TERMS AND CONDITIONS

The Unlimited GAP Cover Policy

CONTENTS

KEY INFORMATION AND DISCLOSURE DOCUMENT ("KID DOCUMENT")

This document contains important information about the policy as required by Rule 11(5) of the Policyholder Protection Rules, please make sure that you read and understand it.

Please keep this document together with your policy wording and if you have any questions, please contact us.

Please Note:

- This document serves as evidence of the fact that you have agreed to the cover provided in the policy.
- Although the policy is offered to you by **The Unlimited**, the insurer providing you with the benefits is **Guardrisk Insurance Company Limited ("insurer")**, a licensed non-life insurer and an authorised financial services provider.
- Ambledown Financial Services (Pty) Ltd ("UMA"), an authorised Financial Services Provider, is the underwriting management agency, which determines the premium for the policy and manage the claims on behalf of the insurer.
- You can get in touch with us at any time by calling us on **0861 990 000**, or on our website www.theunlimited.co.za.
- You have been provided with your policy terms and conditions which explain how the policy works, as well as general and special limitations and exclusions, details of the Insurer, the premiums payable, and other requirements and rules that form an integral part of the agreement between you and the Insurer.
- **Please make sure that you read the full terms and conditions, and if you have any questions, please call us.**
- Below is a summary of key information. For comprehensive information, always refer to your full policy terms and conditions which are included below this disclosure document:

The type of policy that you have	• Your policy is a non-life insurance policy. • **This is not a medical scheme and the cover is not the same as that of a medical scheme, nor is it a substitute for medical scheme membership.**
When your benefits will be available	The start date of the policy will be the first day of the calendar month of your first premium deduction. You are entitled to your policy cover from the start date, subject to any waiting period that may apply. This is a month-to-month policy. It will renew on the same terms each time your premium deduction is successful.
Cancellation of your policy	You may cancel your policy at any time with no early termination penalties by calling The Unlimited on 0861 990 000, or alternatively via post or email. Postal Address: The Unlimited, Private Bag X7028, Hillcrest, 3650 Email Address: customercare@theunlimited.co.za The insurer may also cancel your policy in writing: • immediately for fraudulent or dishonest actions, including non-disclosures • for non-payment of premiums (subject to the 15 days' grace period) • after 31 days' notice to you should they no longer offer one or more of the benefits contained in your terms and conditions.

Cooling-off rights	As this is a month-to-month policy (duration of less than 31 days), a cooling-off period in terms of the Policyholder Protection Rules is not required. We do, however, offer the following cooling-off rights: You have the right to cancel the policy by giving us written or telephonic notice within 14 days of your terms and conditions being sent to you OR from a reasonable date on which it can be deemed that your terms and conditions were sent to you. The insurer will comply with your request for cancellation within 31 days of receiving your cancellation notice and will refund all premiums or monies paid by the premium-payer, minus any cost of any risk cover enjoyed.
Premium payable	Please refer to your benefit schedule for the premium payable for your benefits. Please remember that all child/ren that you choose to cover on your policy must be a member of your family through blood or by a recognised legal relationship and totally financially dependent on you. This means that from the date you add a child to this policy and throughout the lifetime of this policy, you (the policyholder) are totally responsible for the livelihood and support of the insured child and pay for their food, medicine, shelter, money, education and clothing. The Unlimited will always give you 31 days' notice of any increase to your premium. Premiums are reviewed every year in January. Increases may be due to inflation/ market/claim experience.
How and when your premium must be paid	Your premiums are paid monthly in advance on the due date (your salary pay date). The premiums will be collected as a premium deduction on the due date every month via Persal (the National and Provincial Government's personnel salary system).
What happens if you do not pay your premium	If your premium deduction is unsuccessful, you will not be covered. You will be entitled to a grace period of 15 days after the due date to make a manual payment of your premium. During the grace period, the benefits will remain in force and you will remain covered as long as you make a manual payment to The Unlimited. If The Unlimited does not receive payment within the 15 (fifteen) days, you will have no cover for the month that no premium is received. The grace period applies from the second month of cover.
Remuneration	From the total premium you pay, the insurer pays: • The Unlimited a monthly commission not exceeding 20% of the premium; and a monthly binder fee of 3.5% for services performed on behalf of the insurer in terms of a Binder Agreement. • Ambledown Financial Services (Pty) Ltd a monthly binder fee of 23.5% of the premium for services performed on behalf of the insurer.

Nature and extent of your benefits

The policy covers the medical expense shortfall between what a health practitioner charges and the amount your medical aid scheme pays for in-hospital treatment and defined outpatient procedures, subject to the terms and conditions in your policy wording.

Your gap cover comprehensive benefits are:
- Gap cover
- Casualty cover
- Co-payment cover

If you have accepted a Gap Cover Premium policy from us, you have access to the following benefits in addition to the gap cover comprehensive benefits above:
- Sub-limitation cover
- Cancer treatment cover
- Extended cancer treatment cover

For details on the above benefits, please see the sections labelled THE BENEFITS and DEFINED EVENTS in your policy wording document below.
For the overall and the benefit specific limitations, please refer to your benefit schedule.

Waiting periods

Waiting periods (where applicable) means the specified period following the start date of the policy during which no benefits, or only specified limited benefits, are payable under the terms of the policy. The waiting periods apply to you and your dependants.

Each insured person will have the following waiting periods applied to their benefits, starting from the calendar month that the insurer successfully receives the first premium.
- A **3 (three) calendar month** waiting period, calculated from the start date, is applicable to all benefits, unless an insured person received treatment as a result of an accident. An insured person is covered from the start date if any treatment is received because of an accident.
- Any treatment or advice received for a medical condition an insured person has had before the start of this policy, will have a waiting period of 12 (twelve) calendar months, calculated from the start date.

Exclusions on the policy

The exclusions are specific items, losses or events that are not covered by this policy. Below is a list of the general exclusions on the policy.

1. The insurer will not be liable for costs and expenses resulting from:
   - any outpatient treatment that is not specifically listed under the **DEFINED EVENTS**. This includes specialist/medical practitioner consultations performed as an outpatient in the consulting rooms of the specialist or medical practitioner.
   - an insured incident for which an insured person received treatment or advice 12 (twelve) months prior to the inception of this policy. This exclusion only applies to the first 12 (twelve) months of an insured person's cover.
   - the use of nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion combustion shall include any self-sustaining process of nuclear fission.
   - investigations, treatment and/or surgery for obesity or any medical treatment directly or indirectly caused by or related to any condition that is a consequence of obesity;
   - cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery, including surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;
   - suicide, attempted suicide or intentional self-injury, unless such injuries are sustained in an attempt to preserve another human life;
   - a routine physical or any procedure of a purely diagnostic nature or any other examination where there is no objective indication of impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disability established by prior call or attendance of a physician.

	• the taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person) or any illness caused by the use of alcohol; • drug addiction; • an incident directly attributable to the insured person's alcohol content in the blood exceeding the legal level permitted by law; • any investigation, treatment or surgery for artificial insemination or hormone treatment for infertility; • participation in: o active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers; o aviation other than as a passenger, pilot or crew of a commercial operated airline; o any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle vessel craft or aircraft); • any medical/surgical procedure not covered, declined or paid as an exception by the medical aid scheme; • a Computed Tomography Scan (CT Scan) where the scan is used for guidance during a procedure to administer pain relief, draining of bodily fluid, biopsies or any other procedure; • depression, insanity, mental disorders or mental stress, psychotic/psychoneurotic disorders, behavioural and neurodevelopmental disorders; • the insured person's failure to comply with the medical aid scheme rules regarding the failure to make use of a hospital that is a designated service provider, preferred service provider, associated hospital or network hospital. Please note: if you have a Gap Cover Premium policy with us, this exclusion does not apply to the non-network penalty cover payable once per family, per year, applicable to a penalty imposed by the medical aid scheme for the use of a non-network hospital, nor does it apply to radiotherapy or chemotherapy included in the benefit cancer treatment cover if such designated service provider is public hospitals or public clinics. 2. This policy does not cover: • any benefit which is already covered or payable by the insured person's medical aid scheme; • any fraudulent claim submission; • ward fees, theatre fees, medicines, material expenses/costs and any other hospital expenses are not covered under this policy; • any sub-limitation imposed by a medical aid scheme as a result of an agreement between an insured person and a medical aid scheme; • any co-payment or deductible as a result of an agreement between an insured person and a medical aid scheme; • split billing, which is where a medical practitioner or a hospital bills an insured person and the medical aid scheme separately and there is a difference between these two amounts and this difference is not paid by or claimable from the medical aid scheme.
How to claim	Claiming is easy! Simply notify the UMA of your claim in writing as soon as possible to claims@ambledown.co.za, but no later than 180 (one hundred and eighty) days from the first day of treatment for such event. Provide all supporting claim documents, as reasonably required by the UMA, which shall at least include the following documents relating to the claim: • hospital account; • doctors' account, and • medical aid statement. IMPORTANT: Please ensure that all documents and information requested are comprehensive and complete so that the UMA can finalise your claim. If you do not provide all the required information, the UMA will close the claim.

