



## Your Nedbank Insurance Funeral Plan Individual R10k / R30k /Family

A number of important documents, including the Policy Document, Policy Schedule and ongoing communication between us, make up the policy contract.

The Policy Document is made up of two sections:

- general terms and conditions (obligations and product information); and
- benefit terms and conditions (covers the specific conditions applicable to each injured life).

### The Policy Schedule

The Policy Schedule is an important document and summarises the people covered under this policy, together with their cover amounts, waiting periods, premium payment frequency, premium payment method and premiums payable, as well as any special conditions that may apply to an insured life.

The Policy Schedule will be issued to you after you buy the Nedbank Insurance Funeral Plan and is updated from time to time to reflect any changes you may request.

Only the latest Policy Schedule we have on record will be used when a claim is assessed.

### Ongoing communication between us

All communication between us, including written, telephonic or SMS communication, will be considered part of our contractual relationship. It is therefore important that you keep us up to date with your preferred means of communication and ensure that the information we have is current and correct.

References throughout this policy to the masculine include the feminine and words in the singular include the plural, where appropriate, and vice versa.

You have the right to cancel this policy within 30 days of buying it and receive a premium refund, provided no claims have been made. However, if you cancel this policy after 30 days, no premiums will be refunded to you.

### The information you give us

It is important that you give us complete and accurate information, including information about insured lives, in order for us to assess your claim.

If there are any changes to the information you give us, you must let us know within 30 days after the information changes.

If you have any questions about how this policy works or would like to make any changes to it, speak to a Nedbank staff member or phone our Client Services Contact Centre to speak to a consultant.

### General terms and conditions

This policy is designed to provide a cash lump sum to assist with the immediate costs associated with the death of an insured life and will pay out within 24 hours of submission of the appropriate documentation.

A maximum of 7 people can be insured under the family package, with each person taking up one place.

You are the only person insured under the individual plan.

### Policy owner (main member)

To qualify as the policy owner (main member) you must be at least 18 years old and not older than 55 years on the date this policy starts.

### The policy owner (main member) and all insured lives must be South African citizens or permanent South African residents

To be a policy owner or an insured life under this policy a person must:

- be either a South African citizen or a permanent South African resident;
- have a valid identity document or card, except in the case of minor children, who must have a valid birth certificate; and
- ordinarily live in South Africa.

If an insured life intends to travel or live outside the borders of South Africa for three months or more, he must notify us. In this case Nedgroup Life reserves the right to cancel the cover for that individual. When an insured life leaves South Africa for less than three months, he will still be covered under this policy.



## You can change this policy

You can make changes to this policy, such as adding insured lives if you have opted for the family package. These changes can be made in writing or through the Client Services Contact Centre or at a Nedbank branch.

When you buy this policy, claim against it or add or delete insured lives, it is important that true and complete information is provided. If you do not give true and complete details, we may:

- cancel this policy; and/or
- refuse to pay a claim; and/or
- void this policy, which means you may lose all the premiums you have paid or may have to pay an administration fee to us or repay any cover amount we may have paid to you.

If this happens, we will communicate with you by SMS.

If we pay any cover amount to you and find out that you did not give us true and complete information, you will have to pay it back. If we have to take legal action to recover the cover amount we have paid and our case is successful, you will also have to pay the legal costs.

## How to communicate with us

You can phone us, write to us or send us a fax or an email. Alternatively, speak to a Nedbank staff member.

In some instances we require information in writing and we will let you know this when you contact us. When you phone us, we will record the conversation. We will communicate with you using your preferred communication method, as well as SMSs.

## What and when you pay

The total monthly premium covers the cost of the benefit for all the insured lives, as well as the cost of administration of this policy.

Cover starts as soon as all requirements have been met. If your first debit order fails, cover will stop and only start again on receipt of the first premium.

Policy premiums are payable in advance. At the beginning of every month we will SMS you the cover amount for that month, based on the allocated premium of the previous month. If you do not receive this SMS, you may phone our Client Services Contact Centre to find out how much cover you have.

If you always pay the full policy premium in advance, you will enjoy the full cover reflected in the Policy Schedule.

## Allocated premium

To determine whether the right premium has been paid for the chosen cover we calculate an allocated premium.

