



ACE Insurance Limited

Family Protector

The Holder:

T&E FinOps (Pty) Ltd

Registration Number: 1998/018782/07

FSP Number: 15485

641 Sibelius street

Lukasrand

Pretoria, 0181

PO Box 12329, Queenswood, 0121

Telephone: (08h00-16h00)

+27 [0] 86 144 0666

General Facsimile:

+27 [0] 12 343 5766

Insurer:

ACE Insurance Limited

Registration Number: 1973/008933/06

FSP Number: 27176

Ground Floor, The Bridle

Hunts End Office Park, 38 Wierda Road West

Wierda Valley, Sandton, 2196

PO Box 1192, Saxonwold, 2132

Telephone: (08h00-16h00)

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Insurance Agreement

This is a contract made between the Holder and Us for and on behalf of any person electing to participate. We agree to provide insurance on the basis set out in this Policy provided the premium is paid when due and We agree to accept it.

ACE will subject to the Terms, Conditions, Provisions and Exclusions of this Policy, provide the Insurance in the manner and to the extent provided in this Policy. All information supplied to ACE by the Policyholder shall be incorporated into and be the basis of this Policy.

Michael R. Durek

Chief Executive Officer

ACE Insurance Limited



Definitions

Throughout the Policy there are words and phrases, which have special meaning. These are listed here:

We, our, us means ACE Insurance Limited. Reg. No. 1973/008933/06.

You, Your means the person(s) named in the Policy Schedule at inception of this Policy who has taken out this Policy.

Accident shall mean a sudden, external and identifiable event that happens by chance and could not have been expected. The word 'Accidental' shall be construed accordingly. Starvation, thirst or exposure to the elements of nature as a direct result of an Accident or insect, spider or animal bite other than those causing malaria shall be deemed to be Bodily Injury.

Bodily Injury means injury to a Person Insured which happens while the Policy is in force which:

1. is caused only by an Accident; or which
2. on its own leads to Hospital Confinement; Confinement in an Intensive Care Unit; or convalescence within 24 months of the Accident.

Accumulation Limit means Our maximum liability in respect of any one Accident or number of Accidents arising from one source or cause.

Benefit means the cover shown in the Policy Schedule.

Beneficiary/ies means the person or persons nominated by You and named on the application form.

Child/ren means any natural children, lawfully adopted children, step children by marriage or foster children who have in terms of the provisions of any legislation relative to the protection of children been placed in the custody and care as foster children, who are between the ages of 6 months and 19 years (under 25 years if unmarried, not pregnant and dependent full time students).

Day means a period of 24 consecutive hours including the day of admission but excluding the day of discharge.

Date of loss means for:

- a) Bodily Injury, the date of the Accident;
- b) Critical Illness, the first date of Diagnosis.

Disappearance means that in the event of the Person Insured/s disappearance and if it is probable that the Person Insured/s have died or are legally declared dead by a court of law as a result of an Accident, the Death Benefit will be payable after 24 consecutive months of such disappearance. In the event of this belief being incorrect the Benefit so paid will be repaid to Us by the Beneficiary/ies or Legal Representative/s.

Diagnosis means the positive diagnosis by a Medical Practitioner of the Critical Illness in question provided that We may require confirmation of the diagnosis, including a written report, by a specialist in the field of medicine concerned and/or other registered Medical Practitioner approved by Us, supported by clinical, radiological, histological and laboratory evidence which satisfies each and every diagnostic requirement specified in this Policy in respect of Critical Illnesses.

Effective Date means the day, month and year shown in the Policy Schedule for cover to start.

Hospital means an establishment which:

- a) exists primarily for the diagnosis, medical care and treatment of sick or injured people on an In-Patient basis under the supervision of Qualified Medical Practitioner(s) of which one or more of whom is available for consultation at all times;
- b) provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- c) provides full-time nursing service by and under the supervision of nursing staff.



Hospital shall not include a special unit in a hospital or a place existing primarily:

- a) for the treatment of psychiatric disease or sub-normality;
- b) for the care of the aged, drug addicts or alcoholics;
- c) as a health hydro or nature cure clinic, a nursing or convalescent home, extended care facility, rest home or hospice.