The assessment of risk based on the information you provided to us	The information you have provided us with is considered material to our assessment of the risk, so it must be accurately and properly disclosed. The accuracy and completeness of all answers, statements or other information provided by or on behalf of you is your responsibility.
Your obligation to keep the information you have with us updated	It is important to keep all the information you have recorded with us (including the details of your spouse and children) updated. Please contact The Unlimited to update your details, to get further information about your cover and to check that your chosen dependants qualify for the cover under this policy. If you add people that do not qualify, it could lead to a claim being repudiated or cover voided.
How we will communicate with you	Our main method of communication with you will be by SMS or WhatsApp to the cell number you have given to The Unlimited or email to the email address you have provided. This is also the agreed method of giving you any notice required by this insurance policy or by law.

THE UNLIMITED GAP POLICY ("POLICY") WORDING

This policy covers the medical expense shortfall between what a health practitioner charges and the amount your medical aid scheme pays for in-hospital treatment and defined outpatient procedures, subject to the terms and conditions of this contract.

Operative clause

In consideration of and conditional upon the prior payment of the premium by the policyholder; and the acceptance thereof by or on behalf of Guardrisk Insurance Company Limited (the insurer), the insurer agrees to pay the policyholder for a defined event occurring during the period of insurance, up to the limit of indemnity and benefits, as stated in the policy and your benefit schedule.

Important, please read carefully

1. **Please note:** This policy wording, together with any declaration you have made, and your benefit schedule (which was sent to you separately when you took out this policy), constitutes the agreement between you, the UMA, the insurer and The Unlimited (the "policy"). Your use of the benefits is always subject to the terms and conditions, as contained in this policy wording, the application form and your policy schedule; as well as any amendments, endorsements and addendums issued by us in terms of your policy; and must be read together with, and shall form a part of, this policy.

2. This policy is issued to you at your own request and without The Unlimited providing you with any advice, they only provide factual information. Please read it carefully and ensure that it is appropriate to your needs. Please regularly review your cover to ensure that it remains accurate and appropriate. If not, please contact The Unlimited. Also see **CANCELLATION OF YOUR POLICY** below.

3. **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.**

4. **Cover under this policy is subject to:**

    4.1 all insured persons being registered for medical aid cover with a medical aid scheme. Children must be an existing dependant on either your or your spouse's medical aid scheme; or

    4.2 if you are a government worker who is registered as the main member of a medical aid scheme with either Polmed or GEMS, then your spouse must be a member of any registered medical aid scheme and your children must be a dependant on either of their parents medical aid scheme.

5. Should you, your spouse and/or your child/ren have other policies of a similar nature which cover, or partially cover, the same incident covered by this policy, the insurer is only liable to contribute a pro-rata portion of such incident.

We would love to hear from you

If you have any questions or need assistance with your policy, you can get in touch with us in the following ways:

on our website www.theunlimited.co.za; or

call us on **0861 990 000**

Accuracy of information

It is very important that you give The Unlimited, the UMA and the insurer ("us") honest and accurate information at all times. If you give us false or incorrect information, your policy may be invalid or you may not be covered.

In the event of any fraud, mis-description, mis-representation or non-disclosure of material facts, we reserve the right, at any time, to void your policy or parts thereof, cancel your policy or reject any benefit claim.

Definitions (what these words mean when used in this policy)

Please note: where age is mentioned in this policy, it will be the age at last birthday; and when we refer to "you/your" in the policy wording, it includes any additional dependant (spouse/child) you have chosen to add to your policy (where relevant).

Subject to all the terms and conditions of this policy:

1. **accident** means a sudden external, violent, unexpected and visible event which occurs at a time and place that can be identified and results in an insured person suffering bodily injury (injury to the body caused by an accident, and excludes sickness or disease).
2. **biological cancer drug** means a substance that is made from a living organism or its products, and is used in the prevention, diagnosis or treatment of cancer, including antibodies, interleukins and vaccines.
3. **cancer** means a malignant tumour, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. Cancer includes leukaemia and Hodgkin's disease, but the following are specifically excluded:
   - 3.1 all tumours which are histologically described as pre-malignant, as non-invasive or as cancer in situ;
   - 3.2 all forms of lymphoma in the presence of any Human Immunodeficiency Virus;
   - 3.3 Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus;
   - 3.4 any skin cancer other than malignant melanoma;
   - 3.5 cancerous cells that have not invaded the surrounding or underlying tissue; and
   - 3.6 early cancer of the prostate gland or breast (stage 1 described as T1a, N0, M0, G1).
4. **child/ren** means your biological children, stepchildren, adopted children and children who are related to you by blood or a legally recognised relationship. The child/ren must be under the age of 26 (twenty-six) and totally financially dependent on you. This means that from the date you add a child to this policy and throughout the lifetime of this policy, you (the policyholder) are totally responsible for the livelihood of your child/ren and pay for their food, water, medicine, shelter and clothing.

   You must provide The Unlimited with the name, surname and dates of birth of your child/ren and your child/ren must be on record to be covered under this policy. Failure to provide The Unlimited with your child/ren's details can result in the rejection of a claim, or the insurer voiding the policy or parts thereof.
5. **co-payment/deductible** means a portion of a claim amount, imposed by a medical aid scheme, that would be payable by the insured person and not covered by the medical aid plan**.** A co-payment or deductible must be indicated in the rules of the medical scheme as approved by the Council for Medical Schemes.
6. **due date** means the date of your premium deduction every month (your salary pay date).
7. **emergency** is an event of a sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation, where failure to provide medical treatment would result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or death.

   Please note: The determination of an emergency will be done through diagnosis (through classification by the attending medical practitioner and/or the casualty unit/ward) and not on symptoms presented.
8. **family** means the policyholder, the spouse and child/ren covered under this policy, provided their names and dates of birth are on record.
9. **hospital** means any institution in the Republic of South Africa which, in the opinion of the insurer, meets each of the following criteria:
   - 9.1 has a diagnostic and therapeutic facility for surgical and medical diagnosis treatment and care of persons in need of medical attention by or under the supervision of medical practitioners;
   - 9.2 provides nursing services supervised by registered nurses or nurses with equivalent qualifications;
   - 9.3 is not, other than incidentally, either a mental institution or a convalescent home, lodging facility or ward, rehabilitation or step-down facility;
   - 9.4 is not a place of rest for the aged or a place for drug addicts or alcoholics or a health hydro or natural cure clinic or similar establishment; and
   - 9.5 is not an institution providing long-term care for the blind, deaf, uncommunicative or other handicapped persons.
10. **hospital confinement** means admission to a hospital ward, other than a lodging ward.
11. **illness** means any disease or illness which manifests itself during the period of insurance, and is regarded as a state of not being physically or mentally well due to a generally recognised set of symptoms and signs determined and diagnosed by medical practitioners.

