

## Important information about your MyCover Life Policy

### General terms and conditions

This document contains the general terms and conditions that apply to this policy.

#### 1 Your policy

Your MyCover Life Policy is made up of different benefits and we may update it from time to time.

This document, together with the documents and information listed below, forms the basis of the contractual relationship between you and us:

- The application you completed.
- All the information you and an insured life provided.
- Your declaration submitted for this policy.
- The policy schedule.
- Any written correspondence that updates any of the above documents.

It is important that you read and understand these documents. Make sure that all information that you, or anyone acting on your behalf, or any insured life gave us, is correct. If the information is wrong, your policy may become invalid. If you or an insured life do not disclose relevant information, or give us false or distorted information when applying for benefits, we have the right to:

- decline a claim or recover any amounts that have already been paid for a claim;
- adjust the premium from the date of misrepresentation or non-disclosure of information;
- reduce the cover amount payable;
- cancel the benefits (you will forfeit all premiums paid); and
- change the terms and conditions.

#### 2 Policy contract

We set out key information about the benefits under your policy in the policy contract, which you should keep in a safe place. Your policy contract will include the following documents and information:

- **Policy schedule** – a summary of the details of the policy owner, policy start date, insured lives, benefits, waiting periods, cover amounts and premiums.
- **Material disclosures** – disclosures by an insured life and the related special conditions that apply to their benefits.
- **Beneficiaries** – a summary of the beneficiaries you have nominated.
- **Benefit terms and conditions** – for each benefit you have selected there is a comprehensive schedule detailing how the benefit works and the terms and conditions under which claims will be paid.
- Any other information that is relevant to the relationship between you and us.

### **3 Policy start date**

Your policy starts on the policy start date indicated in the policy schedule. Thereafter full cover will start but waiting periods will apply for some benefits.

In some instances we have to impose special terms and conditions for a benefit. If this happens, cover will start only after you have accepted these special terms and conditions in writing.

### **4 Everything you should know about premiums**

We show the premium payable for your policy, the premium payment pattern, the premium guarantee period and premium payment frequency are in your policy schedule.

We will consider a premium as paid only once our bank account has been credited and on condition that the payment is not reversed. Anyone may pay your premiums, but you are responsible for making sure that your premiums are paid on time.

If you submit a claim for any benefit, you must keep paying premiums while we assess the claim and, if your claim is successful, while a specific benefit is being paid and you want to keep the other benefits, unless:

- the claim is submitted in terms of a waiver of premium benefit; or
- the claim results in the cancellation of the policy.

#### **Premium patterns**

If you selected an age-based premium payment pattern, your premium will increase each year on your policy anniversary. It will also increase if cover for any of your benefits increases.

If you selected a level premium payment pattern and your cover amount remains level throughout the term of your policy, your premium will remain level unless we change your premium at the end of the premium guarantee period.

If you increase the cover amount, the premium for the increase will be under the terms and conditions applicable at the time of the increase.

You may change your premium payment pattern by giving us 30 days' notice.

#### **Changes to premiums and premium guarantee periods**

We will give you 31 days' written notice before any changes to your premium, which will always take place on your policy anniversary. However, your premium will never be higher than the premium of a new policy with the same benefits and cover amounts.

## **When you do not pay your premiums**

- **First premium**

If your first premium is not paid on the due date as set out in the policy schedule, an insured life will not be covered until your premium is paid. If your premium is not paid within 30 days from the policy start date, the policy will be considered as not taken up.

- **Subsequent premiums**

If you fail to pay a premium, you will get extra time to make a payment that has already become due, a grace period of 30 days. If your next premium is not paid within the grace period, we will cancel the policy and all benefits will stop immediately.

## **5 Changes to cover amount**

You may apply for a voluntary cover amount increase on certain benefits. If we accept your application, it is at our sole discretion and under any additional terms and conditions we consider necessary.

Any claim payment on an accelerator benefit will reduce the death benefit by an amount equivalent to the claim payment. This will, in some instances, exhaust the death benefit.

## **6 Reinstating your policy**

If your policy is cancelled and/or lapses, you may resume or reinstate it within six months. You may reinstate your policy more than once, but not within 24 months from the last reinstatement.

### **When you reinstate your policy**

We may need additional information. The insured life has to complete a declaration of health document before we reinstate your policy. It might happen that an insured life no longer qualifies for all the benefits that they initially had. Keeping to these conditions being met, cover will start again once your first premium has been paid.

## **7 Claims**

When a claim event arises that may lead to a claim, you must do the following:

- Let us know in writing or call our Client Services Call Centre **within 180 days of the event**. We will ask for additional information about the event that led to the claim.
- Give us the details of your policy.
- Give us detailed information about and proof of the event leading to the claim. This may include forms, medical records and other information necessary to assess the claim.

