

AMSURE LIFESTYLE COVER: ACCIDENTS HAPPEN (ACCIDENTAL INJURY AND BEREAVEMENT)

GENERAL POLICY DETAIL

In consideration of and conditional upon the prior payment of the premium by or on behalf of the Insured Person and the acceptance thereof by or on behalf of Guardrisk Insurance Company Limited and Guardrisk Life Limited (*the Company*) before the inception date or renewal date (as the case may be) and subject to the Definitions, Defined Events, General Exceptions, General Conditions, Table of Benefits, Limitations and any Endorsements to the policy, the Company agrees to pay the Principal Insured Person for an Insured Event occurring during the period of insurance up to the limit of indemnity stated for the Insured Person and the benefit as stated in the Policy. The application form and declaration, completed by the Insured Person and/or Principal Insured Person, form the basis of this policy.

GENERAL NOTICE

These definitions, exceptions and conditions shall apply to all Amsure Accidents Happen (Accidental Injury and Bereavement) Master Policies.

GENERAL DEFINITIONS

In this policy all words and expressions signifying the singular shall include the plural and vice versa. Words and expressions implying the masculine gender shall include the feminine. The following words and expressions shall have the following meanings:

- **"Accident"** means bodily injury caused by violent accidental and external physical means, occurring at an identifiable time and place.
- **"Accidental Death"** means an unforeseen event, which could not reasonably have been expected to occur. The event may result in death caused directly and independently of all other causes by some external and visible means arising from this event, and excludes death by natural causes.
- **"Bodily Injury"** means traumatic bodily injury caused by an accident and shall be deemed to include bodily injury caused by starvation, thirst and exposure to the elements as a result of an accidental occurrence.
- **"Company"** means the Guardrisk Insurance Company Limited, Reg No. 1992/001639/06, FSP No. 261075 or Guardrisk Life Limited, Reg No. 1999/013922/06, FSP No. 261076, as the case may be.
- **"Day Admission"** means admission to an unattached operating theatre unit for the purpose of surgical procedures. For the purpose of this policy Day Admission shall exclude the following:
 - Any hospital admission of which such admission is longer than twenty four (24) hours.
 - Any admission to a hospital for reasons other than elected and planned surgical procedure(s).
- **"Eligible Spouse"** means the Spouse of the Principal Insured Person who is not already insured under this section or any other policy issued by the Company providing similar cover.
 - Where a person shares an abode with a Principal Insured Person and has done so for at least six months and lives together in the manner of a legally married couple the person shall be regarded as a Spouse.
 - Should a Principal Insured Person have more than one Spouse who could qualify as an eligible Spouse then that Principal Insured Person must make an irrevocable nomination of one eligible Spouse to whom the benefits provided by this policy are to apply.
 - No benefits will be paid in respect of an eligible Spouse if more than one person qualifies as such and no nomination has been made by the Principal Insured Person.
- **"Eligible Child"** means a child who is a natural/ biological child, or stepchild or legally adopted child placed under the foster care of the Principal Insured Person and is financially dependent on the Principal Insured Person and who has not attained the age of twenty one (21) and who is not already insured under this policy or any other insurance issued by the Company providing similar cover.
 - This age may be extended to twenty five (25) in respect of an unmarried child who is a full time student. There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves, always provided that the children are wholly dependent on the Principal Insured Person for support and maintenance.
 - As soon as such child ceases to satisfy the conditions above such child will no longer be an eligible child and will therefore no longer be covered under this Policy.
- **"Eligible member"** means a member who is in a category of paid up members as designated by the Insured and accepted by the Underwriter as eligible for participation in the insurance provided by this policy and such other person as the Company may from time to time deem eligible.
- **"Family"** means the Principal Insured Person and such person's eligible Spouse provided such Spouse is an Insured Person but not a Principal Insured Person and such person's eligible children provided they are Insured Persons.
- **"General Anaesthetics"** means a drug that brings about a reversible loss of consciousness generally administered by an anaesthetist in order to induce or maintain general anaesthesia to facilitate surgery.
- **"Hospital"** means any institution in the territory of RSA which in the opinion of the Company meets each of the following criteria:
 - Has diagnostic and therapeutic facilities for surgical and medical diagnosis treatment and care of insured and sick persons by or under the supervision of a staff of medical practitioners.
 - Provides nursing service supervised by registered nurses or nurses with equivalent qualifications.
 - Is not (other than incidentally) either a mental institution or a convalescent home.
 - Is not a place of rest for the aged or a place for drug addicts or alcoholics or a health hydro or natural cure clinic or similar establishment.

