

ALL YOUR
PRODUCT
BENEFITS
UNPACKED.



Unlimit Your Life.

THE UNLIMITED

FSP 21473

UNDERWRITTEN BY



The insurance benefits are underwritten by Centriq Life Insurance Company Limited (Reg. No. 1943/016409/06).

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THE UNLIMITED FAMILY MEMBERSHIP AGREEMENT

1. WHO IS PART OF THE UNLIMITED FAMILY AGREEMENT?

1.1. You and anybody else who is financially dependent on you and whose names and dates of birth you have provided to us and who we have agreed to include as members. This can include your spouse, children and other adults who are dependent on you.

AND

1.2. Us, The Unlimited Group (Pty) Limited. We bring you the benefits and provide intermediary services in respect of the insurance Cover.

1.3. You:

- i. agree and want to be a party to this membership agreement;
- ii. allow us to fulfil on our obligations to you in terms of this agreement. To allow us to do this, you agree that we can share your information with our partners, business associates, agents, representatives and other relevant third parties; and
- iii. agree that we can market other products and services to you even after this agreement ends, share market innovations with you and you consent that we can submit your information to, and receive information about you from, credit institutions (including credit bureaus) to update, process and monitor your information to guide us in making decisions about product development and suitability of offering, affordability, market conduct and activities related to our business and providing goods and services to you;
- iv. you can withdraw your consent at any time. Our contact details are in your agreement.

1.4. **The Fee is the total amount you pay us each month for all the membership costs (which include the non-financial services benefits you have with us as set out in this membership agreement and where you have an Insurance Policy, it will include the premium. It will include any subsequent costs for added benefits to your membership and additional premiums for endorsements to your Policy. Payment of the fee entitles you to membership of The Unlimited Family and accordingly, to be notified of further product offerings, as well as preferential pricing should you take the additional products from us.**

1.5. **The premium, which is payable by us to the insurer will be disclosed on the policy or endorsement.**

1.6. The Unlimited makes use of DebiCheck collections services to ensure that We are able to collect Your Premium and Your cover under the Policy. DebiCheck is a debit order collection and tracking system that "allows us to process your debit closer to your salary payment date, thereby improving the likelihood of a successful debit collection.

1.7. If we can't deduct the Fee from your bank account (for example, if you don't have funds) you will not have access to your benefits. To allow us to restore your benefits, you agree that if we cannot collect the Fee, including premium, from your bank account in any given month, we can try and collect from your account a further 3 times. If we successfully debit your bank account again, the date of that collection will be the new start date. Any bank charges incurred as a result of failed collections will be for your own account.

1.8. You must be under the age of 65 to enter into this membership agreement. The membership agreement will end when you turn 70. Any membership benefits that apply to dependants will end should this membership agreement end for any reason.

2. WHAT BENEFITS DO YOU GET AND WHEN CAN YOU USE THEM?

2.1. For your monthly membership fee (after we pay the premium for insurance Cover) you get the following benefits:

- i. 24/7 Medical Advice Line; and
- ii. We negotiate rates and terms with service providers on your behalf and arrange insurance cover for you.

2.2. Unless we tell you otherwise, as soon as we have received payment of

the first monthly fee, you can start using your benefits, but the insurance Cover may be subject to waiting periods in the insurance Policy. The fee includes the premium which is payable to the Insurer for the Cover.

- 2.3. Your use of the benefits is subject to the terms of this agreement and any insurance Policy, schedules, amendments and endorsements.

MEDICAL ADVICE LINE BENEFIT (provided through CIMS)		
Who is covered?	What is covered?	Benefits limits
<p>You, the main member.</p> <p>You can also choose to cover:</p> <ul style="list-style-type: none"> • Your spouse (whose name and date of birth You have given us) for whom the applicable premium has been paid (insured person). • You can also choose to cover up to 5 children under the age of 21 who are financially dependant on you (whose names and dates of birth You have given us). • Additional dependants (up to 3) who are financially dependant on you (whose names and dates of birth You have given to us). 	<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>

2.4. Conditions in terms of the Medical Advice Line:

- a. You must contact the 24-hour Medical Advice Line on 0861 990 000; and
- b. to use any of the medical advice line, you will need to provide your policy number, and/or personal particulars (identity number) and a description of the medical situation and the nature of the assistance required.

