

POLICY WORDING



WHAT ARE YOU COVERED FOR:

Safrican Insurance Company Limited will provide funeral benefit cover under the bonsella® elect Funeral Cover as described in this document, subject to the continued payment of your premium and your adherence to the terms and conditions of this Policy. The Policy commences with the payment of the first premium. The cover provided by this Policy will pay a **cash benefit** on the death of the Main Member, his/her spouse and/or children and/or extended family members (if the option has been selected) and also offers the bonsella® elect Added Benefits Plan. To be eligible for cover under the Policy you must meet the following conditions at **entry date**:

- The Main Member must be between the ages of 18 and 74 years (i.e. younger than age 75 next birthday);
- The Beneficiary must be 18 years or older;
- Children must be between the age of 0 – 25 (conditions apply as below); and
- Extended family must be between the age of 0 – 74 (i.e. younger than age 75 next birthday).

<u>POLICY TYPE</u> R10 000/R20 000/R30 000	<u>MAIN MEMBER</u> R10 000/R20 000/R30 000	<u>SPOUSE</u>	<u>CHILDREN & EXTENDED FAMILY</u>
Single	Full benefit	No benefit	No benefit
Couple	Full benefit	Full benefit	No benefit
Single Family	Full benefit	No benefit	5 children as per table below
Couple Family	Full benefit	Full benefit	5 children as per table below
1 + 5 Family	Full benefit	5 Extended family members (including spouse if applicable) as per below	

CHILDREN AND EXTENDED FAMILY BENEFITS

<u>AGE</u>	<u>BENEFIT</u>
Extended family over 14 years	100% of full benefit
Children (14 to 21 years)	100% of full benefit
Children (6 to 13 years)	50% of full benefit
Children (1 to 5 years)	25% of full benefit
Children (0 to 11 months)	10% of full benefit
Stillborn (from 26 weeks)	10% of full benefit

- Extended family younger than 14 years are covered as children (per the benefits table above) and as adults from 14 years and older.
- Unmarried children will be covered up to and including the age of 25 years if they are studying at a recognised school or tertiary institution. This is subject to the provision of satisfactory evidence (annually) of registered study at a recognised school or tertiary institution. Without proof of such study, the maximum age for cover will be up to and including 21 years of age.
- Mentally or physically disabled children who are unmarried and who are totally and completely dependent on the Main Member will be covered for as long as the Policy is in force.
- Unborn children will be included as a dependent from 26 weeks or more. Only two stillbirths will be accepted per family during the term of this Policy.

bonsella® elect ADDED BENEFITS PLAN

DISCOUNTS & SAVINGS

- Funeral Discounts (funeral services and coffins), Travel Discounts (local flights and national bus tickets) and Discount Partners (mobile bundles, car hire, rent-to-own furniture)
- Discounts are accessed through the bonsella® elect Assist Line
- Vouchers delivered to eligible members by email, SMS, or fax and redeemed at the benefit partner
- Available Monday to Friday 07h00 - 19h00 and Saturdays 08h00 - 12h00. Closed on Sundays and Public Holidays

HEALTH ADVICE

- 24-hour emergency medical advice including assessment of symptoms and referral to the most appropriate healthcare professional as required
- Assistance and advice from qualified nurses for medical emergencies, counselling for chronic ailments and diseases, trauma debriefing or referral to a counsellor
- Knowledge on all aspects of healthcare including home care remedies with scheduled follow-up assessment calls, if required
- Explained medical terms, results of tests and information relating to medication
- Access to one of the most widely searched and referenced drug and poison databases in SA
- Access to a pre-recorded audio health library for information on a range of medical topics
- COVID-19
 - Information, advice and tips
 - Support for individuals to understand and manage their risks
 - Guidance on self-care
 - Referrals to accredited treatment facilities

