Clientèle Domestic Worker Plan

POLICY TERMS AND CONDITIONS

Some words used in this document have a specific meaning which may differ from the standard dictionary definition.

In order to enjoy the benefits of this policy, the Insured Life must reside in South Africa. This means that in order to claim, the Insured Life must have spent at least 9 of the preceding 12 months before the claim event inside the borders of South Africa.

SECTION A: LIFE INSURANCE BENEFITS

The life insurance benefits are provided by Clientèle Life Insurance Company Limited and cover starts when you have paid your first premium. It is important to keep paying your premiums to ensure that cover is in place. In the event of unpaid premiums, cover will cease until such time as premiums are paid. Please note that waiting periods will re-start if your policy has lapsed, so please read the Policy Rules carefully. All benefits will be paid less any outstanding premiums.

A1: FUNERAL BENEFIT

We will pay the Beneficiary the total funeral benefit amount if the Main Insured Life dies.

What the Main Insured Life is covered for:

Should death of the Main Insured Life occur as a result of an Accident between the date the policy application was received by us and the Date of Commencement (for a maximum of 45 days), 100% of the total funeral benefit will be payable.

Thereafter cover is dependent on payment of premiums and 100% of the total funeral benefit will be paid on death due to an Accident.

Should death of the Main Insured Life occur due to any reason other than as a result of an Accident, the payment will be determined in the following manner:

- 0% of the total funeral benefit from month 1 – 6 (The waiting period).
- 100% of the total funeral benefit from month 7 onwards.

The Funeral Benefit waiting period (i.e. 6 months) is calculated from the date of commencement or resale of this policy (whichever occurred last). If the Main Insured Life had another active policy with similar benefits in the past 31 days, the waiting period will be determined from the commencement of that policy. If a policy is resold after it has lapsed or been cancelled for more than 3 months, the waiting period will start again from the date of resale. We may choose to apply special terms and conditions when reselling your lapsed or cancelled policy. During the waiting period the Main Insured Life receives no cover for death due to any reason other than as a result of an accident. In other words, The Main Life Assured not allowed to claim for death due to illness even though the policy has commenced. The main reason for imposing a waiting period is to prevent clients from purposefully taking out a policy only to immediately claim. Due to the fact that waiting periods reduce this risk, they also reduce the insurance premium or potential impact of further increases.

When will the Main Insured Life not be covered:

- Death due to a violation of an act of law.
- Death in a month where the premium is not received.
- Death in a waiting period due to any cause other than an Accident.
- Death as a result of suicide within the first 12 months (12 paid premiums).
- Where the claim is fraudulent in any way.
- Death due to an Accident where such Accident occurred before policy commencement or resale date (whichever occurred last).

Conditions:

- An Insured Life may not be covered for more than R100,000 on any Clientèle Funeral Plan.

A2: COMMUTER COVER BENEFIT (ACCIDENTAL DEATH)

We will pay the Beneficiary the Commuter Cover Benefit amount if the Main Insured Life dies in any type of Accident.

What the Main Insured Life is covered for:

Should death of the Main Insured Life occur as a result of any Accident, we will pay the amount as indicated on the Personal Policy Schedule.

No waiting period from the Commencement or Resale Date (whichever occurred last) is applicable for the Commuter Cover Benefit and cover commences upon receipt of the first premium.

The Commuter Cover Benefit will be reduced to 50% from age 76 and cover will cease on the policy anniversary of the Insured Life's 80th birthday.

When will the Main Insured Life not be covered:

- Death due to an Excluded Condition (refer to the table in the EXCLUSIONS Section below).
- Death in a month where the premium is not received.
- Death after the age of 80.
- Where the claim is fraudulent or exaggerated in any way.
- Death due to an Accident where such Accident occurred before policy commencement.

Conditions:

- The Commuter Cover Benefit will cease on the Main Insured Person 80th birthday.
- Death as a result of the Accident must occur within 12 months of the date of the Accident.

A3: TEMPORARY INCOME PROTECTION BENEFIT

We will pay to the Main Insured Life, the Temporary Income Protection Benefit amount if they are disabled (Total and Permanent Disability) due to an Accident before the age of 70. R10,000 will be paid upon valid claim and the balance will be paid in R2,000 instalments for five months.

Permanency of the condition will be determined 6 months after the disability occurs and may be subject to medical verification. The Insurer will admit a valid claim during this period if the permanence of the disability can be established upfront.

No waiting period from the Commencement or Resale Date (whichever occurred last) is applicable for the Temporary Income Protection Benefit and cover commences upon receipt of the first premium.

The Temporary Income Protection Benefit is only payable once per Insured Life during the duration of the policy and cover will cease on the Main Insured Life’s 70th birthday.

When will the Main Insured Life not be covered:

- Disability resulting from an Excluded Condition (refer to the table in EXCLUSIONS Section below).
- If the Accident occurs in a month where the premium is not received.
- If the Accident occurs after the age of 70.
- Where the claim is fraudulent or exaggerated in any way.
- If the Accident occurs before policy commencement.

Conditions:

- The Temporary Income Protection Benefit will cease on the Main Insured Person 70th birthday.
- In order to claim on this Benefit, Disability must occur within 12 months of the Accident.
- Permanency of the Disability will be established 6 months after the claim.

- Payment of the Temporary Income Protection Benefit will result in the Benefit ceasing for the Main Insured Person. This means that the Main Insured Person can only claim once on this Benefit.
- There will be no double payment on death if resultant from the same incident as Accidental Disability.

A4: DOMESTIC H.E.L.P BENEFIT

Lump Sum Benefit: We will pay the Main Insured Life, the Lump Sum Benefit amount for every hospital stay in excess of 3 days, subject to the limits and conditions outlined below.
Daily Benefit: We will pay the Main Insured Life, the Daily Benefit amount for every day spent in hospital from day 11, subject to the limits and conditions outlined below.

