

WELL DONE!

As part of *The Unlimited family* you are now on a journey where you get unique, remarkable value you cannot get anywhere else.



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

YOUR AGREEMENT AND POLICY

All you need to know

Your unlimited life
The Unlimited

An authorised financial services provider

FSP21473

THE UNLIMITED FAMILY MEMBERSHIP AGREEMENT

1. WHO IS PART OF THE UNLIMITED FAMILY AGREEMENT?

1.1. You and anybody else who is financially dependent on you and whose names and dates of birth you have provided to us and who we have agreed to include as members. This can include your spouse, up to 5 of your children and up to 3 other adults who are dependent on you.

AND

1.2. Us, The Unlimited Group (Pty) Limited. We bring you the benefits and provide intermediary services in respect of the insurance Cover.

1.3. By making payment of your monthly fee you:

- i. agree and want to be a party to this membership agreement;
- ii. 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 that we can submit 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.

1.4. **The Fee is the total amount you pay us each month for all the membership costs (which include the non-financial services benefits you have with us as set out in this membership agreement and where you have an Insurance Policy, it will include the premium. It will include any subsequent costs for added benefits to your membership and additional premiums for endorsements to your Policy. Payment of the fee entitles you to membership of The Unlimited Family and accordingly, to be notified of further product offerings, as well as preferential pricing should you take the additional products from us.**

1.5. **The Premium, which is payable by us to the insurer will be disclosed on the policy or endorsement.**

1.6. 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 and tracking system that allows us to process your debit closer to your salary payment date, thereby improving the likelihood of a successful debit collection.

1.7. You must be under the age of 65 to enter into this membership agreement. The membership agreement will end when you turn 70. Any membership benefits that apply to dependants will end should this membership agreement end for any reason.

2. WHAT BENEFITS DO YOU GET AND WHEN CAN YOU USE THEM?

- 2.1. For your monthly membership fee (after we pay the premium for insurance Cover) you get the following benefits:
 - i. 24/7 Medical Advice Line; and
 - ii. We negotiate rates and terms with service providers on your behalf and arrange insurance cover for you.
- 2.2. Unless we tell you otherwise, as soon as we have received payment of the first monthly fee you can start using your benefits, but the insurance Cover may be subject to waiting periods in the insurance Policy. The fee includes the premium which is payable to the Insurer for the Cover.
- 2.3. Your use of the benefits is subject to the terms of this agreement and any insurance Policy, schedules, amendments and endorsements.

MEDICAL ADVICE LINE BENEFIT (provided through CIMS)

24 Hour Medical Advice and Information Hotline – Telephonic

Qualified nursing staff are available 24 hours a day to provide general medical information and advice via telephone. Telephonic Advice Only.

- 2.4. Conditions in terms of the Medical Advice Line:
 - a. You must contact the 24-hour Medical Advice Line on 0861 990 000; and
 - b. to use any of the medical advice line, you will need to provide your policy number, and/or personal particulars (identity number) and a description of the medical situation and the nature of the assistance required.

3. HOW LONG DOES THIS MEMBERSHIP AGREEMENT LAST?

- 3.1. This membership agreement is month-to-month. It will renew on the same terms each time we successfully collect the monthly fee.
- 3.2. You can cancel at any time – give us a call so we can assist you and help you make the right decision. There is a cooling-off period of 31 days (calculated from the start date) in which you can cancel and receive a refund **BUT ONLY IF** you have not used any of the benefits.
- 3.3. We can change this agreement, but we will give you 31 days' notice (warning) before we change any of these conditions. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.
- 3.4. **One of the changes we might make is a change to when or the amount you pay in respect of the Fee. This will happen if you accept more membership or insurance benefits from us or annually if we need to do a price increase.**

- 3.5. We cancel this membership at any time should you not fulfil your duties under this membership or if you are dishonest or fraudulent in your actions, by:
- a. Us giving you immediate notice in writing of cancellation for fraudulent or dishonest actions or the Non-payment of your fees; and
 - b. Us giving You 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this membership).
- 3.6. In the event of fraud, mis-description, misrepresentation or non-disclosure of material facts at any time, we reserve the right to void or cancel any membership or reject any claim with immediate effect or declare the membership null and void from inception.

4. WE WOULD LOVE TO HEAR FROM YOU

Whether it's a complaint or a compliment, a question or a comment, even if you just want to have a chat about our products or what is important to you, we would love to hear from you.

You can get in touch with us in all the following ways:



on our Facebook, find us as The Unlimited;



on our Twitter handle, find us on @theunlimitedza;



on LinkedIn, look for us as theunlimited;



ALSO, Check out our website: www.theunlimited.co.za;

OR



Call us on **0861 990 000**.

INSURANCE POLICY WORDING

ACCIDENTAL INJURY CASH AND LIFE (DEATH CASH) BENEFITS

1. DETAILS OF THE INSURER

Although your policy is administered by The Unlimited Group (Pty) Ltd (FSP Number 21473) "The Unlimited", your Long-term Insurance Policy is underwritten by Centriq Life Insurance Company Limited, a registered long-term insurer and an authorised financial services provider (FSP No. 7370) "the Insurer".

PLEASE NOTE THAT THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME. THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP AND IS NOT A FUNERAL POLICY.

2. PREMIUM PAYABLE

The premium for the Cover of the main member is **R15.10 pm**.

If you include your spouse on this Policy, the total premium for the Cover will be an amount of **R8.68 pm**.

If you include your children (up to a maximum 5) on this Policy, the total premium for the Cover will be an amount of **R18.62 pm**.

