

# ALL YOUR PRODUCT BENEFITS UNPACKED.



Unlimit Your Life.

## THE UNLIMITED

FSP 21473



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

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## INSURANCE POLICY WORDING

### LIFE (DEATH CASH) and MEDICAL ADVICE LINE

For the meaning of some of the words used in this policy, look at **Point 12** of this policy.

#### 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**". 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 AND IS NOT A FUNERAL POLICY.**

#### 2. HOW WILL WE COMMUNICATE WITH YOU?

An SMS to the cell phone number You provided us with will be the agreed method of giving You any notice required by this policy or by law, and our main method of communication will be by SMS to that number. You agree that we can also communicate with you using WhatsApp, including for the purposes of providing you with your policy documents.

Alternatively, We will send You an email, letter or We will give You a call if that is Your preferred method of how We communicate with You. Let us know.

#### 3. POLICYHOLDER CONTACT INFORMATION

It is important that We have Your current contact number (cell phone number), email address, physical and/or postal address on record. If any of Your contact details change You must let us know as soon as possible because **We will always communicate with You using Your last known details.**

#### 4. WE WOULD LOVE TO HEAR FROM YOU

You can call us at any time on **0861 990 000**. You can also contact us on:



Facebook (look for **The Unlimited**);



Twitter (our handle is **@theunlimited**); find us on



LinkedIn as **theunlimited**; or on our



Website **www.theunlimited.co.za**.

##### 4.1. FOR COMPLAINTS AND COMPLIANCE

It is important to us that You are happy with Your policy. If You are unhappy for any reason, please call us on **0861 990 000** and give us a chance to see if We can set things right.

If You are still not happy, then refer to How to submit a complaint in the **KEY INFORMATION & DISCLOSURE DOCUMENT**.

Please contact us for any amendments or further assistance.

#### 5. SPOUSE, CHILDREN AND ADDITIONAL DEPENDANTS/BENEFICIARIES (WHERE RELEVANT)

You can cover Yourself, Your spouse, up to 5 of Your children and up to 3 additional dependants.

It is important that We have the correct details of Your spouse, Your chosen child and/or additional dependants (where such additional cover is given and

selected at an additional premium); or your beneficiary details on record. If any amendments are required, or You would like to make sure who can be covered, please contact us for assistance.

**IMPORTANT TO NOTE:** We require children or additional dependants to be:

- financially dependent on you; and
- be a member of your family through blood or by a recognised legal relationship, you must be their primary caregiver.

Failure to let us know, or non-adherence to these requirements could result in the rejection of a claim or voiding the cover.

## **6. MONTHLY PREMIUMS PAYABLE**

The premium for the cover of the main member is **R63.00 pm**.

If you include your children (up to a maximum 5) on this Policy, the total premium for the Cover will be an amount of **R17.00 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 **R15.00 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 11.2 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 9.3 [Waiting Periods] below for more conditions.**

We may review the premium rates and change the premium or benefits. Also see 11.2 [Premiums] and 11.5 below for more conditions.

## **7. WHEN DOES YOUR COVER START?**

As soon as We receive Your first premium, You are entitled to Your insurance benefits (the "**Start Date**"), subject to any waiting period that may apply (see 9.3 below).

If You are unsure when Your cover starts, please contact us at any time to confirm the Start Date of Your insurance benefits.

## **8. YOUR POLICY BENEFITS**

8.1. 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 of the premium thereof by us or on our behalf;
- ii. 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 and must be true and complete or benefits may not be paid (see 10.1.6 below);

- 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 this Policy;
- 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 entitles the Insurer to cancel the policy or reject any claim/s made; 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.

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"> <li>• Your spouse (whose name and date of birth You have given us) for whom the applicable premium has been paid (insured person).</li> <li>• Additional dependants (up to 3) who are financially dependent on you (whose names and dates of birth You have given us).</li> </ul>	We will pay on Your death from any cause not excluded under this Policy.	<p>R20 000.00 (Twenty Thousand Rand)</p> <p>Waiting periods apply (<a href="#">see 9.3. below</a>).</p>
You can also choose to cover up to 5 children under the age of 21 who are financially dependent on you (whose names and dates of birth You have given us).	We will pay on the death of your Child from any cause not excluded under this Policy.	<b>Waiting periods apply</b> (refer to Clause 9.3 below).
	Child 0 – 11 months	R2,000.00 (two thousand Rand)
	Child 1 – 5 years	R4,000.00 (four thousand Rand)
	Child 6 – 13 years	R6,000.00 (six thousand Rand)
	Child 14 – 21 years	R8,000.00 (eight thousand Rand)