What the Main Insured Life is covered for:

Event	Benefit	Waiting Period*
Hospitalisation due to an Accident for more than 3 but less than 11 days	Lump Sum Benefit	No waiting period
Hospitalisation due to an Accident for more than 10 days	Lump Sum Benefit PLUS Daily Benefit	No waiting period
Hospitalisation due to a Specific Pre-Existing Medical Condition for more than 3 but less than 11 days	Lump Sum Benefit	12 months (minimum 12 paid premiums)
Hospitalisation due to a Specific Pre-Existing Medical Condition for more than 10 days	Lump Sum Benefit PLUS Daily Benefit	12 months (minimum 12 paid premiums)
Hospitalisation due to an Illness for more than 3 but less than 11 days	Lump Sum Benefit	3 months (minimum 3 paid premiums)
Hospitalisation due to an Illness for more than 10 days	Lump Sum Benefit PLUS Daily Benefit	3 months (minimum 3 paid premiums)
Hospitalisation due to Maternity related conditions for more than 1 day	Daily Benefit limited to 4 days or 7 days if there are complications.	12 months (minimum 12 paid premiums)

*The Domestic H.E.L.P Benefit waiting period is calculated from the date of commencement or resale of this policy (whichever occurred last). If the Main Insured Life had another active policy with similar benefits in the past 90 days, the waiting period for specific pre-existing conditions will be determined from the commencement of that policy. During the waiting period the Main Insured Life receives limited or no cover. In other words, you are not allowed to claim for hospitalisation due to Illness even though the Policy has commenced. The main reason for imposing a waiting period is to prevent clients from purposefully taking out a policy only to immediately submit a claim. Due to the fact that waiting periods reduce this risk, they also reduce the insurance premium or potential impact of further increases.

Limits of Cover:

- Total claims in terms of Hospitalisation Benefit Cover (Lump Sum and Daily Benefits) per calendar year are limited to the Total Annual Hospital Cover amount as it appears on your Personal Policy Schedule. This limitation applies to the Policy and not to each individual Insured Person.
- The Lump Sum Benefit is limited to R20 000 per Insured Person per calendar year. Once this limit has been reached, the Daily Benefit will be paid for each day of hospitalisation for subsequent hospital stays of longer than 3 days in the same calendar year.
- The Lump Sum benefit is not payable for the following conditions – instead 50% of the Daily Hospital Cover will be payable subject to a limit of 3 days per calendar year:
    - The treatment or control of chronic or acute pain.
    - The treatment of any Gastro Intestinal Tract infections or diseases.
    - The treatment of any Pelvic Inflammatory disease.

- Hospitalisation related to any Chronic Illness not listed above will be limited to a maximum of 15 days per policy per calendar year.
- For maternity related conditions the claim amount will be determined by the number of days that the Main Insured Life stays in hospital, limited to 4 days or 7 days for complications. This is payable once per calendar year.
- The claim event date will determine the level of benefit for that claim.
- H.E.L.P Benefits covered under this policy and any other Clientèle policies are subject to regulatory maximum limits.

When will the Main Insured Life not be covered:

- Hospitalisation that is not authorised by us or where we have not received reasonable notification.
- Hospitalisation or treatment received for an Excluded Condition (refer to the table in EXCLUSIONS Section).
- Hospitalisation not recommended by a Medical Specialist.
- Hospitalisation in a month where the Premium is not received.
- Hospitalisation for 3 days or less (other than for maternity claims).
- Hospitalisation due to Illness during a waiting period.
- Where the claim is fraudulent or exaggerated in any way.
- Hospitalisation in a facility that does not meet our definition of a Hospital.
- Hospitalisation related to any Illness where the length of stay exceeds the maximum recommended number of days for such conditions (refer to limits of cover and definitions).

Conditions:

- You the policy owner or the Main Insured Life are required to notify us of all hospitalisation prior to admission, or no later than the next business day following admission, regardless of the duration of stay.
- Authorisation is required for certain conditions and for hospital stays exceeding 10 days.
- We reserve the right to refuse payment for claims where reasonable notification is not obtained.
- We reserve the right to refuse payment for claims resulting from hospitalisation at certain hospitals. A list of approved hospitals is available at www.clientele.co.za and can change from time-to-time.
- The Main Insured Life must be in hospital for at least 3 consecutive days (including the day of admission, not the day of discharge), and for at least 1 day for hospitalisation due to a maternity related condition.
- The Main Insured Life must be admitted to Hospital within 30 days of the Illness or Accident.
- If the Main Insured Life is discharged from Hospital and has to be re-admitted within 10 days due to the same cause, it will be considered as the same claim event and the total number of days spent in Hospital due to this event will be used in determining the Benefit to be paid.
- This Policy is free from all restrictions on travel of the Main Insured Life.

SECTION B: NON-LIFE INSURANCE BENEFITS

B1: LEGAL ADVICE BENEFIT

The legal advice benefits are provided by Clientèle General Insurance Limited. Telephonic Legal Advice will be provided to the Main Insured Life as well as the Payer of the policy (Policy Owner). This advice will be provided for personal legal matters only. A matter means all civil, criminal and labour matters. The benefit commences when the policy owner or the Main Insured Life register a claim with the Insurer and the Insurer accepts same.

Where urgent legal advice is required outside of ordinary business hours, you or the Main Insured Life should phone the Insurer's **24-hour Emergency Number 0860 004 529** immediately for advice on how to proceed.

We will also assist in drafting a maximum of 5 of the following Legal Documents per year:

- Domestic employment contracts
- Residential leases
- Offers to Purchase
- Sale of motor vehicle contracts

- General Powers of Attorney
- Loan agreements
- Acknowledgments of debt
- Deeds of suretyship
- Independent Contractor Agreements
- Last Will and Testaments

Information required and the Insurer's Rights

- You or the Main Insured Life will, at his/her own expense and at all times:
    - Provide the Insurer with all information and evidence in his/her possession, in respect of the Insured Matter upon request by the Insurer.
    - Disclose all material information in respect of the Insured Matter.
    - Complete all necessary documents upon request from the Insurer / Legal Advisor.
- The Insurer will not be liable for any costs and expenses where you or the Main Insured Life failed to provide the Insurer with the above information within reasonable time for the Insurer to advise/act thereon.
- The laws of the RSA will apply to and govern this Policy and all matters relating to it.