If you include other additional dependants (up to a maximum of 3) on this Policy, the additional premium for the Cover will be an amount of **R15.39 pm** for **each** additional dependant.

As soon as we have received your first premium, you can start using your insurance benefits (the "**Start Date**"), subject to any waiting period that may apply (see clause 4.3). If you are unsure, you can call us at any time on **0861 990 000** to confirm the Start Date of your insurance benefits.

3. YOUR POLICY BENEFITS

We agree to pay your claim/s subject to the terms, conditions, exclusions and cover limits, in consideration of, and conditional upon:

- i. the prior payment of the premium/s by you or on your behalf and receipt thereof by us or on behalf of us;
- ii. You having agreed that any proposal/application or other information supplied by, or on behalf of you, including any recorded phone calls made to or received by you e.g. sales calls, will be the basis of this agreement of insurance;
- iii. where the insurance is varied or extended, the insurance provided by such Additional Benefit, Special Clause, Variation and Extension or endorsement is subject to the terms, conditions, exclusions and limitations of the Policy in so far as they can apply; and
- iv. compliance by you with all the terms, conditions, limitations and exclusions contained in this policy, which is a condition precedent to Our liability under the policy. Any breach shall entitle the Insurer to reject any claim/s made in respect of the risk insured.

LIFE COVER (DEATH CASH BENEFIT)

Who is covered?	What is covered?	Benefit limits
<p>You, the main member.</p> <p>You can also choose to cover:</p> <ul style="list-style-type: none"> Your spouse (whose name and date of birth You have given us) for whom the applicable premium has been paid (insured person). Additional dependants (up to 3) who are financially dependent on you (whose names and dates of birth You have given us). 	<p>We will pay on Your death or that of an insured person from any cause not excluded under this Policy.</p>	<p>R20 000.00 (Twenty Thousand Rand)</p> <p>Waiting periods apply (see 4.3. below).</p>
<p>You can also choose to cover up to 5 children under the age of 21 who are financially dependent on you (whose names and dates of birth You have given us).</p>	<p>We will pay on the death of your Child from any cause not excluded under this Policy.</p>	<p>Waiting periods apply (refer to Clause 4.3 below).</p>
	<p>Child 0 – 11 months</p>	<p>R2,000.00 (two thousand Rand)</p>
	<p>Child 1 – 5 years</p>	<p>R4,000.00 (four thousand Rand)</p>
	<p>Child 6 – 13 years</p>	<p>R6,000.00 (six thousand Rand)</p>
	<p>Child 14 – 21 years</p>	<p>R8,000.00 (eight thousand Rand)</p>

ACCIDENTAL INJURY CASH BENEFITS

Who is covered?	What is covered?	Benefit limits
<p>You, the main member.</p> <p>You can also choose to cover Your spouse (whose name and date of birth You have given us) for whom the applicable premium has been paid (insured person/s).</p>	<p>We will pay an insured person the daily amount stated under the Benefit Limits following their admission to hospital for a full day (that is 24 hours in a row) as a direct result of an injury caused by an accident (accidental injury).</p>	<p>“An insured person will be covered for R1,000 per day for up to 100 days for each day spent in hospital directly as a result of an accidental injury, subject to a maximum benefit limit of R100,000 per insured event.”</p> <p>No waiting periods apply (refer to Clause 4.3 below).</p>

<p>You can also choose to cover up to 5 children under the age of 21 who are financially dependent on you (whose names and dates of birth You have given us).</p>		
<p>You can also choose to cover up to 3 additional dependants who are financially dependent on you (whose names and dates of birth You have given us).</p>		

4. CLAIMS PROCESS CONDITIONS

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

4.1. When can you claim?

4.1.1. Unless there is a waiting period (see 4.3 below), as soon as we have received your first premium you can start using your insurance benefits (the **Start Date**). You can only claim for the benefits covered under this policy if we successfully receive your monthly premiums.

4.1.2. The insured event must have happened in South Africa and from the **Start Date**.

4.2. Time period to submit a claim?

4.2.1. Your claim form and supporting claim documents (refer to Clause 4.4 below) must be submitted to Us within **30 days** of the insured event. If you do not provide us with the information we need to process your claim, the Insurer is entitled to reject your claim.

4.3. Waiting Periods?

4.3.1. There is no waiting period for your Accidental injury cash benefit or if the claim for the Death Cash Benefit is caused by an Accident (Accidental Death).

4.3.2. A claim for the Death benefit caused by natural death has the following waiting periods for the event giving rise to the claim:

4.3.2.1. **Natural Death:** We have to successfully receive **6(six) consecutive** premium payments before the Death Cash benefit will start. The waiting period will start from the date we successfully receive your first premium until we have received the required 6(six) premium payments.

4.3.2.2. **Natural death: Directly or indirectly caused by**

venereal disease, Acquired Immune Deficiency Syndrome (AIDS), HIV or AIDS-related complications, irrespective of how the disease is contracted or whether it has led and/or contributed to further complications/illness including but not limited to, tuberculosis, gastroenteritis, multiple organ failure, hepatitis or pneumonia:

- a. We have to successfully receive **12(twelve) consecutive** premium payments before the Death Cash benefit (refer to 4.3.2.2 above) will start. The waiting period will start from the date we successfully receive your first premium until we have received the required 12(twelve) premium payments.
- b. **IMPORTANT TO NOTE:** You will only have cover if you contracted HIV/AIDS after the Start Date of this Policy, provided the waiting period as noted in 4.3.2.2 was met. Where your HIV/AIDS is a pre-existing condition (see 8.17 below for the definition) and you die as a direct or indirect result of this condition, you will have no cover (see 5.2.1 below).

