

WELL DONE!

As part of *The Unlimited family* you are now on a journey where you get unique, unbeatable value you cannot get anywhere else.



*The insurance benefits are underwritten by Centriq Insurance Company Limited (Reg. No.: 1998/007558/06)

YOUR POLICY

All you need to know

INSURANCE POLICY WORDING

ACCIDENTAL INJURY CASH, EMERGENCY MEDICAL ASSISTANCE BENEFITS AND RELATED SERVICES

1. DETAILS OF THE INSURER

Although your policy is administered by The Unlimited Group (Pty) Ltd (FSP Number 21473) "The Unlimited", your short-term Insurance Policy is underwritten by Centriq Insurance Company Limited, a registered short-term insurer and an authorised financial services provider (**FSP No. 3417**) "the Insurer". The Emergency Medical Assistance Benefit is provided through CIMS.

PLEASE NOTE THAT THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME. THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP.

2. PREMIUM PAYABLE

The premium for the Cover of the main member and spouse and your children (up to a maximum of 5) is **R220.00 pm (This includes VAT at the rate of 15%)**.

If you include other additional dependants (up to a maximum of 3) on this Policy, the additional premium for the Cover will be an amount of **R30.00 pm (This includes VAT at the rate of 15%)** for each additional dependant.

As soon as we have received your first premium, you can start using your insurance benefits (the "Start Date"). If you are unsure, you can call us at any time on 0861 990 000 to confirm the Start Date of your insurance benefits.

3. YOUR POLICY BENEFITS

We agree to pay your claim/s subject to the terms, conditions, exclusions and cover limits; in consideration of, and conditional upon:

- i. the prior payment of the premium/s by you or on your behalf and receipt thereof by us or on behalf of us;
- ii. You having agreed that any proposal/application or other information supplied by, or on behalf of you, including any recorded phone calls made to or received by you e.g. sales calls, will be the basis of this agreement of insurance;
- iii. where the insurance is varied or extended, the insurance provided by such Additional Benefit, Special Clause, Variation and Extension or endorsement is subject to the terms, conditions, exclusions and limitations of the Policy in so far as they can apply;
- iv. compliance by you with all the terms, conditions, limitations and exclusions contained in this policy, which is a condition precedent to Our liability under the policy. Any breach shall entitle the Insurer to reject any claim/s made in respect of the risk insured; and
- v. We will only provide cover for people whose names and birth dates you have given us. They must be South African citizens or have residential rights in South Africa.

ACCIDENTAL INJURY CASH BENEFITS		
Who is covered?	What is covered?	Benefit limits
<p>You, the main member, your spouse (whose names and dates of birth you have given us) and for whom the applicable premium has been paid (insured person/s).</p> <p>You can also choose to cover:</p> <ul style="list-style-type: none"> • Your Children (up to 5) and/or Additional dependants (up to 3); at • an additional premium (refer to point 2 above); and • whose names and dates of birth you have given us. 	<p>We will pay an insured person the daily amount stated under the Benefit Limits following their admission to hospital for a full day (that is 24 hours in a row) as a direct result of an injury caused by an accident (accidental injury).</p>	<p>"An insured person will be covered for R3,000 per day for up to 70 days for each day spent in hospital directly as a result of an accidental injury, subject to a maximum benefit limit of R210,000 per insured event."</p>
EMERGENCY MEDICAL ASSISTANCE BENEFIT (provided through CIMS)		
Who is covered?	What is covered?	Benefit Limits
<p>An insured person (whose names and dates of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*:</p> <ul style="list-style-type: none"> • Your Children, under the age of 21. 	<p>24 Hour Medical Advice and Information Hotline – Telephonic</p>	<p>Qualified nursing staff are available 24 hours a day to provide general medical information and advice via telephone. Telephonic Advice Only.</p>
	<p>Emergency Medical Response to scene of a Medical Emergency (primary response)</p>	<p>You will be transported by the appropriate road or air transport, with qualified personnel, to the nearest and most appropriate hospital facility for an emergency.</p>
	<p>Emergency Medical Transportation – Pre-hospital</p>	<p>In a medical emergency, we will arrange and pay for the emergency medical transportation. You will be taken to a government hospital unless the emergency medical personnel can ascertain if you have appropriate cover for a private hospital.</p>

