GROUP FAMILY CRISIS PLAN

(the "Policy")

ISSUED TO:

BARGAINING COUNCIL CONTRACT CLEANING INDUSTRY (KWA-ZULU NATAL)

Administered by:

Ambledown Financial Services (Pty) Ltd

Registration Number: 2004/006271/07

FSP Number: 10287

(Hereinafter referred to as the "Underwriting Manager/Administrator")

Insured by:

Guardrisk Life Limited

Registration Number 1999/031922/06 and FSP No 76

(Hereinafter referred to as the "Insurer")

Master Policy Wording No.:

In consideration of and conditional upon the prior payment of the Premium by or on behalf of the Policyholder and the acceptance thereof by the Insurer ("Guardrisk Life Limited"*)* and subject to the Policy Definitions, Exclusions, General Terms and Conditions, limitations and any endorsements to the Policy, the Insurer agrees to pay a benefit to the Principal Member or Beneficiary for a Claim Event occurring during the Period of Insurance. Any application form and declarations completed by the Principal Member form the basis of this Policy as well as the Schedule and any endorsement to the Policy.

POLICY DEFINITIONS

The following words and expressions shall have the following meanings:

"Accident" a sudden, unforeseen, and uncertain event, which could not reasonably be expected to occur, which is caused by violent, external, physical and visible means at an identifiable time and place, resulting directly and independently of any other cause, in Bodily Injury. This definition shall exclude self-inflicted injury and suicide.

"Accidental Death" means Bodily Injury which (directly and independently of any other cause) results in the death of the Insured Person and shall exclude Natural Death.

"Administrator" or **Underwriting Manager"** means Ambledown Financial Services (Pty) Ltd, Reg. No. 2004/006271/07, FSP No. 10287.

"Applicable Laws" means the Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017, the Protection of Personal Information At 4 of 2013 and any other legislation relating to or regulating the protection or processing of data of Personal Information, direct marketing or unsolicited electronic communications and which may be applicable in the Republic of South Africa from time-to-time.

"Beneficiary" means the person nominated by the Principal Member to whom the Funeral Benefit and Accidental Death benefits will be paid by the Insurer upon the death of the Principal Member.

"Bodily Injury" means identifiable physical bodily injury to an Insured caused by an Accident. Bodily Injury shall also be deemed to include death by starvation, thirst, and/or exposure to the elements.

"Claim" means a demand for Policy benefits by a Claimant in relation to this Policy, irrespective of whether or not the Claimant's demand is valid. Claims must be made by submitting a completed claim form with supporting documents to the Administrator.

"Claimant" means a person who makes a Claim in relation to this Policy.

"Claim Event" means the risk insured under this Policy.

"Claim Event Date" means the date on which the Claim Event occurs giving rise to a Claim.

"Cleaner" means any person employed to clean an office, school, business, factory, residential or any other premises or any plane, truck, car, bus, train or other vehicle required to be so cleaned on a contractual basis and/or to clean furniture and any other projects in such premises and vehicles and/or to perform any work incidental there.

"Child" means a child who is under 21 (twenty-one) years of age. This includes a natural child, a legally adopted child, or a child that is financially dependent on the Principal Member. The age limit will be extended to 25 (twenty-five) years should the child be a full-time student financially dependent on the Principal Member. There is no age limit for mentally or physically challenged children while they are wholly dependent on the Principal Member or Spouse.

"Commencement Date" means the date on which cover under this Policy starts, subject to the receipt of the first Premium by the Insurer.

"Day" means a 24 (twenty-four) hour period. For the purposes of the Policy, an admission remains any 24-hour period or part thereof provided the insured person is admitted to a hospital an in-patient.

"Dependant" means a person who is financially reliant on the Principal Member, and in whose life the Principal Member has an Insurable Interest. This includes a Spouse or Child of the Principal Member.

"Exclusion" means the losses or risk events not covered under this Policy. Should a Claim Event arise from an Exclusion, no Benefit will be payable.

"Family" means the Principal Member, Spouse and Children, provided that the Spouse and Child are Insured Persons.

"Grace Period" a period of 31 (thirty-one) Days after the Premium payment due date where the cover is still in force, but the Premium has not been paid by the Policyholder. If any Claim Event occurs during this period which results in a valid Claim, the unpaid Premium/s will be deducted from any Benefit paid. Failure to pay the Premium/s by the expiry of this period will result in the Policy lapsing and all Benefits will cease. A Claim Event that arises in the period after the Policy has lapsed will not be covered.

"Health Event" means an admission into hospital resulting from a Bodily Injury or an Illness.

"Hospital" means, an institution which:

- Is licensed in accordance with the applicable laws of the jurisdiction in which it is located.
- Is primarily engaged in providing, for compensation from its patients, diagnostic, medical, and surgical facilities for the care and treatment of injured or sick persons.
- Has staff of one or more qualified physicians available at all times.
- Has 24-hour nursing service by registered graduate nurses under the permanent supervision of the Medical Practitioner in charge.
- Maintains in-patient facilities.
- Maintains a daily medical record for each of its patients.

Excludes any institution which is primarily a rest or convalescent facility, a lodging facility or lodging ward, rehabilitation wards or centers, a place for custodial care, hospices, a facility for the aged or alcoholics or drug addicts or for the treatment of psychiatric or mental disorders.

"Hospitalisation" means admission to a Hospital and registered as an in-patient due to a Health Event.

"Illness" means any one somatic Illness or disease which manifests itself during the period of insurance and includes premature senile degenerative changes, but not an Illness which is of such a nature as to be incapable of diagnosis by objective evidence or which though capable of diagnosis by such evidence has not been so diagnosed.

"Insured Person" means the Principal Member, Spouse and Children where cover has been granted for Dependants.

"Insurer" the insurance company that underwrites this insurance, namely Guardrisk Life Limited (registration number 1999/013922/06 and FSP number 76), an authorised financial services provider and an insurer licensed to conduct life insurance business in terms of the Insurance Act 18 of 2017. See the disclosure notice for details.

"Medical Practitioner" means a legally and duly qualified medical practitioner registered with the Health Professions Council of South Africa with a valid practice number.

"Participating Employer' means an employer who is engaged in the Contract Cleaning Industry and employs the Principal Member covered under this Policy.

"Personal Information" means personal information as defined in the Protection of Personal Information Act 4 of 2013.

"Permanently Disabled" means being medically certified total and permanently disabled as a result of an Accident, which in the opinion of a Medical Practitioner, cannot be remedied or cured by any procedure or treatment, and this disability renders the Principal Member permanently unable to pursue their own occupation or similar occupation for which they may be suited through experience, training, education, age or ability. For purposes of this Policy, the Claim Event Date shall be the last date of active service and sick leave record.

"Policy" means this legal document that has the Policy Schedule, the terms and conditions which includes the declarations made at application stage and any endorsements issued in terms of this Policy.

