

KEY INFORMATION & DISCLOSURES



Unlimit Your Life.

THE UNLIMITED

Insurance | Lifestyle | Rewards

The Unlimited is an authorised financial services provider [21473]
Founder of The Unlimited Child

KEY INFORMATION DISCLOSURE DOCUMENT (“KID DOCUMENT”)

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

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

PLEASE NOTE:

- This document serves as evidence of the fact that you have agreed to the cover provided in the policy.
- Although the policy is offered to you by **The Unlimited**, the insurer providing you with the insurance benefits is **Bryte Insurance Company Limited (“insurer”)**, a licensed non-life insurer and an authorised Financial Services Provider.
- **Unity Health, a division of Ambledown Financial Services (Pty) Ltd (“UMA”)**, an authorised Financial Services Provider, is the underwriting manager. They determine the premium for the policy and manage the claims on behalf of the insurer.
- You can get in touch with us at any time in the following ways:



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



call us on **0861 990 000**

- You have been provided with your policy terms and conditions which explain how the policy works, as well as general and special limitations and exclusions, details of the insurer, the premiums payable, and other requirements and rules that form an integral part of the agreement between you and the insurer.
- **Please make sure that you read the full terms and conditions, and if you have any questions, please call us.**
- Below is a summary of key information. For comprehensive information, always refer to your full policy terms and conditions:

The type of policy that you have	<ul style="list-style-type: none">• Your policy is a non-life insurance policy.• This is not a medical scheme and the cover is not the same as that of a medical scheme, nor is it a substitute for medical scheme membership.
When your policy benefits will be available	<p>On receipt of your first premium, The Unlimited will pay the insurer the first premium and your policy will start on the first day of the next calendar month (the “start date”).</p> <p>You are entitled to your policy cover from the start date, subject to any waiting period that may apply. Please note: the insurer reserves the right to pro-rate each insured person’s policy benefits during their first calendar year of cover under the policy.</p> <p>This is a month-to-month policy. It will renew on the same terms each time The Unlimited successfully collects your premium from you.</p>
Cancellation of your policy	<p>You may cancel your policy at any time with no early termination penalties by calling The Unlimited, who will request cancellation of the policy with the insurer on your behalf, or directly with the insurer. You can contact us on 0861 990 000, or alternatively via post or email.</p> <p>Postal Address: The Unlimited, Private Bag X7028, Hillcrest, 3650</p> <p>Email Address: info@theunlimited.co.za</p>

	<p>The insurer may also cancel your policy in writing:</p> <ul style="list-style-type: none"> • immediately for fraudulent or dishonest actions, including non-disclosures. • for non-payment of premiums (subject to the 15-days grace period). • for any other reason after 31 days' notice to you.
<p>Cooling-off rights</p>	<p>As this is a month-to-month insurance policy (duration of less than 31 days), a cooling-off period in terms of the Policyholder Protection Rules is not required. We do, however, offer the following cooling-off rights:</p> <p>If there has been no insured event and no insurance benefit has yet been claimed or paid, you have the right to cancel the policy by giving us written or telephonic notice within 14 days of your terms and conditions being sent to you OR from a reasonable date on which it can be deemed that your terms and conditions were sent to you.</p> <p>The insurer will comply with your request for cancellation within 31 days of receiving your cancellation notice and will refund all insurance premiums or monies paid by the premium-payer, minus any cost of any risk cover enjoyed.</p>
<p>Premiums payable</p>	<p>The premiums for the policy are as follows:</p> <ul style="list-style-type: none"> • R630 per month for you (the policyholder) • R907 per month for you (the policyholder), if you are over the age of 56 years • R195 per month for each of your children • R464 per month for each adult dependant (your spouse/child over 21 years/parent) • R741 per month for each adult dependant, if your adult dependant is over the age of 56 years <p>Please remember that all child/ren that you choose to cover on your policy must be related to you through blood or by a legally recognised relationship, and totally financially dependent on you. This means that from the date you add a child to this policy and throughout the lifetime of this policy, you (the policyholder) are totally responsible for the livelihood and support of the insured child and pay for their food, medicine, shelter, money, education and clothing.</p> <p>We will always give you 31 days' notice of any increase to your premium.</p> <p>Premiums are reviewed every year in January (the start of each calendar year). Increases may be due to inflation/market/claim experience.</p>
<p>How and when your premiums must be paid</p>	<p>Your premium is paid monthly in advance on the due date you agreed with The Unlimited (on your call log or application document).</p> <p>Your premium will be paid by debit order, using the bank account details you provided us. To ensure you are always covered under the policy and to avoid cancellation and unpaid debit order costs, please make sure you have sufficient funds in your account.</p> <p>Important: The Unlimited may debit your premium on a different date from the day agreed if there is a better</p>