**We will accept only original copies of documents that were certified by a commissioner of oaths.**

We need this information to determine whether the claim is admissible and what amount will be payable.

Please note the following:

- We will not be liable for the costs of getting any information or evidence from any person to support a claim.
- Unless we agree otherwise, registered medical practitioners who practice in South Africa must submit expert evidence.
- If necessary, beneficiaries must be available to communicate with us.

**If all of our requirements are not met, we may reject the claim, and we will not be liable to pay interest as a result of outstanding requirements.**

### **7.1 Claim payments**

All claim amounts are paid in South African rand.

Except for any payments to registered cessionaries or beneficiaries, we will pay the proceeds to you.

### **7.2 Appeals and disputed claims**

If you, a beneficiary or a cessionary want to challenge a decision relating to a claim for a benefit, **you must do so in writing within six months of receiving the claim outcome**. If you don't do this, you might lose your rights to potential benefits.

### **7.3 Fraudulent claims and misrepresentation**

Your policy will be cancelled if you resort to any form of fraud when submitting a claim. This includes, but is not limited to:

- giving false information;
- using fraudulent means or devices; and/or
- acting deliberately or in a grossly negligent way, which action led to a claim.

## **8 Beneficiaries**

We set out details of the beneficiaries and their share of the benefits in the policy schedule.

## **9 Cessions**

You may give up the proceeds of one or more benefits to a cessionary as security for example, an outstanding debt. You will have limited rights to the policy while there is a security cession on the policy.

While there is a cession on the policy, proceeds, including those from any add-on or rider benefit, will first be paid to the cessionary. Once the cessionary's obligations have been met, we will pay any remaining benefits to the beneficiaries.

We are not responsible for the validity of any cession.

## **10 Cash values**

Your policy does not have any cash value.

## **11 Policy loans**

No loans will be available under your policy.

## **12 Cancellations**

Once you have received your policy document, you may cancel the policy within 31 days (cooling-off period) by letting us know in writing. On cancellation of the policy we will refund any premiums already paid, on condition that no claim has been made under any benefits. We may deduct an amount to cover the days on which the policy was indeed in force.

After the cooling-off period, you may cancel the policy at any time by giving us 31 days' written notice, but we will not refund any premiums.

## **13 Things you have to tell us**

When any of the following happens, you have to let us know within 60 days of the event:

- **When an insured life changes jobs**

If you do not let us know and we become aware of this information only when you submit a claim, we may:

- decline a claim or recover any amounts that have already been paid for a claim;
- cancel the benefit;
- cancel any remaining benefits or change the terms and conditions; and/or
- recover the difference between your actual premium and the premium you would have paid from the claim amount, had we known their actual occupation.

- **When an insured life stops or starts smoking**

You must let us know in writing if an insured life stops or starts smoking.

We may then review your premium.

If you do not let us know, we may recover the difference between your actual premium and the premium you would have paid from the claim amount had we known their true smoker status.

- **When an insured life travels outside South Africa**

You must let us know in writing if an insured life plans to leave South Africa for a continuous period of 90 days or more.

We may then review your premium, change the terms and conditions, ask the insured life to meet additional requirements or cancel the benefits.

If you do not let us know, we may:

- decline a claim or recover any amounts that have already been paid for a claim;
- cancel benefits (you may forfeit all premiums that have already been paid); or
- change the terms and conditions.

#### **14 General exclusions**

We will not be obliged to pay for any condition or event arising directly or indirectly from or traceable to the following:

##### **Preexisting conditions**

- If you die within 24 months after your cover started as a result of any condition, physical defect, illness, bodily injury or disability of which you were aware and/or for which you received medical advice or treatment during the 24 months before the start date of the policy, or the date of any reinstatement or increase in cover, we will not pay any claim and you will forfeit all premiums paid.
- If you become disabled while the policy is in force as a result of any condition, physical defect, illness, bodily injury or disability of which you were aware and/or for which you received medical advice or treatment during the 24 months before the start date of the policy, or the date of any reinstatement or increase in cover, we will not pay any claim and you will forfeit all premiums paid.
- If you die or become disabled as a result of any condition or illness involving a critical illness of which you were aware and for which you received medical advice or treatment during the 24 months before the start date of this policy, we will not pay any claim and you will forfeit all premiums paid. This restriction applies for the first 24 months from the start or reinstatement of any policy.

##### **Suicide, attempted suicide or self-inflicted injury**

- If you commit suicide, or die or become disabled due to attempted suicide or self-inflicted injury (whether sane or insane), or are diagnosed with any condition or illness involving a critical illness event within 12 months of the start date of the policy, we will not pay any claim and you will forfeit all premiums paid. The benefit will be paid after 12 months as long as we have received 12 months' premiums. This exclusion is valid after any reinstatement or any incremental increase in the sum assured.