Hospital Confinement means admission as an In-Patient to Hospital for a period of greater than 24 consecutive hours on the advice of, and under the regular care and attendance of, a qualified medical practitioner which is medically necessary for the diagnosis and or treatment following a Bodily Injury.

In-Patient means a Person Insured whose Hospital Confinement is as a resident bed patient, for whom a clinical case record has been opened and whose Hospital Confinement is necessary for the medical care, diagnosis and treatment of a Bodily Injury covered by this Policy and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.

Legal Representative/s means the person or persons who manage the legal affairs of another because of incapacity or death.

Loss of hearing shall mean total and irreversible loss of hearing of all sound confirmed by medical evidence relying on audio-metric and sound-threshold tests.

Loss of limb means:

- a) in respect of an arm: permanent physical severance of the four fingers at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand); or
- b) the permanent total loss of use of an entire hand or arm; or
- c) in respect of a leg: physical severance or total loss of use above the level of the ankle (talo-tibial joint); or
- d) the permanent total loss of use of an entire foot or leg.

Loss of sight means total and irreversible loss of sight confirmed by medical evidence of a qualified ophthalmic specialist and We are satisfied that the condition is permanent and without expectation of recovery.

Loss of speech means total and permanent loss of speech.

Medical Practitioner A doctor or specialist registered or licensed to practise medicine under the laws of the country in which they practise who is neither a Person Insured, nor a relative of such Person Insured.

Microlight Aircraft means non-foot launched aeroplane of which the empty mass does not exceed 150kg for single seaters and 175kg for 2 seater planes. Maximum take-off mass may not exceed 290kg and 450kg respectively.

Paraplegia means Permanent Disabling Injury which results in complete paralysis of the lower half of the body including both legs.

Permanent Disabling Injury means disability which has or will last for at least 12 months and which in Our opinion is beyond hope of recovery and will in all probability continue for the remainder of the Person Insured's life. The degree Permanent Disabling Injury will be determined immediately after it is established, or as soon as it can be reasonably assumed that there will be no further improvement or worsening of the condition.

Permanent Disfigurement means disfigurement of the external features or appearance including scarring as a result of a surgical procedure required as a direct result of an Accident.

Permanent Total Disablement ('Any') means Permanent Disabling Injury which results in the Person Insured's inability to perform or give attention to any gainful occupation for which a Person Insured is fitted by way of training, education or experience.

Person Insured/s means You and Your Spouse or dependent Children permanently residing in South Africa.



Policy shall mean this document embodying the contract of insurance, all Schedule(s), memoranda and any subsequent endorsements, amendments and declarations in respect of this document.

Pre-Existing Condition means any one of the following, which occurred prior to the first inception date of this Policy:

- a) Critical Illness whether diagnosed or not ;
- b) Medical advice or treatment recommended by a registered Medical Practitioner, in relation to a Critical Illness;
- c) The existence of any Critical Illness symptoms, that are known to a Person Insured;

Professional Player means a Person Insured who derives in excess of 50% of his or her gross income from playing sport or who is remunerated as a means of livelihood, for participating in a sport.

Spouse means the husband, wife, partner in a same sex partnership or any de facto partner with whom You permanently and continuously live in the same household as in a relationship which is not casual or impermanent for a period longer than 6 consecutive months. Only one Spouse shall be eligible for cover.

Traumatic Event means a murder, attempted murder, rape, armed robbery or assault that results in Bodily Injury.

Terrorism means any act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed in the pursuit in the pursuit War or for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

War means armed conflict between nations, invasion, act of foreign enemy, civil war, military or usurped power.

