

WELL DONE!

You're now part of *The Unlimited family*
where **nothing** is ever too good to be true.



*The insurance benefits are underwritten by Santam Structured Life Limited (Reg. No.: 2002/013263/06)

YOUR AGREEMENT AND POLICY

All you need to know

The  **Unlimited**
Shifting **Lives**

An authorised financial services provider

FSP21473

MASTER AGREEMENT

THIS MASTER AGREEMENT MUST BE READ WITH ANY SCHEDULES YOU RECEIVE FOR POLICIES AND PRODUCTS YOU HAVE WITH THE UNLIMITED. IT CONTAINS IMPORTANT INFORMATION CONCERNING GENERAL DEFINITIONS, CONDITIONS AND CLAIMS HANDLING.

This is an Agreement between You and The Unlimited for the whole Product and between You and the Insurer for the Policy.

This document is made up of 3 Sections, namely:

- Section 1: Definitions;
- Section 2: General Insurance Policy Terms; and
- Section 3: General Terms and Conditions.

The Agreement should be read carefully to ensure that You understand it. If You have any queries concerning this Agreement please phone The Unlimited on 0861 990 000.

Section 1: Definitions (the meaning of words and terms used in this Agreement):

1. **"Agreement"** means the terms and conditions set out in this document and any Schedule as well as other documents applicable to Your insurance and your other Products, including the Welcome Letter or application form signed by You, if applicable.
2. **"Additional Dependant/s"** means Your children, Your or Your Spouse's parents, provided **these persons live with You and are financially dependent on You**. Where applicable, these persons must be noted on the Policy and an additional Premium is to be paid.
3. **"Benefits"** means all the benefits to which You are entitled under this Agreement as set out in the Schedule. Benefits include the Insurance Policy Benefits and our non-insurance products and Services.
4. **"Children/Child"** means Your biological children, stepchildren and/or adopted children normally living with You in South Africa, who are financially dependent upon You and who are under the age of 21.
5. **"Cooling-off Period"** means a period of 5 business days from the date You applied for the Benefits.
6. **"Day"** means a period of 24 consecutive hours.
7. **"Fee"** means the total amount You pay Us each month for all the Benefits including insurance benefits, and as set out in the relevant Schedules. The Fee includes any Premium and Additional Premium if applicable – which will be disclosed as required by the relevant Insurance Acts. The Fee:
 - a. is payable in respect of the non-financial services benefits in Your product(s) (as well as the insurance benefits); and
 - b. entitles you to membership of The Unlimited and, accordingly, to be notified of further product offerings as well as preferential pricing should You take additional products from Us.
8. **"Hazardous Activity"** means any activity which introduces or increases the possibility of Injury or Death as a result of an Accident. Examples of this include hang gliding or motorised sports and activities such as motorcycling, and high-risk occupations such as working with explosives as well as underground mining or shaft sinking.
9. **"Inception Date"** means, subject to the terms and conditions of the Agreement, the date on which You are first covered under the Policy and for the non-insurance benefits, being the date on which We successfully collect the first Premium from You.
10. **"Insured Event"** means the event giving rise to a claim under the Policy, and as set out in the Schedule.
11. **"Insured Person"** means You as well as Your Spouse and Children who are covered by the Insurer under the Policy, provided You have given Us their names and dates of birth.
12. **"Insurer"** means the insurer referred to in the Schedule and the entity that will provide the Policy Benefits subject to the terms and conditions of the Policy being met.

13. **"Membership"** means Your membership of The Unlimited which entitles You to the Benefits provided Your Fees are paid in full.
 14. **"Policy"** means the contract of insurance between You and the Insurer. The contract is made up of these terms and conditions, the Schedule, as well as any information You give Us and/or the Insurer (including all Your personal particulars such as Your full name and physical address), as well as the Welcome Letter, email, or any application form signed by You.
 15. **"Policy Benefits"** means the underwritten benefits provided by the Insurer, as set out in the Schedule.
 16. **"Pre-existing Condition"** means any medical condition whether affecting your mental, physical or emotional well-being which existed prior to the original Inception (start of your cover) or reinstatement or re-issue date of your policy for which you have had treatment or should have sought medical help given your symptoms.
 17. **"Premium"** means the amount payable to the Insurer for the cover they provide under the Policy (the Policy Benefits), as set out in the Schedule.
 18. **"Product"** means the Policy and the non-insurance product and Services provided by Us or Our Services suppliers.
 19. **"SP"** means the service provider(s) responsible for providing You with the Services.
 20. **"Schedule"** means the document which must be read with this Master Agreement which sets out the details of the Benefits to which You are entitled as well as the Benefit-specific terms and conditions.
 21. **"Services"** means the services provided by the SP(s). Services are non-insurance benefits.
 22. **"Specific Exclusions"** means the exclusions listed in the Schedule which will apply to a specific Benefit listed in that Schedule, over and above the general exclusions listed below.
 23. **"Spouse"** means a person to whom You are married by civil law, tribal custom or in terms of any religion. "Spouse" includes a common-law spouse or Your life partner who normally resides with You in South Africa and whose name and date of birth You have given Us.
 24. **"Waiting Period"** means the period specified in the Schedule, during which we need to collect a specified number of successful Fees from You before You are entitled to claim under the Policy, calculated from the Inception Date.
 25. **"We/Us/Our/The Unlimited"** means The Unlimited Group (Pty) Limited, a company registered in South Africa, being the administrator of the Agreement (including the Policy).
 26. **"Welcome Letter"** means the letter or email which We send to You in connection with the Benefits and which states Your names, address and Policy number. Your Policy number is the same as the Agreement number.
 27. **"You/Your"** means the policyholder under the Policy who is also the main member under the Agreement.
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Section 2: Insurance Policy General Terms – to be read with insurance provisions in the Schedule.

