

## AMSURE LIFESTYLE COVER: FAMILY MATTERS

### 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 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 Family Matters Funeral Plan 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:

- **“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.
- **“Company”** means Guardrisk Life Limited, Reg No. 1999/013922/06, FSP No. 261076
- **“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.
- **“Insured Event”** means the death of an Insured Person (as defined) provided such death occurred after the date of inception to the Policy.
- **“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).
- **“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.
- **“Waiting Period”** means the initial period during which a benefit is not payable.

### GENERAL EXCEPTIONS

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.

1. **Claims**

- 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 Insured Event.
  - 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.
- 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.
- Where the Company rejects or disputes a claim or the quantum of a claim, or voids the policy, the Principal Insured Person 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 details are included in the Important Information within this policy pack.  
If the dispute is not satisfactorily resolved in this manner, the Principal Insured Person has a further one hundred and eighty days (180) after the expiry of the representation period for the service of summons on the Company.
- All benefits payable shall be paid to the Principal Insured Person, his legal representative whose receipt shall in every case be a full discharge to the Company.
- No benefit payable shall carry interest.

2. **Premiums**

- 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.
- 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.
- 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.
- The Company may offer terms of reinstatement, but is not obliged to do so or to reinstate the Insured Person's policy.
- 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.
- 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.

3. **Termination of cover**

- This policy may be cancelled by either party at any time by giving thirty (30) days' notice in writing.
- An Insured Event will only qualify if the Insured Event (as defined) occurred prior to the date of Termination of the Policy.
- All claims must be submitted to the Company within three (3) months of the date of cancellation.
- 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.
- 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.
- 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.

## **SCHEDULE: BENEFITS, TERMS AND CONDITIONS**

### **INTRODUCTION**

This Schedule outlines the Benefits that are included in the Amsure Family Matters Funeral Plan Master 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 Family Matters Funeral Plan 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.

#### TABLE OF BENEFITS AND CONTRIBUTIONS

	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

#### COVER AFTER 65 YEARS OF AGE (PRINCIPAL INSURED)

	Secure	Prestige
Main Member	R10 000	R25 000
Spouse	R10 000	R25 000
Children up to 21 years	R3 000	R 3 000
Stillborn (26weeks+)	R2 000	R 2 000

The Principal Insured Person and Eligible Spouse are covered for an additional R10 000 in the event of accidental death (as defined).

#### Additional Value Benefits

##### 1. Hired Car

- Covers Principal Insured Person and Eligible Spouse in the event of death.
- Provides a vehicle to Claimant for four (4) days.
- The vehicle will be available at the car hire branch (as selected by Medway) closest to the requirements of Claimant for the time period as chosen.
- A six (6) month waiting period (from inception date) will apply to any claim arising from natural (non-accidental) death causes. No waiting period applies to accidental death.
- No deposit is payable by the Claimant.
- The vehicle must be claimed at the time of making the death claim; and must be utilized within three (3) months of the date of death.
- The vehicle will be provided in a roadworthy condition and with a full tank of petrol. All subsequent fuel costs are for the Claimant's account.
- Mileage is unrestricted.
- Use of the vehicle is subject to the Claimant being in possession of a valid driver's license.
- In the event the Claimant does not have a valid driver's license, the Claimant may nominate a designated driver who does.
- In the event of any damage to the vehicle, normal car hire conditions will apply and the excess is payable by the Claimant.
- All normal car hire conditions will apply.
- Hired Car benefits are provided only once to a principal member per event.
- In the event that the Claimant (or his representatives) makes their own arrangement to procure the Services without referral to Medway, then these costs are for the own account of the Claimant and are not recoverable from Medway in terms of this Benefit.
- The cover is limited to a maximum of five thousand rand (R5 000) per Insured Event

##### 2. Grocery Allowance

- Covers all Insured Persons in the event of death
- Provides for a Lump Sum benefit to cover Catering Costs associated with funeral services.
- A six (6) month waiting period (from inception date) will apply to any claim arising from natural (non-accidental) death causes. No waiting period applies to accidental death.
- The Service must be claimed at the time of making the death claim; and must be utilized within three (3) months of the date of death.
- The cover is Limited to three thousand rand (R3 000) per Insured Event.