Policy Disputes

- You or the Main Insured Life has a period of 90 days from the day he/she is first informed of the outcome of a claim to notify the Insurer of his/her dispute;
- Thereafter you or the Main Insured Life has a further 6 months within which to serve a summons on the Insurer. If you or the Main Insured Life not do so within this period, his/her right to challenge the decision is forfeited.
- All disputes which relate to this Policy or the subject hereof should be addressed in writing, to the Independent Arbitrator, at the following address:
  The Independent Arbitrator
  P O Box 1316
  Rivonia, 2128
  Email: complaintsarbitrator@clientele.co.za

- No leniency or indulgence on the Insurer's part in enforcing the terms of this Policy shall vary or amend the terms of this agreement nor will such leniency or indulgence stop the Insurer from enforcing this Policy strictly thereafter.
- You or the Main Insured Life hereby agrees that the Insurer may obtain any information about You or the Main Insured Life or his/her Matter from the Legal Advisor or any other party acting as his/her Legal Advisor for this purpose.
- In terms of the Binding General Ruling issued by SARS, this document together with proof of payment of Premium constitutes an alternative to a tax invoice, debit note or credit note as contemplated in section 20(7) and 21(5) of the Value-Added Tax Act No 89 of 1991 respectively. All Premiums and Admin Fees are inclusive of Value-Added Tax, where applicable.
- In terms of section 8(8) of the Value-Added Tax Act No 89 of 1991, the Insured Person has the obligation to account for output tax on an indemnity payment received (including payments made directly to a third party on the Insured Person's Policy), if the Insured Person is a registered VAT vendor, and to the extent that the indemnity payment relates to a loss incurred in the course of carrying on You or the Main Insured Life's enterprise.

OPTIONAL SAVINGS BENEFIT

C1 DOMESTIC WEALTH BENEFIT

This benefit was designed as a long-term investment for the Main Insured Life and will be most valuable if you pay the monthly premiums for as long as possible.

The Association for Savings and Investments South Africa (ASISA) has introduced a standard measure that allows policyholders to compare the effective costs of different investment products as well as the impact of charges over time. This is known as the Effective Annual Cost and is included as an annexure with your policy documents.
We have made it easy for you to understand the Savings Component by providing the following definitions and example:

Savings Component Premium	The amount deducted from your bank account every month for this benefit.
Investment Allocation Percentage	The percentage of every Premium paid for this benefit that is invested monthly. This percentage is a set amount of 97.5%.
Investment Allocation	The actual Rand value that is invested.
Investment Portfolio	Where the Investment Allocation is invested every month.
Investment Charges	Charges levied monthly against the Investment. These include: • Our participation in 10% of net interest, investment income, capital appreciation and/or loss; • Applicable statutory charges such as Company Income Tax, Capital Gains Tax and Dividend Tax; • A management charge levied by the external fund manager; • The Clientèle Management Charge of 1% of the Investment Account per annum.
Net Investment Return	The performance of the Investment Portfolio (positive or negative), after allowing for the Investment Charges.
Investment Account	The value of the share of the Investment Portfolio at a particular date.
Surrender Value	A percentage of the Investment Account based on the number of monthly premiums paid, less the applicable Policy Surrender Charge, which will be paid in the event of surrender.
Policy Surrender Charge	An amount charged to cover administration costs when the benefit is surrendered. This charge is currently R500.00, but may change from time-to-time. Applicable to Full and Partial Surrenders.
Unpaid Premium Charge	An amount of R15.00 deducted from the Investment Account for every missed premium. This amount may change from time-to-time.

How does my investment grow?

We will invest 97.5% (RXXXX) of each RXXXX Savings Component Premium you pay on a monthly basis. On every policy anniversary the amount invested will automatically increase by 10% in line with the policy premium increase. The value displayed above is based on your current premium.

The Investment Allocation is invested in an Investment Portfolio which allocates a portion of the underlying assets to be invested in shares listed on the Johannesburg Stock Exchange. The balance is invested in other instruments such as cash, property, etc. The value of these assets will either increase or decrease in line with investment returns and other market movements. This results in an equivalent movement in the value of the Investment Account pertaining to the Policy. Please remember that the Investment Account will be reduced each month by the relevant Investment Charges. Clientèle Life's Investment Committee determine how the assets are invested and this may change from time-to-time.

What happens if the Main Insured Life wants to Surrender the Benefit?

A surrender is when the Main Insured Life withdraws some or all of the funds from the Investment Account. The Main Insured Life may surrender the Benefit at any time by contacting us on 011 320 3000 or encashments@clientele.co.za.

The Main Insured Life can choose between a Full or a Partial Surrender depending on how much of the Surrender Value they would like to withdraw. A Full Surrender is where they withdraw the full value of the Investment Account and the Benefit terminates. A Partial Surrender is where they withdraw a portion of the value of the Investment Account but continue to pay the monthly Premium. Please note that, in terms of legislation, the Main Insured Life may action a maximum of one Partial or one Full Surrender during the first 5 years of the Benefit.

It is important to remember that this Benefit was designed as a long-term investment and it is in your best interest to pay the monthly Premiums for the whole term on the Benefit before surrendering. If the Main Insured Life chooses to surrender the Benefit before this time it will result in early surrender charges being deducted from the Investment Account. These charges are used to offset certain upfront costs which become unrecoverable. The Surrender Value will be calculated by multiplying the Investment Account by the percentage below depending on how many monthly Premiums you have paid and how old the benefit is.

Number of Premiums Paid and age of benefit in Months	**Percentage**
1-12	89%
13-24	89%
25- 36	91%
37-48	94%
49-60	97%
61+	100%

For example if the Main Insured Life surrenders after having paid 50 Premiums and at least 50 months have passed since Commencement they will receive 97% of the value of the Investment Account less the Policy Surrender Charge.

What happens when the Benefit reaches its Maturity Date?

When the Domestic Wealth Benefit reaches its Maturity Date, the Main Insured Life has the option of withdrawing the full value of the Investment Account with no Surrender Charges. Alternatively, they can choose to leave the funds in the Investment Account either paying or not paying further Premiums and then withdraw the full value at a later stage with no Surrender Charges.

