

AMSURE GAP COVER

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 (*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 Incident 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 are the basis and form part of this policy.

GENERAL NOTICE

These definitions, exceptions and conditions shall apply to all Amsure Gap Cover Master Policies unless specifically dealt with in each Master Policy.

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.
- **"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.
- **"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 (6) 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 nominated at inception who is by way of natural/ biological child born of or stepchild or legally adopted child or 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. A child shall only be accepted for cover if such child is covered in terms of the Principal Insured Person's Medical Scheme.
 - 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 impaired 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 Incident"** means any one event which occurs or manifests itself during the period of cover and which results in:
 - An Insured Person being confined to hospital and the necessity to undergo certain in-patient medical or surgical procedures; or an Insured Person requiring certain medical procedures performed on an out-patient basis and as listed in defined events section 2.

- **“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.
- **“Medical Scheme Option Reimbursement Rate”** means the multiple of the Medical Scheme Tariff as indicated by the rules of the Medical Scheme.
- **“Medical Scheme Tariff”** means the rate set by a specific Medical Scheme at which claims and services for Healthcare providers are paid.
- **“Non-mandated Intermediary”** means Manage Plus Fund Administrators (Pty) Ltd, Reg No. 1994/001877/07, FSP No. 36085.
- **“Prescribed Minimum Benefit”** means a set of medical conditions of which defined benefits have been regulated by the Council for Medical Schemes in terms of Regulation of the Medical Schemes Act (131 of 1998).
- **“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.
- **“Schedule”** means the Schedule attaching to and forming part of this Policy.
- **“Surgery”** for the purpose of this Policy means the treatment of injury, by manual and instrumental means, performed by a medical practitioner or specialist practitioner under General Anaesthetic.
- **“Travelling”** means travelling in any country other than the Republic of South Africa.
- **“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 benefit is not payable.

EXCLUSIONS AND WAITING PERIODS

The Company shall not be liable for hospitalisation, bodily injury, sickness or disease directly or indirectly caused by related to or in consequence of:

1. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.
2. Investigations, treatment, surgery for obesity, its sequelae or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an Insured Incident otherwise insured.
3. Cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer.
4. Routine physical or any procedure of a purely diagnostic nature or any other examination where there is no objective indication of impairment in normal health and laboratory diagnostic or X-ray examinations except in the course of a disability established by prior call or attendance of a physician.
5. Suicide, attempted suicide or intentional self-injury.
6. The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the Insured Person) or any illness caused by the use of alcohol.
7. Drug addiction.
8. An event directly attributable to the Insured Person where the alcohol content in the blood exceeds the legal level permitted by law.
9. Participation in:
 - Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
 - Aviation other than as a passenger.
 - Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft).
10. No benefits are payable which should be provided by the Medical Scheme (such as Prescribed Minimum Benefits), this exception includes ward fees, theatre fees, medicines and other hospital expenses.
11. No benefits shall be payable due to the Insured Person’s failure to comply with the Medical Scheme rules regarding the failure to make use of a Hospital that is a Designated Service Provider. This exclusion does not apply to traditional cancer treatment if such Designated Service Provider is Public Hospitals or Public Clinics.
12. Any procedure not covered or declined by the Medical Scheme and/or any procedure for which no benefit was paid by the Medical Scheme due to the failure of the claimant in meeting the conditions set by the rules of the Medical Scheme.
13. **Waiting Periods**
No benefits shall be payable for an Insured Incident for which the Insured Person received treatment or advice twelve (12) months prior to becoming an Insured Person. This exclusion only applies to the first twelve (12) months of an Insured Person’s cover, unless stated otherwise in specific policy wording.
 - No benefits shall be payable for pregnancy or childbirth for a period of twelve (12) months from inception of this policy
 - The Waiting Periods in 13.1 and 13.2 will be proportionally reduced in period where:
 - 13.3.1. The Insured Person is able to provide evidence, at the time of any claim related to an Insured Incident, of previous Gap Cover which was in force up to the day immediately preceding inception of this Amsure Gap Cover, and;
 - 13.3.2 Where such previous Gap Cover included same or similar benefits in relation to the Insured Incident
14. Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility.
15. No benefits shall be payable for depression, insanity or mental stress or psychotic/psychoneurotic disorders.
16. 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 Incident 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 policyholder received the policy referred to above, cancel the policy by written notice sent to the Underwriting Manager.
- All premiums or moneys paid by the policyholder 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 policyholder.