##### **The following general exclusions will also apply to this policy**

We will not be obliged to pay for any condition or event arising directly or indirectly from or traceable to:

- you driving any vehicle if the concentration of alcohol in your blood exceeds the statutory limit then in force, or while you are under the influence (above the statutory limit) of alcohol or while you are under the influence of a drug having a narcotic effect, unless prescribed by a duly qualified and registered medical practitioner, or if you are affected by intentional inhalation of fumes;
- you breaching any criminal law;
- you exposing yourself to exceptional danger deliberately, except in an attempt to save a human life;
- war, invasion, acts of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or strike, labour dispute or industrial action;
- your exposure to ionising radiation or contamination by radiation from any nuclear waste or fuel;

or

- your participating in any hazardous activities, including but not limited to:

- extreme climbing/soloing;
- ice climbing;
- extreme altitude climbing (above 6 000 m);
- gliding;
- cave diving;
- internal exploration of wrecks;
- diving at depths greater than 30 m;
- aviation other than as a fare-paying passenger;
- motorised racing/speed contests/speed trails;
- boxing, including kickboxing; and
- fighting of any kind, except in self-defence.

## 15 Currency and law

All amounts payable in terms of the policy, either to or by us, are payable in rand into a South African bank account, and your policy is governed according to the laws of South Africa. If regulations change, we will notify you within 30 days of the changes.

## 16 Contact details

Your policy is underwritten by Nedgroup Life, a long-term insurer duly registered in terms of the Long-term Insurance Act, 52 of 1998, and an authorised financial services provider in terms of the Financial Advisory and Intermediary Services Act (FAIS), 37 of 2002.

If there are any aspects of the policy with which you are dissatisfied, please contact your financial planner, or Nedgroup Life Client Services on:

Tel: 0860 263 543

Fax: 031 364 2716

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

If a dispute cannot be resolved, you may contact the Complaints Resolution Officer at Nedgroup Life. If the dispute is still not resolved, you may contact the relevant ombudsman.

Enquiry	Designation	Company	Telephone number	Fax number	Email address
General enquiries	Manager: Client services	Nedgroup Life PO Box 149175 East End 4018	0860 333 111	0860 065 435	<a href="mailto:clientservices@nedbankinsurance.co.za">clientservices@nedbankinsurance.co.za</a>
Claims	Manager: Claims	Nedgroup Life PO Box 149175 East End 4018	0860 333 111	0860 065 437	<a href="mailto:claims@nedbankinsurance.co.za">claims@nedbankinsurance.co.za</a>
Complaints or unresolved matters	Complaints resolution officer	Nedgroup Life PO Box 149175 East End 4018	031 536 5011	0860 066 641	<a href="mailto:complaints@nedbankinsurance.co.za">complaints@nedbankinsurance.co.za</a>
Compliance enquiries	Compliance officer	Nedgroup Life PO Box 149175 East End 4018	031 820 8448	0860 066 641	<a href="mailto:compliance@nedbankinsurance.co.za">compliance@nedbankinsurance.co.za</a>



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Regulatory enquiries	Public officer	Nedgroup Life PO Box 149175 East End 4018	031 820 8448	0860 065 438	publicofficer@nedbankinsurance.co.za
Complaints or matters that Nedgroup Life could not resolve	Long-term Insurance Ombudsman	Ombudsman for Long-term Insurance Private Bag X45 Claremont 7735	021 657 6000 0860 662 837	021 674 0951	info@ombud.co.za
FAIS enquiries	FAIS Ombud	FAIS Ombud Office 125 Dallas Avenue Menlyn Central, Waterkloof Glen, Pretoria 0010 Postal address: P.O Box 41 Menlyn Park 0063	012 762 5000 086 066 3274		info@faisombud.co.za www.faisombud.co.za





