

EVOLUSURE COMMUTER PROTECTION PLAN

POLICY TERMS AND CONDITIONS

Evolusure Brokers (Pty) Ltd, a registered Juristic Representative of African Unity Life Ltd.

Underwritten by African Unity Life Ltd, a registered Long-Term Insurer and an authorised Financial Services Provider, FSP No. 8447

(Paragraph headings do not form part of this agreement)

1. Your policy

Introduction

This policy is an agreement between you (Policyholder), EvoluSure (Broker) and African Unity Life (Underwriter). The agreement consists of:

- The application form.
- The policy terms and conditions.

Please read these documents carefully. They protect you, the Broker and the Underwriter. Keep these documents in a safe place for when you need them. The policyholder is the person who takes out this policy. The policyholder is responsible for ensuring that the premiums are paid.

You will not be covered under this policy until the Underwriter has accepted your application and has received your first premium.

2. Product, premiums and benefit summary

The following products and benefits will be offered to Members:

Name of Product / Benefit	Amount of the Benefit	Benefits payable in the following events	Description of Benefit	Benefits Payable to:
Accidental Death	R 15 000	Accidental death while traveling as a fare-paying passenger by road or railway	The benefit amount will be payable in cash to the nominated beneficiary when the Principal Insured dies while traveling as a fare paying passenger via.	Nominated Beneficiary on the date of death.
Hospital daily cash benefit	R500 per day for a maximum of 10 days per event. Limited to 3 events per annum	Hospitalization due to bodily injuries sustained due to an accident while traveling as a fare-paying passenger by road or railway	The benefit amount will be payable in cash.	Principal Insured or his / her Nominated Beneficiary on the date of death.
Accidental Disability (rider benefit)	R 15 000	Total and permanent disability due to an accident while traveling as a fare-paying passenger by road or railway.	Total and permanent disability due to an accident while traveling as a fare-paying passenger by road or railway	Principal Insured or his / her Nominated Beneficiary on the date of death.
AUL Assist Benefit Provided by FMS		Accidental death while traveling as a fare-paying passenger by road or railway	Emergency Medical Assistance:	Principal Insured or his / her Nominated Beneficiary on the date of death.
			• Medical / Emergency medical advice and information hotline	
			• Referral to crisis line / medical practitioners and facilities	
			• Emergency medical response to scene of medical emergency	
			• Medical Transportation / inter hospital transport	
			• Cost of transport for own account.	

	Funeral Repatriation: RSA only
	• Location of deceased
	• Overnight accommodation (1xperson) to identify the body (R5000)
	• Repatriation to funeral home closest to place of burial in RSA only
	• 1x Family member can accompany the body
	• Assistance with all paperwork / funeral arrangements
	• Advice on how to apply for the death certificate
	• Referral to a reputable funeral home
	• Referral to a Pathologist if an autopsy is required
	HIV / Trauma Assist:
	• 24-hour emergency assistance helpline / protection service
	• 3 HIV related trauma consultations
	• 3 Blood tests and access to STD preventative medication
	• Access to the "morning-after-pill"
	• Trauma - covers R5000 per insured - max of R10 000 per family
	Legal Assist:
	• Access to 24-hour legal advice helpline - any law
	• 30 Minute consultation
	Free standard legal documents e.g. employments contracts etc.

Maximum cover per any one life under this scheme:

R15,000.00

3. Policy Wording

In this document where the context requires, words importing the masculine shall include the feminine and words importing the singular shall include the plural and vice versa, and the following expressions shall have the following meanings:

DEFINITIONS

Accident (or Accidental)

A sudden, unforeseen, unusual and unexpected specific event, which is unintended, arises from a source external to the Insured, is independent of illness, disease or other bodily malfunction, which occurs at an identifiable time and place during the period of the Policy.

Accidental Death

An unforeseen event, which could not reasonably have been expected to occur. The event must 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.

Admission

Admission into a Hospital as an Inpatient on the advice of, and under the professional care and attendance of, a qualified physician. Confinement as a resident bed patient which is objectively necessary for treatment of Bodily

Injury or Illness covered by this Policy and which treatment could not reasonably have been obtained as an out-patient.

Application Form

The form that the Principal Insured completes and nominates the Dependants and Extended Family Members (where applicable) to be insured under this Policy. This form shall also state the option of benefits selected.