What happens to the Investment Account if I miss a Premium?

For every missed Premium an Unpaid Premium Charge will be deducted the Investment Account. The current charge is R15.00 but this is subject to increase from time-to-time.
If you miss 3 consecutive Premiums, and there is value in the Investment Account, the Benefit will be converted to a Paid Up status, at which time, the Investment Account will be reduced to a level equivalent to the Surrender Value at that stage (as illustrated in the table above). This means that we will no longer deduct Premiums from your bank account for this benefit, but will continue deducting the monthly Investment Charges and the Unpaid Charge from the Investment Account. Should the Paid Up Benefit be surrendered at a later date, the amount payable will be the Investment Account at that stage less the Surrender Charge. Should the Investment Account drop to zero the entire benefit will automatically lapse.

What happens to the Investment the Main Insured Life dies?

In the event of the death of the Main Insured Life, the Beneficiary will be paid the full value of the Investment Account without any deductions.

SECTION C: HOW TO CLAIM

LIFE INSURANCE BENEFIT CLAIMS

	Tell us about the claim	Information needed when you contact us for a claim	Return completed claim forms and other documents
FUNERAL BENEFIT	• Contact our National Contact Centre on 011 320 3000; or, • SMS the Policy number to 47081 (Standard rates apply) • We must be notified within 60 days of the claim event.	• The Main Insured Life's Policy number; • A fax or e-mail address; and • The date and cause of the claim event. We will then provide a unique claim number, send a claim form and advise what other documents we need in order to process the claim.	• Fax the required documents to 011 320 3170 • E-mail the required documents to claims@clientele.co.za • Or visit the Clientèle Head Office: Clientèle Office Park, Cnr. Alon & Rivonia Roads, Morningside.
COMMUTER COVER BENEFIT (ACCIDENTAL DEATH)	• Contact our National Contact Centre on 011 320 3000; or, • SMS the Policy number to 47081 (Standard rates apply) • We must be notified within 60 days of the claim event.	• The Main Insured Life's Policy number; • A fax or e-mail address; and • The date and cause of the claim event. We will then provide a unique claim number, send a claim form and advise what other documents we need in order to process the claim.	• Fax the required documents to 011 320 3170 • E-mail the required documents to claims@clientele.co.za Or visit the Clientèle Head Office: Clientèle Office Park, Cnr. Alon & Rivonia Roads, Morningside.

You can help speed up the death claims assessment process by having the following documents ready when lodging a Funeral or Commuter Cover Claim:

Natural death

- A copy of the registration of death form BI1663;
- A certified copy of the Main Insured Life's identity document;
- A certified copy of the beneficiary's identity document;
- A certified copy of the death certificate.

Unnatural death

- A copy of the registration of death form BI1663;
- A certified copy of the Main Insured Life's identity document;
- A certified copy of the beneficiary's identity document;
- A certified copy of the death certificate;
- A 'Police Report' to be completed by the Investigating Officer.

	Tell us about the claim	Information needed when you contact us for a claim	Return completed claim forms and other documents
TEMPORARY INCOME PROTECTION BENEFIT	• Contact our National Contact Centre on 011 320 3000; or, • SMS the Policy number to 47081 (Standard rates apply) We must be notified within 60 days of the claim event.	• The Main Insured Life's Policy number; • A fax or e-mail address; and • The date and cause of the claim event. • Completed Claim Form • Completed Medical Report • Road Accident Report in the event of a Motor Vehicle Accident • Police Report to be completed by the Investigating Officer if there is a CAS number • Insured's ID copy • Driver's License in the event of a Motor Vehicle Accident Additional documentation may be requested to validate the claim.	• Contact our National Contact Centre on 011 320 3000; or, • Fax the required documents to 011 320 3170 • E-mail the required documents to claims@clientele.co.za • Or visit the Clientèle Head Office: Clientèle Office Park, Cnr. Alon & Rivonia Roads, Morningside
	Tell us about the claim	**Information needed when you contact us for a claim**	**Return completed claim forms and other documents**
DOMESTIC H.E.L.P BENEFIT	• Contact our National Contact Centre on 011 320 3000; or, • SMS the Main Insured Life's Name, Policy Number and ICD 10 Code to 47081 (Standard rates apply). • We must be notified no later than the next working day after admission. • For the certain conditions that require Authorisation we will SMS the Main Insured Life's an Authorisation number after we have confirmed the details with the admitting doctor. (Details of the conditions requiring Authorisation can be found at www.clientele.co.za).	**Hospital Illness** • The original hospital account to confirm the dates of admission and discharge or a hospital discharge summary if admitted in a public hospital; • A certified copy of the Identity Document (only at the first claim for the insured life); **Hospital Accident and Hospital Motor Vehicle Accident** • The original hospital account to confirm the dates of admission and discharge or a hospital discharge summary if admitted in a public hospital; • A certified copy of the Identity Document (only at the first claim for each insured life); • The 'Police Report' to be completed by the Investigating Officer;	• Contact our National Contact Centre on 011 320 3000; or, • Fax the required documents to 011 320 3170 • E-mail the required documents to claims@clientele.co.za • Or visit the Clientèle Head Office: Clientèle Office Park, Cnr. Alon & Rivonia Roads, Morningside

	• Further Authorisation will be required if the Main Insured Life is in hospital for more than 10 days.	• The Official Road Accident Report (in the event of a motor vehicle accident); • A certified copy of the driver's license (only if the claimant was the driver of the vehicle). **Hospital Maternity** • The original hospital account to confirm the dates of admission and discharge or a hospital discharge summary if admitted in a public hospital; • A certified copy of the baby's birth certificate.	
	Tell us about the claim	**Information needed when you contact us for a claim**	**Return completed forms and other documents**
DOMESTIC WEALTH BENEFIT	The Main Insured Life can choose between a Full or Partial Surrender depending on how much of the Surrender Value they would like to withdraw. A surrender is when the Main Insured Life withdraws some or all of the funds from the Investment Account. The Main Insured Life may surrender the Benefit at any time by contacting us on 011 320 3000 or encashments@clientele.co.za.	• The Main Insured Life's Policy number; • A fax or e-mail address	• Contact our National Contact Centre on 011 320 3000; or, • Fax the required documents to 011 320 3170 • E-mail the required documents to encashments@clientele.co.za • Or visit the Clientèle Head Office: Clientèle Office Park, Cnr. Alon & Rivonia Roads, Morningside