Critical Illness means any of the following illnesses as defined and fulfilling the diagnostic requirements stipulated below:

1. Cancer (excluding skin cancer)
2. First Heart Attack
3. Coronary Artery Disease
4. Other Serious Coronary Artery Disease
5. Stroke
6. Pulmonary Arterial Hypertension
7. Chronic Kidney Failure
8. Major Organ Transplant
9. Coma
10. Muscular Dystrophy
11. Heart Valve Replacement
12. Fulminant Viral Hepatitis
13. Chronic Liver Disease
14. End-stage Lung Disease
15. Surgery to Aorta
16. Aplastic Anaemia
17. Total Blindness
18. Loss of Hearing
19. Loss of Speech
20. Major Burns
21. Multiple Sclerosis
22. Paralysis



23. Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorder
24. Motor Neuron Disease
25. Parkinson's Disease

Definitions and Diagnostic Requirements

1. **Cancer (excluding skin cancer)** means a focal autonomous new growth of abnormal cells which has resulted in the invasion of normal tissues. Such cancer must be positively diagnosed upon the basis of a microscopic examination of fixed tissues, or preparations from the haemic system. Such Diagnosis will be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical Diagnosis does not meet this standard. Malignant Melanoma, cancer of the skin and non-invasive carcinoma-in-situ and CIN lesion of whatever histology, grade or classification will not be included.
2. **First Heart attack** means the first death of a portion of the heart muscle as a result of inadequate cardiac blood supply. The diagnostic criteria to be met are:
 - a) a current history of typical chest pain
 - b) current elevation of cardiac enzymes;
 - c) new electrocardiographic changes.
3. **Coronary artery Disease requiring surgery** means the actual undergoing of open heart surgery to 1 or more coronary arteries due to disease of those arteries. Angioplasty, laser or other intra-arterial procedures, are excluded from this definition.
4. **Other serious coronary artery Disease** means the narrowing of the lumen of at least 3 (three) arteries by a minimum of 60% (sixty percent), as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.
5. **Stroke** means any cerebrovascular incident, producing neurological sequelae, lasting more than 24 hours and including infarction of brain tissue, cerebral haemorrhage, thrombosis, or immobilisation from an extra cranial source. Evidence of significant permanent neurological deficit must be produced.
6. **Pulmonary arterial Hypertension** means an increase in the blood pressure in the pulmonary arteries caused by either an increase in pulmonary capillary pressure, an increase in pulmonary blood flow or pulmonary vascular resistance.
7. **Chronic Kidney Failure** means end stage failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.
8. **Major Organ Transplant** means actually having undergone, as a recipient, a major organ transplant procedure involving any of the following organs: kidney, heart, liver, lung, bone marrow or pancreas.
9. **Coma** means a state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of a life support system which must include the use of a respirator for a period of at least 96 hours. Permanent neurological deficit must be present. Coma resulting directly from alcohol or drug abuse is excluded.
10. **Muscular Dystrophy** means in respect of this Policy, the Diagnosis of muscular dystrophy will require confirmation by a consulting neurologist, and such will have to be based on a combination of 3 out of 4 of the following:
 - a) family history of other affected individuals;
 - b) clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;



- c) characteristic electromyogram;
 - d) clinical suspicion confirmed by muscle biopsy which confirms the Diagnosis of muscular dystrophy.
11. **Heart Valve replacement** means the actual undergoing of open-heart surgery to replace and / or dilate cardiac valves as consequence of heart valve defects occurring.
12. **Fulminant Viral Hepatitis** means a submassive to massive necrosis of the liver caused by the Hepatitis virus leading precipitously to liver failure. The diagnostic criteria to be met are:
- a) a rapidly decreasing liver size;
 - b) necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - c) rapidly degenerating liver function tests; and deepening jaundice.
13. **Chronic liver Disease** means the end stage liver failure as evidenced by all of the following:
- a) permanent jaundice;
 - b) ascites; and
 - c) hepatic encephalopathy.
 - d) Liver disease secondary to alcohol or drug abuse is excluded.
14. **End-stage Lung Disease** means End-stage Lung Disease including interstitial lung disease, requiring extensive and permanent oxygen therapy as well as FEV 1 test result of less than 1 litre obtained with the use of bronchial dilator.
15. **Surgery to Aorta** means the actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta will mean the thoracic and abdominal aorta but not its branches.
16. **Aplastic Anaemia** means chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least 1 (one) of the following:
- a) blood product transfusion;
 - b) marrow stimulating agents;
 - c) immunosuppressive agents;
 - d) bone marrow transplantation.
- In the event of any doubt regarding the appropriateness or correctness of the diagnosis, We shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by Us and the opinion of such expert as to such diagnosis shall be binding on both the Insured and Us.
17. **Total Blindness** means clinically certified as the totally irreversible loss of sight in both eyes, as a result of acute sickness.
18. **Loss of Hearing** means the totally irreversible loss of hearing of all sounds as a result of acute sickness. Medical evidence will confirm audiometric and sound-threshold test.
19. **Loss of Speech** means the total and irrecoverable loss of the ability to speak which must be established for a continuous period of 12 months. Medical evidence will confirm disease to the vocal chords. All psychiatric related causes are excluded.
20. **Major Burns** means Third Degree Burns (full thickness skin destruction) covering at least 20% (twenty percent) of the body surface.
21. **Multiple Sclerosis** means unequivocal Diagnosis by a consulting neurologist confirming the following combination of:
- a) symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits;
 - b) a multiplicity of discrete lesions; and