Beneficiary

The person/s as nominated by the Principal Insured, to receive the benefit, subject to the terms and conditions set out in this Policy Document. Such persons to be nominated in writing and may be amended any time prior to your death.

Benefit

The stated benefits provided by the Insurer and as set out in Section 2 of this Policy.

Bodily Injury

Violent external and visible means caused by an Accident, but shall include Bodily Injury caused by starvation, thirst and exposure to the elements as a result of a Road Accident.

Casualty Facility

An emergency medical treatment facility specializing in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance.

Cooling-off Period

An Opportunity for the policyholder to cancel the policy, providing no benefit has been paid or claimed within a period of 30 days of receipt of the participation certificate.

Compensation

The amount payable to the Principal Insured in the event of a Benefit claim.

Day

24 (twenty-four) consecutive hours from time (as stated on the Hospital statement) of Admission into that Hospital.

Defined Accidental Events

Where the Principal Insured or a Dependant sustains accidental bodily injury which results, within 3 (three) months thereof, in the death of the Principal Insured or a Dependant, solely and independently of any other cause; or In the event of the disappearance of the Principal Insured or a Dependant and the granting of a High Court order presuming the death of the Principal Insured or the Dependant.

Emergency

The sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

Emergency Ambulance

Means the emergency medical response unit available to the Insured Members for urgent medical assistance.

Grace Period

The period after the due date for payment of premiums, which the Insurer will allow the Policyholder to pay arrear premiums before benefits will be lapsed.

Injury

A sudden and unexpected bodily injury necessitating Primary Health Benefits, Emergency Benefits and/or Hospital Confinement Benefits.



Insured Event	The particular event, for which insurance has been obtained in terms of this Policy.
Insurer	African Unity Life Ltd, registration number 2003/016142/07, a registered long-term insurer in terms of the Long-term Insurance Act of 1998 and an Authorised Financial Services Provider (8447) in terms of the Financial Advisory and Intermediary Services Act of 2002.
Medical Emergency Transportation	Transportation by ambulance to the nearest appropriate Hospital.
Members (Insured Persons)	The Principal Insured and any of its Dependants, including Extended Family Members as nominated on the Application Form and accepted by the Insurer.
Permanent and Total Disability	<p>Such incapacity which renders the Insured unable to follow his/her own or similar occupation, defined as the regular and / or normal occupation in which the Insured is engaged for remuneration or profit but expanded also to include any occupation for which the Insured is reasonably qualified to be engaged in for remuneration or profit by his/her qualifications, status, training, working and / or occupational experience.</p> <p>The term Permanent Total Disability shall include permanent and total loss of or use of:</p> <ul style="list-style-type: none">• Speech, 100% loss• Hearing both ears, 100% loss• Any limb, 100%• Sight in one or both eyes, 100%• Disfigurement of face and neck, 100%
Physician	A doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.
Policy	The document issued to the Policyholder which sets out the relevant terms and conditions applicable to the policy and relevant cover selected.
Pre-Authorisation Services	A telephonic call-centre service in terms of which the Insurer or its subcontractor will pre-approve Treatment for a Member in terms of this Agreement.
Principal Insured	The person whose life is to be insured under this Policy and on whose death all other insurance cover shall cease.
Repatriation	The repatriation of the deceased within the border of the defined Territory.
Review Date	The date stated in the Master Policy Schedule on which the Insurer will review the risk profile, benefits and premiums of the Scheme.
Suicide	The act or an instance of taking one's own life.
Territory	Within the borders of the Republic of South Africa.
Treatment	Any form of treatment by a Physician for the purpose of treating or monitoring an Insured's medical condition arising out of an Insured Event.



Waiting Periods

The Waiting Period is the period as stated in Section 6, in which no benefits to a Principal Insured or any of its Dependants or Extended Family Members will be paid.

4. General Provisions

4.1 It is declared and agreed that: once any a policy has been accepted for an Insured Person, that any condition that was suffered before, is deemed to be a pre-existing condition, and as such, will not be covered under this policy.;

4.2 the age of the Principal Insured cannot exceed 65 (sixty-five) years when first applying for this Policy, unless otherwise provided for herein;

4.3 an Insured Person may not be covered on more than one same type of Policy with the Insurer;

PAYMENT OF PREMIUM

4.4 The policyholder, and all lives assured on this policy enjoys cover while the premiums are being paid. Furthermore:

- The policy will only take effect after the policy has been accepted by the Underwriter and the successful deduction of the first premium by EvoluSure.
- The premium is payable monthly in advance.
- A 15 (fifteen) day grace period is permitted for the payment of premiums. Payment of an accidental claim will only take place once a premium is received. AUL will have the discretion to reinstate the policy where after the waiting periods will be reinstated.
- Premiums will not be refunded, whole or in part, on cancellation or termination of this policy.