- And is not an institution providing long-term care for the blind deaf dumb or other handicapped persons.
- **“Hospital Confinement”** means admission to a hospital ward.
- **“Illness”** means any one somatic illness or disease which manifests itself during the period of insurance and includes premature senile degenerative changes, but not an illness which is of such a nature as to be incapable of diagnosis by objective evidence or which though capable of diagnosis by such evidence has not been so diagnosed.
- **“Insured Event”** means
 - In respect of Accidental Injury – Hospital Confinement (as defined) as a result of an Accident (as defined)
 - In respect of Bereavement – death of an Insured Person
- **“Insured Person”** means a Principal Insured Person or an Eligible Spouse of a Principal Insured Person (if Spouse’s cover has been granted) or an eligible child of a Principal Insured Person (if dependant’s cover has been granted). Such persons must be covered in terms of the Principal Insured Person’s Medical Scheme and such other person as the Company may from time to time deem eligible.
- **“Medical practitioner”** means a legally qualified medical practitioner registered with the Health Profession’s Council of South Africa.
- **“Non-mandated Intermediary”** means Manage Plus Fund Administrators (Pty) Ltd, Reg No. 1994/001877/07, FSP No. 36085.
- **“Principal Insured Person”** means the Insured as detailed in the Schedule and accepted by the Company as eligible for participation in the insurance provided by this policy, and upon whose death this policy shall cease.
- **“Schedule”** means the Schedule attaching to and forming part of this Policy.
- **“Treatment”** means any form of investigation or examination by, or consultation with, or treatment by a medical practitioner for the purpose of treating or monitoring an Insured Person’s medical condition arising out of an Insured Event.
- **“Underwriting Manager”** means Ambledown Financial Services (Pty) Ltd, Reg. No. 2004/006271/07, FSP No. 10287.
- **“Waiting Period”** means the initial period during which a benefit is not payable.

GENERAL EXCEPTIONS

1. No benefits shall be payable for an Insured Event for which the Insured Person received treatment or advice prior to becoming an Insured Person.
2. No benefits shall be payable in the event of fraudulent submission by the claimant.

GENERAL CONDITIONS

1. Cooling-Off Period

A Principal Insured Person may:

- in any case where no benefit has yet been paid or claimed or an Insured Event has not yet occurred; and
- within a period of thirty (30) days of receipt of the policy by the Principal Insured, or from a reasonable date on which it can be deemed that the Principal Insured received the policy referred to above, cancel the policy by written notice sent to the Underwriting Manager.
- All premiums or moneys paid by the Principal Insured to the insurer up to the date of receipt of the cancellation notice or received at any date thereafter in respect of the cancelled or varied policy, shall be refunded to the Principal Insured.

2. Claims

- a. Following an Insured Event the Insured shall at his own expense:
 - as soon as possible notify the Non-mandated Intermediary of any claim in writing but not later than six (6) months from treatment for such incident.
 - supply in writing any such proof or other information as the Company may reasonably request.
 - as often as required provide authority for the Company to inspect all current and/or past medical or other information including the results of any blood tests and submit to medical examination on behalf of and at the expense of the Company.
 - Where the Insured Person is not a Principal Insured Person the Principal Insured Person shall provide or obtain the necessary permission or consent to comply with this condition failing which all benefits in respect of any claims being the subject of this condition shall be voidable.
- b. Any claim in terms of this policy will prescribe after twelve (12) calendar months from the date of occurrence of the Insured Event if the claim is outstanding and not a subject of a then pending court case.
- c. Where the Company rejects or disputes a claim or the quantum of a claim, or voids the policy, the Principal Insured has ninety (90) days (the “representation period”) from receipt of the Company’s written notification to dispute the decision of the Company. This must be done in writing to the Company. Alternatively, the Principal Insured may contact the applicable Ombud. All contact detail included in the Important Information within this policy pack.
If the dispute is not satisfactorily resolved in this manner, the Principal Insured has a further one hundred and eighty days (180) after the expiry of the representation period for the service of summons on the Company.
- d. All benefits payable shall be paid to the Principal Insured Person, his legal representative or the participating employer whose receipt shall in every case be a full discharge to the Company.
- e. No benefit payable shall carry interest.