- A. **General Exclusions** (means that the following are NOT covered under this Agreement):
 1. **The Insurer will NOT provide any Policy Benefits in the event that the Insurable Event is due, directly or indirectly to:**
 - a. Pre-existing Medical Conditions, including pre-existing injury, illness, infirmity or congenital disorder (whether physical and/or mental);
 - b. Any psychiatric disorder including post-traumatic stress disorder and depression;
 - c. Your participation in Hazardous Activities and/or unlawful activities, Your conduct which results in self-inflicted injuries/death including Your abuse of, or adverse reaction to, medication (whether prescribed or not) and substances such as alcohol and drugs; and
 - d. Your pregnancy.
 2. **Furthermore, the Insurer will not provide any Policy Benefits if:**
 - a. Any Premium is not received by Us on or before the due date for payment; and/or
 - b. The Insured Event happens outside South Africa (for example: if You are injured and hospitalised or pass away when You are not in South Africa).

B. Claims

1. The Insurer can choose to call on a medical practitioner or forensic expert for an independent medical assessment or relevant forensic report.
2. The Insurer can reject a claim and/or cancel Your Policy if **You or another Insured Person did not give Us true, correct and complete information (this will also include cases of deliberate fraud) when applying for insurance, when claiming or when any of Your or their information changed.** Any amounts paid out in terms of a claim would need to be repaid on request by the Insurer.
3. The Insurer will only consider a claim under the Policy if:
 - a. **We are informed about the Insured Event; and**
 - b. **All documentation requested by the Insurer and/or Ourselves, including fully completed claim forms, are received by Us, within 30 (thirty) days of the Insurable Event.**
4. Failure to submit a fully completed Claim Form and all requested documentation may result in Your claim being regarded as rejected.
5. All costs incurred in submitting a claim are for Your account.
6. The details of all incidents (for example, motor vehicle accidents) that are required to be reported to the SAPS must be provided to Us in the form of an official SAPS report and must include the unique case number (CAS Number) assigned by the SAPS. **The incident must be reported to the SAPS before a claim can be lodged.**
7. The Insurer will pay the Policy Benefits to You into Your South African bank account. Should You fail or not be in a position to provide Us with written details of the bank account into which the Policy Benefits must be paid, You irrevocably authorise Us/the Insurer to pay such proceeds into the account from which the Premium is collected. You/the Estate/the Insured Person hereby indemnify the Insurer and Us against all damages, claims and costs that may be incurred because of said payment.
8. If You have passed away, the Policy Benefits will be paid to:
 - a. Your Spouse whose names and date of birth You have given Us; failing which
 - b. Your South African Estate, provided that an Executor has been appointed in terms of duly issued Letters of Executorship. In such circumstances the Policy Benefits will be paid into the Estate account.
9. Should the Insurer/Us not be able to make payment for whatever reason into a bank account provided by Your Spouse and where we have no notification of an Executor to whom we can make payment, The Insurer/We will pay into Your South African bank account from which We have collected the monthly Fee.
10. The Insurer will not pay interest on any Policy Benefits.
11. **FOREIGN BENEFICIARIES**
 - a. If You are a citizen of South Africa or have residential rights but Your beneficiary lives outside the borders of South Africa, the Insurer may in its discretion, make payment into a foreign bank account.
 - i. Your beneficiary will need to meet any requirements of the Insurer; and
 - ii. Any proceeds of a claim will be paid to the value of Rand amount and subject to any requirements made on the Insurer by the laws of South Africa and the country where the foreign bank account is held.
12. Neither the Insurer nor Us will be responsible for any legal requirements the Beneficiary must satisfy to receive payment of a claim whether it is in a foreign country or in South Africa.
13. If the Insurer rejects a claim, the onus shall be on You to prove that the claim should be accepted.
14. Disputed claims:
 - a. After the Insurer informs You in writing that a claim has been rejected ("**the Notice**"), You have **90 days from the date specified in that Notice** to make written representations to the Insurer about its decision.
 - b. If You want to challenge the Insurer's decision, **You must serve legal process on the Insurer within 180 days/6 months after the time allowed for representations has ended/after expiry of the 90 days** (as set out in clause 14a above). If legal process is not served on the Insurer within this 180 day period You will lose Your right to bring legal proceedings against the Insurer challenging its decision.

15. If You have more than one Accident Cash Benefit or Illness Benefit in Your products with Us, We are legally not allowed to pay out more than R3000.00 per day spent in hospital as a direct result of an Injury sustained in an Accident OR because of an Illness. To be clear, **We will need to limit any daily payment for hospitalisation of an Insured Person to R3000.00 per Day in accordance with the Regulations under the Long and Short-term Insurance Acts.**

C. Starting, renewing and ending the Policy

1. Unless the Policy ends for any reason, Your Policy starts on the Inception Date and continues for 30 days as long as You pay the agreed Premiums when they are due (i.e. monthly) and meet all other terms and conditions of the Policy.
2. Your Policy shall be renewed on each date that We collect a Premium from You after the Inception Date.
3. These Policy terms and conditions will continue to apply to the renewed Policy.
4. You may not hold more than 2 current insurance Policies with the Insurer and which provide the same Insurance Benefits. The maximum sum the Insurer will insure You or any Insured Person for under all Policies is:
 - a. R50,000.00 (fifty thousand Rand) in respect of Natural Death Benefits;
 - b. R75,000.00 (seventy five thousand Rand) in respect of Accidental Death Benefits;
 - c. R150,000.00 (one hundred and fifty thousand Rand) in respect of Accident Cash Benefits.
5. You may cancel this Policy at any time by giving notice to Us by telephone or in writing.