The allocated premium in any month is the lower of the policy premium and the actual premiums received (including the premium bonus and/or the extra premium bonus) in that month plus any money in the Future Cover Wallet. Any excess over the policy premium will accumulate in a Future Cover Wallet.

When you are in a 30-day grace period, the premium is first allocated to the previous month, and then any excess is allocated to the current month.

## Future Cover Wallet

This is where any excess premiums will accumulate to purchase cover in future.

## Premium bonus

This policy has a premium bonus. For every 11 months that premiums are paid we will deem you to have paid the premium for the 12th month. The premium credited in the 12th month is equal to the average of the allocated premiums for the previous 11 months.

## Extra premium bonus

When you pay 10 policy premiums at the same time in advance, you will be deemed to have paid for 11 months. In other words, we will assume that you have paid 11 policy premiums. The 11th premium is known as an extra premium bonus and is deemed to be payment for in the 11th month, if this policy is active at that time.

## Grace month

A grace month is a month in which you do not have to pay a premium. This policy has three grace months, but only one grace month can be applied in a policy year. It is also not possible to take a grace month during a waiting or grace period. We will let you know by SMS when a grace month is being used.

The allocated premium for a grace month is zero.



## Grace period (30 days)

If you are not entitled to use a grace month, are unable to make at least the minimum payment in a month and do not have any money in your Future Cover Wallet or a premium bonus (including an extra premium bonus), you will be given a 30-day grace period to make up the missed premium. The actual premium received during the 30 day grace period will be allocated firstly to the month when the premium was missed before any premium will be deemed to be for the current month.

When there is a valid claim in a 30-day grace period and you haven't paid a premium yet, the allocated premium for the previous month will be zero.

If the allocated premium is zero for two consecutive months and neither of the months is a grace month, this policy will lapse.

## How we determine the cover amount in the event of a valid claim

The ratio of the total allocated premiums over the past six calendar months to the total policy premiums over the past six calendar months is applied to the full cover when we determine the amount payable in the event of a valid claim.

## Instantly claimable benefit

If you have a positive value in your Future Cover Wallet, you may lodge a claim for an instantly claimable benefit. However, any future cover you may have purchased with the Future Cover Wallet will then be forfeited.

The instantly claimable benefit may be paid into a valid bank account only and will be processed within eight working hours of your submission of the claim. Please note that, if you do not bank with Nedbank, this payment may take up to two days to be reflected in your account.

If there is no money in your Future Cover Wallet, you will have no instantly claimable benefit.

## Restarting this policy

If this policy is terminated because you do not pay your premiums or because you ask us to cancel it, you can restart it at any time, provided you are not older than 65 and you bank with Nedbank. Your insured lives will also be reinstated automatically, provided they have not reached the maximum entry age for their category.

Your cover will start once we have received your premium payment.

You will not have to repay any missed premiums for the time from when this policy was terminated to the date on which you restart it.

We will not pay any claims lodged during the period when you did not pay your premiums.

## Payment of a valid claim

You must choose who will get the money from this policy if you, as the main member, should die. This person is known as the nominated beneficiary.

If you do not nominate a beneficiary and you die, this policy defaults to the first qualifying person in the list below:

- your spouse insured under this policy; then
- your oldest child insured under this policy; then
- your spouse/partner who is not on this plan, or if there is no spouse/partner; then
- your first child 18 years or older who is not on this plan, or if there is no child 18 years or older; then
- your first parent who is not on this plan, or if there is no parent.

If none of the categories above are eligible, the proceeds will be paid to your estate.

All the payments we make will be in South African rand, without interest. All benefits will be paid only into a South African bank account.

The cover amount we pay depends on the policy premiums that have been paid.



## Waiting period and when we will not pay a claim

The waiting period is the period an insured life must have been added to the policy before a claim will be paid, and depends on the cause of death and the type of insured life. No claim will be paid before the waiting period has expired.

There is no waiting period for accidental death, regardless of the category of the insured life. This is death as a result of an unforeseeable event that occurs after the cover has started and that, in a violent, external and visible manner, independently of any other cause, directly causes an injury resulting in death within 90 days of the event.

The waiting period for death due to natural causes or illness is different for the different categories of insured lives.