"Policyholder" the Bargaining Council for the Contract Cleaning Industry acting on behalf of its members.

"Policy Schedule" the Schedule stating the benefit details and respective Premium rates and benefit restrictions attached to this Policy.

"Premium" means the monthly amount payable as stated in the Policy Schedule or any endorsement issued in terms of this Policy.

"Principal Member or **Member"** means a Cleaner (as defined) who is in a category of paid-up member as designated by the Participating Employer and Policyholder. It is a natural person who has completed the application for Policy benefits and has been accepted for cover and is the primary Insured Person on the Policy, the Principal Member must be over the age of 18 (eighteen) and under the age of 65 (sixty-five) years at the time of application.

"Renew" means the Insurer has elected to continue with the Policy for the next 12 (twelve) months period from the Renewal Date and the Policy will not terminate at the Renewal Date. 'Renewal' shall have a corresponding meaning.

"Renewal Date" means the date on which the Insurer elects to Renew the Policy for another year and will also be the date on which cover will continue on any revised terms or revised premium by way of an endorsement. The Renewal Date may also include the option for the Insurer to not Renew the Policy whereupon prior notice of 31 (thirty-one) Days will be provided to the Policyholder to confirm the termination of the Policy.

"Renewal Period" the period when Premium rates and other Policy terms are reviewed and amended and become effective for the next 12 (twelve) months period provided the Insurer has elected to Renew the Policy. This period is specified as such in each Schedule.

"Reinstatement" means where the Policy has lapsed due to non-payment of Premiums after the Grace Period, a request to reinstate the Policy may be made. The Insurer reserves the right to either accept or decline such reinstatement request. If the Policy is reinstated within 3 (three) months from the date of lapse, it will be done on the same terms as those issued at Commencement Date.

"Reinstatement Date" means the date on which a Policy which had previously lapsed or was cancelled, is reinstated by the Insurer. This is subject to the conditions of such a reinstatement being met by the Policyholder.

"Repudiate" in relation to a Claim, means any action by which the Insurer rejects or refuses to pay a Claim or any part of a Claim, for any reason and includes instances where a Claimant lodges a Claim:

1. in respect of a loss event or risk not covered by this Policy; or
2. in respect of a loss event or risk covered by this Policy, but the Premium or Premiums in respect of this Policy are not paid; or
3. in respect of Policy terms and conditions not being met.

"Repudiation" has a corresponding meaning.

"Scheme" as referred to in the Policy Schedule.

"Schedule" means the schedule of Insurance attached to and forming part of this Policy.

"Spouse" means the person married to the Principal Member by law, tribal custom, or tenets of any religion, and shall include a person that shares an abode with the Principal Member and has done so for at least six (6) months and lives together in the manner of a legally married couple. Should a Principal Member have more than one spouse who could qualify as a 'Spouse' then that Principal Member must make an irrevocable nomination of 1 (one) Spouse to whom the benefits provided by this policy are to apply. Insurance cover for the Spouse shall cease upon the divorce and/or the permanent separation of the Spouse from the Principal Member. The cessation of insurance cover shall be on the earliest of the separation date or the date of the final divorce order. Only 1 (one) legal or common law husband/wife of the Principal Member will be allowed at any time.

"Stillborn Child" is defined as a baby who, after completing at least 26 weeks of gestation, is born without showing signs of life. This event must be verified and documented by a certified Medical Practitioner.

"Unclaimed Benefit" means a valid and approved Claim where payment cannot be made to the Principal Member or Beneficiary within 6 (six) months of the Claim having been approved because the Principal Member/Beneficiary is unknown or is not contactable. In other words, the Principal Member/Beneficiary cannot be located, his/her emails are undelivered, his/her post is returned and/or his/her contact number is no longer in use. It is a Claim that is known to the Insurer and has been reported, assessed, proven valid and approved.

"Variation": means any act that results in a change to-

a. the Premium;
b. any term;
c. any condition;
d. any Policy Benefit;
e. any Exclusion; or
f. the duration of the Policy,

"**Vary**" and "**Varying**" has a corresponding meaning.

GENERAL TERMS AND CONDITIONS

CONDITIONS OF MEMBERSHIP

A Cleaner (as defined) shall become a Member of the Scheme as follows:

- If the first (1st) Day of employment and/or the completion of any probationary period is the first (1st) working Day of the month, that Day will be their date of entry into the Scheme; or
- If the first (1st) Day of employment and/or the completion of any probationary period is after the first (1st) working Day of the month, their date of entry into the Scheme will be the first (1st) Day of the next month.

It shall be a condition of the Scheme that every Cleaner shall become a Member of the Scheme as soon as he/she becomes eligible in terms of the above.

On becoming a Member each Principal Member and their Spouse and/or Child(ren) shall be deemed to have accepted the terms and conditions of this Policy and thus agree to be bound by them.

Any membership condition for a particular Member may be waived if the Insurer so agrees in writing by giving thirty-one (31) Days written notice prior to the effective date of the change.

On becoming a Member each Principal Member must nominate their Dependants by completing a nomination form available from the Administrator.

All insured lives (including the Principal Member) must be residing in South Africa.

PARTIES

The parties to the creation of the Scheme are:

- The Policyholder;
- Principal Member;
- The Insurer.

REGISTER OF MEMBERS

The Insurer or its appointed Administrator shall keep a register of all Principal Member's, Dependants and Beneficiary nominations and shall record therein the information supplied by the Policyholder. This information shall include application forms, nomination forms, member data, Premium data, Claims data, as well as payroll data.

POLICY

- The Scheme is governed by this Policy which may be endorsed at any time by agreement between the Policyholder and the Insurer.
- All endorsements shall be signed by the Policyholder and the official or officials of the Insurer.
- The provisions of this Policy are binding upon the Insured Persons, the Insurer and any person who submits a Claim in terms of the Policy.
- The benefits will be subject to the limitations and conditions of this Policy.

COOLING OFF PERIOD

A Policyholder may:

- In any case where no benefit has yet been paid or claimed or a Claim Event has not yet occurred; and
- Within a period of thirty-one (31) Days of receipt of the Policy, or from a reasonable date on which it can be deemed that the Policyholder received the Policy referred to above, cancel the policy by written notice sent to the Administrator.
- All Premiums or moneys paid by the Policyholder to the Insurer up to the date of receipt of the cancellation notice or received at any date thereafter in respect of the cancelled or Varied policy, shall be refunded to the Policyholder.