Important points to know regarding the claims process:

- For all claims, we require proof of employment between the Payer and the Main Insured Life, such as and Employment Contract or UI-19 Form (UIF Confirmation)
- For death claims, we require a certified copy of the South African death certificate, the deceased Main Insured Life's ID as well as the Beneficiary(ies) ID and payment information.
- For H.E.L.P claims, we require a certified copy of the Main Insured Life's Identity Document, a copy of the hospital account, a full medical history and reports by the regular and attending doctors and Medical Specialists in order to assess the claim.
- We may request the opinion of an independent medical practitioner, or any additional documentation to validate the claim. The claimant is responsible for providing this information to us.
- All information provided is at the Claimant's own cost.

- We reserve the right to request any additional information required to validate the claim
- All payments in terms of this Policy shall be made in South African Rands and paid into a South African bank account.
- For death claims if the Beneficiary cannot be traced after a period of 2 months from the date the claim was approved, payment will be made into the estate of the deceased Main Insured Life.

NON-LIFE INSURANCE BENEFIT CLAIMS

	Tell us about the claim	Important points to know regarding the claims process
LEGAL ADVICE BENEFIT	• Contact us on 0860 004 529; or, • Fax the required documents to 011 320 3362 • E-mail the required documents to lawyers@clientele.co.za We must be notified as soon as possible or within 30 days of the Matter.	• A Legal Claim must be lodged as soon as is reasonably possible (but in any event in no more than 30 days from the date of the Insured Event or the date on which the Insured Person first becomes aware that he/she had a potential Claim). If a Legal Claim is lodged after the 30 day period, appropriate reasons must be furnished for the delay. • The Legal Claim will be assessed and the Insured Person will be advised on the appropriate telephonic legal assistance required. • It is the responsibility of the Insured Person to provide the Insurer with all information and documentation necessary for the proper assessment of a Legal Claim.

SECTION D: POLICY RULES

- The policy commences once the application and risk has been accepted by the insurer and will continue until one of the following events happen:
    - When you, the Policy Owner, fails to pay 3 (three) consecutive premiums;
    - when the Main Insured Life dies; or,
    - when you, the Policy Owner, cancels this policy by giving us 31 days' notice.
- You have a 31-day cooling off period to cancel the policy. This means, from the time we send your policy documents, as long as there has been no claim or you or the Main Insured Life have not received any benefit under the policy, if the policy is cancelled within these 31 days, we will refund the premiums you have paid.
- We reserve the right to submit a debit instruction to your bank at any time during the month and to debit your account using any reasonable collection methods. To do this, we may also track and debit your account up to 10 working days earlier than the debit date. Should the total premium be adjusted by us or yourself as a general increase / decrease, the adjusted premium will be deducted from your bank in the same manner. This instruction will remain in force unless otherwise notified by us or cancelled by you, the Policy Owner.
- You must make sure that there are sufficient funds in your bank account to pay your premium on the agreed date. If any debit order is not paid, you will be responsible for the related bank charges.
- If we do not receive your premium on the agreed date, you have a grace period of 15 days to pay it, to still enjoy cover.
- Your policy will lapse if we do not receive your premium for three consecutive months and waiting periods will recommence. We reserve the right to lapse your policy after two consecutive disputes.
- You have the right to cancel this policy by giving us 31 days' notice. Premiums paid during this notice period will not be refunded. This is a bundled product where all of the benefits are included in the premium, with the exception of the optional Domestic Wealth Benefit. This means that you cannot cancel any of the benefits on the life, non-life and non-insurance contracts separately.
- We reserve the right to change the terms and conditions of this policy at any time provided there are reasonable actuarial grounds or the variation will benefit you, the Policy Owner or the Main Insured Life. Written notice of changes will be sent to the Policy Owner's latest contact details we have on record one month in advance and will be binding on you, the Policy Owner and us.
- If a policy is resold, the waiting periods will start again from the date of resale.
- We reserve the right to cancel your policy with immediate effect if a claim is found to be fraudulent in any respect. This means that you or the Main Insured Life will no longer be covered and all premiums paid will be forfeited.
- If a date of birth of the Main Insured Life has been recorded incorrectly, we may amend the benefits at the date of a claim, taking into account the correct age of the Main Insured Life. It is important to notify us if this information is incorrect on your Personal Policy Schedule.
- We will at claims stage request proof of employment between you, the Policy Owner, and the Main Insured Life.
- Premiums and benefits will be reviewed annually and will be increased on 1 January each year. You will be notified of this increase in December of the prior year. Our expectation, assuming claim experience is in line with actuarial assumptions, is that premiums will increase by 10% and benefits will increase by 6% annually.
- Whilst this policy is in force, no change will be made because of the physical condition of the Main Insured Life.
- The Main Insured Life may change the Beneficiary(ies) nominated at any time prior to a claim event, by notifying us. Please ensure that you and the Main Insured Life is always in possession of a Personal Policy Schedule that reflects their latest nomination. Where a minor Child is a Beneficiary, payment will be made into a trust fund and will only be paid out when the minor Child attains the age of majority.
- This policy acquires no surrender or loan values.
- The policy will remain active as long as the Main Insured Life is still alive and Premium payments are up to date.
- This policy is free from all restrictions on occupation or travel of the Main Insured Life, unless otherwise stated.
- Any question of law arising shall be decided according to the laws of the Republic of South Africa.
- This policy has been issued on the basis that the information provided during the application process was true and correct.

SECTION E: DEFINITIONS

Words used in this document have a specific meaning, as stipulated below, which may differ from the standard dictionary definition.