12. **insured incident** means a single accident and/or emergency and/or illness that results in an insured person being confined to hospital and undergoing certain medical or surgical procedures and/or operations, from any cause not excluded under this policy.
13. **insured person** means you (as defined) or your spouse (as defined) or your child/ren (as defined).
14. **medical practitioner** means a legally qualified healthcare professional registered with the Board of Health Care Funders (BHF).
15. **medical aid scheme contribution** means the amount paid by or in respect of a member or his or her registered dependants, if any, as membership fees of a registered medical aid scheme.
16. **medical aid scheme option** means the policyholder's medical aid plan immediately prior to the defined event.
17. **medical aid scheme option reimbursement rate** means the multiple of the medical aid scheme tariff as indicated by the rules of the medical aid scheme.
18. **medical aid scheme tariff** means the rate equal to the insured person's medical aid scheme rate.
19. **premium** means the amount payable to the insurer every month for the cover under this policy (see **WHAT YOU ARE COVERED FOR**). The premium is disclosed separately in the benefit schedule. The premium is inclusive of VAT.
20. **policyholder** means the person whose details are on record and stated in the benefit schedule as having been accepted by the insurer as eligible for participation in the cover provided by this policy.
21. **spouse**/**partner** means a named person to whom you are married by civil law, tribal custom or in terms of any religion, including your life partner. Your spouse or life partner must normally live with you in South Africa and you must be interdependent on each other. When we use the word "partner", we refer to your spouse (as described above) or your life partner, whomever is named on your policy.

    You must provide The Unlimited with the name, surname and date of birth of your spouse and your spouse must be on record to be covered under this policy. Failure to provide The Unlimited with your spouse's details can result in the rejection of a claim, or the insurer voiding the policy or parts thereof.
22. **start date** means the first day of the calendar month in which your first successful premium deduction occurs, and is the date on which all your benefits become available (subject to the waiting period).
23. **sub-limitation** means a Rand limit that a medical aid scheme imposes on certain in-hospital or defined outpatient medical procedures (as indicated in the rules of the medical aid scheme and approved by the Council of Medical Schemes).
24. **treatment** means any form of investigation or examination by or consultation with or treatment by a medical practitioner for the purpose of treating or monitoring an insured person's medical condition arising out of an insured incident.
25. **the insurer** means Guardrisk Insurance Company Limited, a licensed non-life insurer and an authorised financial services provider (FSP Number 75), the underwriter of this policy.
26. **The Unlimited** means The Unlimited Group (Pty) Limited, acting as an intermediary and binder holder and providing certain services in respect of the policy underwritten by the insurer.
27. **Underwriting Management Agency ("UMA")** means Ambledown Financial Services (Pty) Ltd, Reg. No. 2004/006271/07, and FSP Number 10287.
28. **waiting period** means the specified period following the start date of the policy (see **WHEN DOES YOUR COVER START?**), during which no benefits, or only specified limited benefits, are payable under the terms of the policy.
29. **we**/**us**/**our** means the UMA (acting in their own capacity), the insurer (acting in their own capacity) and The Unlimited (acting in their own capacity). When we use the words "we", "us" or "our", the terms and conditions are relevant and binding between you and the UMA, the insurer and The Unlimited.
30. **you**/**your** means the the policyholder and reference to "you" in the policy wording includes additional lives insured/ dependants, where applicable.

The benefits (what you are covered for under the policy)

GAP COVER COMPREHENSIVE BENEFITS

Subject to an insured person suffering an insured incident which results in one or more of the defined events (as listed in **DEFINED EVENTS** below), you are covered for the following benefits:

A. Gap cover: this benefit covers the medical expenses shortfall between what a medical practitioner charges and the amount your medical aid scheme pays for in-hospital treatment and/or defined outpatient procedures as stated in the DEFINED EVENTS . The benefit is calculated as the actual treatment cost (limited to six times the medical aid scheme tariff) less the higher of the medical aid scheme tariff and the amount paid by the medical aid scheme, up to the Gap cover benefit limit (please refer to your benefit schedule for the benefit limit).

B. Casualty cover: this benefit covers the costs not covered by the insured person's medical aid scheme for a medical or a surgical procedure performed in a casualty unit/ward of a hospital following an emergency.

C. Co-payment cover: this benefit covers the charges, in the form of a co-payment/deductible, for treatment received (limited to a **DEFINED EVENT**) as an inpatient and/or outpatient. This benefit includes the **non-network penalty cover**, which is cover for the penalty, also in the form of a co-payment/deductible, imposed by the medical aid scheme for the use of a non-network hospital or a hospital that is not listed as a designated service provider. The **non-network penalty cover** is only payable once per family, per calendar year.

The above benefits (A,B and C) are paid to you, the policyholder, subject to the policy exclusions, conditions and benefit limits per insured person, per calendar year. Please refer to your benefit schedule for the specific Rand limitations by benefit.

GAP COVER PREMIUM BENEFITS

The Gap Cover Premium benefits include benefits A, B and C above, as well as benefits D, E and F as described below. If you have accepted a Gap Cover Premium policy from us, the additional terms, conditions, limitations and exclusions in this section will also apply to you and all additional lives insured/dependants (where applicable).

Please refer to your benefit schedule for the details of your benefits.

D. Sub-limitation cover: this benefit covers the charges above any sub-limitation imposed by the medical aid scheme for treatment received (limited to a **DEFINED EVENT**) as an inpatient and/or outpatient.

E. Cancer treatment cover: this benefit covers the co-payment and/or the sub-limitation imposed by the medical aid scheme for treatment in a private facility for cancer. Treatment includes in-hospital expenses, chemicals, medication and outpatient radiotherapy or chemotherapy, and outpatient immunotherapy drugs. Treatment excludes specialist consultations.

F. Extended cancer treatment cover: in cases where advanced treatments are necessary, this benefit covers the charges above the sub-limitation imposed by the medical aid scheme for:

- **I. biological cancer drugs***;
- **II. immunotheraphy** (drugs used in the treatment of cancer to stimulate or suppress the immune system and limited to Keytruda, Tagrisso, Yervoy, Xalkori, Zelboraf and Imbruvica);
- **III. hormone therapy** (treatment used to slow or stop the growth of breast and prostate cancers, which cancers rely on hormones to grow);
- **IV. targeted therapy** (therapies using either small-molecule drugs or monoclonal antibodies for the treatment of cancer. Small-molecule drugs are used for targets inside cells. Monoclonal antibodies, also known as therapeutic antibodies, are proteins produced in the lab, designed to attach specific targets found on cancer cells or vmark cancer cells to be destroyed by the immune system;
- **V. photodynamic therapy** (drugs used that are activated by light to kill cancer and other abnormal cells); and/or
- **VI. stem cell transplant** (a procedure that restores stem cells that grow into blood cells in patients whose stem cells have been destroyed by high doses of chemotherapy or radiation therapy).

***biological cancer drugs** are limited to kadcyla (ado-trastuzumab emtansine), enhertu, venetoclax, obinutuzumab, rituximab, herceptin, mylotarg, nexavar, gleevec, sprycel, faslodex, velcade, tarceva, alimta, zevalin, avastin, erbitux, sunitinib, sutent, fludara, mabthera, votrient, gemzar, cisplatin, everolimus with specific oncological condition and/or specific sub-groups of cancers limited to subgroups of the following categories:

HER 2-positive breast cancer	HER 2-negative breast cancer
Acute myeloid leukaemia	Gastrointestinal stromal tumour
Advanced hepatocellular carcinoma	Multiple myeloma
Acute lymphoblastic leukaemia	Non-small cell lung cancer
Chronic myeloid leukaemia	Non-Hodgkin lymphoma
Chronic lymphocytic leukaemia	Metastatic colorectal cancer
Hairy cell leukaemia	Advanced renal cell carcinoma
Myelodysplasia	Head and neck cancer

The above benefits (A, B, C, D, E and F) are paid to you, the policyholder, subject to the policy exclusions, conditions and benefit limits per insured person, per calendar year. Please refer to your policy schedule for the specific Rand limitations by benefit.

G. Medical information helpline benefit: access to the 24-hour medical information helpline. Qualified nursing staff are available 24 hours a day to provide general and emergency medical information via telephone. To access this benefit, call us on **0861 990 000**.