PREMIUMS

- The amount of Premiums payable to secure the benefits under this Policy is stated in the Schedule.
- The Participating Employer shall facilitate the deduction of the Premiums required to provide the benefits under this Policy and shall pay the Premiums due to the Insurer. The amount of Premiums payable to secure the benefits under this Policy shall be calculated by the Insurer in accordance with the scale of Premium rates in force under this Policy at the date of calculation and will be based on the information given to the Insurer by the Participating Employer.
- The Premiums required to secure the benefits shall be payable throughout the Principal Member's membership of the Scheme.
- All Premiums are payable in arrears by the Participating Employer and in accordance with the Premium frequency stated in the Schedule.
- The Premium is payable monthly by the Participating Employer and is due by the last Day of the month that the Premium relates to. The Premium must be paid by the Premium payment date as set out in the Policy Schedule.
- If the Premium is not paid by the Premium payment date, the Grace Period will apply in which the Premium becomes payable for cover to remain in force.
- If the outstanding Premium is not paid by the expiry of the Grace Period, then this Policy shall be deemed to have been cancelled at midnight on the last Day of the month for which the last Premium was received.
- A Claim arising after the date of lapse will not be covered unless the Claim Event arose before the date of lapse, in which instance the Claim will be assessed and if deemed valid, the arrears premium will be due by the Participating Employer group. No Claim will be considered should the Claim Event occur after the Policy has been cancelled.
- The Insurer may offer terms of Reinstatement but is not obliged to do so or to reinstate this Policy.
- The Insurer is not obliged to accept a Premium tendered to it after the Grace Period or after the Period of Insurance detailed in the Policy Schedule.
- The Insurer will not change or Vary the Premium rate before the first Renewal Date after the Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the Premium rate or when the Variation will be to the benefit of the Principal Member. At the Renewal Date, the Insurer reserves the right to review and change the Premium and cover annually. Any changes to the Premium rate will be notified to the Policyholder 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the Premium rate and will afford the Policyholder with reasonable steps, such as an option to terminate the Policy, to mitigate the impact of the increase on the Policyholder, provided the Insurer has elected to Renew the Policy. The Premium rates may be amended or changed, based on the following factors: past and future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any regulatory and legislative changes impacting this Policy or any other factor impacting the Premium that the Insurer deems material at the time.

REINSTATEMENT

- Where the Policy has lapsed, a request to reinstate Benefits must be made to the Insurer in writing.
- The Insurer reserves the right to either accept or decline Reinstatement of the Policy.
- Reinstatements will at all times be subject to such further conditions as the Insurer may determine at that time.
- The Insurer will not entertain Reinstatement of a lapsed Policy if the Reinstatement application is made after the 2 (two) months following the date of lapse.

BENEFITS NOT ASSIGNABLE

A Member may not cede, pledge or otherwise alienate the benefits or the rights to benefits in terms of the Scheme and such benefits shall not be subject to any form of execution or judgement and shall not, on insolvency, or on surrender form part of the estate of the Principal Member or his/her dependent(s).

WAITING PERIODS

No Waiting Periods – Cover commences immediately from Commencement Date.

UNCLAIMED BENEFIT

If a valid and approved death Claim under this Policy is an Unclaimed Benefit, the Administrator will take action to determine if the Principal Member/Beneficiary is alive and/or aware of the benefit payable to him/her under this Policy. Specifically, in the 3 (three) year period after the Unclaimed Benefit arises, the Administrator may:

- attempt to contact the Principal Member/Beneficiary telephonically and electronically to advise them of the Unclaimed Benefit; or
- determine the last known contact information of the Principal Member/Beneficiary by comparing internal and external databases, including the use of internet search engines and/or social media; or
- appoint an external tracing company to locate the Principal Member/Beneficiary.

Before the end of the 3 (three) year period referred to above, the Administrator will confirm the Unclaimed Benefit and transfer the amount of the Unclaimed Benefit to an account in the name of the Insurer, and the Insurer will accept liability for the Unclaimed Benefit.

FRAUD

If any fraudulent means are used by the Policyholder, Principal Member, Beneficiary or anyone acting on their behalf to obtain any benefit amount under this Policy or if any of the Claim Events insured against are occasioned by the Policyholder, Principal Member or Beneficiary intentional act, or with connivance, all benefits under the Policy and all Premiums paid in terms of the Policy will be forfeited and the Policy will be voidable at the Insurer's option.

JURISDICTION

The Policy shall be subject to the laws of the Republic of South Africa.

Where payment is to be made to or by the Insurer it shall be made in the currency of the Republic of South Africa at the Insurer's head office.

ERRORS AND OMISSIONS

It is expressly understood and agreed that if failure to comply with any terms of this Policy is shown to be unintentional or as a result of administrative errors or omissions on the part of either the Insurer or the Policyholder, both the Insurer or Policyholder shall be restored to the position they would have occupied had no such error or omission occurred.

The above provision shall apply only to oversights, misunderstandings or clerical errors relating to the administration of this Policy. Any negligent or deliberate acts or omissions by the Policyholder or the Insurer regarding the cover provided will be resolved by applying the best practice and the Treating Customers Fairly principles as outlined below, together with the Policyholder Protection Rules.

TERMINATION OF THE SCHEME

Should the Policyholder cease its activities, as set out in the Memorandum of Association, the

Scheme will automatically terminate as from the first (1st) Day of the month following the date on which activities were ceased.

In the event of this Scheme being terminated or dissolved, any Claim not notified to the Insurer at the date of termination but for which the Insured Person has been receiving treatment prior to termination, will be considered for benefits under this Policy. Written notification of such pending Claim must be received.

TERMINATION OF COVER

- This Policy may be cancelled by the Policyholder at any time by giving 31 (thirty-one) Days' notice.
- The Insurer may cancel this Policy for whatsoever reason by giving the Policyholder 31 (thirty-one) Days' notice.
- The Policy will be cancelled if the Premiums remain unpaid after the Grace Period.
- In the event of the death of the Principal Member, cover will terminate at the end of the Premium Waiver Benefit period.
- The Principal Member is no longer an affiliated member of the Scheme.
- The Insurer may immediately cancel this policy or place it on hold, refuse any transaction or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal behaviour.
- The Insurer may elect not to Renew the Policy at the Renewal Date in which case the cover for all Insured Persons will cease.

INTERPRETATION

The decision of the Insurer as to the meaning of or interpretation of this Policy shall be final and binding on the Policyholder and every person claiming to be entitled to a benefit in terms of this Policy.

If any person affected by a decision of the Insurer in terms of the above clause is dissatisfied with the decision, such person shall have the right to refer the matter to either the Ombudsman for Long-term Insurance or arbitration. Referrals to arbitration shall be in accordance with the provisions of the Arbitration Act, 1965. Notice of intention to exercise this right shall be given by the person concerned to the Insurer within 90 (ninety) Days of the Insurer's decision. Before the arbitration commences, the person concerned shall furnish such security for the costs of arbitration as the Insurer may reasonably require. The costs of the arbitration shall follow the award of the Arbitrator.

Should any difference arise between the Insurer and the Policyholder, or any Insured, as to a Claim under this Policy, the same shall be referred to either the Ombudsman for Long-term Insurance or arbitration in accordance with the statutory provisions in force at the time, and the obtaining of any award shall be a condition precedent to any right of action against the Insurer.