4.3.2.3. IMPORTANT:

If this policy lapses (due to non-payment of premium/s), the waiting period/s **will start again from month 1 (one)**. This means that if you skip a premium payment at any time, your cover in terms of this policy will end (subject to **Clause 6.3 Premiums below**).

4.4. How do you claim your insurance benefits?

- 4.4.1. It's simple, **CALL US on 0861 990 000** and we will guide you through the process.
- 4.4.2. Conditions in terms of **ACCIDENTAL INJURY CASH BENEFIT** claims:
 - a. You will be required to provide us with a completed claim form, a clear certified copy of Your ID document, as well as the specific medical information we require to process your claim (refer to 4.2 above for the time period in which to do so).
 - b. The medical information, in the form of Hospital admission forms/Hospital records detailing treatment, that you need to provide us with, should be obtained by you from the clinic/hospital or the doctor/nurse that treated you. That medical information must contain at least the following information:
 - the date and time of the insured person's admission into, and discharge from, the hospital/clinic;
 - contact details of the hospital;
 - the final diagnosis of the accidental injury/s and the reason for the time spent in hospital;
 - all medication and treatment administered to the insured person;
 - details of any procedures the insured person underwent; and
 - the long-term prognosis for the insured person's injuries.

- c. Please note that where an incident was reported/or should be reported to the SAPS; we could require you to provide us with a copy of the Police or Accident Report.
- 4.4.3. Conditions in terms of **the DEATH BENEFIT** claims:
- a. Your Spouse (or your beneficiary) will be required to provide us with a completed **claim form**, as well as the specific documents/information listed below.
- b. Specific claim validation documents/information that must be submitted to us:
- A certified copy of the deceased's ID;
 - A certified copy of the death certificate;
 - A copy of the notification of death form completed by a doctor (otherwise called a DHA-1663/DHA-1680 form);
 - A letter of executorship/authority when the benefit is payable to an estate;
 - A copy of the police report (for accidental death claims only); and
 - A copy of the motor vehicle accident report, if applicable (for accidental death claims only).

In addition to the above specific documentation/information required; if a claim is submitted:

- i. by your Spouse, then we will require:
- A copy of your spouse's ID; and
 - A copy of the marriage certificate or any other relevant document.
- ii. when there is no **Spouse**; then we will also require:
- A copy of the ID of the person claiming; and
 - An affidavit by the person claiming confirming they are the sole dependant of the deceased or in circumstances where they are not the sole dependant, a supporting affidavit by another member of the deceased's family confirming that the claimant is so authorised.

4.4.4. We reserve the right to request additional supporting documents from time to time, should we be unable to validate the claim with all the information requested above.

4.4.5. **IMPORTANT:** You should ensure that your spouse and your family members are aware of this Policy and how they can claim in the event of your death.

4.4.6. If we approve a claim, you will be required to provide us with a copy of your bank statement, that clearly shows the name of the account holder, the account details, as well as the Bank date stamp.

4.4.7. All costs incurred in submitting a claim are for your account.

4.4.8. Your claim documents can be sent to us by any of the below methods:

THE UNLIMITED – CLAIMS DEPARTMENT

Postal Address: Private Bag X7028, Hillcrest, 3650
Physical Address: 1 Lucas Drive, Hillcrest, 3610
Email Address: claimsdocs@theunlimited.co.za
Fax Number: 086 206 4069

- 4.4.9. Failure by you to comply with our reasonable requests, non-cooperation in the investigation of claims or the submission of specific claim validation documents/information may result in rejection of your claim by the Insurer.
- 4.4.10. There are some more important details in the STATUTORY AND FAIS DISCLOSURE NOTICE attached to this policy.

4.5. Who will we pay?

- 4.5.1. We will pay you, by payment into your South African Bank Account. If you have died, we can pay your spouse or the executor of your estate or Beneficiary **BUT** they will need to give us proof of their status (for example, identity details or letters of executorship). Payment to any of them will discharge Our liability.
- 4.5.2. If the person we have to pay ("the beneficiary") does not live in South Africa, the Insurer may make payment into a foreign bank account and:
- the beneficiary will need to meet any requirements of the Insurer; and
 - the claim will be paid to the value of the Rand amount and subject to any requirements made on the Insurer, both by South African law and the laws of the country where the bank account is held.
- 4.5.3. Neither we nor the Insurer will be responsible for meeting any legal requirements the beneficiary must meet to receive payment of a claim in South Africa or another country.

4.6. Maximum payment (Accidental Injury Cash Benefits Only)

- 4.6.1. If you have any other health insurance policies, the maximum daily limit per insured person for hospitalisation for an accidental injury cannot exceed R3,000.00 from all policies combined. We shall not be liable to pay or contribute more than our pro rata portion of the maximum payable daily limit, subject to the maximum limit provided by this policy or whichever is the lesser.

4.7. Claim repudiations or disputes

- 4.7.1. If your claim has been repudiated or the amount disputed, you have **90 days** from the date of the decision to challenge the Insurer's decision on a claim by writing to us or the Insurer with reasons. If the Insurer's decision remains unchanged, and you want to start a legal process, you have **an additional 180 days** to do so, failing which you will forfeit your claim.

- 4.7.2. You also have the right to lodge a complaint with the long-term insurance Ombud.
- 4.7.3. There are some more important details under **How to claim and How to submit a complaint** in the STATUTORY AND FAIS DISCLOSURE NOTICE attached to this policy.