H. Trauma counselling (included as part of Gap Cover Premium benefits only): access to the trauma counselling helpline, which aims to provide 24/7 support and assistance to you and your insured dependants following a traumatic event. The 24/7 trauma counselling helpline is staffed by trained professionals who are available to provide confidential counselling and support in times of need. To access this benefit, call us on **084 124.**

Defined events (for all insurance benefits described above - A, B, C, D, E and F)

The list of defined events are as follows:

1. The insured person being confined to hospital as an inpatient. **Please note:** The benefits exclude ward fees, theatre fees, medicines, material expenses/costs and any other hospital expenses.
2. The insured person undergoing medical and surgical procedures and/or operations or treatment (as defined) whilst in hospital, including:
   - 2.1 The necessity for chemotherapy or radiotherapy for the treatment of cancer on an outpatient basis,
   - 2.2 The necessity for kidney dialysis on an outpatient basis.
3. The necessity for outpatient treatment, limited to the following procedures:

Type of procedure	List of procedures covered
General surgery	1. Surgical biopsy of breast lump 2. Needle biopsy of breast lump 3. Vacuum biopsy of the breast (X-ray stereotactic mammography – biopsy) 4. Hernia repairs a) Inguinal hernia b) Femoral hernia c) Umbilical hernia d) Epigastric hernia e) Spigelian hernia 5. Varicose veins in the rooms (if paid from the medical aid scheme's risk) 6. Ischio-rectal abscess drainage 7. Closure of colostomy 8. Surgical haemorrhoidectomy (excluding sclerotherapy or band ligation) 9. Non-invasive haemorrhoidectomy (inclusive of sclerotheraphy and band ligation) 10. Lymph node biopsy 11. Endoscopy 12. Excision of skin lesions (melanoma and other malignant neoplasms of the skin)
Urology	1. Vasectomy 2. Cystoscopy 3. Orchidopexy 4. Prostate biopsy 5. Urethrostomy 6. Stent placement and reconstruction 7. Urethral dilation 8. Circumcision
Ophthalmology	1. Cataract removal 2. Pterygium removal 3. Trabeculectomy
ENT surgery	1. Direct laryngoscopy 2. Tonsillectomy 3. Laser ENT surgery 4. Conventional ENT surgery 5. Nasal surgery (Turbinectomy and Septoplasty) 6. Sinus surgery (FESS) 7. Myringotomy 8. Grommets
Orthopaedic	1. Arthroscopy 2. Carpal Tunnel Release 3. Ganglion surgery 4. Bunionectomy
Paediatric surgery	Orchidopexy
Hepatobiliary surgery	Needle biopsy of the liver
Cardiothoracic surgery	Bronchoscopy

General medical cardiology	1. Coronary angioplasty 2. Coronary angiogram
Neurology	24-hour halter EEG
Immunology	Plasmapheresis
Gastroenterology	1. Oesophagoscopy 2. Gastroscopy 3. Colonoscopy 4. ERCP
Diagnostic radiology	1. Myelogram 2. Bronchography 3. Angiograms a) Carotid b) Cerebral c) Coronary d) Peripheral
Obstetrics and gynaecology	1. Tubal ligation 2. Childbirth in a non-hospital setting 3. Incision and drainage of Bartholin's cyst 4. Marsupialisation of Bartholin's cyst 5. Cervical laser ablation 6. Hysteroscopy 7. Phototherapy 8. Dilation and curettage
Hyperbaric oxygen treatment for:	1. Radionecrosis 2. Malunion of major fractures 3. Avascular leg ulcers 4. Decompression sickness 5. Chronic osteitis 6. Serious anaerobic infections
Skin conditions Excision of the following non-neoplastic naevi:	1. Araneus 2. Spider 3. Stellar

4. The necessity for outpatient diagnostic radiology limited to:

   4.1 Magnetic Resonance Imaging (MRI)

   4.2 Computed Tomography Scans (CT Scans)

   4.3 Positron Emission Tomography (PET Scans)

   4.4 Nuclear Scans (limited to the mapping of cancer).

5. The treatment received in a casualty unit/ward of a hospital, provided that such treatment is not for routine physical treatment or any other medical examination or treatment other than emergency medical treatment.

Specific terms and conditions for the medical information helpline benefit

1. What is the medical information helpline benefit?

   1.1 You have access to a 24-hour medical information helpline. Qualified nursing staff are available 24 hours a day to provide general and emergency medical information via telephone.

   1.2 The medical information helpline includes the provision of information, including but not limited to:

   1.2.1 general health;

   1.2.2 Covid-19;

   1.2.3 pregnancy;

   1.2.4 understanding chronic diseases;

   1.2.5 mom, baby and child care;

   1.2.6 men's and women's health issues;

   1.2.7 information on pre-trip and post-trip medications and precautions whilst travelling locally and internationally; and

   1.2.8 explanation and interpretation of terminology in relation to diagnostic test results.

2. How do you access the medical information helpline benefit?

   Call us on 0861 990 000 – 24 hours a day, 365 days a year.

3. Important, please note:

   3.1 This is not a diagnostic service and there is no consultation, diagnosis or recommendation of a treatment plan.

   3.2 If you are ill and have medical symptoms, you must consult your doctor.

   3.3 Because this is a telephonic service, if you omit medical information or misinform the consultant, you may receive inaccurate information. It is imperative to disclose any pre-existing medical conditions or medical history that may affect the information given to you.

   3.4 You completely and irrevocably release the 24-hour contact centre consultants and us of any and all errors and omissions, known or unknown, foreseen or unforeseen, knowingly or unknowingly, as well as all claims, actions or damages arising from/in connection with the telephonic information or recommendations provided.

Specific terms and conditions for the trauma counselling benefit
(included as part of Gap Cover Premium benefits only)

If you have accepted a Gap Cover Premium policy from us, the additional terms, conditions, limitations and exclusions in this section will also apply to you and all additional lives insured/dependants (where applicable).

Please refer to your benefit schedule for the details of your benefits.

1. What is the trauma counselling benefit?

   You have access to the trauma counselling helpline, which aims to provide 24/7 support and assistance to you and your dependants following a traumatic event. The 24/7 trauma counselling helpline is staffed by trained professionals who are available to provide confidential counselling and support in times of need.

2. How do you access the trauma counselling benefit?

   You have access to this benefit from your first successful premium deduction. Contact the trauma counselling helpline on **084 124.**

3. Important, please note:

   ER24 (Pty) Ltd is the service provider which will provide the trauma counselling benefit. Neither our service providers, nor their agents and/or employees, are liable or responsible for the negligence, whether gross negligence or otherwise, wrongful acts and/or omissions of any person or persons or legal entity which provide direct or indirect services to you in terms of this benefit.

How we will communicate with you

1. We will communicate with you via email, SMS or WhatsApp, using the cell phone number and/or email address you provided The Unlimited when you took out this policy. This will be the agreed method of giving you any notice required by the policy or by law. This is also how we will notify you of any premium increases, cover changes or other changes to your policy.
2. **We will always communicate with you using your last known details** to fulfil your policy cover and to process any claims you may have. If any of your contact details change, please tell The Unlimited immediately.

For complaints and compliance

1. It is important that you are happy with your policy. If you are unhappy for any reason, please call 0861 990 000 and give The Unlimited a chance to see if they can set things right. They will communicate with the insurer on your behalf.
2. If you are still not happy and would like to submit a formal complaint to the insurer, please refer to **HOW TO SUBMIT A COMPLAINT** in this document.

Transferring your interest in the policy or cash-in

You cannot transfer your financial interest, or any rights, in this policy to anyone else. You cannot take out a loan against your policy. Your policy is month-to-month and does not pay out any profits, nor can it be cashed in for money.

Jurisdiction and currency

The policy is only valid within the territory of South Africa. All payments will be made in the currency of South Africa. Your policy will be governed by the laws of the Republic of South Africa, whose courts will have jurisdiction in any dispute arising under your policy.