## Definitions

<b>Word</b>	<b>Meaning</b>
<b>accelerator benefit</b>	An add-on or rider benefit that is linked to the main death benefit and allows the insured life to access benefits before death, which then reduces the death benefit.
<b>accident</b>	An unforeseen event, excluding any intentional act of the policy owner or a member of their household.
<b>beneficiary</b>	A person or legal entity nominated to receive a benefit.
<b>benefit</b>	A sum of money or other advantage in exchange for a premium that we will grant you or your beneficiaries, depending on the type of benefits you have chosen.
<b>benefit end date</b>	The date on which cover will end, as shown in the policy schedule.
<b>benefit start date</b>	The date on which your benefit application is accepted, keeping to the completion of the relevant waiting period.
<b>cease age</b>	The age at which a specific benefit ends.
<b>cession</b>	When you give up or cede certain rights to the policy as security to someone else.
<b>cessionary</b>	The person or legal entity to whom you give certain rights to the policy.
<b>chief medical officer</b>	An approved medical practitioner with extensive experience in medical risk underwriting and claims appointed by us to evaluate claims and prepare medico-legal reports.
<b>child</b>	<p>The insured life's and/or nominated partner's biological child, adopted child or stepchild who is:</p> <ul style="list-style-type: none"><li>• unmarried;</li><li>• younger than 21 years;</li><li>• younger than 25 years, and studying fulltime;</li><li>• older than 21 years and dependent on the insured life because of the child's mental or physical incapacity.</li></ul> <p>It also includes a grandchild, being a child of any of the insured life's children, if both the child's parents are deceased or if the child is a dependant of the insured life and we receive satisfactory proof of dependency.</p>
<b>claim</b>	A formal request to Nedgroup Life for the benefits of your policy.
<b>cover amount</b>	The maximum amount of money payable by us for a claim.
<b>deferred period</b>	The period of time we use to establish the permanency of a physical impairment, measured from the date of physical impairment.
<b>extended family</b>	Any biological, adoptive or step relative other than a child or partner.
<b>insured life</b>	A person whose life or health is insured under this policy. An insured life may or may not be the same person as the policy owner.
<b>Nedgroup Life, we, us, our</b>	Nedgroup Life assurance company, a member of the Nedbank group.

<b>partner</b>	The person married to the insured life by any law, custom or religion, or the person living with the insured life as a life partner.
<b>Main member, policy owner, you, your</b>	<p>The person who enter(s) into the policy contract with us for the benefits bought and who own(s) all the benefit(s) of the policy.</p> <p>Your rights, entitlements and obligations include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• changes to existing benefits and the addition or removal of benefits;</li> <li>• payment of premiums;</li> <li>• the selection and amendment of insured lives and beneficiaries; and</li> <li>• the selection and amendment of the replacement policy owner.</li> </ul>
<b>policy contract</b>	A summary of your policy details and the benefits you have chosen, together with their specific terms and conditions, as well as a beneficiary summary and material disclosures.
<b>policy start date</b>	This is the date on which we accepted your application and agreed on the benefits, premiums and terms and conditions.
<b>premium</b>	The monthly amount payable by you to enjoy the policy benefits.
<b>premium guarantee period</b>	A period during which your premium will not change due to experience on the portfolio.
<b>replacement policy owner</b>	The nominated person who, in the event of your death, assumes all your rights, entitlements and obligations under this policy.
<b>rider benefit</b>	An add-on benefit to the main death benefit that will end when the death benefit ends. The rider benefit can be either an accelerator benefit or a standalone benefit.
<b>standalone benefit</b>	A rider benefit that allows the insured life to access benefits before death without reducing the cover amount of the main death benefit.
<b>underwriting</b>	The process of evaluating the risk of insuring an individual to determine if it's profitable for the insurance company. After determining risk, the underwriter sets a price and establishes the insurance premium that will be charged in exchange for taking on that risk.
<b>waiver of premium benefit</b>	A benefit payable by us where you are not required to pay your premiums to maintain your policy under certain events.
<b>waiting period</b>	The time specified in your policy that must pass before you can claim under your benefits.

## MyCover Life | Death benefit

### Terms and conditions

This document highlights the specific terms and conditions of the death benefit, and you must read it with the general terms and conditions of your policy.

### Purpose of the benefit

This benefit will pay a lump sum equal to the cover amount if an insured life dies.

### Who is covered?

We list the insured lives covered under this benefit in the policy schedule.

### Cover amount

This is the maximum amount of money payable by us for a claim. After we have assessed your claim and found it valid, we will pay the cover amount on record at the time.

### Changes to the cover amount

You must give us 30 days' written notice of any changes. Any changes will take place on the policy anniversary. If we pay a claim under an accelerator benefit in terms of your policy, we will reduce the cover amount under your death benefit.

We will reduce your cover amount by an amount equal to that of an accelerator benefit when we pay a valid claim for any of the accelerator benefits.

### How to claim

When something happens that may lead to a claim, you or the person lodging the claim must do the following:

- Let us know in writing or call our Client Services Call Centre **within 180 days of the event**. We will then request additional information about the event that led to the claim.
- Give us the details of your policy.
- Give us detailed information about and proof of the event leading to the claim. This may include forms, medical records and other information necessary to assess the claim.

### Claim requirements:

- Death certificate
- Notice of death
- Certified identity documents of claimant and deceased
- Claim form
- Banking details



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**We will accept only original copies of documents that were certified by a commissioner of oaths.**

We need this information to determine whether the claim is admissible and what amount will be payable.