- Main member, spouses and children
  - The waiting period is six months from when they are added to this policy, provided the policy has not lapsed.
  - For those added within 30 days after this policy has been issued the waiting period is six months from the day the first premium has been received for cash payments or when the first debit order payment has been presented, provided the policy has not lapsed.
  - For those added 30 days or more after this policy has been issued the waiting period of six months starts on the day they are added to this policy, provided the policy has not lapsed.

We will not pay claims for intentional self-inflicted injury, suicide or attempted suicide in the first 12 months of this policy.

We will not be obliged to make payment in respect of any condition or event arising directly or indirectly from or traceable to any breach of criminal law committed by an insured life, their dependents or anyone acting on your or their behalf or any nominated beneficiary.

We will not pay claims as a result of war, invasion, acts of foreign enemy, terrorism, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or strike, labour dispute or industrial action or as a result of ionising radiation or contamination by radioactivity from any nuclear waste or fuel.

## How to claim

The nominated beneficiary or the executor of your estate must give us all the information that we need to process a claim, which may include the completion of claim forms, death certificates, information on the circumstances surrounding the claim and medical evidence. The person lodging the claim will be responsible for paying any costs incurred, for example postage, courier or delivery costs, in getting the relevant information to us.

When you have a claim, you must phone our Client Services Contact Centre on 0860 333 111 during office hours to obtain a claim form or to log your claim telephonically. We will advise you of our requirements and the important information that you will need to provide for us to consider your claim (we will only accept copies of documents that are certified by a commissioner of oaths).

We require the following:

- An original certified copy of the final death certificate.
- An original certified copy of the identity document of the deceased. If the deceased is younger than 18 years, a full birth certificate will be required.
- An original certified copy of the identity document of the person making the claim.
- A fully completed claim form or a call to our contact centre, where you can log your claim telephonically.
- A BI-1663/DHA-1663 form (notification of death).
- A burial order or invoice/receipt for the funeral.
- A certified copy of the beneficiary's/main member's bank statement.

If we need more information, you give us permission to contact any person (including a medical practitioner or hospital) we think can provide such information.

The following is a list of the types of further requirements that could be called for:

- Proof of relationship of the deceased to the person lodging the claim.
- Proof of ownership of the bank account into which the benefit is to be paid if this is not the nominated beneficiary's account.
- A police report (only required in the case of unnatural death).



These documents can be handed in at your nearest Nedbank branch or posted to us. Once we have received the documents, we will review them to ensure they are complete, and will let you know if there are any problems or further requirements. We use all of this information to establish if the claim is valid.

You have 180 days from the date of an insured life's death to notify us of the claim. If you do not notify us of the death during that period, we will not have to pay the claim.

For further information or assistance please call our Client Services Contact Centre.

Should you or your nominated beneficiary make a fraudulent claim, you will lose all the premiums that you have paid, and we will not pay any amount to you or your nominated beneficiary.

We reserve the right to cancel this policy from the date the fraudulent act is committed. If we cancel this policy, we will not refund your premiums.

Once we have paid a claim in respect of an insured life, we will have no further liability.

### **When will this policy be terminated?**

This policy will be terminated if:

- you die and your spouse or adult child does not take ownership of this policy; or
- this policy lapses; or
- we or you cancel this policy; or
- should your banking status change and you cease to be main banked.

### **If you die, your spouse or adult child can keep this policy active**

If you die, your spouse or adult child, who is covered under this policy can keep this policy active, by making himself the policy owner. To do this he must call our Client Service Contact Centre or go to a Nedbank branch within 30 days of the main member's (your) date of death. We will let him know how much he will have to pay each month to keep this policy and, if he accepts, we will change the policy details. He will be required to pay any arrear premiums due at this time.

A spouse or adult child can take over this policy. If the continuation option is chosen, this policy will be deemed to have started when the cover originally started. The person taking over the policy must be main banked.

### **You cannot use this policy as security**

You cannot cede your rights to this policy. In other words, it cannot be used as security for a loan. You cannot take a loan against the cover or take any part of the cover in cash.

### **We can change this policy**

Circumstances may require us to change some of the terms and conditions or the premiums at a future date. If a change is required, the terms and conditions and the premium will be no less favourable than a new person would enjoy for a similar policy, with similar cover and insured lives. We will give you 31 days' notice by SMS to tell you about the change and arrange for a new set of terms and conditions to be delivered to the address we have on record or to be collected from a Nedbank branch.