3. HOW LONG DOES THIS MEMBERSHIP AGREEMENT LAST?

- 3.1. This membership agreement is month-to-month. It will renew on the same terms each time we successfully collect the monthly fee.
- 3.2. You can cancel at any time – give us a call so we can assist you and help you make the right decision. There is a cooling-off period of 31 days (calculated from the start date) in which you can cancel and receive a refund **BUT ONLY IF** you have not used any of the benefits.
- 3.3. We can change this agreement, including any of the benefits (including insurance cover) but we will give you 31 days' notice (warning) before we change anything. We will send you an SMS, WhatsApp, email or letter. If you have a preference about how we communicate with you, let us know. You agree that we can communicate with you using WhatsApp, including for the purposes of providing you with your membership and policy documents.
- 3.4. **One of the changes we might make is a change to when or the amount you pay in respect of the Fee. This will happen if you accept more membership or insurance benefits from us or annually if we need to do a price increase.**
- 3.5. We cancel this membership at any time should you not fulfil your duties





under this membership or if you are dishonest or fraudulent in your actions, by:

- a. Us giving you immediate notice in writing of cancellation for fraudulent or dishonest actions or the Non-payment of your fees; and
 - b. Us giving You 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this membership).
- 3.6. In the event of fraud, mis-description, misrepresentation or non-disclosure of material facts at any time, we reserve the right to void or cancel any membership or reject any claim with immediate effect or declare the membership null and void from inception.


4. WE WOULD LOVE TO HEAR FROM YOU

Whether it's a complaint or a compliment, a question or a comment, even if you just want to have a chat about our products or what is important to you, we would love to hear from you.

You can get in touch with us in all the following ways:

-  on our Facebook, find us as The Unlimited;
-  on our Twitter handle, find us on @theunlimitedza;
-  on LinkedIn, look for us as theunlimited;
-  ALSO, Check out our website: www.theunlimited.co.za;

OR

-  Call us on **0861 990 000**.

INSURANCE POLICY WORDING LIFE (DEATH CASH)

1. DETAILS OF THE INSURER

Although your policy is administered by The Unlimited Group (Pty) Ltd (FSP Number 21473) "The Unlimited", your life Insurance Policy is underwritten by Centriq Life Insurance Company Limited, a licensed life insurer and an authorised financial services provider (FSP No 7370), "the Insurer".

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 AND IS NOT A FUNERAL POLICY.

2. PREMIUM PAYABLE

Your premium for the cover of the main member is **R11.42 pm**. If you include your spouse on this Policy, the total premium for the cover will be an amount of **R6.65 pm**. If You include Your children (up to a maximum of 5) on this Policy, the total additional premium for the cover will be an amount of **R16.62 pm**. 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 **R9.97 pm** for each additional dependant.

As soon as we have received your first premium, you can start using your insurance benefits (the "Start Date"), subject to any waiting period that may apply (see clause 4.3). If you are unsure, you can call us at any time on **0861 990 000** to confirm the Start Date of your insurance benefits.

It is important to remember that it is your responsibility to pay policy premiums on time or you will not be covered. Please contact us should you wish to amend the premium collection (due) date.

Please remember that we need 12 (twelve) premium payments for each person that is insured on this policy before a claim will be paid for natural death. If you do not make payment, you will not be covered (subject to 6.2 below); if you make payment again, and we accept this, the waiting period will continue until we have collected the required 12 (twelve) premium payments per person. Also see 4.3.3 [Waiting Periods] below for more conditions.

We may review the premium rates and change the premium or benefits. Refer to 6.2 [Premiums] and 6.5 below for more conditions.

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; and
- 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.