Please note the following:

- We will not be liable for the costs of getting any information or evidence from any person to support a claim.
- Unless we agree otherwise, registered medical practitioners who practise in South Africa must submit expert evidence.
- If necessary, beneficiaries must be available to communicate to us.

**If our requirements are not met, we may reject the claim and we will not be liable for paying interest as a result of outstanding requirements.**

Once we have paid a claim for an insured life, we will have no further liability concerning that insured life.

### **Everything you should know about premiums**

Please refer to the general terms and conditions of this policy.

### **When will this benefit end?**

This benefit will end:

- on the benefit end date, as shown in the policy schedule;
- when the full cover amount on the death of the policy owner (but not the death of any of the other insured lives) has been paid;
- when you or we cancel the policy or benefits; or
- when the total of all your claims under the accelerator benefits is equal to the cover amount of the death benefit,

whichever happens first.

### **Special conditions and exclusions**

We will not be obliged to pay for any condition or event arising directly or indirectly from or traceable to the following:

#### **Suicide, attempted suicide or self-inflicted injury**

If you commit suicide, or die or become disabled due to attempted suicide or self-inflicted injury (whether sane or insane), or are diagnosed with any condition or illness involving a critical illness event within 12 months of the start date of the policy, we will not pay any claim and you will forfeit all premiums paid. The benefit will be paid after 12 months as long as we have received 12 months' premiums. This exclusion comes into full effect after any reinstatement or any incremental increase in the sum assured.

**The following exclusions will also apply to this policy:**

- you driving any vehicle if the concentration of alcohol in your blood exceeds the statutory limit then in force, or while you are under the influence (above statutory limit) of alcohol or while you are under the influence of a drug having a narcotic effect, unless prescribed by a duly qualified and registered medical practitioner, or if you are affected by intentional inhalation of fumes;
- you breaching any criminal law;
- you exposing yourself deliberately to exceptional danger, except in an attempt to save a human life;
- war, invasion, acts of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or strike, labour dispute or industrial action;
- exposure to ionising radiation or contamination by radiation from any nuclear waste or fuel; or
- you participating in any hazardous activities, including but not limited to:
  - extreme climbing/soloing;
  - ice climbing;
  - extreme-altitude climbing (above 6 000 m);
  - gliding;
  - cave diving;
  - internal exploration of wrecks;
  - diving at depths greater than 30 m;
  - aviation other than as a fare-paying passenger;
  - motorised racing/speed contests/speed trails;
  - boxing, including kickboxing; and
  - fighting of any kind, except in self-defence.

## **MyCover Life | Grocery benefit**

### **Terms and conditions**

This document highlights the specific terms and conditions in respect of the grocery benefit offered under your MyCover Life Policy. This rider benefit terms and conditions should be read in conjunction with the general terms and conditions and death benefit terms and conditions.

### **Purpose of the benefit**

This benefit provides an income for six months in the event of the death of an insured life. The purpose of this benefit is to provide bridging income enabling the family to deal with the loss of income and find alternative sources of income to cover the day-to-day expenses of the family.

### **Who is covered under this benefit**

Only an insured life is covered for the grocery benefit.

The cover amount, benefit payment term and premium are listed in the policy schedule. You may change the cover amount from time to time by notifying us in writing, which may result in a change in the premium.

### **Amount payable in the event of a claim**

A waiting period of six months applies to this benefit in the event of the death of an insured life being due to natural causes.

There is no waiting period for accidental death. This is death as a result of an unforeseeable event that occurs after the cover starts 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.

No amount will be payable if an insured life dies from natural causes within the waiting period.

The cover amount that we have on record at the date of death of an insured life is the amount payable.

### **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 and courier and delivery costs, in getting the relevant information to us.

### **Requirements at claims stage**

When you submit a death claim, you must send us an original certified copy of the final death certificate, an original certified copy of the valid identity card/document of the deceased and a BI1663/DHA1663 form (notification of death). If the deceased is under 18 years of age, a full birth certificate will be required.

The following are types of further requirements that could be called for:

- Proof of relationship of the deceased to the person submitting the claim.
- A police report (only required in the case of an unnatural death).

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.

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

The cover amount that we have on record at the date of death of an insured life is the amount payable.

The cover amount is reflected in the policy schedule and may be different for the primary life, partner, children and extended family.

### **Premium payable for this benefit**

The only premium payment pattern available is the level premium, which means that the premium for your selected cover amount remains level throughout the term of the benefit.

Where the cover amount changes, the premium will be subject to the terms and conditions in place at the time of the change.