D. Premiums

1. Should We be unable to collect any Premium on or before the due date for payment Your Policy will lapse and You will not be covered.
2. **Should We successfully collect a Premium from You after the due date, the date that We are able to collect such Premium will become the new Policy Inception Date and the Waiting Period, if applicable, will reapply.**
3. Notwithstanding D1(above), should You fail to make payment on or before the due date/payment date, You have a period of grace for the payment of premiums. You will be notified of the non-payment and given a grace period of 15 days to pay the outstanding premium. Your policy will remain in force for a period of 15 days after that due date/payment date. **This period of grace only applies with effect from the date on which Your second Premium is due.** If You claim during the 15-day grace period, We can deduct the Premium due by You from Your claim amount if the Insurer approves Your claim.
4. **Should We be unable to collect any single Premium from You** (for example when Your bank tells Us that the reason for Your missed payment is "not provided for" or "effects not cleared" - usually when You do not have enough funds available in Your account), **Your Policy will lapse (as per clause D1 above). In order to reinstate cover under the Policy, You authorise Us to attempt to debit the Premium from Your account for a further 3 (three) consecutive months.** Should We be successful in collecting a further Premium from You within this 3 (three) month period, the date of collection of that Premium shall be the new Policy Inception Date, as referred to in clause D2 above.
5. We may increase the Premium, subject to giving You 30 (thirty) days' written notice. Notice will be provided by sms/email/facsimile/post.
6. You authorise Us to collect the Premium from any South African bank account whose details You have given Us.
7. The Unlimited makes use of NAEDO collections services to ensure that We are able to collect Your Premium and Your cover under the Policy. NAEDO is a debit collection system that allows Us to process Your debit closer to Your salary payment date thereby improving the likelihood of a successful debit collection.
8. The Inception Date may not be backdated.

Section 3: General Terms and Conditions (applicable to Sections 1, 2 and the Schedule, unless the context indicates a contrary intention). Some of these provisions (for example, regarding the collection of fees or non-insurance benefits) apply to the non-insurance products as the context indicates.

1. The Welcome Letter, alternatively the application form which You signed, shall be read, insofar as Your names, address and policy number are concerned, as being part of the Policy.
2. If You have a short-term insurance policy:
 - a. The Policy constitutes a tax invoice in relation to any Premiums payable by You, as well as a credit note in relation to any refund of Premiums to You, as provided for in paragraph 2.2 of Binding General Ruling (VAT) 14 issued by the South African Revenue Service (SARS) in terms of Section 20(7) and 21(5) of the Value-Added Tax Act, 1991;
 - b. Your VAT registration number (if any) was not provided to Us at time of sale;
 - c. Should You be entitled to claim the VAT portion of the Premiums as an input tax deduction, You will only be entitled to do this if You are in possession of the Policy, Welcome Letter, alternatively Your copy of the application form, as well as proof that You have paid the Premiums;
 - d. The Benefits stated in the Policy are the full amounts and are inclusive of all VAT.
3. Should there be any conflict between the provisions of this Section 3 and the Policy (Section 2, which includes the applicable Schedule) the provisions of the Policy will prevail.
4. Fee:
 - a. The Fee includes the Premium and is inclusive of VAT and is payable monthly in advance. The details of the separate charges are in the Schedule.
 - b. The Fee is payable to Us by debit order. Should You cancel the debit order or should there be insufficient funds in Your bank account when We attempt to collect the Fee, We shall be entitled to cancel this Agreement without notice to You.
 - c. We shall not be obliged to accept any Fee paid to Us after the due date.
 - d. **You authorise Us to deduct the Fees from any South African bank account whose details You have given Us. Whilst We shall try to debit Your account on the date agreed with You, You authorise Us to debit Your account on another day should the collection date fall on a Saturday/Sunday or public holiday or as may be necessary to successfully collect and provide You with the product.**
 - e. **You acknowledge that this authority may be ceded or assigned to a third party, if the agreement is also ceded or assigned to that third party.**
 - f. **This authority includes any increase to the Fee (including any premium increase).**
5. Notwithstanding anything else contained in the Master Agreement, in the event that You are a Government employee and have given Us Your Persal number:
 - a. **You authorise Your employer to deduct the Fee from Your salary via Persal (being National and Provincial Government's personnel salary system) and pay the Fee over to the Insurer;**
 - b. **You authorise The Unlimited to deduct the Fee from any of Your bank accounts which You have disclosed to The Unlimited, if the Government is unable to deduct the Fee in favour of the Insurer, from Your salary via Persal.**
 - c. **Should any changes in terms of this Agreement, and resulting from either the cancellation of the Agreement or an increase in Fees, be required, such changes need to be communicated to Persal on or before the 23rd of the month in order to be effective in the following calendar month. If an instruction is received by Persal after the 23rd of the month, for example if an instruction to cancel the Agreement is received by Persal on the 25th of June, the Agreement will only be cancelled effective in August (and the Fee will be deducted from Your salary in July). THIS WILL ALSO IMPACT THE DATE FROM WHEN YOU ARE FIRST COVERED, FOR EXAMPLE, IF THE PAYMENT INSTRUCTION IS ONLY RECEIVED BY PERSAL ON THE 25TH OF JUNE, YOU WILL ONLY BE COVERED FROM 1 AUGUST (PROVIDED THERE ARE NO WAITING PERIODS) – YOU WILL NOT BE COVERED IN JULY.**