5. COVER EXCLUSIONS

Exclusions are specific items, losses or events that are not covered in terms of your policy. These are specified below and it is important that you read and understand your policy.

- 5.1. We will **NOT** pay a claim (general exclusions that apply to all benefits):
 - 5.1.1. if you participate in war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack;
 - 5.1.2. loss which is a direct result of nuclear reaction or radiation;
 - 5.1.3. for any events that occurred before we receive your first premium payable in terms of this agreement or if you fail to pay any premium on or before the due date for payment;
 - 5.1.4. if your claim is because of your attempt to commit or willingly involving yourself in an unlawful act, dangerous conduct, self-inflicted harm and/or substance abuse (for example, drugs and alcohol);
 - 5.1.5. if you have committed fraud, or you have not told us the truth or you have not given us all your correct details including about your health (now or when you claim); and
 - 5.1.6. if you fail to pay any premium on or before the due date of payment, subject to **clause 6.2 below**.
- 5.2. In addition to the above general exclusions in 5.1 above, we will **NOT** pay a claim in terms of a **DEATH** benefit:
 - 5.2.1. if your death is caused directly or indirectly because of a **Pre-Existing Condition** that relates to the claim (this is a condition you had or have before the Start Date of your policy and includes any pre-existing illness, infirmity or congenital disorder (whether mental or physical)).

IMPORTANT: Examples of death caused by pre-existing conditions:

- i. The insured person is treated or should have been treated for hypertension (high blood pressure) by a doctor **BEFORE** the Start Date of this Policy (this is a pre-existing condition) and as a result of the High Blood pressure, the insured person dies of a stroke, seven months **AFTER** the Start Date of the Policy. The hypertension is the cause of the stroke. The Insurer can reject the claim.
- ii. The insured person is treated or should have been treated by a doctor for diabetes **BEFORE** the Start Date of this Policy (this is a pre-existing condition) and the insured person dies of heart disease nine months **AFTER** the Start Date of the Policy. The diabetes is a cause of the heart disease. The Insurer can reject the claim.
- iii. The insured person is diagnosed/treated or have been treated by a doctor for HIV/AIDS **BEFORE** the Start Date of this Policy (it is a pre-existing condition) and the insured person dies of tuberculosis at any time **AFTER** the Start Date of the Policy. If HIV/AIDS was the cause of the tuberculosis and the resultant death, the Insurer can reject the claim.

Please note these are not the only examples but are included to show you how pre-existing clauses work.

- 5.2.2. In addition to the above general exclusions, we will not pay interest on the total or any individual amounts.

- 5.3. In addition to the above general exclusions in 5.1 above, we will **NOT** pay a claim in terms of an **ACCIDENTAL INJURY CASH** benefit:
- i. if your injuries are treated in a 'casualty unit', or if you are or should be an outpatient or a day case at a hospital;
 - ii. if additional treatment and/or where treatment of another medical condition/medical complication caused and/or prolonged your admission to hospital; and
 - iii. if your treatment was for pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries and/or for any planned procedure (as examples, pregnancy related treatment or operations), and for treatment of congenital, mental or psychological conditions.

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

The terms and conditions in a policy set out the general and special arrangements, provisions, requirements, legal rules, specifications, and standards that form an integral part of the agreement between you and us. Your policy document/wording is a very important document and you must read and understand it.

- 6.1. From time-to-time we may in our sole and absolute discretion offer to increase your Cover at no additional cost or obligation to you. We will notify you of any increases by SMS to the number you have on record with us. We may further review the premium rates and change the premium or benefits at any time. If the premium or cover benefits change for any reason, you will be given 31 days' prior written notice to that effect.

6.2. Premiums:

- 6.2.1. You must pay your monthly premium by debit order, unless otherwise agreed by us in writing. We will present your debit order to your bank on the due date.
- 6.2.2. This Policy is month-to-month. It will renew on the same terms each time we successfully collect the monthly premium.
- 6.2.3. If your premium is not paid by the due date, we will issue you with a notice of non-payment within 15(fifteen) days from the premium due date. A 15(fifteen) days grace period will be allowed for the payment of the unpaid premium. During this period, all benefits will remain in force. If the outstanding premium is still not received after this period, your policy will come to an end at the end of the 15(fifteen) day's grace period and the benefits will fall away.

To allow us to restore your cover, you agree that if your premium is unpaid in any given month, we can try and collect premium for the next 3(three) months. If we are successful in collecting the premium, the collection date will be the new policy Start Date. We will not collect premium for the unpaid months and you will not have cover for those months.

- 6.2.4. The Unlimited makes use of NAEDO collections services (at no cost to you), this prioritises your debit to ensure that We are able to collect the monthly premium. If we are unable to collect on the debit date you have given us, we use a tracking system that allows us to process your debit on another date to improve the likelihood of a successful debit collection and that allows you to keep your Policy benefits active.

6.2.5. We reserve the right to request collection of the premium on a different date than that specified in the insurance schedule, should this enable easier premium collection. This will only be done once We have your approval to make this change or alternatively provided you with 31 days' notice. **IMPORTANT:** Your premium may be collected on a different date due to a public holiday or Weekend; no prior notice will be given to you.

6.3. Cancellation of Policy:

6.3.1. You can cancel your Policy at any time.

IF YOU WANT TO CANCEL THIS POLICY, YOU CAN CALL US ON 0861 990 000 OR EMAIL US BY ACCESSING WWW.THEUNLIMITED.CO.ZA.