CHANGES TO INSURED PERSONS

The Principal Member may add Spouses and/or Children under the following conditions:

- A spouse is considered an Insured Person from the date they meet the definition of a Spouse.
- Children are considered Insured Persons from the date of birth, adoption, or date of meeting the definition of a Child.

VARIATIONS

This Policy is issued on the basis that the statements and information made and set forth in the application form and all declarations made in respect thereof are true and correct and constitute a full disclosure of all facts and circumstances likely to materially affect the assessment of the risk at the time of the issue of this Policy.

The Insurer will not change or Vary the terms and conditions during the first 12 (twelve) months after the Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the terms and conditions or when the Variation to the terms and conditions will be to the benefit of the Principal Member. After the first 12 (twelve) months, the Insurer reserves the right to change or Vary the terms and conditions annually. Any changes to the terms and conditions will be notified to the Policyholder and Principal Member 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for any change to the provisions, terms or conditions of the Policy and an explanation of the implications of the change. Any Variations and or changes will be binding on the Insurer, Policyholder and Insured Person, and can be applied only after written communication of these changes has been sent to the Principal Member's last known address as it appears in our records at that time.

SECTION 1

Class of Business: Funeral

Operative Clause

In return for the timeous and prior payment of the required monthly Premium by the Participating Employer and receipt thereof by the Insurer and subject to the terms of cover, a Benefit amount will be authorised for payment within 2 (two) business Days of receipt of the necessary Claim documentation based on the following:

- The Claim Event occurs within the Period of Insurance;
- The event giving rise to a Claim is covered in terms of the Exclusions and/or the terms and conditions of this Policy;
- The truth and accuracy of the information given at the time of application;
- The Claim Event arises outside any applicable Waiting Period(s) where applicable;The Claimant provides the Administrator/Insurer with all the relevant documents that it may require; and
- The Claim is reported within the prescribed periods.

The Benefit amount payable will be based on the following:

- In the event of the Insured Persons death, the Benefit will be a lump sum amount payable to the Beneficiary or Principal Member as indicated on the Schedule.

BENEFITS PAYABLE

Funeral Benefit

- The Funeral Benefit amount payable upon the death of an Insured Person is stated in the Policy Schedule.
- Upon receipt of all required documents, the Insurer shall pay the Funeral Benefit to the Principal Member or the deceased Member's nominated Beneficiary in the event of the Principal Member's death.

Accidental Death Benefit

- The benefit for death sustained as a result of an Accident shall be R70,000 (seventy thousand Rands) in the event of the Accidental Death of a Principal Member, R35,000 (thirty-five thousand Rands) in the event of the Accidental Death of a Spouse, and R25,000 (twenty-five thousand Rands) for the event of the Accidental Death of a Child.

Repatriation Benefit

- Provides for the transportation of mortal remains (body) from location of death to the funeral home of the Claimants choice closest to the place of burial.
- The transportation service only applies to the borders of the following SADC countries; *the Republic of South Africa, Zimbabwe, Botswana, Malawi, Angola, Mozambique, Eswatini, Tanzania, Democratic Republic of Congo, Zambia, Lesotho, Namibia*.
- The service must be claimed at the time of making the death Claim; and must be utilised within three (3) months of the date of death.
- The service provider for the repatriation benefit is ER24, the Claimant may at their own discretion appoint an alternative service provider.
- In the event of the Claimant opting for an alternative service provider, an invoice pertaining to the repatriation of the remains of the Insured Person for which we have paid a funeral Claim will be required at time of claiming. The Insurer will pay the Claimant the amount stipulated on the invoice.
- The Repatriation Benefit is limited to a maximum of R20 000-00 per Claim Event. This means that the amount incurred for this benefit will be payable up to R20 000-00 and can never exceed this amount. If the costs incurred, for example, is R5 000-00, then only R5 000-00 will be payable.

Premium Waiver Benefit

- The benefits of this Policy will continue for all Dependants for a period of two (2) years in the event of the death or of the Principal Member.

EXCLUSIONS

We will not pay a Funeral Benefit, Repatriation Benefit or Accidental Death Benefit Claim if the Claim Event is as a result of any of the following;

- The Insured Person's active participation in a terrorist activity which leads to the Claim Event
- Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission
- The Insured Person's active participation in the commission of a criminal activity resulting in the Claim Event
- Suicide within 12 (twelve) months from the Commencement Date

In addition to the above Exclusions, the following Exclusions will also apply to the Accidental Death Benefit;

- Participation in-
    - Civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
    - Aviation other than as a passenger.
    - Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft).

- the Insured person being under the influence of a drug having a narcotic effect unless prescribed by a duly qualified and registered medical practitioner or intentional inhalation of fumes.
- A Claim Event directly attributable to an Insured Person where the alcohol content in the blood exceeds the legal level permitted by law.

Claim documentation required

- Claim Form - A fully completed Claim Form signed by the Principal Member/Beneficiary.
- A certified copy of the death certificate
- A certified copy of the DHA1663 – Notice of Death Form
- A certified copy of the deceased's Identity Document
- A certified copy of the Principal Member's/Beneficiary's Identity Document
- Proof of bank account of the Principal Member/Beneficiary
- A Police Report completed by the investigating officer in instances where the death is as a result of murder, motor vehicle accident, suicide or where the death is under investigation
- A invoice pertaining to the repatriation (where applicable)
- Any additional requirements that Administrator/Insurer may reasonably require in order to validate a Claim.

The Insurer reserves the right to review the documentation required and these requirements may change from time to time. In the absence of a nomination form, a Principal Member will be required to provide proof of the relationship between the Principal Member and the Dependant (Marriage certificate, Customary Marriage registration, unabridged birth certificate and/or all forms and copies of the court order relating to the Child Justice and Children's Acts for adopted and fostered children).

SECTION 2

Class of Business: Risk

Operative Clause

In return for the timeous and prior payment of the required monthly Premium by the Participating Employer and receipt thereof by the Insurer and subject to the terms of cover, a benefit amount will be paid upon receipt of the necessary Claim documentation based on the following:

- The Claim Event occurs within the Period of Insurance;
- The event giving rise to a Claim is covered in terms of the Exclusions, limitations and/or the terms and conditions of this Policy;
- The truth and accuracy of the information given at the time of application;
- The Claimant provides the Administrator/Insurer with all the relevant documents that it may require; and
- The Claim is reported within the prescribed periods.

BENEFITS PAYABLE

Daily Admission Benefit (a Non-Medical Expenses Cover as a result of Hospitalisation benefit)

The purpose of this benefit is to provide a daily benefit to assist you and your family to claim Non-medical expenses due to Hospitalisation as a result of a Health Event. The Daily Admission Benefit is not a medical scheme and the cover is not equivalent to that of a medical scheme. This benefit is not a substitute for medical scheme membership. The benefit covers non-medical expenses as a result of Hospitalisation.