LIFE COVER (DEATH CASH BENEFIT)		
Who is covered?	What is covered?	Benefit limits
<p>You, the main member.</p> <p>You can also choose to cover:</p> <ul style="list-style-type: none"> Your spouse (whose name and date of birth You have given to us) for whom the applicable premium has been paid (insured person). Additional dependants (up to 3) who are financially dependant on you (whose names and dates of birth You have given us). 	<p>We will pay on Your death from any cause not excluded under this Policy.</p>	<p>R20 000.00 (Twenty Thousand Rand)</p> <p>Waiting periods apply (see 4.3. below).</p>
<p>You can also choose to cover up to 5 children under the age of 21 who are financially dependant on you (whose names and dates of birth You have given us).</p>	<p>We will pay on the death of your Child from any cause not excluded under this Policy.</p>	<p>Waiting periods apply (refer to Clause 4.3 below)</p>
	<p>Child 0 – 11 months</p>	<p>R2,000.00 (two thousand Rand)</p>
	<p>Child 1 – 5 years</p>	<p>R4,000.00 (four thousand Rand)</p>
	<p>Child 6 – 13 years</p>	<p>R6,000.00 (six thousand Rand)</p>
	<p>Child 14 – 21 years</p>	<p>R8,000.00 (eight thousand Rand)</p>

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. Unless there is a waiting period (see 4.3 below), 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. Waiting Periods?

- 4.3.1. There is no waiting period if the claim for the Death Cash Benefit is caused by an Accident (Accidental Death).
- 4.3.2. A claim for the Death benefit caused by natural death has the following waiting periods for the event giving rise to the claim:
 - 4.3.2.1. For you and dependants, the waiting period starts from the first payment (see 4.1.1 above), and ends after a

minimum of 12 (twelve) payments (Death benefit starts after the 12th payment).

4.3.2.2. **Remember:** The 12 (twelve) minimum payments start from when a person is added to the policy. The waiting period will start from the date We successfully receive the first premium applicable to the insured person (see 4.1.1 above) and this cover will begin when We have received the required 12 (twelve) premium payments.

4.3.3. What happens with waiting periods when premiums are not paid:

4.3.3.1. If you do not pay a premium at any time, your cover in terms of this policy will be suspended and you will have no cover (subject to 6.2 below).

4.3.3.2. If you make a payment, and we accept any further successful premium payments, the policy will reinstate and the waiting period/s will restore from the date we receive the premium/s until such time as we have successfully received the required number of premium payments as noted in 4.3.2 above. This is also subject to 6.2 below.

4.4. How do you claim your insurance benefits?

4.4.1. It's simple, CALL US on 0861 990 000 and we will guide you through the process.

4.4.2. Conditions in terms of the **DEATH BENEFIT** claims:

a. Your Spouse (or your beneficiary) will be required to provide us with a completed **claim form**, as well as the specific documents/information listed below.

b. Specific claim validation documents/information that must be submitted to us:

- A certified copy of the deceased's ID;
- A certified copy of the death certificate;
- A copy of the notification of death form completed by a doctor (otherwise called a DHA-1663/DHA-1680 form);
- A letter of executorship/authority when the benefit is payable to an estate;
- A copy of the police report (for accidental death claims only); and
- A copy of the motor vehicle accident report, if applicable (for accidental death claims only).

In addition to the above specific documentation/information required; if a claim is submitted:

i. by your Spouse, then we will require:

- A copy of your spouse's ID; and
- A copy of the marriage certificate or any other relevant document.

ii. when there is no **Spouse**; then we will also require:

- A copy of the ID of the person claiming; and
- An affidavit by the person claiming confirming they are the sole dependant of the deceased or in circumstances where they are not the sole dependant, a supporting affidavit by another member of the deceased's family confirming that the claimant is so authorised.

4.4.3. 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.

4.4.4. **IMPORTANT:** You should ensure that your spouse and your family members are aware of this Policy and how they can claim in the event of your death.

4.4.5. 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.

4.4.6. All costs incurred in submitting a claim are for your account.

4.4.7. 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

4.4.8. 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.

4.4.9. There are some more important details in the STATUTORY AND FAIS DISCLOSURE NOTICE attached to this policy.

4.5. Who will we pay?

4.5.1. We will pay you, by payment into your South African Bank Account. If you have died, we can pay your spouse or the executor of your estate or Beneficiary **BUT** they will need to give us proof of their status (for example, identity details or letters of executorship). Payment to any of them will discharge Our liability.