- c) a well-documented history of exacerbations and remissions of said symptoms / neurological deficits.
22. **Paralysis** means the complete and permanent loss of use of both arms or both legs, or 1 arm and 1 leg, through paralysis, caused by illness. The Diagnosis and determination that loss of use is permanent must be made by a physician and must be continuous and permanent for at least 12 consecutive months from the onset of the paralysis. Documented evidence of the incident or disease that caused the paralysis is required.
23. **Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorder** means the deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's Disease or Irreversible Organic Degenerative Brain Disorder, excluding neurosis, psychiatric illness and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured.
24. **Motor Neuron Disease** means the unequivocal Diagnosis by a consulting neurologist supported by definitive evidence of appropriate and relevant neurological signs and investigation.
25. **Parkinson's Disease** means the unequivocal Diagnosis by a consulting neurologist where the following conditions exist:
- a) the disease cannot be controlled with medication;
 - b) the disease shows signs of progressive impairment; and
 - c) Activities of Daily Living assessment confirms the inability of the Person Insured to perform without assistance 3 or more of the following: bathing, dressing, using the lavatory, eating and ability to move in or out of bed or chair. Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's are excluded.

Scope of Insurance

We will pay the Policy benefits shown in the Table of Benefits if during the period of insurance the Person Insured/s sustain Bodily Injury or Critical Illness which results directly and independently of any other cause within 24 months of the date of the Accident or Diagnosis

Extension/s

Global Assist Benefit

Global Choices have agreed to provide the Person Insured/s directly with the Global Assist Benefits subject to the Standard Terms, Conditions, Provisions, Terminations and Exclusions in the Global Choices Contract which is available from them and are outlined in the literature supplied by Global Choices.

These Benefits include: -

- On site emergency medical assistance
- Emergency evacuation by air or road to the most suitable medical facility
- Guaranteed Hospital Admission up to R20,000 per person, which is refundable by You
- Compassionate visits for next of kin if Hospitalised out of normal town of residence
- Medical monitoring in Hospital with regular reports to family, friends and business associates as required
- 24-hour toll-free medical emergency and information countrywide cover



Please note that We are not a party to Your contract with Global Choices and is not the agent for Global Choices nor is Global Choices an agent of Our's. In addition We make no representation in regard to the financial status or services of Global Choices and is not in any way liable in connection with Your contract with Global Choices.

Call contact centre on 086 199 9961

C5 HIV Prevention Plan

Health Finance Corporation have agreed to provide the Insured Person/s directly with the C5 Rape Care Benefits subject to the standard Terms, Conditions, Provisions, Exclusions and Terminations in the Health Finance Corporation contract which is available from them and are outlined in the literature supplied by Health Finance Corporation.

These Benefits include: -

- 24 hour-a-day, 365 days-a-year access to the Contact Centre, providing telephonic counselling and advice on HIV/AIDS.
- Emergency transport to an appropriate medical facility following exposure to HIV.
- 28 day post exposure prophylaxis (antiretroviral therapy).
- The morning-after pill for women who have been exposed through rape.
- Sexually transmitted disease (STD) preventative medication if required.
- Access to a medical practitioner who will take blood for HIV testing immediately following exposure, as well as follow-up testing 90 days later.
- Access to an HIV management programme (excluding the cost of treatment) if you have complied with the post exposure treatment and still become HIV positive after the incident.

