a **main member**.

For purposes of this policy, the beneficiary shall be either the nominated beneficiary in the event of the death of the **main member**, or the **main member** in the event of the death of any of the additional members.

Should a beneficiary not be nominated on the policy or if the beneficiary is a minor at the time of claim upon the death of the **main member**, the benefits will be paid to the estate or relevant registered trust upon finalisation of the claim, provided all the terms and conditions are met.

Should a nominated beneficiary be a minor at the time of **main member's** death, benefits payable to such beneficiary will only be made

into a registered trust or the Guardian's Fund.

Additional benefits

The following benefits are available in terms of this policy, in addition to the lump sum insurance cover payable in the event of the death of a member:

- **Repatriation benefit** provides transportation of the deceased from place of death to the final funeral home closest to the place of burial within the borders of South Africa and adheres to cultural requirements in this respect.
- One family member may accompany the deceased during transport and accommodation of this

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member is catered for where relevant.

- Provides assistance with the legal requirements regarding funeral and claim procedures and advice on obtaining a death certificate and associated documents if necessary.
- This benefit also provides referrals for the following services (associated costs will need to be covered by the family):
 - referral to reputable funeral parlours for assistance with funeral or cremation arrangements;
 - referral to a pathologist or psychologist if

required. Referral for special counselling relating to the loss of a child if required.

- Any person listed as a life covered under a valid policy qualifies for this benefit.
- **Grocery benefit** to the value stipulated in the policy schedule, payable as a lump sum on the date of an approved claim on the life of the **main member**.
- **Headstone benefit** is available through our supplier to the value stipulated in the policy schedule, payable within 12 (twelve) months from the date of payment of the lump sum benefit in the event of an approved claim on a member over the age of 14 (fourteen).

Premium waiver benefit

This benefit becomes available in the event of an approved claim on the life of the **main member**, for such period as stipulated in the policy schedule to the policy agreement. During this premium waiver period no premiums shall be payable and the cover in respect of the additional members shall remain in force. No alteration to the members, cover amounts or benefits on the policy will be allowed for the duration of the premium waiver period. After termination of the premium waiver period, and if the continuation option is not exercised, the policy and the cover provided in terms thereof, shall lapse and no further benefits will be

payable. During the 2-year premium waiver period, any valid claims on the lives of any of the members will be payable to the beneficiary as nominated by the **main member**. If the beneficiary passes away whilst the policy is on premium waiver, the claim proceeds will be paid to the nominated spouse member on the policy, in the absence of a spouse on the policy, the oldest surviving direct family member of the **main member** on the policy. If the oldest surviving member of the policy is a minor, then the proceeds will be payable to the deceased member's Estate. In the absence of a surviving member of the policy, the proceeds will be payable to the deceased member's Estate.

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Continuation option

In the event of the death of the **main member**, the first spouse of the **main member** is entitled to exercise a continuation option whereby the policy continues to provide cover for the **additional members**. This option is also available if the **main member's** claim is declined for any reason other than fraud or material representation, in which case the policy will be cancelled in its entirety. If there is no first spouse, then the option to exercise the continuation benefit falls to the **eldest additional member** on the policy.

In order to exercise this option, the first spouse (or eldest additional member) must:

- apply in writing within 90 (ninety) days of termination of the premium waiver period;
- agree to take over the new premium payments of the policy based on the altered policy profile and shall become the **main member**, subject to all the terms and conditions of this policy agreement.
- Upon exercising the continuation option, the member exercising the continuation option will have the option to nominate a new beneficiary on the policy.

In such an event, the members covered in terms of this policy will continue to enjoy cover and no new waiting periods or exclusions

shall be imposed.

The cover granted in terms of this policy will continue pending the exercise of the continuation option. If the continuation option is not exercised within the 90 (ninety) day period, cover in respect of all members will cease, this policy will lapse and no further benefits will be payable in terms of this policy.

This option will only be available if the **main member** enjoyed continuous and uninterrupted cover under the policy for a period of not less than 6 (six) months immediately prior to his/her death.

Exclusions and limitations

Your insurer will have no liability whatsoever under the

policy where any claim arises from, or is the result of the:

- suicide or assisted suicide or attempted suicide by a member, during the first 12 (twelve) months and 12 (twelve) premiums, from the commencement date irrespective of whether such suicide or assisted suicide is the result of temporary or permanent insanity, mental illness, the influence of drugs or intoxication of the member. If the sum assured is increased, the suicide exclusion of 12 (twelve) months will apply to the increased portion, effective from the date of increase; or
- negligence, recklessness, transgression of the law

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or intentional exposure to danger by such a member, except in circumstances to save another human's life; or

- main member/member/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); or
- the income represented during application process, or the policy premium(s) payment made is funded from illegal or unlawful means; or
- participation in war and/or acts of war, whether war be declared or not; or
- participation in civil commotion, insurrection,

riot, usurpation of power, terrorism or acts of terrorism; or

- radioactivity and nuclear explosions; or
- participation by the member in any criminal activity; or
- the member wilfully and materially breaking any law; or the claim event having been accelerated by the member 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 member.

The exclusions and limitations as set out above will also apply in respect of reinstated benefits with effect from the date of reinstatement.

Waiting periods

The waiting period for natural death on the funeral cover is 6 (six) completed months and 6 (six) paid premiums. Death from accidental causes is covered from the time we receive your first premium.

If you have had existing cover which is active within 31 (thirty-one) days of taking up this policy, only the remaining waiting period on your existing cover will apply. Should there be no

remaining waiting period left on your existing cover, then no additional waiting period will be applied to this policy. Waiting periods will only be adjusted if you have cancelled or you are going to cancel your existing cover.

In order for your reduced waiting period to be deemed valid on this policy in the case of a claim, we require that you submit a copy of your most recent policy schedule from your previous insurer for assessment and confirmation. This will be stored against your policy record.

Should you fail to send through a policy schedule confirming your cover and waiting period with your previous/current insurer, then

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our standard waiting periods will be applied in the case of a claim within the first 6 (six) months of cover with us.

Where your cover is cancelled with us for a period of no more than 2 (two) months from the last day of the last month for which we received a premium payment, and if we agree to reinstate you on the same terms, we will not extend or reinstate your waiting periods.

The waiting period previously agreed upon will be applied.

Where your cover is cancelled with us for a period greater than 2 (two) months from the last day of the last month for which we received a premium payment, and if we agree to

reinstate you on the same terms, we will reinstate our standard waiting periods, for natural death, of 6 (six) months and 6 (six) paid premiums.

Any addition of cover, benefits or members to the policy shall result in new waiting periods being applied to the additional member(s), benefit(s), or cover.

Contact us

We offer our clients the freedom of choosing high quality funeral insurance options that suit them best, at a monthly premium that they can afford. Feel free to contact us so that we can assist with your enquiries.

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@1Lifefuneral.co.za
<https://www.1life.co.za/claims>

Repatriation Benefit – Provides transportation of the deceased from place of death to the final funeral home closest to the place of burial within the borders of South Africa.

Tel: 0861 555 767

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

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 us on social media



Before you cancel your policy, remember what made you consider funeral insurance in the first place.

Visit us on our website: www.1Life.co.za

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