2. Claims

- Following an Insured Incident 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.
- Any claim in terms of this policy will prescribe after twelve (12) calendar months from the date of occurrence of the Insured Incident 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 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 has a further one hundred and eighty (180) days after the expiry of the representation period for the service of summons on the Company.
- Any benefit payable in respect of hospital confinement shall only become due at the end of a period of such confinement. However payments on account can be made to the Principal Insured Person at the end of a thirty (30) day period of hospital confinement at the discretion of the Company.
- 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.
- No benefit payable shall carry interest.

3. 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.

4. Termination of cover

- This policy may be cancelled by either party at any time by giving thirty (30) days' notice in writing.
- An Insured Incident will only qualify for benefits if the hospitalisation and/or treatment, resulting from the Insured Event/Incident, commences before the date of cancellation of the policy, in which case all outstanding claims must be submitted 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 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 participating employer.

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.

INDIVIDUAL SCHEDULE OF BENEFITS AND POLICY WORDINGS

INTRODUCTION

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

All references to Spouse and Dependants refer to those nominated as immediate Family on the Amsure Gap Cover Policy Schedule.

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.

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

The maximum entry age for the Principal Insured is sixty five (65) last birthday.

Cover shall only be in force provided that the Insured Person is a registered member of a Medical Scheme.

COVER (APPLICABLE TO AMSURE GAP, XTRACARE/SUB LIMITATION AND CO-PAYMENT COVER)

No benefit shall be payable in respect of any medical or surgical treatment unless such treatment occurred during the period of hospital confinement as an in-patient or as an out-patient for chemotherapy or radiotherapy for the treatment of cancer, kidney dialysis or certain other out-patient treatments as listed under defined events as below.

DEFINED EVENTS (APPLICABLE TO AMSURE GAP, XTRACARE/SUB LIMITATION AND CO-PAYMENT COVER)

In the event of an Insured Person suffering an Insured Incident (as defined) which necessitates the Insured Person:

1. being confined to hospital and undergoing Medical and Surgical procedures and/or operations (as defined) or Treatment (as defined) whilst in hospital, including:
 - the necessity for chemotherapy or radiotherapy for the treatment of cancer on an out-patient basis,
 - the necessity for kidney dialysis on an out-patient basis, or
2. the need for outpatient treatment for the following procedures:

General Surgery Surgical biopsy of breast lump Hernia repairs - Inguinal hernia; Femoral hernia; Umbilical hernia; Epigastric hernia; Spigelian hernia Ischio-rectal abscess drainage Closure of colostomy Surgical haemorrhoidectomy (excluding sclerotherapy or band ligation) Lymph node biopsy	Urology Vasectomy Cystoscopy Orchidopexy Prostate biopsy
	Hepatobiliary surgery Needle biopsy of the liver
ENT surgery Direct laryngoscopy and Tonsillectomy Laser and Conventional Nasal surgery (Turbinectomy and Septoplasty) Sinus surgery (FESS) Myringotomy Grommets	Orthopaedic Arthroscopy Carpal Tunnel Release Ganglion surgery Bunionectomy
	Immunology Plasmatheresis
Diagnostic radiology Magnetic Resonance Imaging Computer Tomography Scans	Obstetrics & gynaecology Tubal ligation Childbirth in a non-hospital setting Incision and drainage of Bartholin's cyst Marsupialisation of Bartholin's cyst Cervical laser ablation Hysteroscopy and Phototherapy Dilation and curettage
Neurology 48-hour alter EEG	
Cardiothoracic surgery Bronchoscopy	
Ophthalmology Cataract and Pterygium removal Trabeculectomy	Gastroenterology Oesophagoscopy Gastroscopy and Colonoscopy ERCP
Paediatric surgery Orchidopexy	Hyperbaric oxygen treatment for: Radionecrosis Malunion of major fractures Avascular leg ulcers Decompression sickness Chronic osteitis Serious anaerobic infections
General medical cardiology Coronary angioplasty and Coronary angiogram	

Then the Company will pay to the Principal Insured Person an amount in accordance with the table of benefits subject to the limitations.