Please note that We are not a party to Your contract with Health Finance Corporation and is not the agent Health Finance Corporation nor is Health Finance Corporation an agent of Our's. In addition We make no representation in regard to the financial status or services of Health Finance Corporation and is not in any way liable in connection with Your contract with Health Finance Corporation.

Call contact centre on 086 199 9961

Age limits

1. You and Your Spouse must be between the ages of 18 and 80 years to join this plan.
2. You and Your Spouse must be between the ages of 18 and 50 years to join this plan for the Critical Illness Benefit. Cover will cease on the Person Insured's 60th birthday for Critical Illness;
3. Children are covered between the ages of 6 months and 19 years or under 25 years if they are unmarried, not pregnant and dependent full time students.
4. If the age of any Person Insured has been misstated, all amounts under this Policy shall equal the Benefit amounts for which the premium would have been paid had the correct age been stated. In the event that the age of any Person Insured was misstated and if, according to the correct age of the Person Insured, the coverage provided would not have become effective, or would have ceased prior to acceptance of such premium/s, then Our liability shall be limited to the refund, upon written demand, of all premium paid for the period not covered by this Policy.



Exclusions

ACE shall not be liable;

1. if Bodily Injury results from the Person Insured suffering from Illness, sickness or disease which is not itself the direct result of Bodily Injury.
2. for disabilities arising from:
 - a) Repetitive stress (strain) Injury or syndrome or any gradually operating cause.
 - b) any psychological or psychiatric condition (other than Trauma which follows Accidental Bodily Injury to a Person Insured and results in Permanent Disabling Injury or Temporary Total Disablement).
3. for payment for Permanent Total Disablement (Any) in respect of a Person Insured:
 - a) who has attained the age of Eighty (80) years; or
4. for payment for Permanent Disabling Injuries other than for Loss of one or more limbs and Loss of sight in one or both eyes in respect of a Person Insured who has attained the age of eighty.
5. ACE shall not be liable for Bodily Injury loss or expense resulting from or contributed to by, directly or indirectly:
 - a) for Bodily Injury resulting from wilful or deliberate exposure to danger (except in an attempt to save human life) or from the Person Insured committing or attempting to commit suicide or intentionally inflicting self injury.
 - b) the Person Insured being a full time member of the armed forces of any nation or international authority or a member of any Reserve Forces called out for Permanent Service or training, unless the Bodily Injury occurred whilst the Person Insured was not on duty nor acting in the course of his employment howsoever, unless the Person Insured is acting in his capacity as a member of a commando unit, police reservist, Farm Watch or similar institution in order to prevent, avert or forestall the violation of criminal law or threat thereof or to observe and contain the violation of criminal law within the agricultural community only
 - c) active participation in War, whether declared or not.
 - d) war, whether declared or not in the Person Insured's Country of Domicile or residence.
 - e) whilst the Person Insured participates in sport as a Professional Player.
 - f) Congenital abnormalities from which the Person Insured suffered at any time before the Effective Date of this Policy and any conditions arising or resulting there from; or
 - g) Human Immunodeficiency Virus (HIV) or other forms of the virus, Acquired Immune Deficiency Syndrome (AIDS) and AIDS - related complex (ARC) other than if contracted as a result of a blood transfusion given by a qualified medical practitioner following Accidental Bodily Injury. Such onus will rest upon You to prove that You contracted HIV as a direct result of a blood transfusion following Accidental Bodily Injury.
6. Bodily Injury arising from any criminal or illegal act committed by a Person Insured; or
7. for the Person Insured travelling by air, except
 - a) as a passenger on a legally licensed commercial aircraft;
 - b) the Person Insured travelling by Microlight Aircraft; or
8. the Person Insured acting as part of the aircraft crew
9. investigations, operations or treatment of a purely cosmetic nature, for obesity, to cure or improve impotency or undertaken to facilitate pregnancy; or
10. Any pre-existing Critical Illness; or