Payment and non-payment of your premium

1. It is your responsibility to pay your premium every month or you will not be covered.
2. The policy will be valid for 1 (one) calendar month and is automatically renewed on the same terms for a further calendar month every time your premium deduction is successful.
3. Payment of premiums:

    3.1 **If you are a Government employee and have given The Unlimited your Persal number:**

    3.1.1 you have authorised your employer to deduct the premium from your salary via Persal (National and Provincial Government's personnel salary system);

    3.1.2 you agree that, should any changes in terms of this policy resulting in either the cancellation of the policy or an increase in premium be required, such changes need to be communicated to Persal first and the change may only be effective up to 60 (sixty) days later. This means that you may have another premium deduction before the change is effective.

    For example: If an instruction to cancel this policy is received by Persal on the 25th of April, the cancellation may only be effective up to 60 (sixty) days later during the following month, or the month after in June (and the premium will still be deducted from your salary in May).

    3.2 This policy will not be binding on us until your first successful premium deduction.

4. Unpaid premiums:

    4.1 If the insurer does not receive the premium by the due date every month, and subject to the grace period, your policy will be suspended and you will not have access to your benefits for the month that no premium is received. The insurer will not deduct arrear (missed) premiums.

    4.2 You have a grace period of 15 (fifteen) days, calculated from the due date within which to make a manual payment to The Unlimited. During the grace period, all benefits will remain in force and you will remain covered as long as you make a manual payment to The Unlimited. If The Unlimited does not receive payment within the 15 (fifteen) days, you will have no cover for the month that no premium is received. The grace period applies from the second month of cover.

Example: Premium due date is the 1st of May. If you miss a premium deduction, you will only have until the 16th of May to make a manual payment to The Unlimited. If you don't, you will not have cover for the month of the missed premium.

5. Debit order collections of premiums:

   5.1 If the Government is unable to deduct the premium in favour of the insurer from your salary via Persal, you have authorised The Unlimited to deduct the premium from any of your bank accounts which you have given them. Your debit order will be presented to your bank on the same day as the due date unless you reject the request from your bank to authenticate your debit order mandate.

   5.2 In the event of your debit order being unsuccessful, The Unlimited uses a tracking system that allows them to process your debit on another date if need be to improve the likelihood of a successful debit order collection. This allows you to keep your policy active, but it remains your obligation to see that all premiums are paid manually during the grace period when any collection of premiums fail.

   5.3 If your premium is not received, or if you suspend the DebiCheck authentication of your debit order mandate after the start date of this policy, this will not automatically result in the cancellation of your policy and The Unlimited will still be entitled to present the debit order for collection. You agree that they may, at their discretion, try and collect further monthly premiums from your account in accordance with the law, including rules prescribed by the Payments Association of South Africa. The grace period of 15 (fifteen) days will apply from the date of each missed premium.

   5.4 If any further attempts to collect your premium fail, The Unlimited reserves the right to cancel your policy immediately. They will notify you when this happens. If they successfully debit your bank account again, the date of that collection will be the new due date.

   5.5 **Important:** your premium may be collected on a different date from the due date because of a public holiday or weekend, without notifying you. Any bank charges incurred as a result will be for your own account.

   5.6 If you dispute your monthly debit order with the result that the debit order is reversed by your bank, and provided the debit order mandate is not cancelled, The Unlimited may, subject to the terms of this policy, resubmit the debit order mandate for collection in the month following the dispute/s.

Amendments to cover or premiums

1. The insurer may change the premium, waiting period or terms and conditions of this policy, including your cover, by giving 31 (thirty-one) days' written notice to you of its intention to do so.
2. Premiums are reviewed every year in January. Increases may be due to inflation/market/claim experience.
3. Any variations and or changes, referred to above, including any premium rate adjustment will be binding on you and can be applied at any time to the existing terms and conditions after 31 (thirty-one) days' notice of these changes have been sent to you, but please remember that it may still take up to 60 (sixty) days from the date of communication to you to become effective.
4. If you choose to cancel your policy during the 31-day notice period, you will not be entitled to a refund of premiums already paid.

When does your cover start?

1. On receipt of your first premium by the insurer, your policy will start on the first day of the calendar month in which your first successful premium deduction occurs (the start date). For example, if your first payroll deduction is in April, the start date of your policy is on 1 April.
2. **Please note:** The instruction for your first premium deduction will need to be communicated to Persal first and your start date may only be effective up to 45 (forty-five) days later. This means that you may only have your first premium deduction in the following month/s.

   For example, if an instruction for your first premium deduction is received by Persal on the 25th of March, your first premium deduction may only happen up to 45 (forty-five) days later during the following month, or the month after in May (and the start date of your policy will only happen on the first day of the calendar month of that first successful premium deduction).
3. You are entitled to your benefits from the start date, subject to any waiting period that may apply.
4. Should a claim occur within a waiting period (where applicable) there will be no refund of premium/s and no payment of the claim.
5. **Waiting periods:** each insured person will have the following waiting periods applied to their benefits, starting from the

calendar month that the insurer successfully receives the first premium.

5.1 A 3 (three) calendar month waiting period, calculated from the start date, is applicable to all benefits, unless an insured person received treatment as a result of an accident. An insured person is covered from the start date if any treatment is received because of an accident; or if an insured person needs access to the medical information helpline benefit or the trauma counselling benefit.

5.2 Any treatment or advice received for a medical condition an insured person has had before the start of this policy, will have a waiting period of 12 (twelve) calendar months, calculated from the start date.

6. If you are unsure when your cover starts, please contact The Unlimited to confirm the start date of your policy.

7. The minimum entry age for cover under this policy for you, the policyholder, is 18 (eighteen) years old and the maximum entry age is 65 (sixty-five) years old.

Cancellation of your policy

1. You can cancel your policy at any time by contacting The Unlimited who will request cancellation of the policy with the insurer on your behalf, or directly with the insurer. Call 0861 990 000 or email The Unlimited on customercare@theunlimited.co.za. There is a **cooling-off period of 14 days** (calculated from when you received these terms and conditions OR from a reasonable date on which it can be deemed that you received them) in which you can cancel and receive a refund, provided that no benefits have been used. If you have used any insurance benefits, a refund will be made of the insurance premiums, less any risk cover an insured person may have enjoyed. Please remember that your cancellation may take up to 60 (sixty) days to take effect.

2. The insurer can cancel or void the policy (or sections thereof) at any time if you do not fulfil your duties under this policy or if you misrepresent material facts, are dishonest or fraudulent in your actions, by the insurer notifying you immediately in writing of cancellation/voidance for fraudulent or dishonest actions or the non-payment of premiums.

3. The insurer may cancel this policy in writing by giving you 31 days' notice (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).

4. When this policy is cancelled (by you or by the insurer) and no further premiums are received from you, all cover and benefits under it will end at midnight on the last day of the calendar month for which the last premium was received.

5. Should this policy end for any reason, any benefits that apply to your dependants will also end. However, in the event of your death, your spouse may elect to continue the cover under this policy as the policyholder by notifying us within 60 (sixty) days of your death.

6. **Please note:** If you have not yet submitted a claim for an insured incident, and resulting hospitalisation, that happened before the date of cancellation of this policy, you will have a maximum of 3 (three) months after the date of cancellation to submit your claim, including ALL required supporting documents, to the UMA.

Claims process and conditions

These are detailed claims conditions that must be in place or complied with by you so that you can make use of the benefits.

> **Please note:** All costs incurred for claiming your benefits or submitting claim documentation are for your account.

Please go to www.theunlimited.co.za for a step-by-step guide on how to submit a claim, or call The Unlimited on **0861 990 000** if you need help with getting your claim started.

1. When can you claim?

1.1 As soon as the insurer has received your first premium, you are entitled to cover and to claim benefits if an insured incident occurs after the start date; however, if there is a waiting period, you or any person insured, will not have cover until the waiting period has ended. You can further only claim for the benefits covered if the insurer successfully receives your premiums every month; and if you comply with all the terms, conditions, limitations and exclusions contained in this policy.

1.2 The treatment must have happened in South Africa, it must be after the start date and an exclusion must not apply.

2. How do you claim your benefits?

Following an insured incident which necessitated a defined event, you must:

2.1 notify the UMA of your claim in writing as soon as possible to claims@ambledown.co.za, but no later than 180 (one hundred and eighty) days from the first day of treatment for such event.