1. GAP COVER (APPLICABLE TO ALL OPTIONS)
MASTER POLICY NO: MEDWAY/REC/GAP500/2013

TABLE OF BENEFITS

A benefit equal to actual cost limited to 5 (five) times the Medical Scheme Tariff less the Medical Scheme Tariff for treatment received from a Medical Practitioner whilst as an in-patient and/or outpatient (as stated in the Defined Events).

Also includes a Consumables Benefit that reimburses the client for in-hospital disposable items such as bandages, gauze sponges and gloves, where the charge exceeds the Scheme Tariff.

SPECIFIC LIMITATIONS

The maximum GAP benefit payable shall be Two Million Rand (R2 000 000) in the aggregate per annum per Family.

A maximum of Three Thousand Rand (R3000) for the Consumables Cover benefit paid per annum per Family.

2. XTRACARE SUB LIMITATION COVER (APPLICABLE TO AMSURE GAP PREMIUM ONLY)

MASTER POLICY NO: MEDWAY/MC/XTC/2014

TABLE OF BENEFITS

1. A benefit equal to charges above any sub-limitation imposed by the Medical Scheme for treatment received whilst as an in-patient and/or outpatient (as stated in the Defined Event).

SPECIFIC LIMITATIONS

The maximum benefit payable shall be as follows:

1. R30 000 per Insured Person per annum.
2. R50 000 per Family per annum.

3. CO-PAYMENT COVER (APPLICABLE TO AMSURE GAP PREMIUM ONLY)

MASTER POLICY NO: MEDWAY/MC/COPAY/2013

TABLE OF BENEFITS

A benefit equal to the charges in the form of a co-payment or deductible applied for treatment received whilst as an in-patient and/or outpatient (as stated in the Defined Event).

SPECIFIC LIMITATIONS

1. R30 000 per Insured Person per annum.
2. R50 000 per Family per annum.

4. PERSONAL ACCIDENT (APPLICABLE TO ALL OPTIONS)

MASTER POLICY NO: MEDWAY/PA/2013

COVER

If, during the period of insurance an Insured Person sustains Bodily Injury as the result of an accident which directly and independently of any other cause results, within twelve (12) calendar months, in Death or the incurring of Medical Expenses, the Insurer will pay to the Principal Insured Person or his legal personal representative the Compensation Payable up to the maximum limits of liability therein.

SPECIFIC DEFINITIONS

The following words or phrases shall bear the meaning stated below:-

"Medical Expenses" - means expenses reasonably and necessarily incurred as a hospital in-patient within twelve (12) months of the date of the accident for medical, surgical, dental, ophthalmic and hospital treatment.

"Medical Treatment" - means a physician's medical advice, treatment, consultations and prescribed or repeat medication in a hospital.

PROVISOS

Provided always that:

1. The Insurer shall not be liable for medical expenses which are covered by the Compensation for Occupational Injuries and Diseases Act or any other statute.
2. The total liability of the Insurer shall not exceed forty thousand rand (R40 000) in respect of any one occurrence/claim.
3. The Insured Person shall not be insured under more than one "Amsure Gap Personal Accident" policy with the Insurer.
4. Should more than one policy be in force for the same Insured Person and a claim be lodged for the same benefit, then only the policy with the highest insured amount for the claimed benefit can be called upon to indemnify the Insured Person.

EXTENSIONS

Disappearance: If after a suitable period of time of the disappearance of an Insured Person, it is reasonable to believe that such Insured Person has died as a result of Bodily Injury, the Death benefit shall be payable provided that if such belief is incorrect such benefit shall be repaid to the Insurers.