	<p>chance of collecting the premium and keeping you covered.</p> <p>Remember: if the due date falls on a public holiday or a weekend, your premium will be collected on the first business day before or after the due date.</p>
December collections of premiums	<p>In December, The Unlimited may collect your premium on an earlier date than your standard due date and they will give you 31 days' notice of their intention to do so.</p> <p>The Unlimited will usually attempt to collect your premium during the first or second week of December, e.g. by the 7th of December.</p>
What happens if you do not pay your premium	<p>If you do not pay your premium as agreed, and subject to the grace period (see below), your policy will be suspended, and you will not have access to your benefits until you have paid The Unlimited ALL missed premiums. Please contact The Unlimited on 0861 990 000 for assistance with manual payments.</p> <p>The grace period is 15 (fifteen) days and it is calculated from the payment collection (due) date. If you miss a payment, you will have a 15-day grace period within which to make a manual payment to The Unlimited. During the grace period, the policy benefits will remain in force and you will remain covered as long as you make a manual payment to The Unlimited. If The Unlimited does not receive payment within the 15 (fifteen) days, you will have no cover for the month that no premium is received and your policy will be suspended. The grace period only applies from the second month of cover.</p>
Remuneration	<p>From the total premium you pay, the insurer pays:</p> <ul style="list-style-type: none"> • Ambledown Financial Services (Pty) Ltd a monthly binder fee of 25% of the premium for services performed on behalf of the insurer. • The Unlimited a monthly commission not exceeding 20% of the premium for services performed on behalf of the insurer in terms of a Binder Agreement.
Nature & extent of the policy benefits	<p>Subject to the terms and conditions in your policy wording and policy schedule, which was sent to you when you took out this policy, your policy benefits are:</p> <ul style="list-style-type: none"> • Primary care benefits • Primary care optional benefit: GP pre-authorisation waiver (only if you have chosen to add this benefit to your policy) • Wellness programme benefits • Hospital care benefits <p>For details on the above benefits, benefit-specific terms, conditions and overall benefit limitations, please see "THE POLICY BENEFITS" and "TABLE OF BENEFITS" in your policy wording.</p>
Waiting periods	<p>A waiting period means the specified period following the start date of the policy during which no benefits are payable under the terms of the policy. The waiting periods apply to you and your dependants.</p>

	<p>An insured person will have the following waiting periods, starting from the start date applicable to that insured person, subject to all premiums being successfully received by the insurer:</p> <ul style="list-style-type: none"> • a 2 (two) calendar month waiting period applies to all benefits (unless otherwise stated in "THE POLICY BENEFITS" section of your policy wording); • if an insured incident occurs because of an emergency, you are covered for the hospital care benefits from the start date of the policy; • a 12 (twelve) calendar month waiting period applies to the chronic benefit and the basic optometry benefit; • a 9 (nine) calendar month waiting period applies to the pre-birth maternity benefit.
<p>Exclusions on the policy</p>	<p>The exclusions are specific items, losses or events that are not covered by this policy. Below is a list of the general exclusions on the policy.</p> <p>Please note: all costs incurred for claiming your benefits or submitting claim documentation are for your account. This includes clinical reports for claims that are under review.</p> <p>The insurer will not be liable for hospitalisation, treatment, bodily injury, sickness or disease directly or indirectly caused by, related to or in consequence of:</p> <ul style="list-style-type: none"> • nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission; • investigations, treatment, surgery for obesity or any treatment directly or indirectly caused by or related to any condition that is a consequence of obesity; • cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of the insured incident; • suicide, attempted suicide or self-inflicted injuries, unless such injuries are sustained in an attempt to preserve another human life; • routine physical, or any other procedure of a purely diagnostic nature, or any other examination where there are no objective indications of impairment in normal health and laboratory diagnostic or x-ray examinations, except in the course of a medical condition or disability established by prior call or attendance of a medical practitioner; • any follow-up treatment required 3 (three) months after an insured incident; • revision surgery; • all costs which are, in the opinion of the UMA's clinical review team: <ul style="list-style-type: none"> ○ not medically necessary or clinically appropriate or do not meet the healthcare needs of the insured person, and/or ○ not consistent in type, frequency and duration of treatment; • procedures performed in doctors' rooms that are not listed in the list of tariff code descriptions; • failure to follow medical advice and/or adherence to treatment as prescribed;