2.2 provide all supporting claim documents, as reasonably required by the UMA, which shall at least include the following documents relating to the claim:

2.2.1 hospital account;

2.2.2 doctors' account, and

2.2.3 medical aid statement.

If the UMA does not receive all of the required information, they will close the claim.

3. General conditions for any claim:

3.1 **The UMA has the right to request additional supporting documents at any time** if they are unable to validate a claim. If the UMA requests additional information from you, it is because it is necessary for them to finalise the claim. They will require your co-operation in providing them with the additional information.

3.2 **The insurer may also require the UMA to inspect all current and/or past medical records, including the results of blood tests, and request that an insured person undergoes a medical examination at the insurer's expense.** Where the insured person is not you (the policyholder), you or a legal guardian will be required to obtain the necessary permission or consent for the insured person to undergo a medical examination, failing which, the claim may be voided.

3.3 Any benefit payable in respect of treatment received while confined in hospital shall only become due at the end of such period of confinement. However, at the discretion of the insurer, payment may be made to you at the end of a 30 (thirty) day period of treatment during hospital confinement.

3.4 The UMA may negotiate any discount with the relevant service providers. Should a discount be agreed to, the benefit payable in terms of this policy will be settled directly with the service provider. In all other cases, the benefit will be paid to you, your legal representative or the medical practitioner.

3.5 Payment made to any approved claimant (as described above) will discharge our liability and obligations arising out of any event/s which led to the claim.

3.6 No benefit payable shall carry interest.

3.7 In the event that a benefit is paid as a result of any misrepresentation, non-disclosure, misdescription or fraudulent action, you will be obliged to repay or return the benefit received under this policy and the insurer will be entitled to take legal action to recover the benefit and/or any costs associated with such legal action.

3.8 **Please note:** Any claim under this policy will prescribe after 12 (twelve) calendar months from the date of the insured incident. This means that we will have no further liability, nor obligation to the claim. If the claim is subject to an awaiting court action between you and the insurer, the claim will still be valid.

3.9 **There are other important details which you will find in the STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS section in this document. Please make sure you read and understand it and if you have any questions, please call The Unlimited on the number provided.**

4. Claim repudiations:

4.1 If the insurer repudiates your claim, the UMA will notify you of the repudiation. If you wish to challenge the repudiation, you will have 90 (ninety) days to make written representations to the insurer (complaints@guardrisk.co.za). The insurer has 45 (forty-five) days from receipt of such written representation to notify you of their final decision.

4.2 If the insurer's decision remains unchanged, you have 180 (one hundred and eighty) days from the expiry of the above 90 (ninety) day period to:

4.2.1 institute legal action (if you do not, you may no longer have any claim); and/or

4.2.2 lodge a complaint to the FAIS Ombud, to the National Financial Ombud Scheme or the Financial Sector Conduct Authority.

4.3 **There are more important details about this process in the STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS section in this document.**

What you are not covered for (your policy exclusions)

The following general exclusions apply to your policy. It is very important that you understand and take note of these.

1. The insurer will not be liable for costs and expenses resulting from:

1.1 any outpatient treatment that is not specifically listed under the **DEFINED EVENTS**. This includes specialist/ medical practitioner consultations performed as an outpatient in the consulting rooms of the specialist or medical practitioner.

1.2 an insured incident for which an insured person received treatment or advice 12 (twelve) months prior to the inception of this policy. This exclusion only applies to the first 12 (twelve) months of an insured person's cover.

1.3 the use of nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion combustion shall include any self-sustaining process of nuclear fission.

1.4 investigations, treatment and/or surgery for obesity or any medical treatment directly or indirectly caused by or related to any condition that is a consequence of obesity;

1.5 cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery, including surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;

1.6 suicide, attempted suicide or intentional self-injury, unless such injuries are sustained in an attempt to preserve another human life;

1.7 a routine physical or any procedure of a purely diagnostic nature or any other examination where there is no objective indication of impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disability established by prior call or attendance of a physician.

1.8 the taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person) or any illness caused by the use of alcohol;

1.9 drug addiction;

1.10 an incident directly attributable to the insured person's alcohol content in the blood exceeding the legal level permitted by law;

1.11 any investigation, treatment or surgery for artificial insemination or hormone treatment for infertility;

1.12 participation in:

1.12.1 active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers;

1.12.2 aviation other than as a passenger, pilot, or crew of a commercial operated airline;

1.12.3 any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle vessel craft or aircraft);

1.13 any medical/surgical procedure not covered, declined or paid as an exception by the medical aid scheme;

1.14 a Computed Tomography Scan (CT Scan) where the scan is used for guidance during a procedure to administer pain relief, draining of bodily fluid, biopsies or any other procedure;

1.15 depression, insanity, mental disorders or mental stress, psychotic/psychoneurotic disorders, behavioural and neurodevelopmental disorders;

1.16 the insured person's failure to comply with the medical aid scheme rules regarding the failure to make use of a hospital that is a designated service provider, preferred service provider, associated hospital or network hospital. **Please note:** If you have a Gap Cover Premium policy with us, this exclusion does not apply to the **non-network penalty cover** payable once per family, per year, applicable to a penalty imposed by the medical aid scheme for the use of a non-network hospital, nor does it apply to radiotherapy or chemotherapy included in the benefit **cancer treatment cover** if such designated service provider is public hospitals or public clinics.

2. This policy does not cover:

2.1 any benefit which is already covered or payable by the insured person's medical aid scheme;

2.2 any fraudulent claim submission;

2.3 ward fees, theatre fees, medicines, material expenses/costs and any other hospital expenses are not covered under this policy;

2.4 any sub-limitation imposed by a medical aid scheme as a result of an agreement between an insured person and a medical aid scheme;

2.5 any co-payment or deductible as a result of an agreement between an insured person and a medical aid scheme;

2.6 split billing, which is where a medical practitioner or a hospital bills an insured person and the medical aid scheme separately and there is a difference between these two amounts and this difference is not paid by or claimabale from the medical aid scheme.

IMPORTANT: STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS (IN TERMS OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT "FAIS")

As an insurance policyholder, or prospective policyholder, you have the right to the following information in respect of your non-life insurance product:

Details of the intermediary and binder holder
(The company that offered you the product)

Company Name:	The Unlimited Group (Pty) Ltd (The Unlimited)
Physical Address:	No 3 The Boulevard, Westway Office Park, Intersection of Spine Road and The Boulevard, Westville, KwaZulu-Natal, South Africa, 3610
Postal Address:	Private Bag X7028, Hillcrest, 3650
Telephone Number:	0861 990 000
Email Address:	customercare@theunlimited.co.za
Website:	www.theunlimited.co.za
Company Registration Number:	2002/002773/07
FSP License Number:	21473
VAT Number:	4360161139
Details of FAIS Compliance:	Moonstone Compliance
Compliance Officer:	Ms CL Payne
Postal Address:	25 Quantum Street, Technopark, Stellenbosch, 7600
Telephone Number:	021 883 8000
Fax Number:	021 883 8005
Email Address:	cpayne@moonstonecompliance.co.za

a.	**Conflict of interest**	In accordance with our conflict management policy, we place a high priority on our customers' interests. We will try to identify, manage and as far as reasonably possible avoid any such instances. Our "Conflict of Interest" policy is available on our website at www.theunlimited.co.za.
b.	**Cooling-off rights**	As this is a month-to-month policy (duration of less than 31 days), a cooling-off period in terms of the Policyholder Protection Rules is not required. The insurer does offer the following cooling-off rights: You have the right to cancel the policy by giving us written or telephonic notice within 14 (fourteen) days of you receiving this policy wording OR from a reasonable date on which it can be deemed that you received this policy wording. The Insurer will comply with your request for cancellation within 31 (thirty-one) days of receiving your cancellation notice and will refund all premiums or monies paid.