11. Any Illness other than a Critical Illness as defined in the Policy; or
12. Any Critical Illness of which the signs or symptoms first occurred prior to or within the 180 days following the first inception date of this Policy; or
13. childbirth, abortion, miscarriage, pregnancy or any condition arising therefrom except as a result of Bodily Injury; or
14. venereal or other sexually transmitted diseases; or
15. dental or optical treatment, except as a result of Bodily Injury; or
16.
 - a) being under the influence of alcohol, drugs or narcotics unless such drugs or narcotics were administered by a Medical Practitioner (other than the Person Insured) or unless prescribed by and taken in accordance with the directions of a Medical Practitioner (other than the Person Insured);
 - b) driving a motor vehicle and having more than the legal limit of alcohol in Your blood or breath. The onus shall rest upon the Person Insured or the Beneficiary/ies to prove that a) or b) was not the cause of the Accident; or
 - c) treatment of alcoholism, substance abuse, solvent abuse, drug abuse or addictive conditions of any kind; or
17. for routine physical or any other examinations; or
18. for medical or surgical treatment, services or supplies except as may be necessary solely as a result of an Accident; or
19. any other kind of disease or sickness other than a Critical Illness as herein defined

Dual Insurance Clause and Maximum Amounts Payable

1. In the event of You having more than one Policy with Us;
 - a) The maximum amount payable in respect of any Insured event for any one Accident will not exceed R 2,500,000.
 - b) The Daily Hospital Cash Benefits shall be added together and shall not exceed R7,500 per person per day, being R5,000 per person per day from the Family Protector policy and any other Hospital Cash Plan with Us.
2. The maximum amount payable in respect of any Insured Event for any one Accident or Critical Illness to the Person Insured is stated in the Policy Schedule. Your Spouse receives the same Benefits as You.
3. The amount payable in respect of death of Children shall be limited to that which is allowed by current legislation at the Date of Loss. Eligible Children receive 25% of Your compensation for Insured Events 2 to 10, and Critical Illness benefits.
4. Eligible Children receive the same Benefits as You for Insured Events 11 to 12
5. The maximum Benefit payable for the Hospital Confinement in respect of any one incident will be for 90 days which are not necessarily consecutive. Successive periods of Hospital Confinement due to the same Bodily Injury, Illness or related cause, will be considered as one continuous period unless separated by 52 weeks during which You are not confined to a hospital as the result of such Bodily Injury or Illness.

Paying Your premiums

When You must pay

1. This Policy is issued in consideration of the payment of the premium stated in the Policy



Schedule.

2. All periods of insurance will begin and end at 00H00 South African time.
3. Your Premiums are payable monthly in advance. If Your premium is not paid on the due date the Policy will terminate from that date unless You pay the premium within one month of the due date.
4. We reserve the right to ask You for proof of payment of premium at any time.

Ending or changing Your cover

Your right to return this Policy

If, for any reason, You are not satisfied with this Policy and You have not made a claim, You may return it to us within 30 days of the Effective Date and we will cancel it. If this happens we will refund any premiums You have paid, less an amount of premium commensurate with the cover that has been in force for those 30 days including any administration fees applicable to this Policy.

If You want to cancel

You can cancel the Policy in writing which will be effective from the date we receive Your letter or any later date You give us. The minimum duration of Your Policy is 30 days except where the above section "Your right to return this Policy" applies.

If we want to cancel

1. We may cancel Your Policy by giving You 30 day's written notice to the last address You have given us. The Policy will be cancelled 30 days after the date of our letter.
2. We will not cancel Your Policy alone or cancel the insurance of a Person Insured solely because of:
 - a) Any change in a Your health or physical condition;
 - b) The number of claims presented or the amounts of Benefit paid under this Policy.
3. We may cancel Your Policy or revise the covers and Benefits for like categories of Persons Insured, but we will do this only when we cancel or revise all policies which we have issued under this Plan.

When cover ends

All cover under Your Policy will end on the earliest of the following;

1. On the date the Master Plan is cancelled;
2. If You stop paying premiums – from the date You owe us a premium; or
3. In respect of Your Spouse or Child/ren, on the date that such Person Insured ceases to be eligible as defined herein.
4. On the date that You die; unless a Waiver of Premium has been selected, cover for Your Spouse and Children will continue for a period of 6 months.
5. Cover will cease in respect of You or Your Spouse on such Person Insured's 60th birthday for Critical Illness;

The time cover will end

Cover will stop at midnight on the day this cover ends.