- 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;
- any medical transportation service for non-emergency purposes and any medical transportation not performed by ER24 without prior authorisation;
- drug addiction or rehabilitation;
- the supply of medication that is not listed on the UMA's formulary list;
- an event directly attributable to the insured person where the alcohol content in the blood exceeds the legal level permitted by law or the insured person suffering from alcoholism;
- artificial insemination, infertility treatment or contraceptive;
- robotic surgery, specialised mechanical or computerised appliances equipment or all related services;
- contact lenses;
- participation in:
 - active military duty, police duty or police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers;
 - aviation other than as a passenger;
 - any sporting activities, including casual or hobbyist activities and events, and competitive or professional sport or activity (any sporting activity involving an official or practice event, race or contest and where one receives a monetary compensation);
 - any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft);
- injuries on duty, which is any physical harm, injury, or illness that an employee sustains while performing their job-related duties at work (including accidents or repetitive strain injuries);
- external prosthesis or appliances such as artificial limbs;
- any activity prohibited by law;
- any benefit requiring pre-authorisation where no pre-authorisation was requested or approved;
- more than one GP, nurse or virtual GP consultation on the same day for the same insured person;
- the interruption, failure of, interference or suspension, whether total or partial and for whatsoever reason, of any electricity supply to or from any electricity grid in South Africa. This is applicable to any loss, damage, cost, expense or liability of whatsoever nature;
- any claim, loss, damage, cost or expense or liability which results or arises from or is contributed by any other cause or event that contributes concurrently or in sequence to the claim, loss, damage, cost or expense or liability where that other cause or event is not expressly insured, or is expressly excluded, under this policy;
- civil commotion, labour disturbances, riot, strike, lockout or public disorder or any act or activity which is calculated or directed to bring about any of the foregoing;
- war, invasion, the act of a foreign enemy, hostilities or warlike operations (whether war be declared or not) or civil war, mutiny, military rising, military or usurped power, martial law or state of siege, or any other

	<p>event or cause which determines the proclamation or maintenance of martial law or state of siege or insurrection, rebellion or revolution;</p> <ul style="list-style-type: none"> • any act (whether on behalf of any organisation, body or person or group of persons) calculated or directed to overthrow or influence any State or Government or any provincial, local or tribal authority with force or by means of fear, terrorism or violence; • any act which is calculated or directed to bring about loss or damage in order to further any political aim, objective or cause, or to bring about any social or economic change, or in protest against any State or Government or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public or any section thereof; • the use of fraudulent means or devices, including the submission of false or forged documents in support of a claim, whether or not the claim is itself genuine; • a claim submitted under this policy for loss or damage that was intentionally caused by the insured person or such person acting on the insured person's behalf; and • a claim submitted by an insured person who suppresses, or deliberately withholds information, which would enable the UMA or insurer to refuse to pay a claim under this policy.
<p>How to claim</p>	<p>All treatment for an insured incident MUST be provided by a network service provider ("SP"), unless otherwise stated under the "TABLE OF BENEFITS" section in your policy wording. Please call 0861 990 000 for a list of our network service providers.</p> <p>The UMA settles claims in two ways:</p> <ul style="list-style-type: none"> • directly to the SP; or • as a reimbursement to an approved claimant. <p>Please check each benefit under the "TABLE OF BENEFITS" section in your policy wording to see if pre-authorisation is required before you receive any treatment.</p> <ul style="list-style-type: none"> • If pre-authorisation is required, please call 0861 990 000 before receiving any treatment or advice from a network SP. • If pre-authorisation is not required, you may proceed with treatment from a network SP. <p>Where a claim requires the UMA to reimburse you (or any other approved claimant), you agree to, call or WhatsApp us on 0861 990 000 to request a reimbursement form. You must notify the UMA of your claim by sending them your completed reimbursement form within 120 (one hundred and twenty) days from the date of the insured incident. All supporting claim documents will need to be sent back to the UMA, as reasonably required by the UMA, within 12 (twelve) calendar months from the date of the insured incident.</p> <p>IMPORTANT: Please ensure that all documents and information requested is comprehensive and complete so that the UMA can finalise your claim. If you do not provide all the required information, the UMA will close the claim.</p>

	All costs incurred for claiming your benefits or submitting claim documentation are for your account. This includes clinical reports for claims that are under review.
The assessment of risk based on the information you provided to us	The information you have provided us with is considered material to our assessment of the risk, so it must be accurately and properly disclosed. The accuracy and completeness of all answers, statements or other information provided by or on behalf of you is your responsibility.
Your obligation to keep the information you have with us updated	<p>It is important to keep all the information you have recorded with us (including the details of your spouse and children) updated.</p> <p>Please contact us to update your details with us, to get further information about your cover and to check that your chosen dependants qualify for the cover under this policy. If you add people that do not qualify, it could lead to a claim being repudiated or cover voided.</p>
How we will communicate with you	<p>Our main method of communication with you will be by SMS or WhatsApp to the cell number you have given us or email to the email address you have given us. This is also the agreed method of giving you any notice required by this policy or by law.</p> <p>Let us know if you would prefer us to send you a letter or to give you a call.</p>