c.	**Insurance cover**	The Unlimited holds professional indemnity and fidelity insurance.
d.	**Intermediary services**	The Unlimited does not provide advice as defined in the FAIS Act, we only provide factual information. To ensure that you make a financial commitment to a product that is appropriate to your needs, as determined by you, you must request all the necessary documentation and information you feel necessary for you to make an informed choice before you make a final decision.
e.	**Written mandate to act on behalf of the Insurer**	Yes, The Unlimited acts as an intermediary in terms of an Intermediary Agreement with the insurer and earns a monthly commission not exceeding 20% of the premium. The Unlimited also earns a monthly binder fee of 3.5% of the premium for services performed on behalf of the insurer in terms of a Binder Agreement.
f.	**Whether more than 10% of the Insurer's shares are held or whether more than 30% of total remuneration was received from the Insurer**	The Unlimited does not hold more than 10% of the Insurer's shares and has not received more than 30% of the total remuneration from one insurer in the preceding calendar year. The Unlimited is not an associate company of the Insurer.
g.	**Waiver of rights**	The law does not allow a financial services provider to request or induce in any manner a customer to waive any right or benefit conferred on them in terms of legislation, nor allow a financial services provider to act on any such waiver. Any such waiver is null and void.
h.	**Legal status**	The Unlimited is an authorised financial services provider (FSP21473). License limitations: • We must inform the Registrar of any business information change within 15 days. • We must maintain a list of all our Key Individuals and Representatives, and we must provide a copy of the register to the Registrar. • We accept responsibility for services provided by our representatives, whilst acting in the scope of their employment/contracts and confirm that some services are rendered under supervision – please refer to the FSCA's webpage to view a full list of our representatives. Steps to follow: 1. Go to www.fsca.co.za 2. Click on "Regulated Entities" 3. Under the heading "Regulated Entities and Persons" click on "FAIS" 4. Click on "Financial Service Providers" 5. Insert our FSP Number 21473 in the field "Search for FSP No" 6. Click on "Details" and select the information that you wish to view. • We may not provide business under a license that has not been changed in accordance with the provisions of the FAIS Act. • Our insurance products must qualify as financial products, as contemplated by the FAIS Act. We are licensed to provide intermediary services in respect of Category 1, Long-Term Insurance Subcategories A, B1, B2, B1-A, B2-A and Short-Term Insurance Personal Lines (A1), Short-Term Personal Lines A1 and Short-Term Insurance Commercial Lines.

Details of the insurer

(The company that underwrites the policy, a licensed non-life insurer and an authorised financial services provider)

Company Name:	Guardrisk Insurance Company Limited
Physical Address:	The Marc, Tower 2, 129 Rivonia Road, Sandton, 2196
Postal Address:	PO Box 786015, Sandton, 2146
Telephone Number:	011 669 1000
Email address:	info@guardrisk.co.za
Website:	www.guardrisk.co.za
Company Registration Number:	1992/001639/06
VAT Number:	4250138072
FSP License Number:	75

Products for which Guardrisk Insurance is licensed to provide Financial Services	"Advice" Non-Automated	"Intermediary Other"
Short-term Insurance: Commercial Lines	**Yes**	**Yes**
Short-term Insurance: Personal Lines	**Yes**	**Yes**
Short-term Insurance: Personal Lines A1	**Yes**	**Yes**

Details of internal compliance department:

Telephone number:	011 669 1000
Email address:	compliance@guardrisk.co.za

Professional Indemnity and/or Fidelity Cover:

Guardrisk Insurance Company Limited has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.

Conflict of Interest: Guardrisk Insurance Company Limited has a conflict-of-interest management policy in place and is available to clients on the website.

Relationship between Vida Product Services (Pty) Ltd and Guardrisk

This policy is subject to a cell captive relationship between Guardrisk Insurance Company Limited (GICL) and Vida Product Services (Pty) Ltd (Vida), as a result of a shareholder and subscription agreement concluded between GICL and Vida, whereby Vida is entitled to share in the profits and losses generated by the insurance business. Therefore, this is an arrangement whereby GICL shares equity with Vida through a shareholding arrangement and provides Vida a vehicle through which to write insurance risks.

Details of the underwriting manager

(The company that determines the premium for the policy, and manages the claims on behalf of the insurer)

Company Name:	Ambledown Financial Services (Propriety) Limited
Physical Address:	Ambledown House, Eton Office Park East, c/o Sloane and Harrison Streets
Postal Address:	PO Box 1862, Cramerview, 2060
Telephone Number:	0861 262 533

Email address:	support@ambledown.co.za
Website:	www.ambledown.co.za
Company Registration Number:	2004/006271/07
FSP License Number:	10287
VAT Number:	4340215856

Details of internal compliance department:

Telephone number:	0861 262 533
Email address:	compliance@ambledown.co.za

Details of FAIS Compliance:	Moonstone Compliance
Telephone Number:	021 883 8000
Email:	support@moonstonecompliance.co.za

Ambledown Financial Services (Pty) Ltd is an authorised Financial Services Provider and licenced to render intermediary services relating to Short-Term Insurance Category 1 in respect of Short-Term Insurance Personal Lines and Short-Term Insurance Commercial Lines.

Ambledown has Professional Indemnity Insurance and Fidelity Guarantee Cover. Ambledown does not hold any shares in the Insurer and more than 30% income was earned from the Insurer in the last calendar year.

Ambledown Financial Services (Pty) Ltd has a UMA agreement with the insurer and earns a monthly binder fee of 23.5% of the premium for services performed on behalf of the insurer.

How to submit a complaint

STEP 1: INITIAL COMPLAINTS PROCESS

- If you have a complaint about how this policy was offered to you, please call The Unlimited on 0861 990 000/ 031 716 9600 or email customercare@theunlimited.co.za. Please view The Unlimited's full Complaints Process on www.theunlimited.co.za
- If you have a complaint about your claim, please contact Ambledown Financial Services (Pty) Ltd on 0861 262 533 or compliance@ambledown.co.za
- If you have a complaint about the service received, please contact Guardrisk Insurance Company Limited on 0860 333 361 or complaints@guardrisk.co.za

Guardrisk Insurance Company Limited has a complaints procedure and a complaints resolution policy available on request.

STEP 2: DISPUTE RESOLUTION PROCESS

Should the outcome of your complaint not be in your favour, then you have the right to request The Unlimited or the insurer to review the matter. We will notify you of the name and contact details of the person tasked to facilitate the dispute resolution process, and when a decision has been reached, you will be provided with the outcome of such decision, together with reasons.

STEP 3: REPRESENTATION TO THE INSURER

Should you remain disatisfied with the outcome of your dispute you may make additional representation to Guardrisk Insurance Company Limited, by addressing your concerns to:

Guardrisk Insurance Company Limited Internal Resolutions:

Telephone:	0860 333 361
Email:	complaints@guardrisk.co.za

STEP 4: EXTERNAL DISPUTE RESOLUTION

We encourage clients to endeavour to resolve a complaint with The Unlimited first, before submitting a complaint to the Ombudsman. However, you may utilise any of the channels provided as you see appropriate.

If you remain unsatisfied or if our feedback provided to you is not in your favour, then you have the right to have the decision/process reviewed by an authorised external party being:

National Financial Ombud Scheme

Cape Town physical address:	Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7700
Johannesburg physical address:	110 Oxford Road, Houghton Estate, Johannesburg, Gauteng, 2198
Share call number:	0860 800 900
Email:	info@nfosa.co.za
Website:	www.nfosa.co.za

The Financial Advisory and Intermediary Services (FAIS) Ombudsman

If you are not satisfied with the way the product was sold to you or the disclosures that were made to you, you may submit your complaint in writing to the FAIS Ombud at:

Postal Address:	P. O. Box 41, Menlyn Park, 0063
Physical Address:	Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria, 0010
Telephone number:	012 762 5000
Sharecall	086 066 3274
Email:	info@faisombud.co.za
Website:	www.faisombud.co.za

The Financial Sector Conduct Authority (FSCA)

Postal Address:	P.O. Box 35655, Menlo Park, 0102
Physical Address:	Riverwalk Office Park, Block B; 41 Matroosberg Road (Corner of Garsfontein and Matroosberg Roads), Ashlea Gardens, Extension 6, Menlo Park, Pretoria, 0081
Telephone:	012 428 8000 or 0800 20 37 22
Website:	www.fsca.co.za

Particulars of the Information Regulator (for personal information breaches)

Telephone:	010 023 5200
Email address:	POPIAComplaints@inforegulator.org.za
Website:	www.inforegulator.org.za

Other important matters

- You must be informed of any material changes to the information in this notice. If the information was given orally, it must be confirmed in writing within 31 (thirty-one) days.
- If any complaint to The Unlimited or the Insurer is not resolved to your satisfaction, you may submit the complaint to the National Financial Ombud Scheme or the FAIS Ombud.
- If your premium is paid by means of debit order, it may only be in favour of one legal entity or person and may not be transferred without your approval.