The benefit payable shall be R200.00 for each day an Insured Person is Hospitalised as an inpatient due to a Health Event; or

Where the confinement to Hospital is in an intensive care unit, a benefit equal to R300.00 per day shall apply.

Where more than one Insured Person in a family is Hospitalised for the same incident, a benefit equal to R400.00 per day for each Insured Person shall apply.

Limitations: The maximum benefit payable for Hospitalisation in the event that a Member is Hospitalised for the treatment of Tuberculosis shall be R5000.00 for any one twelve-month period. The maximum benefit payable for any one family for the treatment of Tuberculosis shall be R25000.00 for any one twelve-month period.

Premium Waiver

The benefits of this Policy will continue for all Dependants for a period of two (2) years in the event of the Permanent Disability of the Principal Member being as a result of an Accident. The Claim Event Date shall be calculated from the Principal Member's last Day of active service.

SPECIAL EXTENSION

In the event of the Principal Member taking maternity leave or being absent from work due to an Illness or Bodily Injury, cover under this Policy shall continue without the necessity for monthly Premiums for the duration of the maternity leave or sick leave. The Principal Member must be off work for a period of at least thirty-one (31) Days, subject to a maximum duration of up to 4 (four) months.

EXCLUSIONS

The Insurer shall not be liable for Hospitalisation, Bodily Injury, sickness or disease directly or indirectly caused by related to or in consequence of:

- Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission;
- Suicide, attempted suicide or any self-inflicted injury;
- An event directly attributable to a Member where the alcohol content in the blood exceeds the legal level permitted by law.
- Drug addiction
- The Insured Person's active participation in the commission of a criminal activity resulting in the Claim Event
- The Insured's Person abuse of drugs or narcotics
- Any admission related to pain management or where there is no objective impairment in health
- Depression, insanity or mental stress or psychotic/ psychoneurotic disorders.
- Participation in:
    - Civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
    - Aviation other than as a passenger
    - Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft).

Claim documentation required

- Fully completed claim form by the Claimant
- Certified copy of Identity Document or birth certificate of the patient
- Certified copy of Identity Document of the Principal Member
- Proof of bank account of the Claimant
- In case of an eligible Child dependent over the age of twenty-one (21), please attach details of the school,

college or university attended by the patient

- In the event of Hospitalisation due to an Accident, Accident / police report
- A copy of the hospital account or discharge summary
- A copy of medical report or hospital records maybe requested from the hospital registrar or treating doctor
- Any additional requirements that Administrator/Insurer may reasonably require in order to validate a Claim.

Claims Procedure

In the event of a Claim, the Claimant or Policyholder must notify the Healthcor Projects (Pty) Ltd within 6 (six) months of the Claim Event date by phone (0800) 800 030), or by email to claims@healthcorsa.co.za.

All of the Claim documentation must be submitted to Healthcor within 12 (twelve) months of the date of the Claim Event. Failure to do so could result in the benefit being forfeited, unless there are extenuating circumstances for the late submission.

Rejection of the Claim and Time Bar

In the event of a Claim being Repudiated or the Claimant disputes the quantum of the Benefit amount paid by the Insurers, the Claimant is entitled to make representation to us in respect of our decision to Repudiate the Claim or as to the manner in which the quantum of the Benefit amount was calculated for a period of 6 (six) months from the date of receipt of the Repudiation letter or the date of the Claim payment.

If the representation is unsuccessful or the dispute is not resolved at the end of these 6 (six) months period then the Claimant has an additional 6 (six) months to institute legal action against us by way of a summons, failing which we will no longer be liable in respect of the Claim and such legal action will no longer be possible.

Representation must be submitted in writing to the Insurer:

Guardrisk Life

Postal Address : PO Box 786015, Sandton, 2146

Email : LifeClaims@guardrisk.co.za or info@guardrisk.co.za

Tel : 011 669 1000

Where the Claimant is not satisfied with the response from us, the Claimant is entitled to escalate the matter/ complaint to the Ombudsman for Long-Term insurance, the contact details can be found on the Disclosure Notice provided by the Administrator.

In terms of Section 15 of the Financial Services Ombudsman Schemes Act No. 37 of 2004, that on receipt of the official referral to the aforementioned Ombudsman, any applicable time barring clause in terms of this Policy or the running of prescription in terms of the Prescription Act No 68 of 1969 from the date of referral to the date of withdrawal of the referral, or determination of the referral by the Ombudsman, shall be stayed. If the dispute is not satisfactorily resolved in this manner, legal action may be instituted against the Insurer for the enforcement of the Claim by way of the service of summons against the Insurer. Summons must be served on the Insurer within 6 (six) months from the date the Claimant receives the outcome in respect of the representations made, failing which all Benefits in respect of such Claim shall be forfeited and no liability can arise in terms of such Claim.

HEALTHCOR PROJECTS
SINCE 1988

084 124

Dear Member,

Welcome to the **ER24** emergency medical care network provided to you through your membership with **Healthcor Projects Family Protector Plan**.

ER24 is a proudly South African, emergency medical response company operating in the pre-hospital environment. We strive to be the first call in any medical emergency and respond in a way that reflects **realhelprealfast**.

ER24 supports all hospitals, both private and public throughout the country. This makes us one of the most widespread medical emergency networks in Southern Africa.

If you are involved in a medical emergency, one call to our national emergency number 084 124, will activate assistance through a state-of-the-art emergency Contact Centre. This is the only Contact Centre in Southern Africa with at least one medical doctor on site 24 hours a day working alongside nursing and paramedical staff.

As a member of the **Healthcor Projects Family Protector Plan**, you now enjoy 24 hour access to our emergency Contact Centre for the management of any medical emergency.

Your benefits are as follows:

- Activation of a medical emergency by calling **084 124**
- Emergency advise e.g. CPR, bleeding control while paramedics respond
- Emergency response using Advanced Life Support paramedics in rapid response vehicles or road ambulances and where necessary aeromedical support
- Treatment and stabilisation at the scene of an emergency
- Medical transportation to the closest most appropriate medical facility

You also have access to the following medical hotlines:

- General medical information and medication information
- Medical practitioners and facility referrals
- Poison information
- Trauma counselling
- Bereavement counselling
- HIV / AIDS information and counselling
- Suicide
- Child abuse
- Substance abuse

What to do to in the event of a medical emergency:

1. Always call **084 124**
2. If someone is calling on your behalf, tell them to call **084 124**
3. Tell the **ER24** operator that you are an **ER24** member. They will prompt you / the caller through the information they require to get help to you
4. Place the enclosed stickers on your phones and save **084 124** under “emergency” in your cell phone