MEDICAL ADVICE LINE BENEFIT (provided through CIMS)		
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"> <li>• Your spouse (whose name and date of birth You have given us) for whom the applicable premium has been paid (insured person).</li> <li>• You can also choose to cover up to 5 children under the age of 21 who are financially dependent on you (whose names and dates of birth You have given us).</li> <li>• Additional dependants (up to 3) who are financially dependent on you (whose names and dates of birth You have given us).</li> </ul>	<p><b>24 Hour Medical Advice and Information Hotline – Telephonic</b></p>	<p>Qualified nursing staff are available 24 hours a day to provide general medical information and advice via telephone. Telephonic Advice Only.</p>

## 9. CLAIMS PROCESS CONDITIONS

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

### 9.1. When can You claim?

- 9.1.1. Unless there is a waiting period (see 9.3 below), as soon as We have received Your first premium, You are entitled to claim Your insurance benefits if an insured event occurs (the **Start Date**). You can only claim for the benefits covered under this policy if We successfully receive Your monthly premiums and you have complied with this Policy.
- 9.1.2. The insured event must have happened in **South Africa** and after the Start Date.

### 9.2. Time period to submit a claim?

- 9.2.1. Your claim form and supporting claim documents (see 9.4 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.

### 9.3. Waiting Periods?

- 9.3.1. There is no waiting period if death is caused by an accident (Accidental Death).
- 9.3.2. Claims for natural death have the following waiting period for

the event giving rise to the claim:

9.3.2.1. For you and dependants, the waiting period starts from the first payment (see 9.1.1 above), and ends after a minimum of 12 (twelve) payments (Death benefit starts after the 12<sup>th</sup> payment); and

9.3.2.2. **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 9.1.1 above) and this cover will begin when We have received the required 12 (twelve) premium payments.

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

9.3.3.1. 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 11.2 below).

9.3.3.2. 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 9.3.2 above. This is also subject to 11.2 below.

#### 9.4. How do You claim Your insurance benefits?

9.4.1. It's simple, **CALL US on 0861 990 000** and We will guide You through the process.

9.4.2. Process for **DEATH BENEFIT** claims:

- a. You 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 motor accident death claims only).

In addition to the above specific documentation/information required, if a claim is submitted by Your Spouse, then We will require:

- A copy of Your spouse's ID; and
- A copy of the marriage certificate.

When there is no Spouse, then We will 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 authorised to make the claim.

- c. We reserve the right to request additional supporting documents at any time if We are unable to validate the claim with all the information requested above.
  - d. **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.
- 9.4.3. 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, you must provide your policy number, personal particulars, 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.
  - 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.
- 9.4.4. If We approve Your claim, You or any other claimant will be required to provide us with a copy of the claimant’s bank statement, that clearly shows the name of the account holder, the account details, as well as the Bank date stamp.
- 9.4.5. All costs incurred in submitting a claim are for Your account.
- 9.4.6. Your claim documents can be sent to us by any of the methods below:

#### **THE UNLIMITED – CLAIMS DEPARTMENT**

Postal Address:	Private Bag X7028, Hillcrest, 3650
Physical Address:	1 Lucas Drive, Hillcrest, 3610
Email Address:	<a href="mailto:claimsdocs@theunlimited.co.za">claimsdocs@theunlimited.co.za</a>
Fax Number:	086 206 4069

- 9.4.7. Failure by You to comply with our reasonable requests, non-cooperation in the investigation of claims or the submission of specific claim documents/information, may result in the rejection of Your claim by the Insurer.
- 9.4.8. **There are some more important details in the KEY INFORMATION & DISCLOSURE DOCUMENT provided to You.**

#### **9.5. Who will We pay?**

- 9.5.1. 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 BUT they will need to give us proof of their status (for example, identity details or letters of executorship) (**see above**). Payment to any of them will discharge Our liability.
- 9.5.2. 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, however:



- 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 by South African law and the laws of the country where the bank account is held.

9.5.3. 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.

9.5.4. 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.

## 9.6. Claim rejections

9.6.1. If the insurer rejects Your claim we will notify You of the rejection on their behalf; then You have **90 days** from the date of the notification of the decision to challenge the insurer's decision on a claim by writing to us or the Insurer with reasons and representations. If the insurer's decision remains unchanged, and You want to start a legal process, You have an additional **180 days** to do so from the date the final decision is notified to You or Your claim will lapse.