General Definitions

Accident	Means a sudden and unexpected event, which is caused solely and directly by violent, physical means and resulting in an external, visible injury confirmed by clinical examination and appropriate testing. Please note that the following is specifically excluded: • Any event occurring before policy commencement or resale date (whichever occurred last) and, • Suicide or Self-Inflicted Injury.
Administrator	Means the company responsible for administrating the Clientèle Domestic Worker Plan, in this case, Clientèle Life Assurance Company Limited.
Beneficiary	Is the person(s) entitled to the proceeds of the death benefits of the Main Insured Life, chosen by the Main Insured Life.
Child	Means an unmarried dependent child, step-child, illegitimate child, adopted child (legally or by custom) or grandchild (whose parents are both deceased) of the main insured life. A dependent child that attained the age of 18 years shall no longer be covered under this policy, unless he/she becomes dependent on the main insured life by reason of mental or physical incapacity whilst the policy is active or unless enrolled as a full time student at a registered tertiary institution until a maximum age of 21. We may request proof of dependency at claims stage.
Claimant	Is the person that notifies us of a claim and may or may not be the Beneficiary.
Date of Commencement	Is the first day of the month during which the first premium is due.
Illness	Means sickness or disease contracted and commencing during the Currency of the policy.
Main Insured Life	The person indicated as such on your Personal Policy Schedule (The Domestic Worker).
Main Policy Premium	Is the regular contractual payment, depending on your premium frequency, made by a policy owner in return for an undertaking by us to provide policy benefits as specified in your Personal Policy Schedule. This specifically excludes the premium covering any Additional Benefits.
Policy Owner	Is the person who applied for the policy and who is also responsible for payment of the premium (Employer).
Total and Permanent Disability	Is where the Main Insured Life is totally and permanently unable to carry out the functions of his/her own or any reasonably suited occupation or where the Main Insured Life suffers total and permanent loss of one of the following: • Sight in both eyes • Ability to speak • Loss of use of a combination of any 2 limbs (hand, foot, leg, arm) provided that they are not part of the same limb; • Loss of use of both feet (ankle or below) or both legs (above the knee, including the knee and below); Loss of the use of both hands (below the wrist) or both arms (above the elbow, including the elbow and below).
Us/We	Clientèle Life Assurance Company Limited. FSP Number 15268.
VAT	Value Added Tax is charged at the standard rate of 15%.

Domestic H.E.L.P Benefit Definitions

Authorisation	Is permission from us to claim for hospitalisation resulting from certain conditions and for hospitalisation exceeding 10 days.
Chronic illness	A disease that persists for a long time (3 months or more) and generally cannot be prevented by vaccines or cured by medication, nor do they simply disappear. This includes any condition where medication is, or should be, taken for a period exceeding three months. For example Hypertension, Diabetes, Epilepsy, Asthma, Tuberculosis, etc.
Dangerous Activities	Engaging in or training for underwater activities for which artificial breathing apparatus is required, climbing or mountaineering, potholing, parachuting, hang-gliding, winter sports, professional sports and racing other than on foot; Flying,

	other than as a fare-paying passenger in a fixed-wing aircraft or helicopter, provided and operated by an airline or air charter company which is duly licensed for the regular transportation of fare-paying passengers, and only between established commercial airports and/or licenced commercial heliports.
Day	Means a period of 24 consecutive hours of hospitalisation, including the day of admission but excluding the day of discharge.
Hospital	An institution which: • is licensed in accordance with the applicable laws of the Republic of South Africa; • 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 1 or more qualified Medical Specialists available at all times; • has 24 hour day nursing services by registered graduate nurses under the permanent supervision of the Medical Specialists in charge; • excludes any sub-acute facility whether registered as a hospital or not; • maintains in-patient facilities; • maintains a daily medical record for each of its patients; • does not include any institution which is primarily a rest or recovery facility, rehabilitation wards or centres or a step-down facility, 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, or a nursing home, even if it is registered as a Hospital or clinic. • We reserve the right to refuse payment for claims resulting from hospitalisation at certain hospitals. A list of approved hospitals is available at www.clientele.co.za and can change from time-to-time.
Medical Specialist	A Medical Specialist means a medical practitioner who, in addition to his/her basic medical degree, has specialised in a particular field and has graduated with an additional degree to that effect. For example a Cardiologist, who specialises in dealing with disorders of the heart, or a Paediatrician, who specialises in the medical care of children, will recommend a hospital stay. Medical Specialist shall not include the Main Insured Life whose hospitalisation is the basis of a claim hereunder, or a relative by blood or marriage of such Main Insured LIfe unless approved by The Company.
Specific Pre-Existing Medical Condition	Means any of the following conditions or a condition related to any of the following conditions, for which medical advice, diagnosis, care or treatment was recommended or received within a period of 12 months preceding the date of commencement or resale (whichever occurred last). • Chronic conditions – Diabetes, Hypertension, Epilepsy, Anaemia, Autoimmune conditions, Tuberculosis, and any other condition where medication is (or reasonably should be taken) for a period exceeding three months • Digestive Disorders – Gastro Intestinal Tract infections, Gastric ulcers, Gastroesophageal Reflux Disease/GORD, Hernia, Irritable Bowel Syndrome, Hepatitis • Heart Conditions – Heart Attack/ Myocardial Infarction, Heart Failure, Cardiomyopathy, Heart valve disorders, arrhythmias, Ischaemic Heart disease • Back Problems – Back Pain and Neck Pain, Spondylosis, Spinal Stenosis, Intervertebral Disc Disorders/Diseases • Bone And Joint Disorders – Arthritis, Fractures, Joint replacements, Joint Dislocations • Lung Conditions – Asthma, Pneumonia, Tuberculosis, Chronic Obstructive Pulmonary Disease/COPD • Cancer – Malignant neoplasms, Benign Neoplasms, Leukaemia, Lymphoma

- Kidney or Bladder Diseases – Chronic Kidney Disease, Kidney Failure, Urinary Tract Infections, Kidney Stones, Nephritis.