6. Provision of the Benefits is restricted to events, including Insured Events, occurring in South Africa.
7. **DISCRETIONARY INCREASED COVER**
From time to time, we may offer to increase Your cover, at no additional cost to You. We will notify You of any increase by SMS to the number You have on record with us.
 - a. Any increase cover that may be provided under this clause is dependent on Your monthly Fee being paid;
 - b. You have the right to decline any increase cover offered to You under this clause.
8. You may only start this Membership Agreement with Us if You are less than 65 years of age.
9. This Membership Agreement (including the Policy) will end when You reach the age of 70 or on Your death.
10. You may not cede or assign this agreement or the benefits provided in the Agreement. We may cede or assign this Agreement to a third party.
11. You and Your Spouse, where applicable, consent to:
 - a. The Unlimited providing and sharing Your personal medical information, and that of Your Spouse and Children, with Our service providers, underwriting managers and/or agents, and to The Unlimited obtaining Your personal medical information from any person or health facility that treated You immediately prior to, and after Your Accident, Death or Illness;
 - b. The Unlimited marketing other products and services to You.
 - c. Should You not wish to receive marketing material and/or services please notify Us in writing.
12. It is recorded that information relating to the parties to this Agreement or to persons whose interests are protected by this Agreement may be processed for the conclusion or performance of this contract, or to protect those interests, or to comply with legal obligations, or pursuing Our legitimate interests or those of any third party to whom the information is supplied. You consent to such processing.
13. The Unlimited, acting on behalf of the Insurer in relation to the Policy, may amend or terminate this Agreement at any time. Publication of any amendments or termination by such means as We select, will constitute valid notice of the amendments to You and the amendments will be effective on 30 days' notice. You also authorise The Unlimited to notify You of any amendments via SMS. You may not amend or vary this Agreement. Should You have a preferred method for communication, contact Our Customer Care Line and let Us know.
14. By making payment, alternatively authorising The Unlimited / Insurer to collect the first Fee and each subsequent monthly Fee (including the Premium due in terms of this Agreement) You:
 - i. agree and want to be a party to this Agreement;
 - ii. agree to allow Us to fulfil on Our obligations to You in terms of this Agreement. To allow us to do this You agree that We can share Your information with Our partners, business associates, agents, representatives and other relevant third parties; and
 - iii. agree that We can market other products and services to You, share market innovations with You and You consent to us submitting your information to credit institutions (including credit bureaus) to update, process and monitor Your information to guide Us in making decisions about product development and suitability of offering, affordability, market conduct and activities related to our business and providing goods and services to You.
15. Should any clause in this Agreement become illegal, invalid or unenforceable in any respect, the remaining clauses will not be affected.
16. Neither We nor the Insurer are an agent of the SP. You accordingly waive any and all claims for loss or damages against Us and/or the Insurer arising directly or indirectly from any act or omission of the SP(s).
17. Should You exercise Your Cooling-off Period rights, You must notify The Unlimited by telephone on 0861 990 000. The Unlimited will refund any Fees collected from You during the Cooling-off Period.

Schedule – Dignity4All

This Schedule must be read together with the Master Agreement

1. For information about Claims processes, Complaints Processes and Exclusions applicable to this Policy Schedule please also read Your Master Agreement.
 2. Should there be any conflict between the provisions of this Schedule and the Master Agreement, the provisions of this Schedule shall prevail.
 3. If we change your Benefits we may send you a new Schedule. We shall not send You a new Master Agreement.
 4. If you have any questions please contact us on 0861 990 000 (Customer Care and Compliance)
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Section 1: Insurance Benefits. These are Policy Benefits that form part of your Agreement and product. They are underwritten by the Insurer. These terms must also be read with the Master Agreement.

- A. DEFINITIONS (this explains the words we use for this Policy and should be read with Your Master Agreement definitions too)**
1. **"Accident"** means an unexpected but specified future event caused only by violent, accidental, external, physical and visible means, which occurs at a time and place that can be identified. For example a motor vehicle accident, an assault, a near-drowning or burns.
 2. **"Accidental Injury"** means an injury sustained as a direct result of an Accident which causes You to be admitted by a Doctor to a Hospital for a period of 24 hours (or more) in a row and which injury could not have been attended to as an out / day patient or at home.
 3. **"Accidental Death"** means the death of Yourself, Your Spouse or a Child as a direct result of an Accident. In cases of Accidental Death a postmortem and an inquest are held.
 4. **"Acquired Immune Deficiency Syndrome"/"AIDS"** shall have the meanings assigned to them by the World Health Organisation and includes, without limitation, Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus ("HIV"), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV.
 5. **"Additional Dependant"** means Your biological children, Your biological parents as well as the biological parents of Your Spouse provided they are over the age of 21 (twenty-one) and younger than 64 (sixty-four), are financially dependent upon You and live with You.
 6. **"Additional Fee"** shall mean an additional amount payable by You to Us should You choose to cover Your Spouse and/or Your Children under the Policy. This will form part of Your monthly Fee.
 7. **"Additional Premium"** shall mean an additional amount payable by You to the Insurer should You choose to cover Your Spouse and/or Your Children under the Policy.
 8. **"Additional Treatment"** means any and all treatment You receive for conditions other than the treatment received or required to be received directly related to the Insurable Event for which You are covered.
 9. **"Beneficiary"** means:
 - a. You for the Accident Cash Benefit; and
 - b. You in the event of:
 - i. the death of Your Spouse
 - ii. the death of Your Children or Additional Dependants (if added to Your Policy)
 - c. Your Spouse in the event of Your death, and Your Spouse survives You;
 - d. the Executor of Your estate:
 - i. in the event of the death of both You and Your Spouse; or
 - ii. should You die in circumstances where You are not survived by a Spouse.The Executor will be required to provide Us with proof of his/her appointment.
 10. **"Hospital"** means a place that holds a license to provide treatment for sick or injured persons as inpatients, with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