	<p>If the initial emergency medical transportation was provided by the EMS call centre, the following additional benefits are available to the member where applicable and medically justifiable.</p>	
	<p>Inter-hospital Transfer</p>	<p>We will move you from one hospital to another if the hospital that you are being treated at cannot provide the treatment that is required. The hospital we transfer you to will not be your choice of hospital.</p>
	<p>Compassionate Visits</p>	<p>If you are hospitalised outside your home town (100km or more from your house), we will arrange and pay for an economy class return transportation for 1 person, up to a maximum of R2,000.00 (incl. VAT) in one year, for your spouse, biological child or parent to visit you. You must have been in hospital for at least 5 days.</p>
	<p>Escorted Return of Minors</p>	<p>We will arrange and pay for the transportation of your children from the scene of an medical emergency, into the care of a person chosen by you, within South Africa.</p>
<p>AIRTIME</p>		
<p>Who is Covered?</p>	<p>What is Covered?</p>	<p>Benefit limits</p>
<p>You, the main member (provided The Unlimited SIM Card is Rica'd in your name)</p> <p>IMPORTANT You must RICA first before you can use your SIM card.</p>	<p>The Unlimited will issue The Unlimited SIM card to you. This card will receive the airtime or data each month (you must select either data or airtime) to assist you to contact us, your friends and family members when you want to use your benefits, especially when there is an emergency. When the following insured event/s occur:</p>	<p>The monthly provision of Airtime will be airtime equivalent to R100.00 Or 300MB of data depending on which option you chose.</p> <p>If the specified insured event/s occur your Unlimited SIM Card will be loaded with an additional amount of airtime to the value of R100.00. To be clear all these specified insured events will be taken as one on a single incident even if you if you have a separate claim on each benefit.</p>

	<p>Hospitalisation because of an Accidental Injury or Emergency Medical Response to scene of a Medical Emergency (primary response) or Emergency Medical Transportation – Pre-hospital</p> <p>you will receive an additional amount of airtime to call us, your family and friends your time of need. The airtime amount is subject to the benefit limits.</p>	<p>IMPORTANT</p> <p>You CANNOT convert your airtime awards into data bundles.</p> <p>You can use your airtime awards to make a call, surf the net or send SMS's and MMS's.</p>
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4. CLAIMS PROCESS CONDITIONS

These are detailed claims conditions and are requirements that must be in place or complied with by you so that you can enjoy the benefits of the policy.

4.1. When can you claim?

- 4.1.1. As soon as we have received your first premium you can start using your insurance benefits (the **Start Date**). You can only claim for the benefits covered under this policy if we successfully receive your monthly premiums.
- 4.1.2. The insured event must have happened in South Africa and from the **Start Date**.

4.2. Time period to submit a claim?

- 4.2.1. Your claim form and supporting claim documents (refer to Clause 4.4 below) must be submitted to Us within **30 days** of the insured event. If you do not provide us with the information we need to process your claim, the Insurer is entitled to reject your claim.

4.3. How do you claim your insurance benefits?

- 4.3.1. It's simple, **CALL US on 0861 990 000** and we will guide you through the process.
- 4.3.2. Conditions in terms of **ACCIDENTAL INJURY CASH BENEFIT** claims:
 - a. You will be required to provide us with a completed claim form, a clear certified copy of the insured person's ID document (that received treatment), as well as the specific medical information we require to process your claim (refer 4.2 above for the time period in which to do so).
 - b. The medical information, in the form of Hospital admission forms/Hospital records detailing treatment, that you need to provide us with should be obtained by you from the clinic/ hospital or the doctor/nurse that treated you. That medical information must contain at least the following information:

- the date and time of the insured person's admission into, and discharge from, the hospital/clinic;
 - contact details of the hospital;
 - the final diagnosis of the accidental injury/s and the reason for the time spent in hospital;
 - all medication and treatment administered to the insured person;
 - details of any procedures the insured person underwent; and
 - the short-term prognosis for the insured person's injuries.
- c. Please note that where an incident was reported/or should be reported to the SAPS, we could require you to provide us with a copy of the Police or Accident Report.
- 4.3.3. Conditions in terms of the Emergency Medical Assistance Benefit claims:
- a. You must contact the 24-hour Emergency Medical Alarm Centre ("**EMS call centre**") on 0861 990 000 to use any of your EMS benefits or services;
 - b. to use any of the ems benefits or services and must provide your policy number, personal details and the place and telephone number where you or your representative can be reached, and a brief description of the emergency and the nature of the assistance required;
 - c. If you use the benefits without contacting the EMS call centre for approval first, you must notify us within 72 hours of the medical emergency having occurred; and
 - d. If you have a medical aid, the invoice for ambulance transportation will be submitted to your medical aid for payment.
 - i. If you incorrectly receive an invoice from the ambulance service provider, you may submit the invoice to us for reimbursement within 2(two) months of the date of the medical emergency.
- 4.3.4. Conditions of use of the Airtime:
- a. You must RICA first before you can use your SIM card; and
 - b. If you do not use the SIM card for a consecutive period of 90 days at any time from the Start date of the policy, you agree that we can deactivate your SIM card and give your number to someone else
- 4.3.5. We reserve the right to request additional supporting documents from time to time should we be unable to validate the claim with all the information requested above.
- 4.3.6. If we approve a claim; you will be required to provide us with a copy of your bank statement, that clearly shows the name of the account holder, the account details, as well as the Bank date stamp.
- 4.3.7. All costs incurred in submitting a claim are for your account.
- 4.3.8. Your claim documents can be sent to us by any of the below methods:

THE UNLIMITED – CLAIMS DEPARTMENT

Postal Address:	Private Bag X7028, Hillcrest, 3650
Physical Address:	1 Lucas Drive, Hillcrest, 3610
Email Address:	claimsdocs@theunlimited.co.za
Fax Number:	086 206 4069

- 4.3.9. Failure by you to comply with our reasonable requests, non-cooperation in the investigation of claims or the submission of specific claim validation documents/information may result in rejection of your claim by the Insurer.
- 4.3.10. There are some more important details under **Point 5 (How to claim)** in the STATUTORY AND FAIS DISCLOSURE NOTICE attached to this policy.

4.4. Who will we pay?

- 4.4.1 We will pay you, by payment into your South African Bank Account.

4.5. Maximum payment (Accidental Injury Cash Benefits Only)

- 4.5.1. If you have any other health insurance policies, the maximum daily limit per insured person for hospitalisation for an accidental injury cannot exceed R3,000.00 from all policies combined. We shall not be liable to pay or contribute more than our pro rata portion of the maximum payable daily limit, subject to the maximum limit provided by this policy or whichever is the lesser.

4.6. Claim repudiations or disputes

- 4.6.1. If your claim has been repudiated or the amount disputed, you have **90 days** from the date of the decision to challenge the Insurer's decision on a claim by writing to us or the Insurer with reasons. If the Insurer's decision remains unchanged, and you want to start a legal process, you have **an additional 180 days** to do so, failing which you will forfeit your claim.
- 4.6.2. You also have the right to lodge a complaint with the short-term insurance Ombud.
- 4.6.3. There are some more important details under **Point 5 (How to claim)** and Point 6 (How to submit a complaint) in the STATUTORY AND FAIS DISCLOSURE NOTICE attached to this policy.

5. COVER EXCLUSIONS

Exclusions are specific items, losses or events that are not covered in terms of your policy. These are specified below and it is important that you read and understand your policy.

- 5.1. We will **NOT** pay a claim (general exclusions that apply to all benefits):
 - 5.1.1. if you participate in war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack;
 - 5.1.2. loss which is a direct result of nuclear reaction or radiation;
 - 5.1.3. for any events that occurred before we receive your first premium payable in terms of this agreement or if you fail to pay