4.5.2. If the person we have to pay ("the beneficiary") does not live in South Africa, the Insurer may make payment into a foreign bank account and:

- i. the beneficiary will need to meet any requirements of the Insurer; and
- ii. the claim will be paid to the value of the Rand amount and subject to any requirements made on the Insurer both by South African law and the laws of the country where the bank account is held.

4.5.3. Neither we nor the Insurer will be responsible for meeting any legal requirements the beneficiary must meet to receive payment of a claim in South Africa or another country.

4.5.4. Please note that if you are a VAT registered vendor, the insurance claim settlement could potentially create a liability to pay output VAT to SARS i.t.o. S8 (8) of the VAT Act.

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 long-term insurance Ombud.

4.6.3. There are some more important details under **How to claim and 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 6.2.3** below.
- 5.1.7. In addition to the above general exclusions, we will not pay interest on the total or any individual amounts.

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. Premiums:

- 6.2.1. You must pay your monthly premium by debit order, unless otherwise agreed by us in writing. We will present your debit order to your bank on the due date.
- 6.2.2. This Policy is month-to-month. It will renew on the same terms each time we successfully collect the monthly premium.
- 6.2.3. If your premium is not paid by the due date, we will inform you of the 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 the premium a further 3 (three) times. 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.
- 6.2.4. The Unlimited makes use of DebiCheck collections services (at no cost to you), this prioritises your debit to ensure that We are able to collect the monthly premium. If we are unable to collect on the debit date you have given us, we use a tracking system that allows us to process your debit on another date to improve the likelihood of a successful debit collection and that allows you to keep your Policy benefits active.
- 6.2.5. We reserve the right to request collection of the premium on a different due date to the one you have provided to us, should this enable a successful premium collection. This will only be done once We have Your approval to make this change or alternatively

we have notified You 31 days before making the change. This will become the Policy due date unless we indicate it is simply for a specific debit. **IMPORTANT:** Your premium may be collected on a different date due to a public holiday or weekend; without notifying you.

6.2.6. Any bank charges incurred as a result of the above will be for Your own account.

6.2.7. You will not have cover for unpaid months.

6.3. **Cancellation of Policy:**

6.3.1. 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.

6.3.2. We can change or cancel this Policy at any time, by:

- a. Us giving you immediate notice in writing of cancellation, if you are dishonest or fraudulent in your actions; or
- b. Us giving you 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).

6.3.3. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.

6.4. We can change this policy, but we will give you 31 days' notice (warning) before we change any of these conditions or your benefits. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.

6.5. One of the changes we might make is a change to when, or the amount you pay in respect of the premium. This will happen if you accept more insurance benefits from us or annually if we need to do a price increase.

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 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. **"accidental death"** means the death of an insured person as a direct result of an accident. In cases of accidental death, a post-mortem and an inquest are held.

8.3. **"children/child"** means your biological children, stepchildren, adopted children and children who are related to you by blood where you are their primary caregiver 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.

8.4. **"Life Cover/Death Cash benefit"** means the Cover payable by the insurer in the event of your, or an insured person's death (natural or accidental) from any cause not excluded in the policy.

8.5. **"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.

8.6. **"insured event"** means subject to the Policy terms and benefit limits, an insured person's death (accidental or natural) from any cause not excluded under this Policy.

- 8.7. **"insured person"** means you, being the person who is covered under the insurance policy.
- 8.8. **"natural death"** means the death, from any cause not excluded, of an insured person as a direct result of a medical condition/illness (e.g. cancer, stroke or heart attack). In cases of natural death an inquest is not held.
- 8.9. **"premium"** means the monthly amount payable to the Insurer for the Cover.
- 8.10. **"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.
- 8.11. **"waiting period"** means the period specified in this Policy during which we need to collect a specified number of successful fees from you before you are entitled to claim under the Policy. Waiting periods are calculated from the first collected premium applicable to the insured person.
- 8.12. **"we"** means The Unlimited Group (Pty) Limited. We provide intermediary and binder services in respect of this policy.
- 8.13. **"you"** means the policyholder under this Policy.