11. **“Insurer”** means:
- a. Santam Structured Life Limited Insurance Company being the insurer and the entity that will pay the Policy Benefits subject to the terms and conditions of the Policy being met.
12. **“Policy Benefits”** means:
- a. **“Death Benefit”** means, subject to the terms and conditions of this Agreement, the cover payable by the Insurer to a Beneficiary in the event of the death of an Insured Person, and as set out in the Table of Policy Benefits.
 - b. **“Accident Cash Benefit”** means, subject to the terms and conditions of this Agreement, the cover payable by the Insurer to a Beneficiary in the event of Your or any Insured Person covered under the Policy being admitted to Hospital as a direct result of an Accidental Injury, and as set out in the Table of Policy Benefits below.
 - c. **“The Grocery Benefit”** means, subject to the terms and conditions of this Agreement, the benefit payable by the Insurer in the event of the Death of an Insured Person and dependent on a successful claim under the Death Benefit, and as set out in the Table of Benefits below.
13. **“Insured Event”** means
- a. Your or an Insured person’s death
 - b. Your or an Insured Persons Accidental Injury that requires admission into a Hospital for at least a Day.
14. **“Natural Death”** means the death, from any cause not excluded, of You or Your Spouse as a **direct result** of a medical condition (e.g. cancer, stroke or heart attack) or illness. **In cases of Natural Death an inquest is not held.**

B. TABLE OF POLICY BENEFITS

**ACCIDENT CASH BENEFIT
DEATH BENEFIT
GROCERY BENEFIT**

(The Premium for cover under these Policy Benefits is: R17.64 incl. VAT)
(Should You add Additional Members to Your Policy the Premium for cover under these Policy Benefits is R32.23 incl. VAT)
Subject to the acceptance by You of the terms and conditions set out in the Master Agreement and read with this section, the Insurer will provide the following Policy Benefits:

Table of Policy Benefits		
Accident Cash		
Up to R100 000.00 Accident Cash Benefit	<p>In the event of Your or Your Spouse’s admission into Hospital as a direct result of an Accidental Injury. Your Spouse whose name and date of birth You have given us.</p> <p>You can also choose to cover*:</p> <ul style="list-style-type: none">• Your Children provided You have given Us their names and dates of birth. Up to a maximum of 5 Children under the age of 21.• Additional Dependants provided You have given Us their names and dates of birth. A maximum of 3 Additional Dependants are allowed. <p>*Additional Premium/s will apply</p>	<p>Benefit: R1 000.00 (One Thousand Rand) for each Day that You spend in a Hospital as a direct result of an Injury following an Accident, up to a maximum stay of 100 (one hundred) days.</p> <p>The maximum cover provided by the Insurer under this Policy is accordingly R100 000.00 (One Hundred Thousand Rand) per Insured Person.</p>

		No cover is provided in the event that Your Injuries are treated in a Casualty Unit, or whilst You are an outpatient or a day case at a Hospital.
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Death Benefit		
R30 000.00 Death Benefit (Natural or Accidental Death)	Your death.	Benefit: R30 000.00 (Thirty Thousand Rand)
	The death of Your Spouse. The Insurer will only provide this benefit in the event of the Death of Your Spouse whose name and ID number You have given Us.	Benefit: R30 000.00 (Thirty Thousand Rand)
R30 000.00 Death Benefit (Natural or Accidental Death)	<p>You can also choose to cover*:</p> <p>An Additional Dependant. The Insurer will only provide these benefits in the event of the death of an Additional Dependant You have chosen to add to the Policy and whose names and dates of birth You have provided to us. <u>A maximum of 3 (three) Additional Dependants can be added.</u></p> <p>*An Additional Premium will apply</p>	Benefit: R30 000.00 (Thirty Thousand Rand)
Up to R12 000.00 Death Benefit (Natural or Accidental)	<p>You can also choose to cover*:</p> <p>Your Children. The Insurer will only provide these benefits in the event of the death of Your Children if You have chosen to add them to Your Policy. <u>A maximum of 5 (five) Children are covered under this Policy provided You have given Us their names and dates of birth.</u></p> <p>*An Additional Premium will apply</p>	
	Child 0 – 11 months	R3 000.00 (Three Thousand Rand)
	Child 1 – 5 years	R6 000.00 (Six Thousand Rand)
	Child 6 – 13 years	R9 000.00 (Nine Thousand Rand)
	Child 14 – 21 years	R12 000.00 (Twelve Thousand Rand)
	<p>A 6 (six) month waiting period, 6 consecutive successful Premiums collected by Us, applies to Natural Death (as different from Accidental Death) excluding HIV/AIDS related death.</p> <p>A 12 (twelve) month waiting period, 12 consecutive successful Premiums collected by Us, applies to death, caused directly or indirectly by HIV/AIDS related illnesses.</p>	

Grocery Benefit

R3000.00 Grocery Benefit if Your claim under the Death Benefit is successful	Your Death	You will receive R1000.00 per month for up to a maximum of 3 months when a claim for an Insured Person under the Death Benefit is approved
	The Death of an Insured Person	

IMPORTANT NOTICE

This Long-term Insurance Policy is underwritten by Santam Structured Life Limited (Reg. No. 2002/013263/06). Santam Structured Life Limited agrees to provide the cover under this Policy during any period of insurance for which You have paid a Premium (i.e. the Fee) and subject to the terms and conditions of this Policy being met. We will accept any proposal or declaration that You have made to Us as true, and Santam Structured Life Limited shall use that information as the basis for the cover provided under this Policy. If Santam Structured Life Limited makes any changes to Your Policy those changes will then form part of the Policy. Any reference in this Policy to 'You' shall be deemed to include a reference to Your Children and/or Spouse unless the context indicates a different intention. Please note that this is not a medical scheme and the cover is not the same as that of a medical scheme. THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP. THIS IS NOT A FUNERAL POLICY.