Kind regards

Healthcor Projects

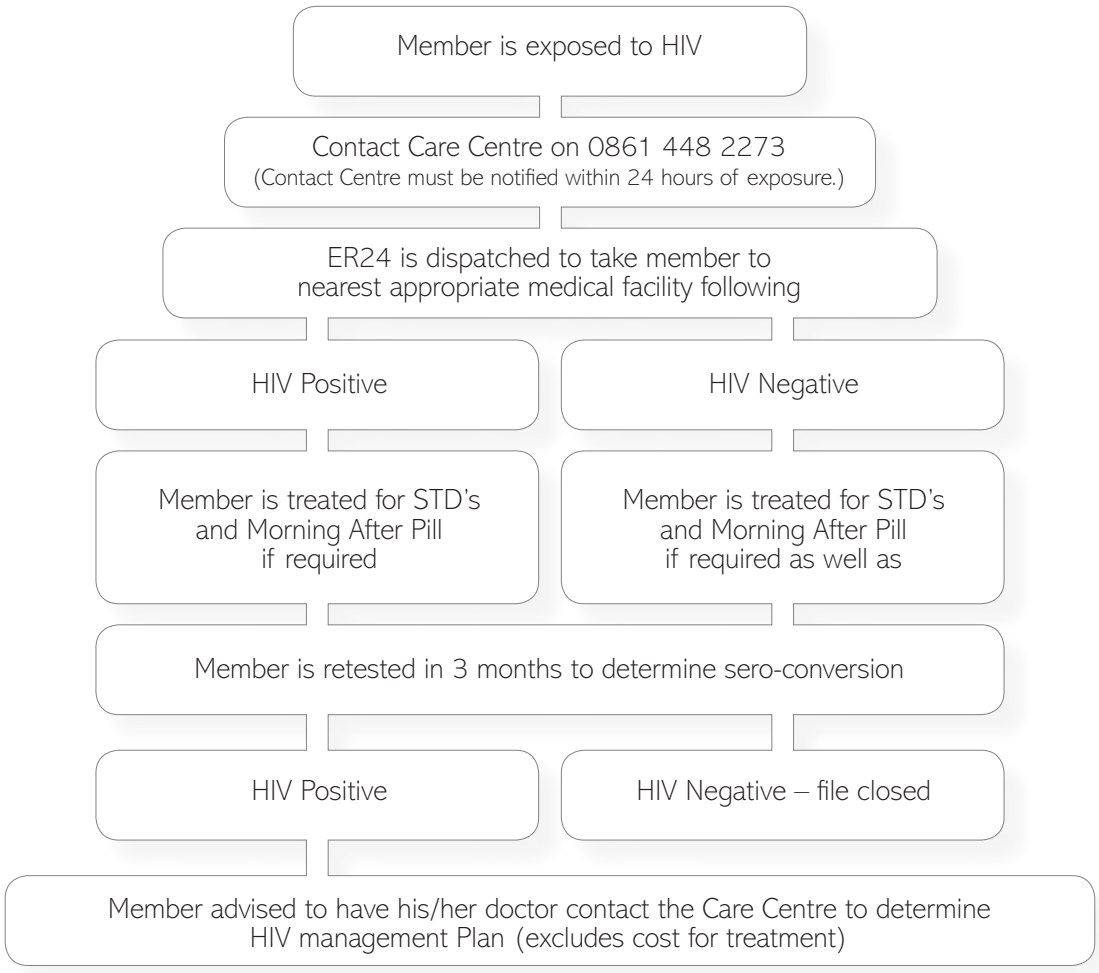
HEALTHCOR PROJECTS
SINCE 1988

Health Finance Corporation

Dear Member,

In the event of accidental exposure to the HIV Virus, a member will have unlimited free access to a trauma line (**0861 448 2273**) providing the following benefits:

- 24 hour/day, 365 days-a-year access to the Contact Centre, providing telephonic counselling and advice on HIV/AIDS.
- Emergency transport to an appropriate medical facility following exposure to HIV.
- Access to a medical practitioner who will take blood for HIV testing immediately following exposure, as well as follow-up testing 90 days later.
- 28 day post exposure prophylaxis (antiretroviral therapy).
- The morning-after pill for women who have been exposed through rape.
- Sexually transmitted disease (STD) preventative medication if required.
- Access to an HIV management program (excluding the cost of treatment) if you have complied with the post exposure treatment and still become HIV positive after the incident.



Kinds Regards

Healthcor Projects

SCHEDULE OF INSURANCE

This Schedule serves part of the Policy contract between the Member and the Insurer and forms part of the Insurer's Policy terms and conditions under which benefits are provided as stated therein and must be read in conjunction with same.

GENERAL:

SCHEME	: FAMILY CRISIS PLAN
INSURER	: GUARDRISK LIFE LIMITED
UNDERWRITING MANAGER	: AMBLEDOWN FINANCIAL SERVICES (PTY) LTD
BROKER	: HEALTHCOR PROJECTS (PTY) LTD
POLICYHOLDER	: BARGAINING COUNCIL CONTRACT CLEANING INDUSTRY (KWA-ZULU NATAL)
PARTICPATING EMPLOYER	:
POLICY NO.	: AMBLG003376
COMMENCEMENT DATE	: 01 OCTOBER 2023
EFFECTIVE DATE OF THIS SCHEDULE	: 01 OCTOBER 2023
RENEWAL DATE	: 01 SEPTEMBER each year from 2024
RENEWAL PERIOD	: 01 OCTOBER to 30 SEPTEMBER
MEMBERS	: Permanent and temporary employees of Participating Employers of the Policyholder, their Spouse, and Children, as evidenced by monthly bordereaux

BENEFITS:

SECTION 1:

Funeral Benefit

Principal Member	R 7,000.00
Spouse	R 5,000.00
Child Aged 0 to 5	R 3,000.00
Child Aged 6 to 13	R 4,000.00
Child Aged 14 and older	R 5,000.00
Child Aged 22 and older	R 5,000.00
Stillbirth	R 1,000.00

Accidental Death Benefit

Principal Member	R 70,000.00
Spouse	R 35,000.00
Child Aged 0 and older	R 25,000.00
Child Aged 22 and older	R 25,000.00
Stillbirth	R 25,000.00

Repatriation Benefit

The benefit payable for the repatriation of mortal remains shall be all expenses incurred for transport charges and / or for services rendered for the repatriation of the mortal remains up to a limit of R20 000-00 per Claim.

Premium Waiver

Premiums shall be waived for a period of 2 years following death of Principal Member

SECTION 2:

Risk Benefits

Daily Admission Benefit (a Non-Medical Expenses Cover as a result of Hospitalisation)

- The benefit payable shall be R200.00 for each day an Insured Person is Hospitalised as an inpatient due to a Health Event; or
- Where the confinement to Hospital is in an intensive care unit, a benefit equal to R300.00 per day shall apply.

- Where more than one Insured Person in a family is Hospitalised for the same incident, a benefit equal to R400.00 per day for each Insured Person shall apply.