3. Premiums

- a. The premium is due monthly in advance and if it is not received by the Company by the tenth (10th) day of the calendar month following the due date then this policy shall be deemed to have been cancelled at midnight on the last day of the preceding period of insurance.
- b. If the premium is not paid by the premium payment date, the Company will allow a forty (40) day grace period from the premium payment date.
- c. If the outstanding premium is not paid within the forty (40) day grace period, then this policy shall be deemed to have been cancelled at midnight on the last day of the month for which the last premium was received.
- d. The Company may offer terms of reinstatement, but is not obliged to do so or to reinstate the Insured Person’s policy.
- e. The Company is not obliged to accept premium tendered to it after the grace period or after the period of insurance detailed in the schedule.

- f. The Company will not consider any claim that arises during the grace period unless the Company receives the full outstanding premium before the end of the grace period.
4. **Termination of cover**
 - a. This policy may be cancelled by either party at any time by giving thirty (30) days' notice in writing.
 - b. An Insured Event will only qualify if the diagnosis of Cancer (as defined) manifested itself prior to the date of Termination of the Policy.
 - c. All claims must be submitted to the Company within three (3) months of the date of cancellation.
 - d. An incident will only qualify if the hospitalisation caused by such incident commences before the date of cancellation in which case all outstanding claims must be submitted to the Company within three months after the date of cancellation.
 - e. Cover terminates on the death of the Principal Insured Person. However, on the death of the Principal Insured Person the cover of the Eligible Spouse under this policy may be continued should such Spouse elect to do so within sixty (60) days of the death of the Principal Insured Person.
 - f. This policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure by or on behalf of the Insured Person regarding any fact material to this insurance.
 - g. No Premium refund shall be due in the case of cancellation by either party.
5. **Medical examination**
Payment of any benefit is conditional on the Insured Person supplying such medical evidence as is required, and if requested by the Company, an Insured Person undergoing any medical examination does so at the Company's expense.
6. **Jurisdiction**
The policy shall be subject to the laws of the Republic of South Africa whose courts shall have sole jurisdiction to the exclusion of the courts of any other country.
Where payment is to be made to or by the Company, it shall be made in the currency of the Republic of South Africa at the Company's Head Office unless the Company allows otherwise.
7. **Commencement of cover**
Cover in terms of this policy commences on the first day of the calendar month for which the premium has been paid by or for the Insured Person.
8. **Amendments**
The company reserves the right to adjust the premiums by giving thirty (30) days written notice to the Principal Insured.
9. **Premium payment**
The Company shall not be obliged to accept the premium tendered to it after inception date or renewal date as the case may be but may do so upon such terms as its sole discretion may determine.

BENEFITS, TERMS AND CONDITIONS

INTRODUCTION

This Schedule outlines the Benefits that are included in the Amsure Accidental Injury and Bereavement Policy.

The Benefits are subject to the Policy Terms and Conditions and are dependent on premiums being fully paid up.

Claims must be intimated within six (6) months and all required documents are to be received within twelve (12) months of the Date of Incident, otherwise the claim will not be authorised.

All references to Spouse and Dependants refer to those nominated as immediate Family on the Amsure Accidental Injury and Bereavement Policy Schedule.

The minimum entry age for the Principal Insured Person is age eighteen (18) last birthday.

The maximum entry age for Principal Insured is sixty (60) last birthday.

Funeral Cover reduces by fifty 50 % for all Insured Persons when the Principal Insured turns 65.

1. ACCIDENTAL INJURY

GENERAL MEMORANDA

1. The table of benefits applies in the territory of the Republic of South Africa.
2. The Company reserves the right to alter the basis on which the benefit is calculated by giving thirty (30) days written notice of any change to the participating employer or individual member.
3. No benefit shall be payable in respect of any medical or surgical treatment unless such treatment occurred during the period of hospital confinement.