C. TERMS AND CONDITIONS APPLICABLE TO THE POLICY (these terms and conditions must be read with the Master Agreement terms and conditions)

1. **INSURING CLAUSE** (means the circumstances under which the Insurer will provide cover under this Policy)
The Insurer will pay the Beneficiary:
 - a. Should You (or another Insured Person) suffer an Injury as a direct result of an Accident and which results in the Insured Person's admission to a Hospital as a direct result of an Accidental Injury, up to the limits set out in the Table of Benefits.
 - b. Should You (or an Insured Person) die either through natural causes or as a direct result of an Accident, up to and subject to the limits set out in the Table of Benefits.
 - c. In respect of the Grocery benefit in the event of an Insured Person's Death and dependent on an approved Death claim.
2. **SPECIFIC EXCLUSIONS**
Please read the Exclusions contained in the Master Agreement terms and conditions which shall also apply
 - a. in the event that Your injuries are treated in a 'casualty unit', or should You be an outpatient or a day case at a Hospital;
 - b. for Additional Treatment or where Your admission is caused or prolonged due to the treatment of another medical condition/medical complication;
 - c. for the treatment of pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries.
3. **SPECIFIC CONDITIONS FOR CLAIMS (Please note this must be read together with the Claim information and conditions in Your Master Agreement):**
 - a. You may not cede, transfer or assign any of Your rights in terms of this Policy; provided that in the event of Your Death (Natural or Accidental) Your Spouse shall become the Policyholder and cover will continue uninterrupted for a period of at least 24 months from date of Your Death. Please refer to Section 2 B2 below.

- b. From the Inception Date of this Policy the following waiting periods apply:
 - i. 6 (six) months in the event of Natural Death;
 - ii. 12 (twelve) months in the event that Natural Death is directly or indirectly caused by venereal disease, acquired immune deficiency syndrome ("AIDS"), HIV or an AIDS related complex and irrespective of how the disease is contracted or is otherwise named (for example tuberculosis, gastroenteritis, multiple organ failure, cerebrovascular accident ("CVA"), hepatitis etc.).
 - iii. The waiting periods only apply in the event of Natural Death.
 - iv. Waiting Periods shall re-apply should this Policy lapse and be re-instated on the successful collection of a Premium.
 - c. For a claim under the Grocery Benefit there must be an approved claim for an Insured Person under the Death Benefit, provided both claims can be made together.
-

Section 2: Non-insurance Benefits. These are non-insurance benefits and services that are made available by Us or Our service providers and that form part of your agreement and Product, they are provided by our partners, they are not underwritten by the insurer. These terms must also be read with the Master Agreement. PLEASE NOTE: Your membership fees and Your Non-Insurance Benefits are an amount of R112.35 (incl. VAT), and should you decide to add additional dependents then Your Non-Insurance benefits are an amount of R212.76 (incl.VAT). This is part of Your Monthly Fee.

A. Definitions (what the words that apply to these benefits mean – please read with the Master Agreement definitions)

- 1. **"Non-Insurance Benefits"** means
 - a. **"Legal Assistance Benefit"** being subject to the terms and conditions, a 24 hour telephonic assistance helpline, provided to you by our SP.
 - b. **"Cash Back"** being subject to the terms and conditions, Your first year's Fees paid back to You (this shall not be applicable or paid back to any other of the Insured Persons) after 4 years (48 months) calculated from the start of your Dignity for All product **if You have not missed any of Your monthly Fee payments in those four years** (interest is not applicable and will not be paid).
 - c. **"The Breadwinner Benefit"** being, subject to the terms and conditions of this Agreement, the continued 24 months' payment of the monthly Fee (including the Premium) that we will make on Your behalf. This will entitle Your Spouse (and other Insured Person's on the Policy at the time of Your Death) to be covered and enjoy the Benefits.
- 2. **"SP/Service Provider"** means Legal & Tax Services (Pty) Limited, the entity that is responsible for the provision of the Services (non-insurance benefits) in terms of this Agreement.

B. Services and Benefits. These non-insurance benefits and services are made available by us our Service Provider to You and Your Spouse (Your Additional Dependants and Your Children (up to a maximum of 5 under 21 years) whose names and dates of birth You have decided to add to Your product. Reference to You shall include reference to them unless the context clearly indicates otherwise.

- 1. **Cash Back Benefit**
 - a. We will pay You, as the Policyholder, Your first year's monthly Fees back in full should You pay all your monthly Fees for four years (48 consecutive months) from the start of Your Dignity4All Product. To be clear if you miss any one consecutive monthly debit, You will not be entitled to the Cash Back Benefit.
 - b. We will not pay interest on the total or any individual amounts.
 - c. We will not be responsible for any tax implications associated with this payment to You. It will be Your responsibility to meet Your tax obligations.
 - d. This benefit is for You only. To be clear, if you have passed away, and regardless if the Policy and other benefits have continued, no other Insured Person is entitled to the Cash Back Benefit.