What happens to the premiums when cover ends?

If You have paid a premium for any period after cover ends, we will refund it. If You owe any premiums up to the date cover ends, we will ask You to pay them.

If we want to make changes to the Policy or premium

1. Although we do not expect to increase premiums, certain circumstance may result in future contributions not being sufficient to maintain full Benefits throughout the lifetime of the Policy. We will from time to time review the level of contributions in relation to the Benefits provided by Your Policy and will advise You of any changes that may be necessary by sending You written notice to Your last known address 30 days before the change takes effect.
2. We reserve the right to make changes or add to these Policy terms and to change the premiums applicable:
 - a) For legal or regulatory reasons; and/or
 - b) To reflect new industry guidance and codes of practice; and/or
 - c) To reflect legitimate costs increases or reductions associated with providing this Plan.
3. If changes become necessary, they will be applied to all policies issued under this Plan. We will not make changes which apply only to Your Policy or to Persons Insured under Your Policy alone.
4. You will have the option to continue with, or to cancel, the Policy. Should You request us to cancel the Policy we will comply with Your request either from the date we receive Your letter or from any later date You give us.

What happens if You use Your Policy for other purposes?

This Policy is not transferable or assignable. At all times, our contract will be with You and we will only deal with You and/or Your legal representatives and only You have the right to make claims under this Policy.

General Conditions

1. The Laws of South Africa govern this Policy and any dispute or action in connection therewith will be conducted and determined in South Africa.
2. If there are any discrepancies between this Policy and any literature received in connection with this Policy, this Policy and any endorsement to it, will be deemed the correct and official version.
3. Upon payment of any Benefit under this Policy to You or any Person Insured, it will be Your duty and responsibility to establish, admit and pay any tax liability due.
4. All definitions, conditions, exclusions, terminations, Policy Schedules and any endorsements will apply;
 - a) to any subsequent increase in Benefits from the date of such increase;
 - b) to any Person Insured being added to this Policy from the date of acceptance onto the Policy.
5. We do not accept any liability for any financial products and/or services sold or provided or underwritten in conjunction with this Policy by any other insurance, assurances and/or assistance companies including medical aid societies, financial service providers or the like.
6. A Waiting period of 90 days shall apply to;



- a) Additional Persons Insured, added to this Policy after the inception date;
- b) The increased portion of the sum insured

The waiting period shall only be applicable to Illness covers. Cover in respect of all Accidental Benefits shall become effective immediately upon the addition of additional Persons Insured or upon an increase in Benefits.

Making a claim

How to claim

1. We must be notified in writing within 90 days of the date of an Insured event of any claim You wish to make. Thereafter You must within 90 days send us all available documentation which we deem necessary, including medical certificates, in support of Your claim, which will be supplied to us at Your own expense.

2. Our contact details are:

Administrator:

Theron Rental Trust

Claims Department

PO Box 12329

Queenswood

0121

Telephone : 0861 440 666

Fax : 086 550 6719

e-mail: claims@tefinops.co.za

or,

Insurer:

ACE Insurance Limited

Claims Department

PO Box 1192

Saxonwold

2132

Telephone : 011 783 0812

Fax : 086-515-9734

e-mail: myclaim@acegroup.com

3. We have the right to request that You undergo a medical examination at our expense. In the event of death We will have the right to the results of the post-mortem examination or toxicology results before the settlement of Your claim.
4. You may be required to meet with our agents, medical practitioners or nurses approved by us, to substantiate Your claim.
5. Should we decline to make payment of a claim, a summons may be issued against us within 90 days from our refusal to pay the claim, failing which all Benefits under the Policy will be forfeited.
6. Where You dispute Our rejection of Your Claim or cancellation of Your Policy, You must make representation to Us in respect of the decision within 90-Days of the date of Our rejection or cancellation letter. Thereafter, You must take legal action by way of the service or summons



against Us within 180-Days of the date of Our rejection or cancellation letter, failing which You will forfeit Your claim and no liability can arise in terms of such claim.