Premium Waiver

Premiums shall be waived for a period of 2 years following Permanent Disability of the Principal Member being as a result of an Accident of Principal Member

TERRITORIAL LIMITS	: South Africa
WAITING PERIOD	: No waiting periods.
TOTAL PREMIUM	: R 54.00 per Member
○ Funeral Benefits	
○ Risk Benefits	
MONTHLY BROKER COMMISSION	: R 10.80
MONTHLY UMA FEE	: R 9.00
PREMIUM COLLECTION METHOD	: Payroll
PAYMENT DATE	: 1st of every month.
PAYMENT OBLIGATION	: You have an obligation to pay your premium in accordance with the Master Policy wording.

DISCLOSURE NOTICE
Long-term Insurance Policyholder Protection Rules 2017 (PPRs)
Financial Advisory and Intermediary Services (FAIS) General Code of Conduct 2003

1. YOUR INTERMEDIARY

Business Name:	Healthcor Projects (Pty) Ltd	**Telephone No:**	031 561 3354
Registration No:	1993/006077/07	**Website Address:**	www.healthcorsa.co.za
FSP No:	17862	**Email Address:**	helpdesk@healthcorsa.co.za
Physical Address:	57 Balmoral Drive, Durban North, 4051	**Postal Address:**	PO Box 1735, Umhlanga Rocks, 4320

In terms of the FSP license, 17862 is authorised to give Intermediary Services and/or Advice for products under:

Category Description	Advice Non-automated	Intermediary Other
CATEGORY I		
Long-Term Insurance subcategory A	X	X
Long-Term Insurance subcategory B1	X	X
Long-term insurance subcategory B2	X	X
Long-term Insurance subcategory B2-A	X	X
Long-term Insurance subcategory B1-A	X	X
Long-Term Insurance subcategory C	X	X
Participatory interests in a collective investment scheme	X	X

Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Healthcor Projects (Pty) Ltd accepts responsibility for the lawful actions of their representatives (as defined in the Financial Advisory and Intermediary Service Act) in rendering financial services within the course and scope of their employment.

Some representatives may be rendering services under supervision and will inform you accordingly.

Professional Indemnity and/or Fidelity Cover:
Healthcor Projects (Pty) Ltd has a Professional Indemnity Cover in place.

Legal and contractual relationship with the Insurer:
Healthcor Projects (Pty) Ltd is authorised to render intermediary functions on behalf of the Insurer, as found in the schedule of insurance.

Claims Procedure including prescription period:
The member must notify the Intermediary / Underwriting Manager / Insurer within 6 months of the occurrence of any claim in writing.

COMPLAINTS DETAILS

Complaints Officer	Mickey de Wet
Telephone	031 561 3354
Email	mickey@healthcorsa.co.za
Physical Address	57 Balmoral Drive, Durban North, 4051
Postal Address	PO Box 1735 Umhlanga Rocks 4320

COMPLIANCE DETAILS

Compliance Officer	MR CCP Hartmann
Telephone	031 564 2919

Conflict of Interest:
- Healthcor Projects (Pty) Ltd has established a conflict of interest Management Policy which is available on request from our Compliance Officer.
- In order to meet regulatory requirements, financial or immaterial expenditure by and to our staff are monitored.
- Where potential Conflicts of Interest have been identified which do not have a direct impact on you, the insured, internal structures are in place to manage and control such circumstances.

2. INSURER DETAILS

Name:	Guardrisk Life Limited	**Telephone No:**	011 669 1000
Registration No:	1999/013922/06	**Website Address:**	www.guardrisk.co.za
FSP No:	76	**Email Address:**	info@guardrisk.co.za
Physical Address:	The Marc, Tower 2, 129 Rivonia Road, Sandton 2196	**Postal Address:**	PO Box 786015 Sandton, 2196

In terms of the FSP license, Guardrisk Life Limited is authorised to give advice and render financial services for products under:

Category Description
CATEGORY I
Long-Term Insurance subcategory A
Long-Term Insurance subcategory B1
Long-term insurance subcategory B2
Long-term Insurance subcategory B2-A
Long-term Insurance subcategory B1-A
Long-Term Insurance subcategory C

Professional Indemnity and/or Fidelity Cover:
Guardrisk Life Limited has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.

Relationship between the Vida Product Services (Pty) Ltd and Guardrisk Life Limited:
Please note that this Policy is subject to a cell captive relationship between Guardrisk and the Vida Product Services (Pty) Ltd, as a result of a shareholder and subscription agreement concluded between Guardrisk and the Vida Product Services (Pty) Ltd, whereby the Vida Product Services (Pty) Ltd is entitled to share in the profits and losses generated by the insurance business.

Therefore, this is an arrangement whereby Guardrisk shares equity with the Vida Product Services (Pty) Ltd through a shareholding arrangement and provides the Vida Product Services (Pty) Ltd a vehicle through which to write the Vida Product Services (Pty) Ltd insurance risks.

COMPLIANCE DETAILS

Telephone: 011 669 1104
Fax Number: 011 675 3826
Email: compliance@guardrisk.co.za

COMPLAINTS DETAILS

Telephone No: 0860 333 361
Email: complaints@guardrisk.co.za
Website www.guardrisk.co.za

Conflict of Interest:
Guardrisk Life Limited has a conflict of interest management policy in place and is available to clients on the website.

3. UNDERWRITING MANAGER DETAILS

Name: Ambledown Financial Services (Pty) Limited
Registration No: 2004/006271/07
FSP No: 10287
Physical Address: First Floor Right Wing, Ambledown House, Eton Office Park, c/o Sloane and Harrison Streets, Bryanston, 2191

Telephone No: 0861 262 533
Fax No: 011 463 1600
Website Address: www.ambledown.co.za
Email Address: support@ambledown.co.za
Postal Address: PO Box 1862, Cramerview, 2060

FAIS Categories:

Category Description	Advice Non-automated	Intermediary Other
CATEGORY I		
Long-Term Insurance subcategory A	X	X
Short-Term Insurance Personal Lines	X	X
Long-Term Insurance subcategory B1	X	X
Long-term insurance subcategory B2	X	X
Long-term Insurance subcategory B2-A	X	X
Long-term Insurance subcategory B1-A	X	X
Short-term Insurance Personal Lines A1	X	X
Short-Term Insurance Commercial Lines		

Professional Indemnity and/or Fidelity Cover:
Ambledown Financial Services has both Professional Indemnity and Fidelity Guarantee Cover.

Legal and contractual relationship with the Insurer:
Ambledown is authorised to render binder functions on behalf of the Insurer, as found in the schedule of insurance.