- Unless you commit fraud, the Insurer must give you at least 31 (thirty-one) days' notice in writing of its intention to cancel cover.
- The Insurer must give reasons for rejection of your claim.
- The Insurer may not cancel your policy cover merely by informing The Unlimited. There is an obligation to make sure that the notice has been sent to you.
- You are entitled to a copy of the policy documents and copy of the voice log of the sale free of charge.
- Polygraphs or similar tests are not obligatory, and claims may not be rejected solely based on a failure of such test.
- Should you have any complaints about the availability or adequacy of the information we have given you, please let us know on 0861 990 000.
- Your policy documents contain the name, class and type of policy, special terms and conditions, exclusions, waiting periods, as well as details of procedures to follow in the event of a claim. Should anything not be clear, please contact The Unlimited on the numbers provided above.

WARNING

- Do not sign any blank or partially completed application forms.
- Complete all forms in ink.
- Keep all documents you receive.
- Make a note of what was said to you.
- Don't be pressurised to buy the product.
- Incorrect or non-disclosure by you of material facts may have a negative impact on the assessment of a claim under your policy.
- All material facts must be accurately and properly disclosed, and the accuracy and completeness of all answers, statements or other information provided by or on behalf of you are your responsibility.

Treating the customer fairly (TCF)

We are committed to ensuring that all our customers are treated fairly and that every member of our team understands what TCF means to our business. Being a brand-led business means that we put the customer at the centre of everything we do.

The systems and processes we have put in place ensure that all of our customers are treated fairly at every interaction.

We only partner with and select suppliers of benefits and services that are able to demonstrate their respect in treating customers fairly and they uphold the TCF principles for all interactions of the customer relationship, for which they are responsible.

It is important that they are in alignment and agree to our TCF objectives in every interaction that they may have with our customers.

How we use your personal information

We are bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI Act"), as well as Section 51 of the Electronic Communications and Transactions Act, 2002 ("ECT Act") regarding the processing of your personal information. We may use any necessary legal means to check and validate the information you provide to us.

This section of the Statutory Notice of Disclosures is intended to summarise key privacy disclosures. We handle the personal information you provide to us in accordance with this section, read with the Privacy Policy available at www.theunlimited.co.za

1. **You hereby warrant and agree that we, including our authorised agents, partners and service provider/contractors may:**

   1.1 Collect information:

   (a) from you directly; from your use of our products and services; from your engagements and interactions with us; from public sources, shared databases and from third parties.

   (b) that you provide to us and store it in a shared database, verify it against legally recognised sources and use it, for example, for any decision concerning the continuance of your agreement/policy or the meeting of any claim you submit. Such information may be given to any insurer or its authorised agents, partners and service provider/contractors.

(c) including (amongst others), information about your criminal or credit history, insurance history, marital status, national origin, age, sex, sex life, language, birth, education, financial history, identifying number, email address, physical address, telephone number, online identifiers, social media profile, health, disability, pregnancy, biometric information (like fingerprints, your signature or voice), race or ethnic origin, trade union membership, political persuasion, financial history, criminal history and your name.

(d) that you warrant you are authorised to provide to us in respect of personal information of third parties. In doing so you indemnify us, including our authorised agents, partners and service provider/contractors, against any and all losses by or claims made against them and us as a result of you not having the required authorisation.

1.2 Process your information for the following reasons (amongst others):

(a) to underwrite policies, assess risks fairly, perform under your insurance agreement, including the assessment of claims and enforce our contractual rights and obligations.

> **Note**: This includes the collection and use of personal information provided to us, such as sensitive health information, including that of minor children, as permitted under section 32(1) of the POPI Act. In addition, such information may be shared internally with our departments (who need this information) and externally with third parties to comply with insurance obligations or legal requirements or in the exercise of our rights. Please contact us should you have any objections.

(b) where relevant, to instruct the Insurer, the UMA, and any appointed medical provider/service provider (including emergency or hospital providers, and medical professionals or staff engaged by an insured person, the Insurer or UMA), to ensure that an insured person receives appropriate and necessary medical services. This includes sharing necessary personal and health information about you and your dependants where required to support risk assessment, claims processing, performance of your insurance agreement or to enforce contractual rights.

(c) to comply with legislative, regulatory, risk and compliance requirements, codes of conduct and industry agreements or to fulfil reporting requirements and information requests.

(d) to submit payment instructions (like a debit order) to and receive payment performance feedback from our appointed sponsor bank(s) for the purposes of facilitating and managing your payment obligations under this agreement. This includes sharing your name, identification number and bank account details with such bank(s) to enable payment collection and receiving data from them such as payment success or failure, reasons for failed payments and debit order mandate status (e.g. whether the mandate has been authenticated).

(e) to do affordability assessments, credit assessments and credit scoring, including requesting and using limited credit information, such as income payment timing and payment behaviour, from credit bureaus or authorised third parties. By accepting our terms, you provide the necessary consent as required under the National Credit Act, 2005.

(f) to manage and maintain your agreement/policy or relationship with us.

(g) to disclose and obtain information about you from credit bureaus regarding your credit history.

(h) to enable you to participate in the debt review process under the National Credit Act 34 of 2005.

(i) for security, identity verification and to check the accuracy of your information.

(j) where required, we may transfer your personal information outside of South Africa in compliance with the law.

(k) for customer satisfaction surveys, promotional and other competitions.

(l) using automated means (without human intervention in the decision-making process) to make decisions about you or your application for any product or service. You may query the decision made about you.

(m) to conduct market and behavioural research, including scoring and analysis to determine if you qualify for products and services; and to market to you or provide you with products, goods and services. If you purchase products or services from us, we can market other similar products and services to you even after this agreement ends and share market innovations with you.

(n) Payment of the premium also entitles you to be notified of further product offerings as well as preferential pricing if you buy additional benefits from us.

1.3 Share your information with the below persons (amongst others) who are bound to keep it secure and confidential:

■ Attorneys, tracing agents and debt collectors when enforcing agreements.	■ Debt counsellors and payment distribution agents during any debt review process.
■ Payment processing service providers, merchants, banks to process payment instructions.	■ Insurers and other financial institutions when providing insurance or assurance.
■ Our partners, service providers, agents, sub-contractors to offer and provide products and services to you.	■ Regulatory authorities, ombudsman, governments, local and international tax authorities and credit bureaus when we must share it with them.
■ Medical professionals, healthcare institutions or facilities involved in providing necessary medical services to you or your dependants under the insurance agreement.	

2. The Unlimited automatically updates and keeps your information accurate

We may submit your information to, and receive information about you from, credit institutions (such as a credit bureau and our sponsor bank) to update, process and monitor your information to guide us in making decisions about product development and suitability of offerings, affordability, market conduct and activities related to our business. We may also do this to ensure the quality and accuracy of your identity and contact information to ensure we can make positive contact with you; and to determine your status as a home loan holder, vehicle owner or credit card holder to offer suitable goods and services to you that are affordable and that you may be interested in.

3. Your rights:

You have data protection that which are described in detail on www.theunlimited.co.za. To request access to your information, contact us at the contact details provided above.

We may contact you to offer you our similar products and services, using the contact details you have provided. You may opt out of receiving such marketing communications at any time by emailing dataprivacy@theunlimited.co.za or calling 0861 990 000.