EMERGENCY MEDICAL ASSISTANCE

- 24-hour emergency medical assistance provided by medically trained agents registered with the HSPCSA
- Immediate dispatch of emergency medical services in order to provide lifesaving assistance
- Constant monitoring of the incident until the ambulance provider has delivered the member to the hospital
- Emergency Pre-Arrival instructions provided by agents e.g. CPR
- Emergency transportation by air or road ambulance
- One-way medical upgrade to an appropriate medical facility as continuation of the initial emergency response “same day” from the current treating facility that is unable to care/manage the condition of the member
- Repatriation of member to a treating facility closer to their place of residence if the incident has occurred more than 200km from the member’s residence
- Access to non-emergency medical transportation, at member’s own cost
- Payment of medical transportation costs
- Largest national network of emergency medical service providers.

REPATRIATION & FUNERAL ASSISTANCE SERVICE (RSA ONLY)

- Priority, coordinated assistance with a missing person for 3 (three) calendar days;
 - Assistance with location of the deceased body and verification of death;
 - Advice on how to apply for the Death Certificate;
 - Overnight accommodation for 1 (one) person to identify the body (max. benefit of R500);
 - Burial repatriation from the morgue to a funeral home within RSA and 1 (one) family member may accompany the body *en route* (transport costs to deceased location are for own account);
 - Referral to a reputable funeral home for the onward assistance with funeral arrangements;
 - Up to 60 (sixty) days telephonic guidance, emotional support and help for the family;
 - Referral to a pathologist if an autopsy is required; and
 - Referral to a crisis centre, psychologists or support groups where required.
- (Note: Any costs incurred as a result of a referral or expenses born outside of telephonic support, coordination and management, must be paid for by the Main Member or the Main Member’s beneficiary.)**

SPECIFIC TERMS AND CONDITIONS APPLICABLE TO THE bonsella® elect FUNERAL COVER

- The Policy is based on the information provided during the application process and will be assumed to be correct. The application process can only be completed once all required information and/or data has been provided.
- Once the Main Member’s cover ceases (dies, Policy is cancelled or lapsed), the funeral benefit for Spouse and Children cease immediately. No continuation option is available, i.e. for example, on the death of the Main Member, and the deceased Main

- Member's Spouse and/or Children wish to maintain the funeral benefit cover, a new Policy must be taken out or inception.
- A 15 day grace period is allowed in respect of payment of premiums on the renewal of the Policy.
- Should premiums not be paid which leads to the Policy lapsing or premiums not being received within the grace period, cover will cease. Should the Main Member wish to re-join, they will be treated as a new entrant, with the stated waiting period.
- If the Main Member dies, the person loaded as the nominated Beneficiary will receive the benefit, subject to the terms and conditions of the Policy.
- Should a Policy lapse, cover will cease and there will be no benefits payable under the Policy. Reasonable attempts will be made to notify Main Members by SMS.
- No dependent adult may be covered more than once by the same Main Member.
- The premium rate shall be subject to alteration by the Insurer at any time with 30 days written notice provided to the Main Member.

EXCLUSIONS & WAITING PERIODS APPLICABLE TO THE *bonsella*[®] elect FUNERAL COVER

Payment of benefits is subject to:

- There is no waiting period for accidental death.
- A 6 (six) month waiting period applies from date of receipt of the first month's premium for claims due to natural causes.
- Suicide or self-inflicted injury will be excluded for the first 12 (twelve) months.
- No benefits are payable as a result of active participation in war, riot and civil commotion or terrorism or similar related incidents.
- All claims related to, or a direct or indirect consequence of, the use of atomic, biological or chemical warfare/weapon, terrorism or attacks on, or sabotage of such facilities shall be rejected.
- No benefits are payable as a result of a crime being committed, any violation of the law or deliberate exposure to exceptional danger.
- All benefits shall be forfeited if a claim is not lodged within 6 (six) months from the date of death of the person insured.
- There will be no limitation on the number of policies that can be purchased per individual, however the maximum amount payable under all active policies will be R60 000 per individual.
- There are no surrender values to this policy, the benefits may not be ceded or pledged in any way and no loans will be accepted against this policy.