Compliance Officer:
Moonstone Compliance, telephone No: (021) 883 8000

COMPLIANCE DETAILS

Complaints Officer: Mr. Paul Makwea
Telephone: (086) 126 2533
Email: compliance@ambledown.co.za
Physical Address: Ground Floor, Ambledown House, Eton Office Park, c/o Sloane and Harrison Streets, Bryanston, 2191
Postal Address: PO Box 1862, Cramerview, 2060

COMPLAINTS DETAILS

Complaints Officer: Mr. Paul Makwea
Telephone: (086) 126 2533
Email: compliance@ambledown.co.za
Physical Address: Ground Floor, Ambledown House, Eton Office Park, c/o Sloane and Harrison Streets, Bryanston, 2191
Postal Address: PO Box 1862, Cramerview, 2060

Conflict of Interest:
- Ambledown Financial Services (Pty) Ltd has established a conflict of interest Management Policy which is available on request from our Compliance Officer.
- In order to meet regulatory requirements, financial or immaterial expenditure by and to our staff are monitored.
- Where potential Conflicts of Interest have been identified which do not have a direct impact on you, the insured, internal structures are in place to manage and control such circumstances.

4. POLICY WORDING

A copy of the policy wording can be obtained from support@ambledown.co.za

Type of Policy	Group Funeral and Group Risk
Risk covered	Funeral and Risk
Policy Benefits	SECTION 1: Funeral Benefit

Principal Member	R 7,000.00
Spouse	R 5,000.00
Child Aged 0 to 5	R 3,000.00
Child Aged 6 to 13	R 4,000.00
Child Aged 14 and older	R 5,000.00
Child Aged 22 and older	R 5,000.00
Stillbirth	R 1,000.00

Accidental Death Benefit	
Principal Member	R 70,000.00
Spouse	R 35,000.00
Child Aged 0 and older	R 25,000.00
Child Aged 22 and older	R 25,000.00
Stillbirth	R 25,000.00

Repatriation Benefit
The benefit payable for the repatriation of mortal remains shall be all expenses incurred for transport charges and / or for services rendered for the repatriation of the mortal remains up to a limit of R20 000-00 per Claim.

Premium Waiver
Premiums shall be waived for a period of 2 years following death of Principal Member

SECTION 2:
Risk Benefits
Daily Admission Benefit (a Non-Medical Expenses Cover as a result of Hospitalisation)

- The benefit payable shall be R200.00 for each day an Insured Person is Hospitalised as an inpatient due to a Health Event; or
- Where the confinement to Hospital is in an intensive care unit, a benefit equal to R300.00 per day shall apply.
- Where more than one Insured Person in a family is Hospitalised for the same incident, a benefit equal to R400.00 per day for each Insured Person shall apply.

Premium Waiver
Premiums shall be waived for a period of 2 years following Permanent Disability of the Principal Member being as a result of an Accident of Principal Member

5. POLICY WORDING

Your premium obligations:

Monthly Premium:	R50.00
Value added products:	R4.00

Manner of payment of premium:

- Due date: The premium is due by the last day of the month that the premium relates to. The premium must be paid by the premium payment date as set out in the policy schedule.

Consequence of non-payment:

- If the Premium is not paid by the Premium payment date, the Grace Period will apply in which the Premium becomes payable for cover to remain in force.
- If the outstanding Premium is not paid by the expiry of the Grace Period, then this Policy shall be deemed to have been cancelled at midnight on the last Day of the month for which the last Premium was received.

Premium review:

- From 1 October 2022 to 30 September 2024 (both days inclusive).
- Plus, any subsequent period for which the company agrees to accept a renewal premium.

6. FEES

	Funeral	**Risk**
Commission fee:	25.20%	2.97%
Binder fees:	12%	

Exclusive of VAT

7. COOLING OFF RIGHTS

If any of the information reflected above and below was given to You orally, this disclosure notice serves to provide You with the information in writing. Should You not be satisfied with the Policy, You are entitled to a period up to **31 days** from the date of receipt of the Policy within which You may cancel Your Policy in writing at no cost provided no Claim has arisen or any benefit paid. Cover will cease upon cancellation of the Policy.

All premiums paid by the Policyholder to the Insurer up to the date of receipt of the cancellation notice will be refunded to the Policyholder.

8. PROCESSING OF PERSONAL INFORMATION

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by You or which is collected from You is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that Your Personal Information collected by Us may be used for the following reasons:

- to establish and verify Your identity in terms of the Applicable Laws;
- to enable Us to fulfil Our obligations in terms of this Policy;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share Your information for further processing, with the following third parties, which third parties have an obligation to keep Your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of Your payment instructions;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that We, in accordance with the Applicable Laws, are required to share Your Personal Information with;
- Credit Bureaus;
- Our service providers, agents and sub-contractors that We have contracted with, to offer and provide products and services to any Policyholder in respect of this Policy; and
- Persons to whom We cede Our rights or delegate Our authority to, in terms of this Policy.

You acknowledge that any Personal Information supplied to Us in terms of this Policy is provided according to the Applicable Laws.

Unless consented to by Yourself, We will not sell, exchange, transfer, rent or otherwise make available Your Personal Information (such as Your name, address, email address, telephone or fax number) to any other parties and You indemnify Us from any claims resulting from disclosures made with Your consent.

You understand that if We have utilised Your Personal Information contrary to the Applicable Laws, You have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to Your satisfaction, You have the right to escalate the complaint to the Information Regulator.

9. OTHER MATTERS OF IMPORTANCE

- You will be informed of any material changes to the information about the Intermediary, Insurer and or Underwriting Manager provided above.
- If We fail to resolve Your complaint satisfactorily, You may submit Your complaint to the Ombudsman of Long-Term Insurance.
- You will always be given a reason for the repudiation of Your claim.
- If the Insurer wishes to cancel Your policy, the Insurer will give you 31 days written notice, to Your last known address.
- You will always be entitled to a copy of Your policy at no extra charge.

10. WARNING

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep notes of what is said to You and all documents handed to You.
- Where applicable, call recordings will be made available to You within 7(seven) days of request.
- Don't be pressurised to buy the product.
- Failure to provide correct or full relevant information may influence an Insurer on any claims arising from Your contract of insurance.

11. WAIVER OF RIGHTS

No insurer and/or intermediary may request or induce in any manner a client to waiver 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.

12. PARTICULARS OF THE LONG-TERM INSURANCE OMBUDSMAN

(For claims/service-related matters)

Postal address:	Private Bag X45, Claremont, Cape Town, 7735
Telephone:	021 657 5000 / 0860 103 236
Fax number:	021 674 0951
Email address:	info@ombud.co.za

13. PARTICULARS OF THE FINANCIAL SECTOR CONDUCT AUTHORITY

(For market conduct matters)

Postal address:	PO Box 35655, Menlo Park, 0102
Telephone:	012 428 8000
Fax number:	012 346 6941
Email address:	info@fsca.co.za

14. PARTICULARS OF THE FAIS OMBUDSMAN

(For product/advice related matters)

Postal Address:	PO Box 41, Menlyn Park, 0063
Telephone:	012 762 5000 / 086 066 3274
Email address:	info@faisombud.co.za

15. PARTICULARS OF THE INFORMATION REGULATOR

(For personal information breaches)

Postal Address:	PO Box 31533, Braamfontein, Johannesburg, 2017
Telephone:	010 023 5200
Email address:	POPIAComplaints@inforegulator.org.za