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THE UNLIMITED GAP POLICY ("POLICY") WORDING

This policy covers the shortfall between what a health practitioner charges and the amount your medical aid scheme pays for in-hospital treatment and defined out-patient 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 policy schedule.

IMPORTANT, PLEASE READ CAREFULLY

1. **Please note:** This policy wording, together with the application form and declaration you signed when taking out this policy and your policy 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 all insured persons being members of a registered medical aid scheme. Children must be an existing dependant on either your or your spouse's 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. The Unlimited, the UMA and the Insurer ("we") rely on the accuracy and truthfulness of the information you give us.

In the event of any fraud, misdescription, misrepresentation 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. **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.
3. **due date** means the date of your premium deduction every month (your salary pay date).
4. **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.
5. **family** means the policyholder, the spouse and child/ren covered under this policy, provided their names and dates of birth are on record.
6. **hospital** means any institution in the Republic of South Africa which, in the opinion of the Insurer, meets each of the following criteria:
   6.1. 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;
   6.2. provides nursing services supervised by registered nurses or nurses with equivalent qualifications;
   6.3. is not, other than incidentally, either a mental institution or a convalescent home, lodging facility or ward, rehabilitation or step-down facility;
   6.4. 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
   6.5. is not an institution providing long-term care for the blind, deaf, uncommunicative or other handicapped persons.
7. **hospital confinement** means admission to a hospital ward, other than a lodging ward.
8. **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.
9. **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.
10. **insured person** means you (as defined) or your spouse (as defined) or your child/ren (as defined).
11. **medical practitioner** means a legally qualified healthcare professional registered with the Board of Health Care Funders (BHF).
12. **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.
13. **medical aid scheme option** means the policyholder's medical aid plan immediately prior to the defined event.

14. **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.
15. **medical aid scheme tariff** means the rate equal to the insured person's medical aid scheme rate.
16. **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 policy schedule. The premium is inclusive of VAT.
17. **policyholder** means the person whose details are on record and stated in the policy schedule as having been accepted by the UMA on behalf of the insurer as eligible for participation in the cover provided by this policy.
18. **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.
19. **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 policy benefits become available (subject to the waiting period).
20. **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.
21. **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.
22. **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.
23. **Underwriting Manager Agency ("UMA")** means Ambledown Financial Services (Pty) Ltd, Reg. No. 2004/006271/07, and FSP Number 10287.
24. **waiting period** means the period specified in this policy during which the Insurer needs to receive a specified number of premiums from you before you are entitled to claim under this policy. Remember, the required minimum number of premiums start from when a person is added to the policy and cover for the applicable insured person will begin when the Insurer has received the required minimum number of premiums for that insured person.
25. **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.
26. **you/your** means the policyholder and reference to "you" in the policy wording includes additional lives insured/dependants, where applicable.

WHAT YOU ARE COVERED FOR (your 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 out-patient procedures as stated in the DEFINED EVENTS. The benefit is calculated as the actual treatment cost (limited to 6 times the medical aid scheme tariff) less the higher of the medical aid scheme tariff, up to the Gap cover benefit limit (please see **TABLE OF BENEFITS AND BENEFIT LIMITS** in your policy schedule).

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.

The above benefits (A and B) 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 limitations by benefit.**

C. **Telephonic medical advice:** access to the 24-hour medical advice and information hotline. Qualified nursing staff are available 24 hours a day to provide general and emergency medical information and advice via telephone.

DEFINED EVENTS (FOR BENEFITS A AND B)

The list of defined events are as follows:

1. The insured person being confined to hospital as an in-patient. **Please note:** the policy 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 out-patient basis,
   2.2. The necessity for kidney dialysis on an out-patient basis.
3. The necessity for out-patient 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 mamoraphy – 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
Opthamology	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 & 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 out-patient 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 TELEPHONIC MEDICAL ADVICE BENEFIT

1. Who provides the telephonic medical advice benefit?
   CIMS SA (Pty) Ltd is the service provider which will provide your telephonic medical advice benefit.
2. What is the telephonic medical advice benefit?
   An insured person has access to the 24-hour medical advice and information hotline. Qualified nursing staff are available 24 hours a day to provide general and emergency medical information and advice via telephone.
3. How do you access the telephonic medical advice benefit?
   You must contact the 24-hour call centre on 0861 990 000 and 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 medical situation and the nature of the assistance required.
4. Important, please note:
   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 policy.

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.
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, including your current contact number (cell phone), email address, physical and/or postal address, please call The Unlimited immediately on 0861 990 000.

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.

REPLACEMENT INSURANCE

The Unlimited does not provide financial advice to customers. If this policy, or any part of this policy is replacing an existing policy you have, make sure that you have carefully compared the insurance premiums, insurance benefits and terms and conditions.

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, you will have NO cover. The insurer will not double deduct missed premiums the following month.
   - 4.2. You have a grace period of 15 (fifteen) days, calculated from the due date within which to make a manual payment to us. During the grace period, all insurance benefits will remain in force. However, in the event of a valid claim occurring during this period, the outstanding premium can be deducted from the claim settlement amount. If we do not receive payment within the 15 (fifteen) days, you will have no cover. 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 us. If you don't, you will not have cover.
   - 4.3. Should your premium deduction fail within the waiting period, your waiting period will be paused and will recommence from your next successful premium deduction.
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 when any collection of premiums fail.
   - 5.3. If your premium is not received, you agree that The Unlimited may, at their discretion, try and collect from your account a further 3 (three) times.
     - 5.3.1. If The Unlimited cannot collect the premium after 4 (four) consecutive attempts, the policy will automatically end. This means that your policy will be cancelled. **Please note:** You and any person insured will not be entitled to any benefits during any month where The Unlimited does not successfully collect a premium from you.
   - 5.4. **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.