GENERAL POLICY DEFINITIONS

Accidental Death

An unforeseen event which could not reasonably have been expected to occur. The event must result in death caused directly and independently of all other causes by some external and visible means arising from this event, and excludes death by natural causes.

Added Benefits

The assistance services (Repatriation & Funeral Assist, Health Advice and Emergency Medical Assistance) and partner discounts (Funeral Discounts, Travel Discounts and Discount Partners) included in the Added Benefits Plan.

Assist Line

The contact centre for access to *bonsella*[®] elect Added Benefits, which is accessible 24-hours a day, 365 days a year through a variety of channels, including: telephone on 0861 238 239, and a USSD free call-me-back facility on *130*3272*33#.

Beneficiary

The person/s as nominated by the Principal Member to receive the benefit, subject to the terms and conditions as set out in the policy wording, on the death of the Principal Member. The Beneficiary's life is not covered by this Policy.

Cancellation

The Insured may cancel the Policy at any given time with immediate effect. The Insurer will retain the customary short period or minimum premium already paid by the Insured. The Insurer may cancel the Policy upon providing the Insured with 31 days' notice to the last known recorded contact details on its system.

Children

An unmarried child, 21 years and younger, of the Main Member, including biological, step, adopted, legal ward or unborn child (from 26 weeks on). Children between 22 and 25 years inclusive are included provided they are studying at a recognised tertiary institution. There is no age restriction on children who are mentally or physically incapacitated or incapable of looking after themselves and where they are unmarried and wholly dependent on the Main Member for financial support and maintenance.

Discount Partner

A provider of goods and / or services at discounted rates to the Member and accessed via the bonsella® elect Assist Line.

Extended Family

Any family member that is nominated by the Main Member, up to a maximum of 5 (five) persons. This may include any spouse, parents, grandparents, brothers, sisters, aunts, uncles, nephews, nieces, children over the age of 21 (and not studying) or over the age of 25 for studying children or grandchildren.

Main/Principal Member or Policy Holder

A person who qualifies for funeral cover (by being between the ages of 18 - 74 years inclusive) and who pays the Premium.

Period of Insurance

The period of cover indicated on your confirmation SMS.

Service Provider

A supplier of goods and / or services to the Member, as appointed by bonsella® elect Funeral Cover.

Spouse

The legal or common law husband or wife or such person that has been living with the Main Member for a period of 6 (six) months or longer. Spouse extends to include same sex marriages and ex spouses who remain financially dependent upon the Main Member.

Suicide

The act or an instance of taking one's own life.

30 day cooling off period

The period in which the Main Member can opt out of the Policy should he/she no longer wish to take up the Policy. The Insurer must be notified no later than 30 (thirty) days after confirmation of cover. All premiums already paid shall be refunded, less the cost of any funeral cover.

HOW DO I CLAIM?

For any claim event, there is a 6 (six) month period in which to lodge a claim from the date that the event occurred. All required documentation must be submitted within 12 (twelve) months of the claim event, i.e. the date of the death of the Main Member or any other insured person.

The following documents/photographs must be provided for consideration of a claim:

- Completed claim form;
- Certified ID copy of the Main member (Principal Member) and person lodging the claim, such as the Beneficiary;
- Certified copy of death certificate;
- Certified ID copy of the deceased;
- Proof of banking details;
- For a disabled child, confirmation of the Disability Grant or a copy of the Medical Application or Medical report is required;
- For a stillborn death, ID document of the mother and an unabridged death certificate from the hospital;
- For a full-time student, a letter confirming full-time student at a recognised educational institution; and
- For an unnatural death, a copy of the police report from SAPS or accident report.