CONDITIONS

1. The Insured Persons shall take all reasonable precautions to prevent accidents and to comply with all statutory requirements and regulations.
2. After incurring Bodily Injury for which Compensation may be payable under this Policy an Insured Person shall, when reasonably required by the Insurers so to do, submit to medical examination and undergo any treatment specified. The Insurer shall not be liable to make any payment unless this Condition is complied with to their satisfaction.

3. All certificates, information and evidence required by the Insurer shall be furnished in the form prescribed and without expense to the Insurer. The Insured Person shall submit to medical examination on behalf of and at the expense of the Insurer as often as shall be required in connection with any claim.
4. Qualified medical advice shall be sought and followed promptly on the occurrence of any Bodily Injury and the Insurer shall not be liable for any part of any claim which in the opinion of this medical adviser arises from the unreasonable or wilful neglect or failure of an Insured Person to seek and remain under the care of a qualified member of the medical profession.

TABLE OF BENEFITS

Item	Sum Insured
Accidental In-hospital Medical Expenses	Up to R10 000 per person
Accidental Death	R10 000 per person

EXCESS

R250 for each event.

SPECIFIC LIMITATIONS

1. R10 000 per Insured Person per annum.
2. R40 000 per incident.

5. CASUALTY COVER (APPLICABLE TO AMSURE GAP PREMIUM ONLY)

MASTER POLICY WORDING NO: MEDWAY/OAC/B/2013/01

DEFINED EVENTS

In the event of the Insured Person:

Sustaining Accidental Bodily Injury necessitating emergency medical treatment - the Company will pay to the Principal Insured Person an amount in accordance with the table of benefits subject to the limitation and excess as specified in this Policy.

TABLE OF BENEFITS

All medical expenses incurred in a hospital outpatient emergency room and/or medical practitioners rooms.

For the purpose of this policy, after a defined event, no benefit shall be payable for in-hospital charges including any treatment provided as in-patient care that would have reasonably been administered in a hospital emergency unit.

EXCESS

Two hundred and fifty rand (R250) for each event.

SPECIFIC LIMITATIONS

R10 000 per Insured Person per annum.

IMPORTANT INFORMATION		
Amsure Gap Cover insured benefits are underwritten by Guardrisk. Administration is provided by Manage Plus Fund Administrators on behalf of the insurer.		
It is important for the policy owner to read this information and store in a safe place.		
PRODUCT	Gap; Personal Accident; Sub Limit; Co Payment; Casualty Cover; Consumables Cover	
INSURER ADDRESS	Guardrisk Insurance Company Limited 102 Rivonia Road Sandown Sandton 2196	
CONTACT TELEPHONE NUMBER	011 669 1000	
REG. NO.	1992/001639/06	
FSP NO.	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 have 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	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 Email: 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 Or email Customercare@medway.co.za	
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 MedCARE, there are no initial costs.	
NAME, CLASS AND TYPE OF POLICY	<ul style="list-style-type: none"> Gap Cover: A top-up cash benefit paid to the member after hospitalisation. Consumables Cover: A refund paid for disposables used in hospital where the charges exceed the Scheme Tariff. Personal Accident Death Cover: A cash benefit paid to the member on accidental death. Personal Accident Hospital Expenses Cover: A cash benefit paid to the Principal Insured after hospitalisation. Sub Limitation Cover: An additional cash benefit paid to the member after (defined) treatments when medical scheme benefits are inadequate. Co-payment Cover: A cash benefit paid to the member for co-payments and deductible charges imposed due to hospitalisation. Casualty Cover: A cash benefit paid to the member for Casualty expenses due to accidental injury 	
BENEFITS	The benefits provided by this policy, depending on selection, are 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 Policy Schedule.	
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 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	Binder Fees of 19% are paid to the administrators.	
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 Insured may not be covered by more than one Amsure GapCover Plan. Principal Insured must be a paid up member of an approved registered medical scheme – check with your intermediary. Amsure GapCover Plan includes various short term insurance policies for which (in terms of the Short Term Insurance Act) the member may not benefit from duplicate cover. Check with your intermediary to confirm you do not have duplicate cover. Territorial Limits – limited to SADC Countries only. 	