4.5 It is the responsibility of the Insured Person to make sure premiums are paid on time.

4.6 Premiums shall be payable by means of a debit order from a bank account nominated by the Principal Insured. All costs associated in respect thereof shall be borne by the Principal Insured.

LAPSING and REINSTATEMENT of lapsed policies

4.7 Should two (2) consecutive premium payments or two (2) total premium payments be missed during the life of the policy (or any Member within the Scheme), the Policy will automatically lapse.

4.8 Where a Policy has lapsed, a request to reinstate benefits must be made to the Insurer or nominated Administrator in writing. The Insurer in association with the nominated Administrator reserves the right to either accept or decline reinstatement of the Principal Insured or any other insured persons attached to the original application or subsequent endorsement.

4.9 Reinstatements will at all times be subject to such further conditions as the Insurer may determine at that time.

4.10 The Insurer will not entertain reinstatement of a lapsed Policy until all arrear premiums have been paid to the Insurer and a declaration has been received from the Policyholder that there are no claims for the period between the lapse date and the reinstatement date. Should the Insurer decide that reinstatement of the Policy is unacceptable, then all premiums paid from the date of lapse, less any expenses that the Insurer may have incurred, will be refunded to the Policyholder.

4.11 The Insurer will not consider reinstatement if reinstatement is only requested at claims stage.

4.12 Any Waiting Period mentioned in this Policy Document shall be reapplied with effect from the Reinstatement Date.

CURRENCY

Monthly premiums and claims will be paid in South Africa, in South African Rand (ZAR).

REVIEWS

The Insurer will review the monthly premium and claims ratio and can increase premiums with 30 days written notice to the insured. This is to make sure that the policy continues to offer the same benefits the policyholder initially chose.

BENEFICIARIES

We will pay the proceeds of this policy only to the people that the policyholder named as beneficiaries on the application form. If that person is still a child under 18 (eighteen) years of age, the proceeds will be paid into a trust account in the child's name. If the policyholder did not name someone to benefit from this policy, the money will be paid into the estate of the policyholder.



MAXIMUM COVER

Maximum cover per any one life is limited to R15 000

LEGISLATION

This policy is governed by the Long-Term Insurance Act (act 52 of 1998) and any other relevant law.

CESSIONS AND LOANS

The rights and benefits of this policy cannot be given over to someone else, nor can this policy be used to secure a loan.

SURRENDER VALUE

The policy has no maturity and no surrender value.

RESIDENCE AND TRAVEL

There are no restrictions on the policy in terms of where you can travel or the nature of your occupation.

As long as premiums are received in SA Rand and the insured has a SA bank account, the benefits will be paid into to that account in Rands.

CANCELLATIONS

The Cooling off period is 30 days. After the cooling off period, cancellation of the policy can be made by both the insured or insurer with 30 days written notice.

WAITING PERIODS

A waiting period is a specified period, as defined in this policy, which must pass before you can claim a benefit. The waiting periods for this policy are:

- In the event of the death, other than the accidental death of an assured life, a waiting period of 6 (six) months from the inception date of the policy shall be applicable in respect of the full payment of benefits.
- In the event of the accidental death of an assured life, cover shall be immediate, provided that EvoluSure and the Underwriter has accepted the policy, and received the first premium.
- Insurance cover will not be granted and benefits will not be payable in the event of the death of the assured life resulting directly or indirectly from, or which is attributable to suicide or attempted suicide, during the first 24 (twenty-four) months from the inception date.

MEMBER AMENDMENTS

Should a Principal Insured like make any changes to his / her personal information or any other information pertaining to the Policy, he/she should complete the Member Amendment Form.

All Forms and supporting documentation should be forwarded to the following e-mail address:

info@evolusure.co.za

6. Claims

PRODUCTS underwritten by African Unity Life:

Claims:

Notification period from the date of the event should be within	6 calendar months from the date of the claim event
---	---

Submission of all required documentation to assess the claim should be within	12 calendar months from the date of the claim event
---	--

The Principal Insured or his/her Beneficiary should notify AUL within the time-frames above and complete an African Unity Claim Form and submit it, as well as all the supporting documentation required for the specific claim event as specified in Claim documentation section below of this Policy to AUL.