Further evidence may be requested in support of your claim. The Insurer undertakes to settle a claim within 48 hours of all claim documentation been received and claim procedures having been met. Payment of the benefits provided in the event of a valid claim in terms of the Policy will be full and effective, discharging the insurer and the administrator of its liability and obligations in terms of the Policy. All payments will be in South African Rands, and no benefit payable under this Policy shall carry interest.

For ALL CLAIMS contact: Tel: 0861 00 42 47 | Email: insurappclaims@monitorsa.co.za

REPUDIATION OF A CLAIM

Details of the Long Term Insurance Ombudsman are detailed in the disclosure notice should you not be satisfied with the outcome of your claim. Should you, as the insured party, wish to dispute the rejection of your claim, you have 90 (ninety) days to submit a dispute to complaints@monitorsa.co.za. Should you remain unsatisfied you have 180 (one hundred and eighty) days from the date of the initial rejection letter to institute legal action by way of the service of Summons against the Insurer, failing which you will forfeit your claim and no liability will arise in terms of such claim.

GENERAL CONDITIONS

- If you do not abide by the terms and conditions of this Policy, you (or any other insured person) will not be entitled to any benefit under this Policy.
- If you provided us with false or misleading information when you applied for cover under this Policy, and this information would have affected the decision to insure you (or any other insured person) your (or any other insured person's) cover under this Policy will end. If you (or a claimant) give false or misleading information when making a claim, no benefit will be received/paid under this Policy and the cover under this Policy will end.
- If any benefit is paid as a result of a false claim, you (or any other claimant) will have to repay any benefits you (or they) have received and the Insurer may take legal action against you.
- The rights under this Policy cannot be transferred to anyone else and this Policy cannot be used to protect any person other than you (or any other insured person).
- When your (or any other insured person's) cover under this Policy ends it will not have a cash value nor will any cash backs be payable in terms of this Policy.
- This Policy may be cancelled at any time by either party giving 30 (thirty) days' notice in writing.
- You MUST notify the Administrator or Intermediary FSP within 30 (thirty) days of any changes to any personal information that may affect the Insurer's liability under your Policy.
- The laws of the Republic of South Africa govern this Policy.

bonsella® elect ADDED BENEFITS PLAN CONDITIONS

- Access to the Assist Line and services is available to validated clients only.
- The agent will verify membership at point of interaction as per the client's verification criteria;
- Based on symptom assessment, agents may refer a member to a medical professional. Any costs incurred for services rendered by a medical professional are to be paid by the member.
- Symptom assessments are made based on the information provided by the member at the time of the call and can only be as accurate as the information provided by the member.
- Funeral Discounts, Travel Discounts and Discount Partners are only accessible Monday to Friday, 07h00 to 19h00 and Saturday 08h00 to 12h00. The call centre is closed on Sundays and public holidays.
- Service provider products and services terms and conditions apply.
- Should any of the benefits no longer be available, best efforts will be used to replace them with a similar offer within a reasonable period.
- Terms and conditions are subject to change without prior notice.

TREATING CUSTOMERS FAIRLY

This product has been created to meet the needs of our clients. Treating Consumers Fairly ("TCF") framework principles are viewed seriously by the Insurer and all 6 (six) outcomes, as stated below, are practiced at all times. We will, in all our interactions with any consumer, endeavour to deliver excellent consumer experiences which we will achieve through the ongoing review of all our business practices and analysis of complaints. It is our objective to be fair in our treatment of all consumers and partners and being compliant, in all aspects, of the 6 (six) outcomes of the TCF framework.

These outcomes are:

- We are confident that your fair treatment is key to our culture;
- Products and services are designed to meet your needs;
- We will communicate clearly, appropriately and on time;
- We provide advice which is suitable to your needs and circumstances;
- Our products and services meet our clients standards and are of an acceptable level; and
- There are no barriers to access our services or to lodge any complaints.