6.3.2. We can change or cancel this Policy at any time, by:

- a. Us giving you immediate notice in writing of cancellation, if you are dishonest or fraudulent in your actions; or
- b. Us giving you 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).

6.3.3. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.

7. FOR COMPLAINTS AND COMPLIANCE

- 7.1. It is important to us that you are happy with your Cover. If you are unhappy with us or your policy, please contact us and give us a chance to see if we can set things right – **0861 990 000**.
- 7.2. If you are still not happy and it is about your COVER/CLAIM, then refer to **Point 7 (How to submit a complaint)** of the **STATUTORY AND FAIS DISCLOSURE NOTICE**.

8. WHAT DO THESE WORDS MEAN?

- 8.1. **"accident"** means an external, violent, unexpected and visible event, but which occurs at a time and place that can be identified. For example, a motor vehicle accident, an assault or burns.
- 8.2. **"accident injury cash benefit"** means the Cover payable by the Insurer in the event you or an insured person covered under the policy being admitted to hospital as a direct result of an accidental injury.
- 8.3. **"accidental injury"** means an injury sustained as a direct result of an accident which causes you or any other insured person 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.
- 8.4. **"acquired immune deficiency syndrome/AIDS"** has 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 seropositive test for HIV.
- 8.5. **"additional dependant"** means any person, whose names and dates of birth you have provided to us, who is financially dependent on you. They must be a member of your family through blood or by a recognised legal relationship. As examples your children, your stepchildren, your aunt, uncle, brother or sister-in-law and/or parents-in-law.

- 8.6. **"accidental death"** means the death of an insured person as a direct result of an accident. In cases of accidental death, a post-mortem and an inquest are held.
- 8.7. **"children/child"** means your biological children, stepchildren, adopted children and children who are related to you by blood where you are their primary caregiver because the biological parents are deceased or have absconded. The Child should normally live with you, be financially dependent on you and under the age of 21.
- 8.8. **"additional treatment"** means any and all treatment you or any other insured person receives for conditions other than the treatment received or required to be received directly related to the insured event for which you or any other insured person are covered.
- 8.9. **"Life Cover/Death Cash benefit"** means the Cover payable by the insurer in the event of your, or an insured person's death (natural or accidental) from any cause not excluded in the policy.
- 8.10. **"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.
- 8.11. **"insured event"** means subject to the Policy terms and benefit limits, a single accident which results in an insured person's admission to hospital because of an accidental injury or death (accidental or natural) from any cause not excluded under this Policy.
- 8.12. **"insured person"** means you, being the person who is covered under the insurance policy.
- 8.13. **"natural death"** means the death, from any cause not excluded, of an insured person as a direct result of a medical condition/illness (e.g. cancer, stroke or heart attack). In cases of natural death an inquest is not held.
- 8.14. **"pre-existing condition"** means a condition (for example, mental, physical injury and illness) which existed prior to the original inception (Start Date) of your Cover or reinstatement or reissue date of your policy and for which you have (or should have) been to a doctor for treatment. This condition would not have a short-term cure (for example, an acute condition like a cold or flu), and needs ongoing treatment or medicine (for example, a chronic condition like hypertension, diabetes, cancer, heart condition, congenital or HIV/AIDS and related illnesses).
- 8.15. **"premium"** means the monthly amount payable to the Insurer for the Cover.
- 8.16. **"spouse"** means a person to whom you are married by civil law, tribal custom or in terms of any religion. A spouse also includes your life partner who normally lives with you in South Africa.
- 8.17. **"waiting period"** means the period specified in this Policy 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 first premium we receive.
- 8.18. **"we"** means The Unlimited Group (Pty) Limited. We provide intermediary and binder services in respect of this policy.
- 8.19. **"you"** means the policyholder under this Policy.

STATUTORY DISCLOSURE NOTICE IN TERMS OF THE POLICYHOLDER PROTECTION RULES (LONG-TERM INSURANCE ACT, IN PARTICULAR AS REQUIRED BY RULE 11.5) & THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT ("FAIS")

THIS IS NOT YOUR POLICY DOCUMENT BUT HAS IMPORTANT INFORMATION ABOUT YOUR POLICY, ITS BENEFITS AND HOW IT WORKS. THIS SERVES AS EVIDENCE OF THE FACT YOU HAVE AGREED TO THE COVER PROVIDED IN THE POLICY.

YOU MUST READ THIS AND KEEP IT SAFE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US ON 0861 990 000.

There are certain facts we are obliged to disclose in terms of legislation, to ensure you not only know about it, but understand it as well. The most important objective of these obligations is to ensure you, the Policyholder, have full knowledge of the financial service providers involved in delivering the service to you, the extent of your cover, the premiums and how you can claim.

1. DETAILS OF THE INTERMEDIARY (BINDER HOLDER)

Company Name:	The Unlimited Group (Pty) Ltd (The Unlimited)
Physical Address:	1 Lucas Drive, Hillcrest, 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 Ingle
Postal Address:	PO Box 12662, Die Boord, Stellenbosch, 7613
Telephone Number:	021 883 8000
Fax Number:	021 883 8005
Email Address:	cingle@moonstonecompliance.co.za

2. DETAILS OF THE INSURER

That underwrites the insurance benefits, and which is a registered long-term insurer and an authorised financial services provider.