Claim forms (including supporting documentation) should be submitted in electronic format to the following e-mail address:

Claimsfuneral@africanunity.co.za

Alternatively, claim forms (including supporting documentation) can be faxed to:

+27 (0) 861 234 556 or 021 913 9260

It is the responsibility of the Policyholder to ensure documentation is in a clearly readable format. Incomplete or unreadable supporting documentation can delay the process of payment.

Payment of the benefit shall be made to the Beneficiary nominated and the receipt of a benefit by the Beneficiary shall discharge the Insurer from any further liability. Only nominated Beneficiaries will be considered when paying claims.

VALUE ADDED PRODUCTS and RIDER BENEFITS

Rider benefit: Accidental Disability will be provided by AUL.

The AUL Assist Benefit will be optional and provided by FMS. For any assistance kindly contact them at 0860 777 552.

CLAIM DOCUMENTATION

When claiming, please have the following information at hand:

- The policy number
- The name, identity number or date of birth of the deceased.
- The name of the main member

Documents required to process your claim:

REF	DOCUMENT DESCRIPTION	WHEN APPLICABLE
1	Claim form, fully completed and legible.	All types of claims
2	A copy of the principle/main member's identity document (Green RSA ID document or Passport)	All types of claims
3	Hospital Accounts indicating the minimum information as indicated below:	All types of claims
	- Patient name and ID number;	
	- Principle / main member name and ID number;	
	- Admission date;	
	- Discharge date;	
	- ICD10 codes;	
	- Nappi & Tariffs Codes.	
5	Surgeon's Medical Report	All types of claims where applicable
6	Discharge Summary report	All types of claims
7	Fully completed SA Police Report	Accidental event.
	OR	
	Accident report completed and stamped / by the SA Police Report	
	OR	
	Report or letter from a doctor or other professional depending on the specific circumstances.	
8	UI 19 form	Claims due to Permanent Disability
9	Boarding letter indicating Permanent Disability.	Claims due to Permanent Disability



OTHER REQUIRMENTS to make a claim:

The policy must be active. In other words, your premiums must be fully paid and up to date.

A waiting period for non-accidental death of 6 (six) months applies. There is no waiting period for accidental death. The terms and conditions of this policy will apply. Please read them carefully.

You must submit a death claim with all the documentation within 6 (six) months of the death of the person covered by the policy. If you make a claim after 6 (six) months after the death, then the Underwriter will not pay the benefit.

The Underwriter may delay payment of a claim on the life of the person covered by the policy until the person who is claiming the benefit has submitted all the relevant documentation.

If the Underwriter rejects the claim, then no amount will be paid. You have 90 (ninety) days from then to argue against a rejected claim. After 90 (ninety) days have passed you can no longer dispute the rejected claim.

7. Terms and Conditions

GENERAL EXCLUSIONS

No claim will be admitted in terms of this Scheme if the event giving rise to the claim is caused directly or indirectly by or is in any way attributable to any of the following:

7.1. The willing participation by the Principal Insured and such other insured persons under this Scheme, in any of the following:

7.1.1. any act of war (whether war is declared or not);

7.1.2. military action;

7.1.3. riot;

7.1.4. insurrection;

7.1.5. civil commotion;

7.1.6. usurpation of power;

7.1.7. martial law;

7.1.8. terrorism;

7.1.9. any usage of nuclear, chemical and biological weapons, device or agent;

7.1.10. disease, epidemic or pandemic;

7.2.1. Any act or deed by the Principal Insured deliberately committed in violation of any law as well as any other insured person under the Individual Policy including but not limited to a minor child, where his/her parent and/or legal guardian knowingly allows such child to participate in any act which constitutes a violation of any law;

7.2.2. Self-inflicted injury or self-inflicted illness, whether intended or not, or voluntary exposure to danger or obvious risk of injury. Any injury or disease which is caused partly by the actions or omissions of the insured, but in conjunction with the action or omission of some other party of some other contributory factor, will fall outside the ambit of the above exclusion;