- any premium on or before the due date for payment;
 - 5.1.4. if your claim is because of your attempt to commit or willingly involving yourself in an unlawful act, dangerous conduct, self-inflicted harm and/or substance abuse (for example, drugs and alcohol);
 - 5.1.5. if you have committed fraud, or you have not told us the truth or you have not given us all your correct details including about your health (now or when you claim); and
 - 5.1.6. if you fail to pay any premium on or before the due date of payment, subject to **clause 6.3 below**.
- 5.2. In addition to the above general exclusions in 5.1 above, we will **NOT** pay a claim in terms of an **ACCIDENTAL INJURY CASH** benefit:
- i. if your injuries are treated in a 'casualty unit', or if you are or should be an outpatient or a day case at a hospital;
 - ii. if additional treatment and/or where treatment of another medical condition/medical complication caused and/or prolonged your admission to hospital; and
 - iii. if your treatment was for pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries and/or for any planned procedure (as examples, pregnancy related treatment or operations), and for treatment of congenital, mental or psychological conditions.
- 5.3. In addition to the above general exclusions in 5.1 above, we will **NOT** pay a claim in terms of an **EMERGENCY MEDICAL ASSISTANCE** benefit:
- i. If services were rendered without the Emergency Medical Alarm Centre's authorisation or intervention.
 - ii. If minor (i.e. non-life threatening) illness or injury which, in the sole opinion of the Emergency Medical Alarm Centre personnel, can be adequately treated locally, by your family General Practitioner for example, and which do not require Emergency Medical Transportation.
 - iii. If Professional Sport or sport is undertaken on a national or provincial competitive basis.

6. GENERAL POLICY TERMS AND CONDITIONS (that apply to the entire policy)

The terms and conditions in a policy set out the general and special arrangements, provisions, requirements, legal rules, specifications, and standards that form an integral part of the agreement between you and us. Your policy document/wording is a very important document and you must read and understand it.

- 6.1. From time to time we may in our sole and absolute discretion offer to increase your Cover at no additional cost or obligation to you. We will notify you of any increases by SMS to the number you have on record with us. We may further review the premium rates and change the premium or benefits at any time. If the premium or cover benefits change for any reason, you will be given 31 days' prior written notice to that effect.
- 6.2. We will only provide Cover for people whose names and birth dates you have given us. They must be South African citizens or have residential rights in South Africa.

6.3. Premiums:

- 6.3.1. If you are a Government employee and have given us your Persal number:
- You authorise your employer to deduct the premium from your salary via Persal (being National and Provincial Government's personnel salary system) and pay the premium over to the Insurer;
 - You authorise the Insurer to deduct the premium from any of your bank accounts which you have given us, if the Government is unable to deduct the premium in favour of the Insurer from your salary via Persal.
 - Should any changes in terms of this agreement resulting in either the cancellation of the agreement or an increase in premium, be required, such changes need to be communicated to Persal on or before the 23rd of the month in order to be effective in the following calendar month. If an instruction is received by Persal after the 23rd of the month, for example if an instruction to cancel the Agreement is received by Persal on the 25th of June, the Agreement will only be cancelled effective the following month in August (and the premium will be deducted from your salary in July).

THIS WILL ALSO IMPACT THE DATE FROM WHEN YOU ARE FIRST COVERED, FOR EXAMPLE, IF THE PAYMENT INSTRUCTION IS ONLY RECEIVED BY PERSAL ON THE 25TH OF JUNE, YOU WILL ONLY BE COVERED FROM 1 AUGUST – YOU WILL NOT BE COVERED IN JULY.

- 6.3.2. This Policy is month to month. It will renew on the same terms each time we successfully collect the monthly premium.
- 6.3.3. If your premium is not paid, we will issue you with a notice of non-payment within 15(fifteen) days from the premium due date. A 15(fifteen) days grace period will be allowed for the payment of the unpaid premium. During this period all benefits will remain in force. If the outstanding premium is still not received after this period, your policy will come to an end at the end of the 15(fifteen) day's grace period and the benefits will fall away.

To allow us to restore your cover, you agree that if your premium is unpaid in any given month, we can try and collect premium for the next 3(three) months. If we are successful in collecting the premium, the collection date will be the new policy Start Date. We will not collect premium for the unpaid months and you will not have cover for those months.

6.4. Cancellation of Policy:

- 6.4.1. You can cancel your Policy at any time.