Company Name: **Centriq Life Insurance Company Limited**
Physical Address: The Oval, 2nd Floor, West Wing,
Wanderers Office Park, 52 Corlett Drive, Illovo,
2190
Postal Address: PO Box 55674, Northlands, 2116
Telephone Number: 011 268 6490
Fax Number: 011 268 6495
Email: info@centriq.co.za
Website: www.centriq.co.za
Company Registration Number: 1943/016409/06
FSP License Number: 7370

Details of Compliance Department:

The Compliance Officer is contactable on:

Telephone number: 011 268 6490
Email address: compliance@centriq.co.za

Details for Complaints:

In the event of a complaint, please contact the Complaints Management Team at the numbers above, or send us an email using the below email addresses.

Email: faiscomplaints@centriq.co.za/claimscomplaints@centriq.co.za

3. THE INTERMEDIARY AND BINDER HOLDER

a.	Conflict of Interest	In accordance with our conflicts management policy, we place a high priority on our clients' interests. We will endeavour 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.	Insurance Cover	The Unlimited holds professional indemnity and fidelity insurance.
c.	Basis of Advice	The Unlimited does not provide Advice as defined in the FAIS Act as a feature of its business. In order to ensure that you make a financial commitment to a product that is appropriate to your needs, as determined by you, we strongly recommend that you request all the necessary documentation and information you feel necessary for you to make an informed choice; before you make a final decision.
d.	Written mandate to act on behalf of insurer	Yes. 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.
e.	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). You will be entitled to a grace period of 15(fifteen) days after the due date (except in the first month) in which to pay your premium. Kindly note that such provision for 15(fifteen) days grace will only apply with effect from the second month of the currency of the policy.

f.	Whether more than 10% of the insurer's shares are held or whether more than 30% of total remuneration was received from the insurer	The Unlimited does not hold more than 10% of the insurer's shares and has not received more than 30% of the total remuneration from one insurer in the preceding calendar year. The Unlimited is not an associate company of the insurer.
g.	Binder fees and of commissions earned	The Unlimited earns a maximum of 42% of the gross written premium payable monthly as a Binder fee. The Unlimited earns the statutory regulated commission up to 3%, but not exceeding, the regulated commission in terms of the Long-Term Insurance Act.
h.	Waiver of Rights	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.
i.	Financial Intelligence Centre Act (FICA)	Please note that in terms of the Financial Intelligence Centre Act, Centrig Life Insurance Company Limited, as well as The Unlimited, is obliged to report suspicious and unusual transactions that may facilitate money laundering to the authorities.
j.	Legal Status	<p>The Unlimited is an authorised financial services provider (FSP21473).</p> <p><u>License limitations, restrictions:</u></p> <p>We must inform the Registrar of any business information change within 15-days.</p> <p>We must maintain a list of all our Key Individuals and Representatives, and we must provide a copy of the register to the Registrar.</p> <p>We accept responsibility for services provided by our representatives 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:</p> <ol style="list-style-type: none"> 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."; and 6. Click on "Details" and select the information that you wish to view. <p>We may not provide business under a name not changed in accordance with the provisions of the FAIS Act.</p> <p>Our products must qualify as financial products, as contemplated by the FAIS Act.</p> <p>We are licensed to provide intermediary services in respect of category 1.1, 1.3 and 1.20.</p>

4. IMPORTANT INFORMATION ABOUT YOUR POLICY

a.	Extent of premium obligations you assume as policyholder.	<p>The premium for the Cover of the main member is R15.10 per month. If you include your spouse on this Policy, the additional premium for the Cover will be an amount of R8.68 per month. If you include additional children on this Policy, the additional premium for the Cover will be an amount of R18.62 per month. If you include other additional dependants on this Policy, the additional premium for the Cover will be an amount of R15.39 per month each.</p> <p>This policy renews monthly on payment of the applicable premium. There is no automatic increase in the premium amounts. Any increase will be on 31 days' notice to you.</p>
b.	Manner of payment and due date of premiums, as well as Start Date of your Cover	<p>See Insurance Policy and/or Master Agreement. Due Date is as agreed by customer at time of acceptance (on your call log or Application form). As soon as we have received your first premium you will be covered. This means you can claim on the Policy benefits, except if there is a waiting period.</p> <p>All calls are recorded and a copy of the call log is available on your request.</p>
c.	Type of Policy (general explanation)	<p>The policies written constitute Long-Term insurance policies. This policy is a risk policy under life and health. Which means you have cover for accidental health events and when you require assistance in medical emergencies. Please note it is not a medical aid and does not cover illness.</p>
d.	Nature & Extent of the Policy Benefits	<p>There is Cover for: Up to a maximum amount of R100 000.00 in the event of being hospitalised because of an injury caused in an accident (paid at R1 000 per day for up to 100 days).</p> <p>A lump sum payment of up to R20 000.00 in the event of an insured person's death.</p>
e.	Exclusions and limitations to the Policy Benefits	<p>The following Exclusions apply to all the Policy Benefits: If the insured event happens because of an insured person's participation in war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack; a loss which is a direct result of nuclear reaction or radiation; for any insured events that occurred before we receive the first premium payable in terms of this agreement or if you fail to pay any premium on or before the due date for payment; if the claim is because of an insured's attempt to commit or willingly involving themselves in an unlawful act (e.g. driving without a licence), dangerous conduct, self-inflicted harm and/or substance abuse (for example, drugs and alcohol). If an insured person has committed fraud, or has not told us the truth about the insured event or has not given us all the correct details including about their health (now or when they claim).</p> <p>The following exclusions also apply in the event of the Accidental Injury Cash Benefit: If the insured person's injuries are treated in a 'casualty unit', or if you are or should be an outpatient or a day case at a hospital; if additional treatment and/or where treatment of another medical condition/medical complication caused and/or prolonged the insured's admission to hospital; if the insured's treatment was for pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries and/or for any planned procedure (as examples, pregnancy related treatment or operations), and for treatment of congenital, mental or psychological conditions.</p> <p>The following exclusions apply in the event of the Death Benefit: If the insured person's death is caused directly or indirectly because of a Pre-Existing Condition that relates to the claim.</p>