INSURANCE DISCLOSURE DOCUMENT DISCLOSURES REQUIREMENT IN TERMS OF SECTION 4 TO 7 OF THE GENERAL CODE OF CONDUCT OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES (FAIS) ACT, No 37 OF 2002

The purpose of this document is to provide you with key information that you should know before proceeding with the Policy. As a Policy Holder (or Main Member) you have the right to the following information: For the purpose of this document, **FSP** = Financial Services Provider as defined in the FAIS Act, and is the insurance broker or intermediary.

Name of Product

Intermediary FSP:

Registration Number:

First Federal Investments (Pty) Ltd.

2001/027591/07

Registered as a Financial Services Provider, FSP No. 16192

Postal Address:

PO Box 71006, Bryanston, 2021

Physical Address:

Rivonia Gate Office Park, Rivonia, 2191

Phone Number:

(011) 807 3323

Compliance Department:

(011) 807-3323

PI Cover:

FFI has PI cover in place with AIG

Legal Status:

First Federal Investments (Pty) Ltd is a licensed financial service provider in terms of section 8 of the Financial Advisory and Intermediary Services Act (Act no 37 or 2002). First Federal Investments (Pty) Ltd does not own or directly hold more than 10% of the Insurer's shares and does not receive more than 30% of its total commission and remuneration over the preceding 12 months from the Insurer.

Claims Procedure:

Claim forms and all required documents are to be submitted to Monitor Administrators 0861 00 42 47 or insurappclaims@monitorsa.co.za

Complaint Resolution Policy:

All complaints relating to the Intermediary must be sent in writing, to the Complaints Manager, complaints@monitorsa.co.za

Conflict of Interest Policy:

First Federal Investments (Pty) Ltd has a documented Conflict of Interest Policy which is available upon request from the compliance department.

The Product Intermediary FSP is responsible for compliance, product development and design, to address all product related enquiries and any other advice services (if applicable).

Name of Fulfilment

Intermediary FSP:

Registration Number:

InsurApp Advisory (Pty) Ltd.

2013/047484/07

Registered as a Financial Services Provider, FSP No. 49993

Postal Address:

PO Box 467, Kloof, 3610

Physical Address:

45 Old Main Road, Kloof, 3610

Phone Number:

(031) 812-2041

Compliance Department:

L. Pardy & Associates (Pty) Ltd, **Tel:** 031 582 1419 **email:** louise@lpardy.co.za

PI Cover:

Snyman van der Vyver (Underwriter), Santam (Insurer)

Legal Status: Insurapp Advisory (Pty) Ltd is a licensed financial service provider in terms of section 8 of the Financial Advisory and Intermediary Services Act (Act no 37 of 2002). InsurApp Advisory (Pty) Ltd does not own or directly hold more than 10% of the Insurer's shares and does not receive more than 30% of its total commission and remuneration over the preceding 12 months.

Claims Procedure: Claim forms and all required documents are to be submitted to Monitor Administrators 0861 00 42 47 or insurappclaims@monitorsa.co.za

Complaint Resolution Policy: All complaints relating to the Intermediary must be sent in writing, to the Complaints Manager, complaints@monitorsa.co.za

Conflict of Interest Policy: Insurapp Advisory (Pty) Ltd has a documented Conflict of Interest Policy which is available upon request from insurapp@monitorsa.co.za

The Fulfilment Intermediary is responsible for intermediary services related to the product set-up on and electronic onboarding of policies via the application, premium payment allocations and queries, policy administration and support.

First Federal Investments (Pty) Ltd and Insurapp Advisory (Pty) Ltd jointly earn a commission (up to 7% of the monthly premium) which is paid by the Insurer.