### **Premium guarantee period**

The premium guarantee period is the period of time that the underlying premium basis for a specific benefit remains unchanged. This benefit has an initial premium guarantee period of 12 months.

At the end of the premium guarantee period we may review, without limitation, the premium required.

### **Cessation of benefit**

This benefit will terminate on:

- the cover end date, as shown in the policy schedule; or
- the payment of the full cover amount on the death of the primary life; or
- cancellation of the policy or benefits by us or you, whichever is earlier.

### **Special conditions and exclusions**

We will not be obliged to make payment in respect of any condition or event arising directly or indirectly from or traceable to the following:

#### **Suicide, attempted suicide or self-inflicted injury**

- If you commit suicide, or die or become disabled due to attempted suicide or self-inflicted injury (whether sane or insane), or are diagnosed with any condition or illness pertaining to a dread disease event within 12 months of the commencement date of the policy, we will not pay any claim and all premiums paid will be forfeited. The benefit will be paid after 12 months as long as 12 months' premiums have been received. This exclusion comes into full effect after any reinstatement or any incremental increase in the sum assured.

**The following exclusions will also apply to this policy**

- the driving of any vehicle by you where the concentration of alcohol in your blood exceeds the statutory limit then in force, or while you are under the influence (above statutory limit) of alcohol or while you are under the influence of a drug having a narcotic effect, unless prescribed by a duly qualified and registered medical practitioner, or where you are affected by intentional inhalation of fumes; or
- you breaching any criminal law; or
- you deliberately exposing yourself to exceptional danger, except in an attempt to save a human life; or
- war, invasion, acts of foreign enemy, terrorism, hostilities (whether war be declared or not),
- civil war, rebellion, revolution, insurrection or military or usurped power or strike, labour dispute or industrial action; or
- exposure to ionising radiation or contamination by radiation from any nuclear waste or fuel;
- or
- you participating in any hazardous activities, including but not limited to:
  - extreme climbing/soloing;
  - ice climbing;
  - extreme-altitude climbing (above 6 000 m);
  - gliding;
  - cave diving;
  - internal exploration of wrecks;
  - diving at depths greater than 30 m;
  - aviation other than as a fare-paying passenger;
  - motorised racing/speed contests;
  - speed trails and boxing
  - speed trials and boxing, including kickboxing; and
  - fighting of any kind, except in self-defence.



## MyCover Life | Accidental-death benefit

### Terms and conditions

This document highlights the specific terms and conditions of the accidental-death benefit, and you must read it together with the general terms and conditions and the death benefit terms and conditions of your policy.

### Purpose of the benefit

The accidental-death benefit is an add-on or a rider benefit linked to the death benefit.

On condition that you have an active death benefit, this accidental-death benefit will pay a lump sum if an insured life dies as a result of an accident.

### Who is covered?

The insured lives covered under this benefit are listed in the policy schedule.

### Cover amount

This is the maximum amount of money payable by us for a claim. After we have assessed your claim and found it to be valid, we will pay the cover amount on record at the time.

### Changes to cover amount

You must give us 30 days' written notice of any changes. Any changes will take place on the policy anniversary.

### How to claim

When something happens that may lead to a claim, you or the person lodging the claim must do the following:

- Let us know in writing or call our Client Services Call Centre **within 180 days of the event**. We will then ask for additional information about the event that led to the claim.
- Give us the details of your policy.
- Give us detailed information about and proof of the event leading to the claim. This may include forms, medical records and other information necessary to assess the claim.

### Claim requirements:

- Death certificate
- Notice of death
- Certified identity documents of the claimant and deceased
- Claim form
- Banking details
- Police declaration claim form or police report
- If death as a result of a motor vehicle accident, then we need the accident report

**We will accept only original copies of documents that were certified by a commissioner of oaths.**

We need this information to determine whether the claim is admissible and what amount will be payable.

Please note the following:

- We will not be liable for the costs of getting any information or evidence from any person to support a claim.
- Unless we agree otherwise, registered medical practitioners who practice in South Africa must submit expert evidence.
- Beneficiaries must be available to communicate with us.

**If all of our requirements are not met, we may reject the claim and we will not be liable to pay interest as a result of outstanding requirements.**

Once we have paid a claim for an insured life, we will have no further liability concerning that insured life, but cover for other insured lives will continue.

### **Everything you should know about premiums**

Please refer to the general terms and conditions.

### **When will this benefit end?**

This benefit will end:

- on the benefit end date, as shown in the policy schedule;
- when the full cover amount on the death of the policy owner has been paid; or
- when you or we cancel the policy or benefit,

whichever happens first.