7.2.3. Taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a licensed medical practitioner, who is not the Insured;

7.2.4. Specific exclusions applicable to the Policy is set out herein.

EXCLUSIONS AND LIMITATIONS

7.3. A Member (Insured Person) may not be covered for more than one Policy under this insurance category.

7.4. The Insurer will not be liable for any claims:

7.4.1. was caused by suicide or attempt thereat or self-inflicted injury or wilful exposure to danger (unless in an attempt to save human life);

7.4.2. where the Member did not take all reasonable precautions to prevent Accidents and do not comply with all statutory requirements and regulations;



7.4.3 was caused by, or as a result of, the influence of alcohol, drugs or narcotics upon such Member (Insured Person) unless administered by, or prescribed by, and taken in accordance with the instructions of a member of the medical profession (other than himself);

7.4.4 was caused by the use of nuclear, biological, chemical or explosive weapons or arising from exposure to, or contamination by, atomic energy and/or nuclear fission or reaction;

7.4.5 was caused whilst travelling by air other than as a passenger and not as a member of the crew nor for the purpose of any trade or technical operation thereon or therein;

7.4.6 was caused whilst participating in a hazardous or Professional Sport/activity;

7.4.7 was caused by any mental illness, mental disability, mental impairment and psychopathic disorders, all forms of depression, major affective disorders, psychotic and neurotic conditions, as well as all stress and anxiety related disorders, other than those caused by Accident as defined in this Insurance;

7.4.8 while it was caused by mountaineering or rock climbing necessitating the use of ropes or guides, potholing, hang gliding, sky diving, riding or driving in a race or rally, quad biking, off-road motorcycle riding, underwater activities involving the use of artificial breathing apparatus unless the Insured Person has an open water diving certificate or is diving with a qualified instructor to a depth no greater than 30 meters and/or similar activities, unless agreed by the Insurer;

7.4.9 was caused whilst the Member (Insured Person) is perpetrating an intentional unlawful act in terms of South African Law;

7.4.10 was caused by any gradually operating cause;

7.5 If the consequences of an Accident shall be aggravated by any condition or physical disability of the Insured Person which existed before the Accident occurred, the amount of any compensation payable under this Insurance in respect of the consequences of the Accident shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated.

7.6 With regards to Permanent Disability:

Permanent Disability benefits will only be considered by the Insurer in the event of motivation received from a Physician as defined in Section 3 of this Policy Wording.

8. Regulatory requirements

EvoluSure provides a 30 (thirty) day cooling-off period in which you can study the policy and make changes or cancel without any cost to you, unless benefits or claims have been paid. Premiums already paid will be refunded subject to the provisions of the Master Policy.

COMPLAINTS

If you have received inadequate information or unsatisfactory service or have complaints about the advice you have received, please contact AUL's Compliance Officer at:

Complaints@africanunity.co.za

Should you be unsatisfied with the complaints handling process of AUL's Compliance Officer, you can contact the **Ombudsman for Long-term Insurance**:

<i>Postal Address</i>	<i>Physical address</i>	<i>Telephone</i>
Private Bag X45	Sunclare Building, 3rd Floor	0216575000
Claremont 7735	21 Dreyer Street Claremont Cape Town 7700	0860662837
<i>Website</i>	<i>E-mail</i>	<i>Fax</i>
www.ombud.co.za	info@ombud.co.za	0216740951



If your complaint relates to the intermediary/ broker who provided advice, you can contact the **FAIS Ombud**:

<i>Postal Address</i>	<i>Physical address</i>	<i>Telephone</i>
Financial Services Board	Financial Services Board	0124709080
PO Box 74571	Eastwood Office Park	
Lynwood Ridge	Baosbab House	
0040	Ground Floor	
	Lynwood Ridge	
	0081	
<i>Website</i>	<i>E-mail</i>	<i>Fax</i>
www.faisombud.co.za	info@faisombud.co.za	0123483447
		0123470221

In the event that the Insurer repudiates liability for any claim under this Policy, the claimant shall have 90 (ninety) days from the date of notice of the repudiation within which to make representations to the Insurer disputing the repudiation of the claim. If the claimant concerned does not, in respect of the subject matter of such claim, within 3 (three) years, after the 90 (ninety) day period to make representations, commence legal proceedings in a competent court and prosecute such proceedings to final judgement, any liability of the Insurer shall be extinguished and no benefits shall be payable in respect of such claim and / or the insured event concerned.

QUERIES

We value your comments. If you are not satisfied with our service, please do not hesitate to contact us at info@evolsure.co.za