DEFINED EVENTS

1. An accident which occurs during the period of cover which results in an admission to hospital as an in-patient.
2. The Company will pay to the Principal Insured person an amount in accordance with the Table of Benefits in this Section of the Policy.

TABLE OF BENEFITS

1. Hospital admissions which includes Surgery (as defined) under General Anaesthetics (as defined):
 - a. R5 000 (Five Thousand Rand) for the first day hospitalised.
 - b. R2 500 (Two Thousand Five Hundred Rand) for the second and third day hospitalised.
 - c. R1 000 (One Thousand Rand) for each subsequent day.
2. Hospital admissions which includes Medical Procedures or Surgical Procedures under Local Anaesthetics.
 - a. R1 000 (One Thousand Rand) for each day hospitalised

LIMITATIONS

R50 000 (Fifty Thousand Rand) per Insured Person in the aggregate per annum.

SPECIFIC EXCEPTIONS

The Company shall not be liable for hospitalisation following bodily injury caused by related to or in consequence of:

1. Any Medical and surgical procedure and /or operation (as defined) for cosmetic purposes or for that of personal reasons and not directly caused by or related to an accident.
2. Treatment (as defined) which, in the opinion of the Company, is not appropriate or necessary for the symptoms, diagnosis or treatment of the specific medical condition.
3. Treatment (as defined) resulting from self-inflicted injuries sustained while voluntarily participating in a riot, civil commotion, war, invasion, act of foreign enemy, hostilities whether war is declared or not, and civil war; or injuries arising from professional sport, speed contests and speed trials; or any other recreational activity which is not commonly recognised as a sport and/or involves uncontrolled competition, unusual skill or violent activity and is generally considered to be inherently dangerous.
4. Treatment or advice resulting from the failure to carry out the instructions of a Medical Practitioner (As defined).
5. Any condition for which the insured person received treatment or advice prior to the date of inception, or any medical conditions that resulted from an injury that occurred prior to the date of inception
6. The Company shall not be liable for hospitalisation following bodily injury related to or in consequence of hip replacements or knee Replacements.

2. DEATH BENEFIT

TABLE OF BENEFITS

	Secure	Prestige
Main Member	R20 000	R50 000
Spouse	R20 000	R50 000
Children up to 21 years	R6 000	R6 000
Stillborn (26weeks+)	R4 000	R4 000
Accidental death - additional	R10 000	R10 000

The Principal Member and Spouse are covered for an additional ten thousand (R10 000) in the event of accidental death (as defined).

EXCLUSIONS AND WAITING PERIODS

- Only one Spouse, natural or legally adopted children and stepchildren are covered.
- Natural death is not covered for the first six (6) months of membership.
- Death as a result of suicide, HIV or AIDS is not covered for the first two (2) years of membership.
- Death as a result of pre-existing conditions is not covered for the first twelve (12) months of membership.
- There is no waiting period for accidental death provided that premiums have been paid in full.
- Cover shall cease for the Spouse upon the divorce or the permanent separation of the Spouse from the Principal Insured.
- Cover reduces by fifty (50) % for all Beneficiaries on the Principal Member's sixty fifth (65) th Birthday.

3. EMERGENCY SERVICES

Amsure clients will receive the following value-add services:

PANIC SOS

Using either USSD technology or emergency panic button on your cellphone, call centre response within 90 seconds, deploying appropriate service providers

MEDICAL ADVICE

Access to a dedicated team of medical staff to assist with advice, information and arrangement of medical transportation in the event of an emergency

MEDICAL TRANSPORTATION

In the event of an emergency, arrangement and coordination of the most appropriate method of emergency medical transportation. Includes transportation by road or air to the nearest medical facility capable of providing adequate care

In the event of a claim, call 010 211 5441/0860 AMSURE

4. ROADSIDE ASSISTANCE

- Basic roadside assistance including flat tyres, flat batteries, keys locked in vehicle and run out of fuel
- Non accident towing - mechanical and electrical towing to nearest approved dealer or repairer, to a maximum of 100km roundtrip
- Accident towing - arrangement and management of towing of the vehicle to the nearest preferred panel of repairers or safe yard, within 60km of the scene of the accident