### **Special conditions and exclusions**

We will not be obliged to pay for any condition or event arising directly or indirectly from or traceable to the following:

#### **Suicide, attempted suicide or self-inflicted injury**

If you commit suicide, or die or become disabled due to attempted suicide or self-inflicted injury (whether sane or insane), or are diagnosed with any condition or illness involving a dread disease event within 12 months of the start date of the policy, we will not pay any claim and all premiums paid will be forfeited. The benefit will be paid after 12 months as long as 12 months' premiums have been received. This exclusion comes into full effect after any reinstatement or any incremental increase in the sum assured.

**The following exclusions will also apply to this policy:**

- You driving any vehicle if the concentration of alcohol in your blood exceeds the statutory limit then in force, or while you are under the influence (above statutory limit) of alcohol or while you are under the influence of a drug having a narcotic effect, unless prescribed by a duly qualified and registered medical practitioner, or if you are affected by intentional inhalation of fumes;
- you breaching any criminal law;
- you exposing yourself to exceptional danger deliberately, except in an attempt to save a human life;
- war, invasion, acts of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or strike, labour dispute or industrial action; or
- exposure to ionising radiation or contamination by radiation from any nuclear waste or fuel; or
- you participating in any hazardous activities, including but not limited to:
  - extreme climbing/soloing;
  - ice climbing;
  - extreme altitude climbing (above 6 000 m);
  - gliding;
  - cave diving;
  - internal exploration of wrecks;
  - diving at depths greater than 30 m;
  - aviation other than as a fare-paying passenger;
  - motorised racing/speed contests/speed trails;
  - boxing, including kickboxing; and
  - fighting of any kind, except in self-defence.

## **MyCover Life | Funeral**

### **Benefit terms and conditions**

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

Depending on the relationship between the main member (policy owner) and an insured life, special conditions may apply. We describe the rules governing insured lives, together with any limits or restrictions, below. We show insured lives covered under this policy, together with their cover amounts and premiums, in the policy schedule.

### **Main member**

The main member must be at least 18 years old, but not older than 64 years when this policy starts.

The main member is insured under this benefit, for a maximum cover of R 75 000 and minimum cover of R10 000.

The main member will receive the proceeds from any valid claim for all insured lives under this benefit.

You should nominate a beneficiary who will receive the proceeds of this policy when you die.

### **Spouses**

For the purposes of this policy the term 'spouse' includes a husband or wife, conventional law partner and customary law spouse. You may insure more than one spouse under this policy. We list all spouses covered under this policy, together with their cover amounts and the premiums, in the policy schedule.

The maximum cover for a spouse is R75 000 and the minimum cover is R10 000. To be covered a spouse must be at least 18 years old, but not older than 64 years when this policy starts, or when he is added at a later stage.

A female spouse insured under this policy will automatically qualify for stillborn cover of 12,5% of the main member's cover, if her waiting period expired at the date of a claim. We will pay a maximum of two claims per female spouse under this benefit and a maximum of R1 000 per claim.

The main member will receive the proceeds from any valid claim for a spouse.

### **Children**

For the purposes of this policy the term 'children' includes natural children, legally adopted children, stepchildren, grandchildren and customary-law children. We list all children covered under this policy, together with their cover amounts and premiums, in the policy schedule.

Minor children, namely those under the age of 21, can be insured lives only if the main member is insured under this policy.

This policy allows for your minor children to enjoy continuous cover when they become adult children.

The maximum cover a child can be insured for is the lower of 100% of the main member's cover and R40 000. You may choose a lower cover amount than the limits set out above, as long as the minimum cover for a child (excluding a stillborn child) is R1 000.

If there is a valid claim in terms of this policy, the payment will be limited in terms of the 'Limited number of policies and maximum cover' section.

You may at any time add or remove children or change their cover, keeping to the limits above and any restrictions we may impose on minimum and maximum levels of cover, by calling our Client Services Contact Centre. We will let you know the new premium at that time and will send you an updated policy schedule. If you increase the cover for an existing child, or add a child, a new waiting period will apply for the increased cover or added child.

To be covered a child must be 64 years old or younger when this policy starts or when they are added at a later stage.

The main member will receive the proceeds from any valid claim for a child.

### **Parents**

For the purposes of this policy the term 'parent' includes biological parents and parents-in-law through conventional law or customary law.

We list all parents covered under this policy, together with their cover amounts and premiums, in the policy schedule.

A parent may be insured even if the main member is not covered. The maximum cover a parent can be insured for is the lower of 50% of the main member's cover (if he is an insured life) and R37 000. The minimum cover for a parent is R2 000.

To be covered a parent must be at least 18 years old, but not older than 84 years when this policy starts or when he is added at a later stage.

The main member will receive the proceeds from any valid claim in respect of parents.

### **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 for natural death 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 as a result of natural causes or illness is different for the different categories of insured lives.