Name of Underwriting Manager: Monitor Administrators (Pty) Ltd.
Registration Number: 2003/004608/07
Registered as a Financial Services Provider, FSP No. 17824
Vat No: 4890207980
Postal Address: PO Box 467, Kloof, 3610
Physical Address: 45 Old Main Road, Kloof, 3610
Phone Number: 0861 0042 47
Compliance Department: Independent Compliance Management Solutions CC, dsmith@compliancesolution.net
Tel: 074 187 7325

Complaint Procedure: Customer satisfaction and retention of your business is vital to us and has been one the tenets of our ongoing success. We appreciate the effort you take in bringing a problem to our attention and are committed to the prompt and fair resolution of any complaints. If your client service consultant is not able to address your complaints, kindly email complaints@monitorsa.co.za. If you do not receive a satisfactory resolution please do not hesitate to lodge a complaint with our compliance office.

Monitor Administrators (Pty) Ltd earns a binder fee (up to 8.5% of the monthly premium) which is paid by the Insurer.

Name of Insurer: Safrican Insurance Company Limited
Reg No. 1935/007463/06
Registered as a Financial Services Provider, FSP No. 15123
Physical Address: 1st Floor, 195 Jan Smuts Avenue, Rosebank, 2000
Postal Address: PO Box 616, Johannesburg, 2000
Phone Numbers: Tel: 011 778 8000 Fax: 011 778 8183
Legal Status: Safrican Insurance Company Limited is a Registered Insurer in terms of the Long Term Insurance Act 52 of 1998
PI and FG Cover: Safrican Insurance Company Limited has Professional Indemnity Cover and a Fidelity Guarantee Cover in place.
Compliance department: **e-mail:** compliance@safrican.co.za **Tel:** 011 778 8000
Complaints: You can contact us on **011 778 9130** or **e-mail:** compliance@safrican.co.za

Due date of payment: The premium is payable in advance

Consequence of non payment: No premium = no cover and no claim shall be payable to you
Premium amount: The premium is detailed on your SMS confirmation
Type of policy: The type of funeral policy is detailed on your SMS confirmation

WARNINGS AND OTHER MATTERS OF IMPORTANCE

- You must be informed of any changes to the Intermediary FSP, Underwriting Manager and Insurer or any material changes to the Policy terms and conditions, as contained in the Policy wording.
- If the information regarding the Policy was given verbally, it must be confirmed in writing within 30 (thirty) days.
- If any complaint to the Insurer or representatives thereof is not resolved to your satisfaction, you may submit the complaint to the Long-term Insurance Ombudsman, the FAIS Ombudsman or the Registrar for Long-Term Insurance, the details of whom are set out below. Note that you must be able to show that you have already attempted to resolve the matter with your Insurer or representatives thereof first.
- Polygraph or a lie detector test is not obligatory.
- In the event of a claim and failure thereof may not be the sole reason for repudiating a claim. The Insurer not the Intermediary FSP must give reasons for repudiating your claim.
- Your Insurer may not cancel your Policy merely by informing the intermediary FSP. There is an obligation to make sure the cancellation notice has been sent to you.
- You are entitled to a copy of the Policy terms and conditions free of charge.
- Keep all documents handed to you and make notes as to what is said to you.
- Don't be pressurised to buy the Policy.
- Incorrect, false, misleading or non-disclosure by you of any relevant facts or information may influence an Insurer's decision on any claims arising from your contract of insurance or Policy.

The Long-Term Insurance Ombudsman	FAIS Ombudsman	Registrar for Long-Term Insurance
Postal address: Private Bag X45 Claremont Cape Town 7735	Postal address: P O Box 74571 Lynwood Ridge 0040	Postal address: P O Box 35655 Menlo Park 0102
Tel number: 021 657 5000 Fax number: 021 674 0951 E-mail: info@ombuds.co.za	Telephone number: 012 470 9080 Facsimile number: 012 348 3447 E-mail: info@faisombud.co.za	Telephone number: 012 428 8000 Facsimile number: 012 347 0221 Toll free: 0800 11 0443
The Ombudsman is available to advise you in the event of claims problems which are not resolved satisfactorily by the Intermediary and Insurer.	If any complaint with regard to advice, albeit automated advice, given or intermediary services rendered to you was not resolved to your satisfaction, you can contact the above	