2. The Breadwinner Benefit

- a. We will pay, subject to the terms and conditions of this Agreement, the monthly Fee for 24 months from date of Your Natural or Accidental Death so that Your Spouse (and any other Insured Persons covered at the time of Your Death on the Policy) can continue to enjoy the Benefits of Dignity4All;
- b. This benefit is dependent on a successful claim to the Death Benefit as a result of Your Natural or Accidental Death; and
- c. Your Spouse becoming the Policyholder and Main Member, for this purpose You authorise Us to accept an automatic cession of the Policy and Membership to Your Spouse (whose name and date of Birth You have given Us) in the event of Your death and the subsequent successful claim under the Death Benefit.
- d. **Please note, this benefit is only available when You (the main member) dies and You have a Spouse covered under the Policy. If You have not given us the name and date of birth of Your Spouse, You will not have access to this benefit.**

3. Legal Advice and Assistance Benefit ("Legal Advice Benefit")

- a. The Legal Advice Benefit provides You with unlimited telephonic legal advice during Business Hours, provided by the Service Provider's qualified in-house legal advisors. In addition to advising You, the Service Provider's legal advisors will try to resolve Your problem by communicating with third parties on Your behalf.
- b. **With the exception of matters relating to You carrying on a business, any venture for gain, or transaction or undertaking where there is a profit motive**, telephonic advice and assistance is provided on any legal matter. (It can be difficult to differentiate between business and non-business matters. For example, the driving of a vehicle. If You use Your vehicle to deliver goods to customers [whether for Your own business or an employer], this will be considered business use, and You will not be able to use the Legal Advice Benefit for a claim relating to Your use of the vehicle [such as an accident]. On the other hand, simply using Your vehicle to get to and from work is not considered business use and therefore You will be able to use the Legal Advice Benefit arising directly from Your use of the vehicle in those circumstances.)
- c. **Whilst the Service Provider will endeavour to provide accurate advice, neither the Service Provider nor The Unlimited and/or the Insurer, their employees, agents, or representatives shall be liable for any damages or consequential damages that may arise out of or in connection with any advice given or work done (or not given or done) by any of the aforementioned notwithstanding any mistake, error of judgment or negligence.**

Important Information

d. Service Provider's Hours Of Operation

The Service Provider's operating hours are:

- a. Monday to Thursday: 8:30 am to 4:30 pm; and
- b. Friday: 8:30 am to 3:30 pm (collectively "**Business Hours**").

e. Who May Use The Legal Advice Benefit?

The Benefit is available to You, Your Spouse and Children as defined.

f. Before Calling

Have all Your documents and information available when You call. Have Your facts organised in a logical manner (perhaps make a note of these facts and the questions You have for the legal advisor). This will assist the Service Provider's legal advisor to assist You in the best possible manner. Have Your Policy number ready.

g. Your Call Will Be Logged

Unless Your matter is extremely urgent, Your call will be logged and placed in a queue for the next available legal advisor. The Service Provider's legal advisor is required to contact You within approximately 3 (three) business hours.

Section 3 – General Terms and Conditions applicable to this Schedule

For information on how to claim for Your Insurance Benefits please refer to Your Master Agreement. You can also always call Us on 0861 990 000.

Your Master Agreement contains important information and must be read as part of this agreement.

- 1. The total Fee payable by You, being R129.99 per month, includes R15.96 VAT. This will cover You and Your Spouse.
- 2. Your first month’s debit is R220.00, which includes a once-off activation fee.
- 3. Should You elect to add Children You will pay an Additional Fee of R25.00. This will be added to Your monthly Fee going forward and includes VAT. You can add a maximum of 5 Children.
- 4. Should You elect to add Additional Dependants You will pay an Additional Fee of R30.00 per Additional Dependant. This will be added to Your monthly Fee going forward and this includes VAT. You can add a maximum of 3 Additional Dependants.

Your monthly Fee consists of the premium of R17.64 or R32.23 should you choose to add additional dependants (set out in section 1) and the Membership and access to the Non Insurance Benefits portion of R112.35 or R212.76 should you choose to add an additional dependant (set out in section 2).

STATUTORY DISCLOSURE NOTICE IN TERMS OF THE POLICY PROTECTION RULES (LONG TERM INSURANCE ACT) & THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT (“FAIS”)

Relating to the Policy

1. DETAILS OF THE INTERMEDIARY, BINDER HOLDER AND THE INSURER

DETAILS	BINDER HOLDER	INTERMEDIARY and FINANCIAL SERVICES PROVIDER (FSP)	INSURER
Name & Company reg. no.	The Unlimited Group (Pty) Ltd (The Unlimited) Reg. Nr. 2002/002773/07	The Unlimited Group (Pty) Ltd (The Unlimited) Reg. Nr. 2002/002773/07 VAT nr 4360161139	Santam Structured Life Limited Reg. Nr. 2002/013263/06
Legal Status	The Unlimited Group (Pty) Limited is an authorised financial services provider (FSP21473). There are no limitations, restrictions or endorsements on the FSP’s licence.	The Unlimited is an authorised financial services provider (FSP21473). We are licensed to provide intermediary services in respect of category 1.1, 1.2, 1.3, 1.6 and 1.20. We accept responsibility for all intermediary services provided by our agents and representatives and confirm that some services are rendered under supervision.	Santam Structured Life Limited is a registered long-term insurer and an authorised financial services provider (FSP1026)
Compliance Department	031 716 9600	031 716 9600	0860 762 745 or 011 685 7600