Your commitment in terms of this Policy

1. Following an Accident or Illness resulting in Bodily Injury or Hospitalisation You must seek and follow qualified medical advice. We will not be liable for any part of Your claim which in the opinion of our designated medical practitioner arises from Your unreasonable or wilful neglect or failure to seek and remain under medical treatment.
2. All Person Insured's must keep to the terms of Your Policy. If You do not, we may not accept a claim.

Paying claims

Your claim will be based on the cover details shown in the last Policy Schedule we sent You before the Accident. Any Benefit payable in respect of Your Spouse and or Child/ren will be paid directly to You. Payment of any claim will be a full and valid discharge of all liability by us in respect of Your claim lodged with us. In the event of Your death, the Benefit will be payable to Your estate or Your nominated Beneficiary/ies.

Dishonest claims

We will not pay for any claims or portion of claims that are dishonest. If any dishonest claim is made with us, we may cancel Your Policy immediately.

Interest

No sum payable under this Policy shall carry interest.

Complaints & Disputes

We have an internal procedure for dispute resolution so that if at any time our products or services have not satisfied Your expectations You can contact the Holder on 086 144 0666 or vUs on 0860 223 266, during normal office hours and the Compliance Department will review Your complaint.

Important: The holder and Us will not be responsible for any expenses incurred if You do not contact us first.

If You do not believe Your matter has been resolved to Your satisfaction You may lodge Your complaint with the Short-term Insurance Ombudsman who may be contacted at Telephone 011 726 8900 or Facsimile 011 726 5501 or PO Box 32334, Braamfontein, 2017.



TABLE OF BENEFITS

Insured Event	Benefit			
	Plan 1	Plan 2	Plan 3	Plan 4
1. Death a) Death as a result of an Accident; b) Disappearance of a Person Insured for a period longer than 24 consecutive calendar months; c) Death as a direct result of Exposure to the elements of nature.	R 330,000	R 220,000	R 165,000	R 82,500
2. Permanent Total Disablement ('Any')	R 485,000	R 330,000	R 220,000	R 192,500
3. Paraplegia	R 485,000	R 330,000	R 220,000	R 192,500
4. Permanent Insanity	R 485,000	R 330,000	R 220,000	R 192,500
5. Loss of sight	R 485,000	R 330,000	R 220,000	R 192,500
6. Loss of limb: both hands or both feet	R 485,000	R 330,000	R 220,000	R 192,500
7. Loss of entire sight of one eye	R 242,500	R 165,000	R 110,000	R 96,250
8. Loss of limb: of one hand or one foot	R 242,500	R 165,000	R 110,000	R 96,250
9. Loss of Hearing	R 485,000	R 330,000	R 220,000	R 192,500
10. Total Loss of Mastication and Speech	R 485,000	R 330,000	R 220,000	R 192,500
11. Hospital Confinement per day 1st day 2nd day 3rd day and thereafter per day for a period not exceeding 87 days.	R 5,000 R 3,000 R 1,500 R500 per day	R 3,000 R 1,800 R 900 R300 per day	R 1,800 R 1,100 R 550 R200 per day	R 1,100 R 650 R 325 R125 per day
12. Trauma Benefit: We will pay You the Benefit shown in the Table of Benefits, if during the Period of Insurance a Person Insured has suffered a Traumatic Event.	R 10,000	R 10,000	R 10,000	R 10,000
Limit Any One Life:	R 548,000	R 371,800	R 250,850	R 215,450
Accumulation Limit:	R 1,096,000	R 743,600	R 501,700	R 430,900

OPTIONAL BENEFIS

Insured Event	Sum Insured
1. Critical Illness On Diagnosis of any Critical Illness as defined herein. Cover extends to You, Your Spouse and dependent Children.	R25 000 per unit - Maximum of 2 units per family
2. Waiver of premium for 6 months – Accidental Death only	The sum equal to an amount required as premium for which Your Beneficiary/ies will receive continued cover up to a maximum period of 6 months but excluding the first one month following Accidental Death