In the event of a claim, call 010 211 5441/0860 AMSURE

IMPORTANT INFORMATION			
Amsure Accidental Injury and Bereavement is a combination of products. All insured benefits are underwritten by Guardrisk. Administration is provided by Manage Plus Fund Administrators on behalf of the product insurers.			
It is important for the policy owner to read this information and store in a safe place.			
PRODUCT	Funeral Cover and Accidental Death		Accidental Injury
INSURER	Guardrisk Life Limited		Guardrisk Insurance Company Limited
ADDRESS	102 Rivonia Road Sandown Sandton 2196		102 Rivonia Road Sandown Sandton 2196
CONTACT TELEPHONE NUMBER	011 669 1000		011 669 1000
REG. NO.	1999/013922/06		1992/001639/06
FSP NO.	261076		261075
CONTACT DETAILS FOR ALL ADMINISTRATIVE QUERIES	Manage Plus Fund Administrators (Pty) Ltd (M.P.F.A), FSP No. 36085, Reg No 1994/00187/07 Tel: 0860 633 929 • Fax: 086 212 3406 • Box 5466 • Cape Town • 8000		
COMPLAINTS PROCEDURE	If you have a complaint regarding this product or service, please contact the Compliance Department of the Insurer at the address listed above.		
COMPLIANCE OFFICERS	If you believe that any legislation or regulatory considerations has been contravened, you may contact the Compliance Officer of the Insurer at the address listed above.		
CLAIMS NOTIFICATION	In the event of a claim, please contact M.P.F.A on 0860 633 929 or email amsureclaims@medway.co.za		
OMBUD DETAILS	Long-term Insurance Ombud Private Bag X45, Claremont, 7735 Tel: 0860 103 236 Fax: 021 674 0951 E-mail: info@ombud.co.za	Short-term Insurance Ombud PO Box 32334, Braamfontein, 2017 Tel: 011 726 8900 Fax: 011 726 5501 E-mail: info@osti.co.za	FAIS Ombud PO Box 74571, Lynnwood Ridge, 0040 Tel: 0860 324 766 Fax: 012 348 3447 E-mail: info@faisombud.co.za
COOLING OFF	The issued policy may be cancelled within 30 days from the date of commencement. You may cancel the policy by written notice to M.P.F.A • Box 5466 • Cape Town • 8000		
REPLACEMENT OF POLICIES	Replacement of any insurance is generally to the disadvantage of the policy owner, due to the duplication of initial existing costs. However, in the case of Medway Family Funeral Plan, there are no initial costs.		
NAME, CLASS AND TYPE OF POLICY	Bereavement: <ul style="list-style-type: none"> A lump sum to be paid on death of the lives insured aimed at covering funeral costs. Additional cover in the event of Accidental Death Accidental Injury: <ul style="list-style-type: none"> A stated cash benefit paid to a member after hospitalisation of the lives insured due to accidental injury aimed to cover recovery costs. Emergency Services: <ul style="list-style-type: none"> Emergency Transportation and Roadside Assistance benefits 		
BENEFITS	The benefits provided by this policy are as described within the Policy Wording.		
COMMENCEMENT	The policy will commence on the acceptance of the application and receipt of the first premium. The commencement date of the policy is indicated on the certificate of participation.		
DURATION OF COVER	Cover continues for as long as premiums are paid in accordance with the policy conditions, but cover will cease on the death of the Principal Member.		
PREMIUM OBLIGATIONS	The premium payable for this policy is shown in the application form and will be confirmed in the Policy Pack. Premiums are paid monthly by the chosen payment method and may be reviewed from time to time.		
NON-PAYMENT OF PREMIUMS	Should premiums not be paid according to policy conditions, the policy will lapse and all premiums and benefits will be forfeited.		
ADMINISTRATION CHARGES	Administration Fees are paid to the administrator in the amount of 21% of gross premium payable.		
COMMISSIONS	Commission is paid to an intermediary in the amount of 20% of gross premium payable.		
EXCLUSIONS AND WAITING PERIODS	A summary of claims exclusions and waiting periods are more fully described in the individual policy wordings.		
RESTRICTIONS	<ul style="list-style-type: none"> Principal Member may be covered by up to two Medway Family Funeral Policies. Principal Member must be 60 years or younger at inception. Territorial Limits – limited to SADC Countries only. 		