FAIS Compliance Officer	Moonstone Compliance: Cathy Ingle, Tel: 021 883 8000, Fax: 021 883 8005, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613.	Moonstone Compliance: Cathy Ingle, Tel: 021 883 8000, Fax: 021 883 8005, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613.	Compliance: Lisa Teixeira 0860 762 745 or 011 685 7600
Physical address	1 Lucas Drive, Hillcrest, 3650	1 Lucas Drive, Hillcrest, 3650	7th Floor, Alice Lane Building 3, Cnr Alice Lane and 5th Street, Sandton, 2196
Postal address	Private Bag X7028, Hillcrest, 3650	Private Bag X7028, Hillcrest, 3650	PO Box 652659, Benmore, 2010
Telephone No.	0861 990 000	0861 990 000	0860 762 745 or 011 685 7600
Facsimile	021 883 8005	0865 009 307	011 784 9858
Email address	cingle@moonstonecompliance.co.za	info@theunlimited.co.za	SSL.Compliance@santam.co.za
Website	www.theunlimited.co.za	www.theunlimited.co.za	www.santam.co.za

2. The Intermediary and Binder Holder

(a)	Legal status and any interest in 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.
(b)	Conflicts of Interest	We have not identified any conflicts of interest as defined in the FAIS act. Our conflict of interest policy is available on our website at www.theunlimited.co.za
(c)	Insurance cover	The Unlimited holds Professional Indemnity Insurance and Fidelity cover.
(d)	Amount of commission payable	The Unlimited acts as a non-mandated intermediary in terms of a Binder Agreement with the insurer. The Unlimited earns binder fees in respect of the binder functions and incidental activities undertaken on behalf of the insurer. The Unlimited can also earn commission up to, but not exceeding, the regulated commission in terms of the Long-term Insurance Act.
(e)	Written mandate to act on behalf of insurer	Yes. Please refer to (d) above.

(f)	Consequences of non-payment of premium	You are required to pay the premium as agreed and in accordance with the payment terms reflected in your policy schedule. The consequences of non-payment of the Premium will be that cover will lapse (i.e. you will not be covered).
(g)	Whether more than 10% of the insurer's shares are held or whether more than 30% of the 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.
(h)	Amount of monthly premium, of binder fees and of commissions earned	Please refer to the Insurance Policy for the monthly premium amount. The Financial Services Provider earns the statutory regulated commission. The Financial Services Provider earns a maximum of 50% of the gross written premium payable monthly as a Binder fee.
(i)	Extent of premium obligations you assume as policyholder	The premium payable to the insurer in respect of the policy is R17.64 including VAT. Should you add other members to Your Policy the Premium payable to the Insurer in respect of the Policy is R32.23 Including VAT.
(j)	Manner of payment and due date of premiums	See Insurance Policy and Master Agreement. Due Date is as agreed by customer at time of acceptance (on your call log or Application form)

3. Claims Procedures

Should you wish to claim please call us on 0861 990 000. You must notify us within 30 days of your claim arising and provide us with all the documentation and information we ask for so that we can accurately assess your claim. If your claim is not approved you need to make representation to the Insurer within 90 days or lodge a legal process within 180 days. In the event that you are dissatisfied with all these mechanisms please contact the Long-term Insurance Ombud on the details provided below.

4. Complaints Procedures

If you have a complaint about this policy, you can write to us at info@theunlimited.co.za or call our Customer Care line on 0861 990 000, or fax us on 0865 009 307.

If the matter is not resolved to your satisfaction please email SSL.Complaints@santam.co.za. Should you still not be satisfied please submit your complaint in writing to the **Ombudsman for Long-term Insurance** at:

Private Bag X45

Claremont

7735

Telephone: 021 657 5000

Fax: 021 674 0951

E-mail: info@ombud.co.za

Website: www.ombud.co.za

5. FAIS Ombud

If you have a problem with the way the product was sold to you or the disclosures that were made to you, please contact The Unlimited for assistance. If you are not satisfied with the reply, you may submit your complaint in writing to the FAIS Ombud at

PO Box 74571

Lynwood Ridge

0040

Telephone: 012 470 9080

Fax: 012 348 3447

Email: info@faisombud.co.za

Website: www.faisombud.co.za

6. In addition to the FAIS Ombud, you may also contact Registrar of Long-term Insurance:

PO Box 35655

Menlo Park

0102

Telephone: 012 428 8000

Fax: 012 422 2979

Website: www.fsb.co.za

7. Important Matters

- You must be informed of any material changes to the information referred to herein. If the information was given orally, it must be confirmed in writing within 30 days.
- If any complaint to the Financial Services Provider or the insurer is not resolved to your satisfaction, you may submit the complaint to the Long-term insurance Ombudsman or the FAIS Ombud.
- If your premium is paid by means of debit order:
 - o It may only be in favour of one legal entity or person and may not be transferred without your approval; and
 - o The insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel cover.
- Your insurer must give reasons for rejection of your claim.
- Your insurer may not cancel your insurance merely by informing your Financial Services Provider. There is an obligation to make sure that the notice has been sent to you. You are entitled to a copy of the policy free of charge.
- You are entitled to a copy of the voice log of the sale.
- Polygraphs or similar tests are not obligatory and claims may not be rejected solely on the basis of a failure of such test.
- Should you have any complaints about the availability or adequacy of information required to be provided herein, please bring this to attention on 0861 990 000.
- Your policy document contains the name, class and type of policy 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.

8. Warning

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep all documents you receive.
- Make a note of what was said to you.
- Don't be pressurized to buy the product.
- Incorrect or non-disclosure by you of material facts may have a negative impact on the assessment of a claim arising from your contract of insurance.

9. Waiver of Rights

The General Code of Conduct stipulates that no financial services provider may request or induce in any manner a client to waive any right or benefit conferred on the client by or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

10. Sharing of Information

Insurers share information with each other regarding policies and claims. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regards to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance you hereby not only consent to such information sharing, but also waive any rights of confidentiality with regards to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