9.6.2. There are some more important details in the KEY INFORMATION & DISCLOSURE DOCUMENT provided to You.

## 10. 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.

10.1. We will **NOT** pay a claim (note these are general exclusions that apply to all benefits):

- 10.1.1. if You participate in war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack;
- 10.1.2. for loss which is a direct result of nuclear reaction or radiation;
- 10.1.3. for any events that occurred before We receive Your first premium payable in terms of this policy;
- 10.1.4. if You fail to pay any premium on or before the due date of payment, subject to 11.2 below;
- 10.1.5. if Your claim is because of Your attempt to commit or willingly involving Yourself in any unlawful act (this can include, as an example, where You drive without a valid licence), any dangerous conduct, self-inflicted harm and/or substance abuse (for example, however not limited to, medication or illegal drugs, as well as alcohol and/or alcohol poisoning);
- 10.1.6. if you have committed fraud, or you have not told us the truth (see 8.1(ii) above) or you have not given us all your correct details including about your health (now or when you claim);
- 10.1.7. for additional dependants who are not related to you through blood or a legally recognised relationship, and who are not financially dependent on you; and
- 10.1.8. for children who are not financially dependent on you and for whom you are not the primary caregiver and/or over the age of 21.

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

These and the other terms and conditions in this 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.

11.1. 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 provided to us. If the premium or cover benefits change for any reason, You will be given 31 days prior written notice to that effect to the number You provided to us.

## 11.2. Premiums:

11.2.1. If you are a Government employee and have given us your Persal number:

- i. 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;
- ii. 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; and
- iii. 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 23<sup>rd</sup> of the month in order to be effective in the following calendar month. If an instruction is received by Persal after the 23<sup>rd</sup> of the month, for example, if an instruction to cancel the Agreement is received by Persal on the 25<sup>th</sup> 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 25<sup>TH</sup> OF JUNE, YOU WILL ONLY BE COVERED FROM 1 AUGUST (PROVIDED THERE ARE NO WAITING PERIODS) – YOU WILL NOT BE COVERED IN JULY.**

11.2.2. This Policy is month-to-month. It will renew on the same terms each time we successfully collect the monthly premium.

11.2.3. If your premium is not paid, we will inform you of the non-payment within 15 (fifteen) days from the premium due date. A 15 (fifteen) day 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 grace period and the benefits will fall away.

11.2.4. 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 Cover recommencement date. We will not collect premium for the unpaid months and you will not have cover for those months.

We reserve the right to request collection of the premium on a different date to the date you have given 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.

11.2.5. You will not have cover for unpaid months.

### 11.3. Cancellation of Policy:

11.3.1. You can cancel Your Policy at any time.

**IF YOU WANT TO CANCEL THIS POLICY, CALL US ON  
0861 990 000 OR EMAIL US:  
CUSTOMERCARE@THEUNLIMITED.CO.ZA**

11.3.2. We can cancel this Policy at any time should You not fulfil Your duties under this policy, or if You are dishonest or fraudulent in Your actions, by:

- a. Us notifying You immediately in writing of cancellation for fraudulent or dishonest actions or the non-payment of premium (subject to 11.2.3 above); and
- b. Us notifying You of cancellation after 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).

11.4. 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. You agree that we can communicate with you using WhatsApp, including for the purposes of providing you with your policy documents.

11.5. 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.

## 12. WHAT DO THESE WORDS MEAN WHEN USED IN YOUR POLICY?

Subject to all the terms and conditions of this Policy and the contract:

- 12.1. **"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.
- 12.2. **"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.
- 12.3. **"additional dependant"** means any person, whose names and dates of birth you have provided to us, who are 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.
- 12.4. **"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 usually live with You, be financially dependent on You and under the age of 21.
- 12.5. **"Life cover/death cash benefit"** means the cover payable by the insurer in the event of Your or any other insured person's death (natural or accidental) from any cause not excluded in the policy.
- 12.6. **"insured event"** means a single accident which results in an insured person's admission/s to hospital because of an accidental injury or death (accidental or natural) from any cause not excluded under this Policy.

- 12.7. **"insured person"** means You, Your spouse and/or any child who is covered under this insurance policy.
- 12.8. **"natural death"** means the death, from any cause not excluded, of an insured person as a direct result of a natural cause, such as a medical condition/illness (e.g. cancer, stroke or heart attack). In cases of natural death an inquest is not held.
- 12.9. **"premium"** means the monthly amount payable to the insurer for the cover.
- 12.10. **"spouse"** means a named person who You are married to 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.
- 12.11. **"waiting period"** means the period specified in this Policy during which We need to collect a specified number of successful premiums from You before You are entitled to claim under the Policy.
- 12.12. **"We/Us"** means The Unlimited Group (Pty) Limited acting on its own behalf or on behalf of the insurer. We provide intermediary and binder services in respect of this policy.
- 12.13. **"You/Your"** means the policyholder under this Policy.

The Unlimited Group (Pty) Limited

You agree that The Unlimited can:

- 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
- 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.

You can withdraw your consent at any time. Our contact details are in your agreement.