IF YOU WANT TO CANCEL THIS POLICY, YOU CAN CALL US ON
0861 990 000 OR EMAIL US BY ACCESSING
WWW.THEUNLIMITED.CO.ZA

- 6.4.2. We can cancel or change this Policy at any time:
 - a. By us giving you immediate notice in writing of cancellation if you are fraudulent or dishonest in your actions;
 - b. By us giving you 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).
- 6.4.3. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.

7. FOR COMPLAINTS AND COMPLIANCE

- 7.1. It is important to us that you are happy with your Cover. If you are unhappy with us or your policy, please contact us and give us a chance to see if we can set things right – **0861 990 000**.
- 7.2. If you are still not happy and it is about your COVER/CLAIM, then refer to **Point 6 (How to submit a complaint)** of the **STATUTORY AND FAIS DISCLOSURE NOTICE**.

8. WHAT DO THESE WORDS MEAN?

- 8.1. **"accident"** means an external, violent, unexpected and visible event, but which occurs at a time and place that can be identified. For example, a motor vehicle accident, an assault or burns.
- 8.2. **"accident injury cash benefit"** means the Cover payable by the Insurer in the event you or an insured person covered under the policy being admitted to hospital as a direct result of an accidental injury.
- 8.3. **"accidental injury"** means an injury sustained as a direct result of an accident which causes you or any other insured person to be admitted by a doctor to a hospital for a period of 24 hours (or more) in a row and which injury could not have been attended to as an out/day patient or at home.
- 8.4. **"acquired immune deficiency syndrome/AIDS"** has the meanings assigned to them by the World Health Organisation and includes, without limitation, Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus ("**HIV**"), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV.
- 8.5. **"additional dependant"** means any person, whose names and dates of birth you have provided to us, who is financially dependent on you. They must be a member of your family through blood or by a recognised legal relationship. As examples your children, your stepchildren, your aunt, uncle, brother or sister in law and/or parents in law.
- 8.6. **"additional treatment"** means any and all treatment you or any other insured person receives for conditions other than the treatment received or required to be received directly related to the insured event for which you or any other insured person are covered.
- 8.7. **"children/child"** means your biological children, stepchildren, adopted children and children who are related to you by blood where you are their primary care giver because the biological parents are deceased or have absconded. The Child should normally live with you, be financially dependent on you and under the age of 21.
- 8.8. **"CIMS"** means CIMS SA (Pty) Ltd the service provider for the medical emergency response and related services. For more information, these benefits are available on www.theunlimited.co.za/terms/cimsnetcare911/2.pdf

or call 0861 990 000.

- 8.9. **"Emergency Medical Assistance Benefit"** means the cover and services provided to you or an insured person in the event of a medical emergency.
- 8.10. **"hospital"** means a place that holds a license to provide treatment for sick or injured persons as inpatients, with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.
- 8.11. **"insured event"** means subject to the Policy terms and benefit limits, a single accident which results in an insured person's transportation in a medical emergency and/or admission/s to hospital because of an accidental injury from any cause not excluded under this Policy.
- 8.12. **"insured person"** means you, your spouse and/or your children or any person who is covered under the insurance policy.
- 8.13. **"medical emergency"** is when you become sick or injured unexpectedly which becomes life threatening and where you need medical transportation urgently to the nearest most appropriate hospital.
- 8.14. **"pre-existing condition"** means a condition (for example, mental, physical injury and illness) which existed prior to the original inception (Start Date) of your Cover or reinstatement or reissue date of your policy and for which you have (or should have) been to a doctor for treatment. This condition would not have a long-term cure (for example, an acute condition like a cold or flu), and needs ongoing treatment or medicine (for example, a chronic condition like hypertension, diabetes, cancer, heart condition, congenital or HIV/AIDS and related illnesses).
- 8.15. **"premium"** means the monthly amount payable to the Insurer for the Cover.
- 8.16. **"spouse"** means a person to whom you are married by civil law, tribal custom or in terms of any religion. A spouse also includes your life partner who normally lives with you in South Africa.
- 8.17. **"we"** means The Unlimited Group (Pty) Limited. We provide intermediary and binder services in respect of this policy.
- 8.18. **"you"** means the policyholder under this Policy.