		<p>If you have not the applicable waiting periods or 6 months for natural death or 12 months for HIV/AIDS contracted after the Start Date of the Policy.</p> <p>Your claim can be rejected by the Insurer. You won't be Covered.</p>
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5. HOW TO AMEND/CANCEL YOUR POLICY OR REQUEST INFORMATION

Please contact us on **0861 990 000**, should you wish to amend your policy, take out additional cover, cancel your policy or require further information. Alternatively, you may use the following channels to communicate with us:

Postal Address: Private Bag X7028, Hillcrest, 3650
 Email Address: info@theunlimited.co.za
 Fax Number: 0865 009 307

6. HOW TO CLAIM

Should you wish to claim, please call us on **0861 990 000** and we will provide you with the necessary claim forms and a list of information/documents that we require. 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.

Claim documentation can be sent to us via any of the following channels:

THE UNLIMITED – CLAIMS DEPARTMENT

Postal Address: Private Bag X7028, Hillcrest, 3650
 Physical Address: 1 Lucas Drive, Hillcrest, 3610
 Email Address: claimsdocs@theunlimited.co.za
 Fax Number: 086 206 4069

IMPORTANT: Please ensure that all documents/information requested is comprehensive/complete, as we cannot finalise a claim without this information. Failure to provide us with the required claim validation information, could result in the insurer rejecting the claim, treating the claim as not taken up/close your claim. Please note that all copies of Identity Document's submitted must be certified.

Should you wish to dispute the rejection of a claim, you are entitled to make representation to the insurer within **90 days** of such decision. If the insurer still declines your claim and you may want to approach Long-term Ombud or start a legal process, you have an additional **180 days** to do so, or your claim will lapse. Please send in writing, with full motivation for your claim rejection review, for the attention of The Market Conduct Officer Centriq Life Insurance Company Limited:

Postal Address: PO Box 55674, Northlands, 2116
 Email: claims@centriq.co.za
 Telephone Number: 011 268 6490
 Fax Number: 011 268 6495

Effectively the prescription time frame is **9 months** in total.

7. HOW TO SUBMIT A COMPLAINT

Step 1: Initial Complaints Process

If you have a complaint about this policy or our service in general, you can write to us at info@theunlimited.co.za or call our Customer Care line on **0861 990 000/031 716 9600** or fax us on **0865 009 307**.

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 to have the matter reviewed:

- We will treat such request as a dispute of complaint submitted;
- We will notify you of the Name and contact details of The Unlimited representative that will be tasked to facilitate the dispute resolution process; and
- When a decision has been reached, you will be provided with the outcome of such decision in writing, with reasons for the decision reached.

Step 3: Representation to The Insurer

Should you not be satisfied with the outcome of your dispute resolution by The Unlimited, and feedback is provided that is not in your favour, you may make representation to Centriq Life Insurance Company Limited in writing, by addressing your concerns to:

The Market Conduct Officer:

Telephone: 011 684 6490
Email: claims@centriq.co.za (Dispute of Rejection)
Email: faiscomplaints@centriq.co.za (Complaint)

Step 4: External Dispute Resolution

We encourage clients to endeavour to resolve a complaint with us and/or the Insurance Company first, before submitting a complaint to the relevant Ombudsman. However, you may utilise any of the channels provided as you see appropriate.

If you are not satisfied with the outcome of our dispute resolution process, or if our feedback provided to you is not in your favour, then you have the right to have such a decision/process reviewed by an authorised external party being:

Ombudsman for Long-Term Insurance

Postal Address: Private Bag X45, Claremont, Cape Town, 7735
Physical Address: 3rd Floor, Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700
Fax number: 021 674 0951
Telephone number: 021 657 5000
Share call number: 0860 726 890
Email: info@ombud.co.za
Website: www.ombud.co.za

The Financial Advisory and Intermediary Services (FAIS) Ombudsman

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

Postal Address: P. O. Box 74571, Lynnwood Ridge, 0040
Physical Address: Kasteel Park Office Park, Orange Building, 2nd Floor, c/o Nossob & Jochemus Street Erasmus Kloof, Pretoria, 0048
Telephone number: 012 470 9080 or 012 762 5000
Fax number: 012 348 3447 or 012 470 9097
Email: info@faisombud.co.za
Website: www.faisombud.co.za

The Financial Sector Conduct Authority (FSCA)

Postal Address: P.O. Box 35655, Menlo Park, 0102
Physical Address: Riverwalk Office Park, Block B; 41 Matroosberg Road (Corner of Garsfontein and Matroosberg Roads), Ashlea Gardens, Extension 6, Menlo Park, Pretoria, 0081
Telephone: 012 428 8000 or 0800 110 443/0800 202 087
Fax: 012 347 0221
Email: info@fsca.co.za
Website: www.fsca.co.za

8. OTHER 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 31 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:
 - It may only be in favour of one legal entity or person, and may not be transferred without your approval; and
 - The insurer must inform you at least 31 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 documents 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 the attention 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.

9. 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 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 arising from your contract of insurance.

10. PROTECTION AND SHARING OF PERSONAL INFORMATION

- In terms of South African law, your insurer/underwriter may reveal or share information in order to prevent fraud and to issue your policy fairly.
- It is recorded that information relating to the parties to this Long-Term Policy Agreement ("agreement") or to persons whose interests are protected by this agreement, may be processed for the conclusion or performance of this agreement, or to protect those interests, or to comply with legal obligations, or this agreement will be stated in the Policy.