5.5. 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 of amendment to the policy, 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. **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 applicable to that insured person, subject to all further premium deductions being successful and received by the Insurer.
   4.1. 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;
   4.2. 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.
5. If you miss a premium deduction and the insurer receives your premium at a later date, your policy will re-commence on receipt of that premium and the balance of any waiting period will be taken into account, unless your policy has terminated, in which instance a new policy will be issued and new waiting periods will apply.
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. 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.
7. **Cooling-off period:** You are entitled to cancel this policy within 14 days after the date of receipt of this policy wording, or from the reasonably determined date on which this policy wording was received. Please note that you may only cancel this policy within 14 days where no benefit has yet been paid or claimed or an insured incident has not yet occurred. All premiums that were paid up to the date that The Unlimited receives the notice of cancellation will be refunded to you, less any risk cover an insured person may have enjoyed.

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. **Please note:** Where the insurance is varied or extended, the insurance provided by any additional benefit, special clause, variation and extension, schedule or addendum is subject to the terms, conditions, exclusions and limitations of this policy from the date of change.
   - 1.2. The insured incident 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. If you do not comply with the UMA's reasonable requests, do not co-operate in the investigation of claims or you do not give the UMA specific claim documents/information within **30 days** of the UMA requesting the additional information, the Insurer will assume that the claim was not taken up and close the claim.

3.4. 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.

3.5. The UMA will request the insured person's medical aid scheme to re-assess any claim and to 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.

3.6. 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.

3.7 No benefit payable shall carry interest.

3.8. 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.

3.9. **Please note:** Any claim under this policy will prescribe after 12 (twelve) calendar months from the date of the insured incident. This means that if you have not informed us of your claim within 12 (twelve) calendar months of the date of the insured incident, 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.

3.10. **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 out-patient treatment that is not specifically listed under the **DEFINED EVENTS**. This includes specialist/medical practitioner consultations performed as an out-patient in the consulting rooms of the specialist or medical practioner.

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;

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 commercially 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.

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, which is a Rand limit that a medical aid scheme imposes on certain in-hospital medical procedures or prosthetic devices (as indicated in the rules of the medical aid scheme and approved by the Council of Medical Schemes).
   2.5. any co-payment or deductible, which is 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; and
   2.6. split billing, which is where a medical practioner or 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.

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

Please read this section carefully as it contains important information about the personal details that you have given to us. Information about the parties to this policy (agreement) or to persons whose interests are protected by this agreement may be processed for the various legal reasons outlined below.

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

The policyholder ("**you**") hereby warrants and understands that we (where applicable), including our authorised agents, partners and service provider/ contractors may:

1. Collect information:
   1.1. 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.
   1.2. 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 agent and authorised agents, partners and service provider/ contractors.
   1.3. 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.

1.4. You must be authorised to provide any personal information of third parties to us. 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.

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

2.1. to enable us to underwrite policies and assess risks fairly, for the performance of your insurance agreement and the enforcement of our contractual rights and obligations:

> **Note:** Any personal information provided to us will be collected and used to allow us to fulfil our obligations to you in terms of this agreement and to assess risks fairly. In addition, the Personal Information may be shared internally or externally, with our departments, or other related third parties to comply with insurance obligations or legal requirements. Please contact us should you have any objections.

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

2.3. to process payment instruments and payment instructions (like a debit order).

2.4. to do affordability assessments, credit assessments and credit scoring.

2.5. to manage and maintain your agreement/policy or relationship with us.

2.6. to disclose and obtain information about you from credit bureaus regarding your credit history.

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

2.8. for security, identity verification and to check the accuracy of your information.

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

2.10. for customer satisfaction surveys, promotional and other competitions.

2.11. 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.

2.12. 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.

2.13. 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.

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

▪ Attorneys, tracing agents, & debt collectors when enforcing agreements	▪ Debt counsellors & 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 & credit bureaus when we must share it with them

4. We automatically update and keep your information accurate
We may submit your information to, and receive information about you from, credit institutions (such as credit bureaus) 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 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.
5. Your rights:
You have data protection rights which are described in detail on www.theunlimited.co.za. To request access to your information, contact The Unlimited at the contact details provided.

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
Fax Number:	0865 009 307
Email Address:	info@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: If there has been no insured incident and no benefit has yet been claimed or paid, you have the right to cancel the policy by giving the Insurer 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 moneys 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 Life 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 (fifteen) 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 Sub-categories 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" Rep is authorised (Yes/No)	"Intermediary Services" Rep is authorised (Yes/No)	Services Under Supervision (Yes/No)
Short-Term Insurance: Commercial Lines	**Yes**	**Yes**	**No**
Short-Term Insurance: Personal Lines	**Yes**	**Yes**	**No**
Short-Term Insurance: Personal Lines A1	**Yes**	**Yes**	**No**

Details of internal Compliance Department:

Telephone Number:	011 660 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 (Proprietary) 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 Address:	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 Number:	0860 333 361
Email Address:	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 Address:	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:	PO 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 Address:	info@faisombud.co.za
Website:	www.faisombud.co.za

The Financial Sector Conduct Authority (FSCA)

Postal Address:	PO 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 Number:	010 023 5200
Email Address:	POPIAComplaints@inforegulator.org.za
Phyisical Address:	JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001
Postal Address:	PO Box 31533, Braamfontein, 2017

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 The Unlimited 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 that the accuracy and completeness of all answers, statements or other information provided by or on behalf of you are your responsibility.