##### 3. Repatriation of Mortal Remains

- Covers all Insured persons in event of death.
- Provides for the transportation of mortal remains (body) from location of death (in South Africa) to the funeral home of your choice (in South Africa) closest to the place of burial.
- A six (6) month waiting period will apply to any claim arising from natural (non-accidental) death causes. No waiting period applies to accidental death.
- No deposit is payable by the Claimant should service cost be less than five thousand (R5000). In the event of the service exceeding five thousand rand (R5000), then the Claimant will pay the difference to the Non-mandated Intermediary in advance of service being rendered.
- The Service must be claimed at the time of making the death claim; and must be utilized within three (3) months of the date of death.
- RMR benefits are provided only once to a Member per event.

- In the event that the Claimant (or his representatives) makes their own arrangement to procure the Services without referral to Medway, then these costs are for the own account of the Claimant and are not recoverable from Medway in terms of this Benefit.

#### **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 Insured's sixty fifth (65)th Birthday.

IMPORTANT INFORMATION		
Amway Family Funeral Plan may be 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.		
<b>It is important for the policy owner to read this information and store in a safe place.</b>		
<b>PRODUCT</b>	Funeral Cover and Accidental Death	
<b>INSURER</b>	Guardrisk Life Limited	
<b>ADDRESS</b>	102 Rivonia Road Sandown Sandton 2196	
<b>CONTACT TELEPHONE NUMBER</b>	011 669 1000	
<b>REG. NO.</b>	1999/013922/06	
<b>FSP NO.</b>	261076	
<b>CONTACT DETAILS FOR ALL ADMINISTRATIVE QUERIES</b>	<b>Manage Plus Fund Administrators (Pty) Ltd (M.P.F.A), FSP No. 36085, Reg No 1994/00187/07</b> Tel: 0860 633 929 • Fax: 086 212 3406 • Box 5466 • Cape Town • 8000	
<b>COMPLAINTS PROCEDURE</b>	If you have a complaint regarding this product or service, please contact the Compliance Department of the Insurer at the address listed above.	
<b>COMPLIANCE OFFICERS</b>	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.	
<b>CLAIMS NOTIFICATION</b>	In the event of a claim, please contact MPFA on 0860 633 929 or email <a href="mailto:amsureclaims@medway.co.za">amsureclaims@medway.co.za</a>	
<b>OMBUD DETAILS</b>	Long-term Insurance Ombud Private Bag X45, Claremont, 7735 Tel: 0860 103 236 Fax: 021 674 0951 E-mail: <a href="mailto:info@ombud.co.za">info@ombud.co.za</a>	FAIS Ombud PO Box 74571, Lynnwood Ridge, 0040 Tel: 0860 324 766 Fax: 012 348 3447 E-mail: <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>
<b>COOLING OFF</b>	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	
<b>REPLACEMENT OF POLICIES</b>	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.	
<b>NAME, CLASS AND TYPE OF POLICY</b>	<ul style="list-style-type: none"> <li>Bereavement Plan: A lump sum to be paid on death of the lives insured aimed at covering funeral costs.</li> <li>Accidental Death: A lump sum paid to the member in the event of a death due to an accident.</li> </ul>	
<b>BENEFITS</b>	The benefits provided by this policy are as described within the Policy Wording.	
<b>COMMENCEMENT</b>	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 Policy Schedule.	
<b>DURATION OF COVER</b>	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.	
<b>PREMIUM OBLIGATIONS</b>	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.	
<b>NON-PAYMENT OF PREMIUMS</b>	Should premiums not be paid according to policy conditions, the policy will lapse and all premiums and benefits will be forfeited.	
<b>ADMINISTRATION CHARGES</b>	Administration Fees are paid to the administrator in the amount of 19% of gross premium payable.	
<b>COMMISSIONS</b>	Commission is paid to an intermediary in the amount of 20% of gross premium payable.	
<b>EXCLUSIONS AND WAITING PERIODS</b>	A summary of claims exclusions and waiting periods are more fully described in the individual policy wordings.	
<b>RESTRICTIONS</b>	<ul style="list-style-type: none"> <li>Principal Member may be covered by up to two Medway Family Funeral Policies.</li> <li>Principal Member must be 60 years or younger at inception.</li> <li>Territorial Limits – limited to SADC Countries only.</li> </ul>	