SECTION F: EXCLUSIONS

F1: Domestic H.E.L.P Benefit, Commuter Cover Benefit and Temporary Income Protection Benefit

The Insurer will not be liable in respect of any claim for Hospitalisation, Commuter Cover Benefit, and Temporary Income Protection Benefit which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with or resulting from any of the following:

Activities contrary to the law	Includes any act contrary to the laws of the Republic of South Africa, including driving a motor vehicle while the blood alcohol level is higher than that permitted by law, irrespective of whether such act is a cause of the claim event.
Addiction	Including treatment or where, in our opinion, the cause of admission arose from any underlying drug or alcohol dependence syndrome.
Cosmetic	Cosmetic or plastic surgery, except in the case of bodily reconstruction due to an accident will not be covered.
Cystic Fibrosis	Including treatment for any of its manifestations.
Dangerous Activity	See definition of 'Dangerous Activities'.
Dental	Including dental conditions or treatment that is related to any other Illnesses.
Elective or treatments for Obesity	Operations, treatments and examinations for obesity or of the Main Insured Life's own choosing which has no connection with any Illness.
Infertility	Including Artificial Insemination as defined in the Human Tissues Act No 65 of 1983 (as amended).
Intentional or Self-inflicted	Including attempted suicide independent of the Main Insured Life's state of mind.
Psychological or Psychiatric Disease	Any event traceable to psychiatric trauma, or the Main Insured Life's state of mental or physical health, prior to or after the event that gives rise to a claim. Including, but not limited to, diseases or disorders such as Depression and Post Traumatic Stress Disorder or any psychiatric trauma.
Quarantine	Includes where quarantine occurs in a registered Hospital
Soft-tissue Injuries	Including all visible and non-visible soft-tissue injuries, except where ligament or tendon damage is confirmed and requires surgical intervention.
War	War, invasion by a foreign country, riot, terrorism, acts of foreign enemies, hostilities (whether war is declared or not), civil war, labour disturbances, active participation in strikes or the activities of locked-out workers, rebellion, revolution insurrection or military or usurped power, or the Main Insured Life engaging in military duty or military exercises with any armed force of any country or international authority will not be covered.

F2: Additional HELP Benefit Exclusions

In addition, the Insurer will not be liable in respect of any claim for Hospitalisation, which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with or resulting from any of the following:

No objective impairment in health	Where, in our opinion, based on the medical information provided, the cause of admission did not require admission into hospital or equivalent treatment could have been provided as an out-patient.
Rehabilitation	Includes admissions into a registered Hospital, where the primary treatment is rehabilitative. Including admissions into rehabilitation centres, nature, cure clinics, or hydros.
Not recommended by a Medical Specialist	Including taking any drug, unless it is proved that the drug was taken in accordance with proper medical prescription (unrelated to any addiction). Only claims from patients referred to Hospital by a qualified Medical Specialist will be accepted.

Non-compliance to treatment	Where, in our opinion, based on the medical information provided, the cause of admission resulted from or is exaggerated by the non-compliance of prescribed treatment.
Investigations, Routine physical or any other examinations	Includes investigation of pain or pain-related conditions where a diagnosis cannot be confirmed by supporting test results, regardless of treatment received.

F3: Additional Commuter Cover Benefit and Temporary Income Protection Benefit Exclusions

In addition, the Insurer will not be liable in respect of any claim for the Commuter Cover Benefit and the Temporary Income Protection Benefit, which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with or resulting from any of the following:

- Any mental or physical condition, disease, Illness or infirmity that existed prior to the Commencement or Resale Date (whichever occurred last) of the Policy, unless the claimant can prove that it is not attributable will not be covered.
- Any medical condition for which medical advice, diagnosis, care or treatment was recommended or received prior to the date of commencement or resale (whichever occurred last).
- Being under the influence of alcohol that is tested above the legal limit, as published from time-to-time, or any drug not prescribed by a registered medical practitioner, regardless of whether this caused the disability or death.
- Any activity in any capacity in the armed forces, police, military or an occupation as an arms dealer, television reporter or cameraman.
- Childbirth, abortion, miscarriage, obstetrical procedures or any consequences thereof will not be covered.
- Use of nuclear, biological or chemical weapons, ionizing radiation or radioactive contamination.
- Where the claim is fraudulent or exaggerated in any way.

NON-INSURANCE TERMS AND CONDITIONS - FUNERAL ASSISTANCE BENEFITS

1. 24-HOUR HELPLINE

Supported by Europ Assistance South Africa (EASA).

1.1. BENEFITS

Assistance in sourcing the relevant funeral service provider for all your requirements including, but not limited to:

- Caskets;
- Tombstones;
- Cremation;
- Chapel and after-service venues;
- Catering/restaurants;
- Travel services and arrangements;
- Design and printing of programmes;
- Floral arrangements;
- Other specialised items, keepsakes and services.

Assistance in sourcing after-funeral care services including, but not limited to:

- grief counselling;
- travel arrangements and transfers;
- attorneys;
- nurse or other care services;
- home care services such as gardening and domestic services.

1.2. TERMS AND CONDITIONS

- Any services used are for your own cost.
- Unlimited telephonic grief counselling is available to you and your family at no charge; however, face to face counselling is for your own cost.
- Unlimited service is available to all members covered on the plan as specified in the policy schedule.
- In order to make use of the service, the Clientèle Funeral Dignity Plan must be active and all premiums must be paid up to date.

1.3. PROCEDURE FOR SERVICE UTILISATION

Contact Europ Assistance on 0860 320 333 and select menu item number 2.

2. DISCOUNTED PARTNERS

EASA offers discounted rates on relevant funeral service providers and products.

2.1. BENEFITS

Discounts available from leading service providers across South Africa including, but not limited to:

- Doves – 10% off tombstones and discounts when purchasing a coffin and funeral services;
- Martin's – 20% discount on funeral services and coffins;
- Netflorist – 10% off on gifts and flowers;
- Flowers.co.za – 8% off on gifts and flowers;
- Special car hire rates from Europcar and First Car Rental;
- Intercape – 10% discount.