### **Cancelling this policy**

You have 31 days from the day on which you bought this policy to decide whether or not you want it, provided a claim has not been lodged. If you notify our Client Services Contact Centre within that time that you do not want this policy, we will cancel it. We will refund paid premiums only into a valid bank account, and cover will stop immediately.

You may cancel this policy at any time after the initial 31- day period by phoning our Client Services Contact Centre. We will not, however, refund any premiums paid, except any positive balance in the Future Cover Wallet and all cover will stop immediately.

### **South African law and courts**

South African law applies to this policy. Any dispute (when you do not accept a decision we have made about this policy or about a claim) can first be referred to Nedbank Insurance Complaints. After this process, and if your complaint is not resolved to your satisfaction, you may apply to have your case heard in a South African court.

### **If we make a mistake**

If we make a mistake and this policy would have been valid had we not made the mistake, we will not cancel it and we will amend it.

If, however, we make a mistake and treat this policy as valid when it is not valid, we will void it, and all your premiums will be refunded.

### **We may share your private information**

We may share information, including personal, credit and insurance information about you or any other person whom you represent or insure under this policy, with other insurance companies. This will ensure that they can make a fair assessment and decision about whom they insure and how much they can afford to pay out. It is also to prevent and reduce fraudulent claims.



We may share your information with other insurance companies even if this policy is terminated for any reason.

### **Compliance with terms and conditions**

You and the insured lives or anyone acting on your or their behalf must comply with all the terms and conditions of this policy. If you/they do not, we might not pay a claim under this policy.

### **Limited number of policies and maximum cover**

We may increase the maximum cover from time to time and will advise you by SMS when this happens.

### **Spouse**

To qualify under the family package the spouse must be at least 18 years old and not older than 55 years on the date this policy starts.

### **Children**

- Children 14 years or older – 100% of the main member's cover.
- Children between six and 13 years old – 50% of the main member's cover, subject to a maximum benefit of R30 000.
- Children between one and five years old – 25% of the main member's cover, subject to a maximum benefit of R10 000.
- Children younger than one year – 12,5% of the main member's cover, subject to a maximum benefit of R2 500.

A female main member insured under this policy will automatically qualify for stillborn cover of 12,5%, provided her waiting period expired at the date of a claim. A maximum of two claims will be paid under this benefit and a maximum payment of R1 000 will be made per claim.

Where we limit the amount paid on a valid claim, we will not pay back any part of your premiums.

### **Value for life**

### **Funeral Support Service benefit**

In the event of your or another insured life's death, you or your beneficiary can access the following benefits by calling the Value for Life Call Centre on 0860 000 538:

- Repatriation of mortal remains to closest place of burial.
- Transportation of single relative to accompany remains.
- 1-night accommodation if required
- R1,000 Grocery shopping voucher should you make use of our repatriation benefit.

### **Trauma, Assault & HIV Benefit**

R5,000 cover for medical treatment for bodily injuries. R5,000 cover face-to-face trauma counselling such as;

- Rape
- Hi-jacking
- Child abuse
- Suicide of close family members
- Death of next-of-kin
- Domestic violence and/or abuse
- Kidnapping/Abduction
- Armed robbery and assault
- Woman abuse, etc.
- 24-hour telephonic counselling
- R5,000 cover tests, medication & consultation for HIV.

### **Legal Services**

- 24-hour telephonic legal advice
- 30-minutes free face-to-face consultation
- Free standard legal documentation
- 50% discount on attorney transfer and bond registration fee
- Assistance with UIF forms, maintenance application forms, Landlord / Tenant dispute and consumer complaints etc.

### **Personal Health Advisor**

- 24-hour emergency medical advice
- Assessment of symptoms and referral
- Explained medical terms, results of tests and info relating to medication
- Counselling for chronic ailments.



## Important notice and contact details

There is certain information that we must give you in terms of the law. This section of the document contains important information and does not form part of the policy terms and conditions.

As a policy owner you have the right to the following information:

The insurer Name: Nedgroup Life Assurance Company Limited Reg No 1993/001022/06  
Postal address: PO Box 149175, East End, 4018  
Physical address: Nedbank Park Square, 9 Park Avenue, Umhlanga, 4321  
Tel: 0860 333 111  
Fax: 0860 065 435  
Email: [clientservices@nedgrouplife.co.za](mailto:clientservices@nedgrouplife.co.za)

Nedgroup Life Assurance Company Limited ('Nedgroup Life') is a registered insurance company and an authorised financial services provider (licence number FSP40915). Nedgroup Life is a wholly owned subsidiary of Nedbank Group Limited.