## **Main member, spouses, parents and children**

- The waiting period is six months from when they are added to this policy, if 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, if 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, if the policy has not lapsed.

## **Reinstating your policy**

If your benefit lapses because you have not paid your premiums or cancelled your benefit, you can reinstate (start it again) your benefit within six months on condition that you are not older than 64 at the time.

You cannot reinstate your benefit if you have cancelled it during the cooling-off period.

If you reinstate your benefit, you must pay all the premiums that you have missed while your benefit was inactive. The insured persons who have initially been covered under your benefit will be covered again on condition that they have not reached the maximum age for their category. Your cover will start again once we have received your first premium payment. If your waiting periods have not lapsed yet, the remaining waiting periods will still apply.

## **Limited number of policies and maximum cover – Funeral benefit and conditions**

You can be insured under more than one policy, but the maximum payment across all funeral policies (including policies with other insurance companies, burial societies and funeral parlours) will be R75 000.

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

Cover for children will be limited to the regulated amounts as follows:

- 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, keeping to a maximum benefit of R30 000.
- Children between one and five years old – 25% of the main member's cover, keeping to a maximum benefit of R10 000.
- Children younger than one year – 12,5% of the main member's cover, keeping to a maximum benefit of R2 500.

Where we limit the amount paid on a valid claim, we will not pay back any part of 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 first spouse insured under this policy; then
- your oldest adult child insured under this policy; then
- your oldest parent insured under this policy;
- your spouse who is not insured under this policy; then
- your oldest adult child who is not insured under this policy; then
- your oldest parent who is not insured under this policy.

If none of the categories above are eligible, we will pay the proceeds to your estate.

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

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

## **How to claim**

When you have a claim, you must phone the dedicated contact number during office hours. We will let you know what our requirements are and the important information that you will have to give us to consider your claim (we will only accept copies of documents that were 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 or receipt for the funeral.
- A certified copy of the beneficiary's or 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 give us such information.

The following is a list of the types of further requirements that we could ask 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).

You can hand these documents in at your nearest Nedbank branch or post them to us. Once we have received the documents, we will review them to make sure that they are complete, and will let you know if there are any problems or further requirements.

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.

If 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 benefit end?**

This benefit will end if:

- you die and the secondary life nominated at the start does not take ownership of this policy; or
  - this policy lapses; or
  - we or you cancel this policy.

### **When you die, the nominated secondary life can keep this benefit active**

When you die, the secondary life nominated at the start, who is covered under this policy, can keep this benefit active by making themselves the policy owner. To do this they must call our Client Service Contact Centre or go to a Nedbank branch within 30 days of the your date of death. We will let them know how much they will have to pay each month to keep this policy and, they accept, we will change the policy details. They will have to pay any arrear premiums due at this time.

If there is no spouse or adult child to take over this policy, any of the insured lives who qualify as a main member may exercise the continuation option, by taking out a policy in their own name for the same cover. If the continuation option is chosen, this policy will be deemed to have started when the cover originally started. There may, however, be a change in the premium.

### **Special conditions and exclusions**

We will not be obliged to pay for any condition or event arising directly or indirectly from or traceable to the following:

#### **Suicide, attempted suicide or self-inflicted injury**

If you commit suicide, or die or become disabled due to attempted suicide or self-inflicted injury (whether sane or insane), or are diagnosed with any condition or illness involving a dread disease event within 12 months of the start date of the policy, we will not pay any claim and you will forfeit all premiums paid. The benefit will be paid after 12 months as long as we have received 12 months' premiums. This exclusion comes into full effect after any reinstatement or any incremental increase in the sum assured.



**The following exclusions will also apply to this policy**

- you driving any vehicle if the concentration of alcohol in your blood exceeds the statutory limit then in force, or while you are under the influence (above statutory limit) of alcohol or while you are under the influence of a drug having a narcotic effect, unless prescribed by a duly qualified and registered medical practitioner, or if you are affected by intentional inhalation of fumes;
- you breaching any criminal law;
- you deliberately exposing yourself to exceptional danger, except in an attempt to save a human life;
- war, invasion, acts of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or strike, labour dispute or industrial action;
- exposure to ionising radiation or contamination by radiation from any nuclear waste or fuel; or
- you participating in any hazardous activities, including but not limited to:
  - extreme climbing/soloing;
  - ice climbing;
  - extreme altitude climbing (above 6 000 m);
  - gliding;
  - cave diving;
  - internal exploration of wrecks;
  - diving at depths greater than 30 m;
  - aviation other than as a fare-paying passenger;
  - motorised racing/speed contests/speed trails;
  - boxing, including kickboxing; and
  - fighting of any kind, except in self-defence.