11. THE POLICYHOLDER ("YOU") HEREBY WARRANT AND UNDERSTAND THAT THE INSURER ("WE") AND THE UNLIMITED, INCLUDING OUR AUTHORISED REPRESENTATIVES MAY:

11.1. Collect Information:

- a. We, including our authorised agents, advisors, partners and service provider/contractors, may collect information from you directly; from your usage of our products and services, from your engagements and interactions with Us, from public sources, shared databases and from third parties;
- b. You hereby waive your right to privacy with regard to your insurance/claim and credit information obtained by Us or our authorised agents, advisors, partners and service provider/contractors;
- c. You acknowledge that any insurance information provided by you may be stored in a shared database and used, as well as for any decision pertaining to the continuance of your policy, or the meeting of any claim you may submit. You agree that such information may be given to any insurer or its agent and Our authorised agents, advisors,

- partners and service provider/contractors;
- d. You acknowledge that the Information may be verified against legally recognised sources or databases;
 - e. Your information will be confidential and will be processed in accordance with this warranty, it is necessary to conclude or perform in terms of the contract with you, the law requires it, or our or a third parties lawful interest is being protected or pursued;
 - f. We, including our authorised agents, advisors, partners and service provider/contractors, may process your information. Information includes amongst others information regarding 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 identifier, social media profile, physical or mental 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;
 - g. The processing of information includes the collection, storage, updating, use, making available or destruction thereof; and
 - h. You must be authorised to provide any personal information of third parties to Us. In doing so you indemnify Us, including our authorised agents, advisors, partners and service provider/contractors, against any and all losses by or claims made against it as a result of you not having the required authorisation.

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

- a. To enable Us to underwrite policies and assess risks fairly;
- b. To comply with legislative, regulatory, risk and compliance requirements (including directives, sanctions and rules), voluntary and involuntary codes of conduct and industry agreements or to fulfil reporting requirements and information requests;
- c. To detect, prevent and report theft, fraud, money laundering and other crimes;
- d. To enforce and collect on any agreement when you are in default or breach of the agreement terms and conditions, like tracing you or to institute legal proceedings against you;
- e. To conduct market and behavioural research, including scoring and analysis to determine if you qualify for products and services;
- f. To develop, test and improve products and services for you;
- g. For historical, statistical and research purposes;
- h. To process payment instruments (like a cheque) and payment instructions (like a debit order);
- i. To create, manufacture and print payment instruments (like a cheque) and payment devices (like a debit card);
- j. To do affordability assessments, credit assessments and credit scoring;
- k. To manage and maintain your insurance policy or relationship with Us;
- l. To disclose and obtain information from credit bureau regarding your credit history;
- m. To enable you to participate in the debt review process under the National Credit Act 34 of 2005, where applicable;
- n. For security, identity verification and to check the accuracy of your information;
- o. To communicate with you and carry out your instructions and requests;
- p. For customer satisfaction surveys, promotional and other competitions;
- q. To market to you or provide you with products, goods and services;
- r. To carry out actions for the conclusion or performance of your policy/claim;
- s. To protect your legitimate interests and to pursue Our legitimate interests or of a third party to whom your information is supplied;
- t. We can process your information outside of the borders of South Africa, according to the safeguards and requirements of the law; and
- u. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service you may query the decision made about you.

- 11.3. Share your information with the following persons (amongst others) whom has an obligation to keep your information secure and confidential:
- a. Attorneys, tracing agents, debt collectors and other persons that assist with the enforcement of agreements;
 - b. Debt counsellors, payment distribution agents and other persons that assist with the debt review process under the National Credit Act 34 of 2005;
 - c. Payment processing services providers, merchants, banks and other persons that assists with the processing of your payment instructions;
 - d. Insurers, brokers, other financial institutions that assist with the providing of insurance and assurance;
 - e. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
 - f. Regulatory authorities, industry ombudsman, governmental department, local and international tax authorities and other persons that we under the law have to share your information with e.g. Credit bureau;
 - g. Our partners, service providers, agents, sub-contractors and other persons we use to offer and provide products and services to you; and
 - h. Persons to whom we cede our rights or delegate our obligations to under agreements.

12. YOUR RIGHTS

You have the right to access the information we have about you by contacting the Insurer or The Unlimited at the contact details provided above.

- a. You have the right to request Us to correct or delete the information we have about you if it is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, obtained unlawfully or no longer authorised to be kept. You must inform Us of your request.
- b. You may object on reasonable grounds to the processing of your information. You may not object to the processing of your information if you have provided consent or legislation requires the processing. You must inform Us of your objection at the contact details provided above.
- c. You have the right to withdraw your consent which allows us to process your information, however, we will continue to process your information if permitted by law.
- d. You have the right to file a complaint with Us or the Information Regulator, once established, about an alleged contravention of the protection of your information.

13. COOLING-OFF RIGHTS

If this policy has a duration of 31 days or more, no benefit has yet been claimed or paid, and an event insured against has not yet occurred, you have the right to cancel this policy, via written notification, within 31 days after the later of the receipt of this disclosure document or the policy summary, or from a reasonable date on which it can be deemed that you received this disclosure document or policy summary. The product supplier will refund all premiums or moneys paid by the premium-payer, minus any cost of any risk cover enjoyed by yourself or any market loss. The product supplier will comply with your request for cancellation within 31 days after the product supplier receives your cancellation notice.