2.2. TERMS AND CONDITIONS

- After contacting the EASA call centre and being verified, vouchers will be sent either by fax, SMS or email via EASA's voucher issuing platform.
- Service providers are subject to change without prior notice. Should any of the above benefits no longer be available, EASA will replace them with a similar offer.
- This is an access and information service only, all transactions will be between the service provider and yourself.
- Service provider products and services terms and conditions apply.
- The call centre is available on Monday to Friday, 07h00 – 19h00 and Saturday between 08h00 – 12h00.
- EASA does not facilitate payments or delivery services.
- Unlimited service is available to all members covered on the plan as specified in the policy schedule.
- In order to make use of the service, the Clientèle Domestic Worker Plan must be active and all premiums must be paid up to date.

2.3. PROCEDURE FOR SERVICE UTILISATION

Contact Europ Assistance on 0860 320 333 and select menu item number 2.

3. REPATRIATION OF MORTAL REMAINS

EASA assists the bereaved family and next-of-kin with road or air repatriation of the mortal remains to a funeral home closest to their normal place of residence. All arrangements to transport mortal remains as requested by the family are managed and special care is taken to consider particular customs and beliefs.

3.1. BENEFITS

- Repatriation is arranged when the deceased's body is more than 100km from their place of residence within South Africa and neighbouring countries i.e. Lesotho, Namibia, Mozambique, Botswana, Zimbabwe and Swaziland.
- Provides assistance with the necessary documentation and co-ordination with the authorities to transport the deceased's mortal remains to the place of residence.
- This benefit includes transfer of the ashes to their normal place of residence after cremation.
- Where family members are required to identify the deceased or wish to accompany the deceased to the final funeral home, 1 night accommodation to the value of R1,000 is arranged and paid for.

3.2. TERMS AND CONDITIONS

- The EASA call centre is available 24 hours a day, 7 days a week and 365 days a year.
- Available to all members covered on the plan as specified in the policy schedule.
- In order to make use of the service, the Clientèle Domestic Worker Plan must be active and all premiums must be paid up to date.

3.3. PROCEDURE FOR SERVICE UTILISATION

Contact Europ Assistance on 08 60 320 333 and select menu item number 2.

NON-INSURANCE TERMS AND CONDITIONS – DIS-CHEM VOUCHER

As a loyal Clientèle Policyholder, you will be rewarded with a R50 Dis-Chem voucher, at no additional cost to you, when purchasing a Netcare Voucher for GP+ Medication Vouchers as well as Dentistry and Optometry Vouchers for your Domestic Worker.

- The R50 Dis-Chem voucher is only available to you as a loyal Clientèle Policyholder.
- Neither the Netcare vouchers nor the Dis-Chem vouchers have any effect on your policy premium.
- The Dis-Chem voucher is brought to you by CBC Rewards (Pty) Ltd (hereafter referred to as "CBC").

1. GENERAL TERMS AND CONDITIONS

1.1. QUALIFYING CRITERIA

You will qualify to receive this voucher if you:

- Are the main Life Assured/Premium Payer;
- Have purchased a Netcare voucher.

1.2. DIS-CHEM VOUCHER

- The Dis-Chem voucher is only awarded to the main life assured/premium payer, who has successfully redeemed a Netcare voucher.
- CBC may amend terms and conditions at its sole discretion from time to time. CBC will notify you 31 days prior to these changes.

1.3. LIMITATION OF LIABILITY

- CBC, their agents responsible for administering the voucher, as well as the voucher sponsors assume no responsibility and are not liable for (i) late receipt of a voucher, notification or other communication, or (ii) loss due to interception and/or interference in respect of any voucher.
- Additional to any other rights contained in the voucher rules, CBC reserve the right to terminate the offer at any time with immediate effect. If this is the case, CBC will provide a notice on the website and it shall be your responsibility to review this notice. In such an event, you hereby waive any rights which you may have against any of the organisers and acknowledge that you will have no recourse or claim of any nature against them.

1.4. OFFERS AND VALUE

- You will be eligible for 1 x R50 Dis-Chem voucher issued per 1 x Netcare voucher purchased. This is limited to 5 vouchers per year.

1.5. PROCEDURE FOR VOUCHER UTILISATION

- You will need to purchase a Netcare voucher through the Netcare website (URL placeholder) at your own cost.
- CBC will send you an SMS with a unique Dis-Chem voucher code.
- You can use this unique voucher code in-store at all Dis-Chem stores.
- For all queries and complaints you can contact the Clientèle call centre on 011 320 3000 or email services@clientele.co.za.

1.6. VOUCHER DESCRIPTIONS AND VOUCHER CODES

- You will be entitled to one Dis-Chem voucher listed per valid unique voucher code.
- Only original and authentic and valid unique codes will be accepted.
- The Dis-Chem voucher will be sent within 3 working days of purchasing and receipt of a Netcare voucher.

1.7. DIS-CHEM VOUCHER TERMS OF USE

- The Dis-Chem electronic voucher code is valid for 30 days from date of receipt or upon full redemption thereof, whichever occurs first.
- The Dis-Chem electronic voucher may not be:
- Exchanged for cash; or
- Used to purchase mobile airtime or data; or
- Used if a store is offline.
- No change for any value remaining on an Electronic wiCode Voucher after redeeming will be credited or given to you in cash. The Electronic wiCode Voucher can be redeemed only once.
- The Dis-Chem electronic voucher is written in English to facilitate ease of use at tills.

1.8. RESTRICTIONS

- Dis-Chem Vouchers cannot be redeemed for cash in part or whole and are non-refundable, and non-exchangeable and CBC reserves the right to substitute any reward with another reward of similar or equal value.

1.9. CONTACT US

- For all queries and complaints clients can contact the Clientèle call centre on 011 320 3000 or email services@clientele.co.za.

1.10. GENERAL TERMS

- Without detracting in any way from the voucher terms and conditions, the following general provisions shall be applicable.
- In the event of a dispute, the decision by CBC will be final and binding and no correspondence will be entered into in this regard and for further clarity, CBC shall be entitled to deal with such disputes (or any failure by recipients to follow the rules) in their sole discretion.
- The duration of this offer may also be extended or curtailed at the sole discretion of CBC.