### 1. Regulatory compliance

Nedgroup Life is a member of the Association for Savings and Investment South Africa (ASISA) and subscribes to the applicable ASISA codes and standards. For any compliance or regulatory matters regarding the Financial Advisory and Intermediary Services (FAIS) Act, 37 of 2002, or any other applicable legislation you may contact our Compliance Officer or Public Officer:

#### The Compliance Officer

Tel: 031 820 8448                      Fax: 0860 066 641                      Email: [compliance@nedbankinsurance.co.za](mailto:compliance@nedbankinsurance.co.za)

#### The Public Officer

Email: [publicofficer@nedbankinsurance.co.za](mailto:publicofficer@nedbankinsurance.co.za)

To comply with the requirements of the FAIS General Code of Conduct Nedgroup Life has adopted and implemented a conflict of interest policy, which is on our website at [www.nedbank.co.za/insurance](http://www.nedbank.co.za/insurance). Should you not have access to the internet, please phone our Client Services Contact Centre on 0860 333 111 for a copy.

### 2. Claims procedure

Should you have a claim under your policy, you are required to notify the Claims Department immediately.

Tel: 0860 333 111                      Fax: 0860 065 437                      Email: [claims@nedgrouplife.co.za](mailto:claims@nedgrouplife.co.za)

### 3. Complaints procedure

We recommend that you take the following steps after you became aware of the issue giving rise to the complaint:

First, try to resolve the problem by contacting our Nedbank Insurance Contact Centre.

Tel: 0860 333 111                      Fax: 0860 065 437                      Email: [clientservices@nedgrouplife.co.za](mailto:clientservices@nedgrouplife.co.za)

If you are still not satisfied, escalate the complaint to the Complaints Resolution Officer:

Complaints must, if possible, be made in writing. We will acknowledge receipt of the complaint within three working days. The Complaints Resolution Officer has 20 working days to resolve a complaint. The complainant will be notified in writing of the decision taken by the Complaints Resolution Officer. Where a complaint is resolved in favour of a complainant, Nedbank Insurance will offer a full and appropriate redress. Where the complaint is not resolved in favour of the complainant, full written reasons will be furnished as well as details of the Long-term Insurance Ombudsman, should the complainant wish to take the matter further.

Tel: 0860 333 111                      Fax: 0860 066 641                      Email: [complaints@nedbankinsurance.co.za](mailto:complaints@nedbankinsurance.co.za)



#### **4. The Long-term Insurance Ombudsman**

If you require advice on complaints in respect of claims or any other matter that has not been satisfactorily resolved, you may contact the Long-term Insurance Ombudsman:

Postal address : Private Bag X45, Claremont, 7735

Tel: 0860 103 236 Fax: 021 674 0951 Email: [info@ombud.co.za](mailto:info@ombud.co.za)

#### **5. The FAIS Ombud**

Should a complaint that pertains to advice or intermediary services provided not be resolved within six weeks, or if you are not satisfied with the resolution, you have the right to refer the matter to the FAIS Ombud:

Postal address : PO Box 74571, Lynnwood Ridge, 0040

Tel: 012 470 9080 Fax: 0860 324 766 Website: [faisombud.co.za](http://faisombud.co.za)

#### **6. Unclaimed benefits**

If there are unclaimed assets under your policy, Nedgroup Life will take all reasonable steps to contact you or your beneficiaries, including a thorough search of all internal client databases and the utilisation of the information and services provided by compilers of external databases or tracing agencies, where appropriate. Accordingly, it is your responsibility to ensure that your contact information is up to date.

Any reasonable direct administrative and tracing costs may be charged against the unclaimed assets should the first tracing attempt be unsuccessful. The aforementioned tracing costs will be market-related. Nedgroup Life may terminate the tracing if the value of your policy is less than R1 000 and the costs of tracing exceed the benefit thereof.

All valid claims against these unclaimed assets will be paid out in accordance with ASISA's standard on unclaimed benefits, which can be found on ASISA's website at [www.asisa.org.za](http://www.asisa.org.za).