NEDBANK INSURANCE

Nature and scope of your policy

Revolving Credit Insurance (**RCI**) offers credit life cover to Nedbank clients who:

- have a valid Nedbank Revolving Credit Facility (**RCF**) agreement; and
- qualify for cover in terms of the policy.

Nedgroup Life Assurance Company Limited Reg No 1993/001022/06 (**Nedgroup Life**) underwrites the policy.

Beneficiaries
This is a credit life policy, and the proceeds will be used to settle your outstanding RCF debt. Therefore, you cannot nominate beneficiaries to receive a payout from your policy. The money will be paid directly to Nedbank.

Cessions
Your policy may not be ceded to another person or institution.

Cash values
Your policy will not acquire any cash value over time.

Policy loans
No loans can be taken against your policy.

Your policy

The terms **we**, **us** and **our** refer to Nedgroup Life. **You** and **your** refer to the policyholder or the insured person.

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

- Your application.
- The policy schedule, as well as any attachments, which summarises the benefits and their specific terms and conditions. It also sets out the:
  - the date on which the benefits will end;
  - your monthly premium rates; and
  - the fees and charges included in your monthly premium.
- Any written correspondence that updates any of the above documents.

Policy start date
The date on which we receive your first premium.

Cooling-off period
The cooling-off period refers to a specific time during which you may cancel your policy without incurring any penalties or charges, provided that no claim has been submitted. The cooling-off period is **31 days**, starting from the policy start date.

Requirements and policy changes
We may waive any of the requirements under any of the clauses in this policy. If the terms of your policy changes, we will give you prior written notice of 31 days.

Disclosure of information

You must provide us with information that is true, accurate, complete, and correct when you:

- apply for this policy;
- make any changes to the policy; or
- submit a claim.

If any of the information you have provided changes, you must notify us immediately, as these changes may affect how we assess the risk. This duty of disclosure continues throughout the life of the policy, including at renewal or when the policy is amended.

If you do not disclose relevant important information, a claim may be rejected and your policy may be cancelled, subject to the provisions of applicable law and regulatory guidelines.

Notifiable events

You must also notify us in writing of any important changes, including the following:

- If your occupation status changes.
- If your contact details change.
- If you travel outside South Africa.
  You must inform us before you leave South Africa, or if you are already outside South Africa, that you intend to be absent or have been absent for a continuous period of 90 days or longer – except if your absence is solely for holiday purposes. **Holiday** excludes any period of employment, whether paid or unpaid.

If we are not informed of the above events, we may:

- reject a claim or recover any amounts that have already been paid for a claim;
- cancel the benefits of your policy (you may lose all premiums paid from the start date of the benefits); or
- change the terms and conditions of your policy.

Age limits

Entry age
Minimum and maximum ages to take out this policy:

Youngest:	18
Oldest:	64

Cease age
This refers to the age (set out in the policy schedule) at which a specific benefit under your policy will end.

Understanding your policy
Explanation of terms

Cover amount (payout)
The cover amount of your policy will be the highest outstanding balance of your RCF in the month before the date of the claim event. Any arrears on your RCF on the date of the event giving rise to the claim will be deducted from the payout.

The **maximum** cover amount will be the **lower of** your **RCF limit or R1 000 000**, except for retrenchment. The **maximum cover amount under the retrenchment** benefit is **R210 000 per claim** (**capped at R35 000 a month for 6 months**).

All payouts from your policy will be paid directly to your RCF.

Waiting period
A waiting period of **6 months** apply from the date:

- we receive your first premium; and
- on which your policy is reinstated (if you have chosen the immediate reinstatement option).

If you increase the cover amount, new waiting periods will apply, but only to the increased portion of your cover. Your original cover will be subject to the initial waiting period terms.

During the waiting period, only death and disability claims due to accidents are allowed. No benefit will be paid if you are retrenched or become disabled or pass away due to natural causes during the waiting period.

Accident
An accident means an unforeseeable event that, through violent, external, and visible means, and independently of any other cause, results in an injury leading to your disablement or death within 90 days of occurrence.

Unable to earn an income | Loss of income |
This refers to the complete and involuntary loss of your ability to earn a regular income – not by choice and not due to any fault of your own – but caused solely by one of the following covered events:

- Disability
- Retrenchment

Date of disablement
The date on which you are first unable to earn an income as a direct consequence of a medically diagnosed disability, supported by clinical evidence.

A diagnosis alone will not be regarded as a disability unless it results in a substantiated and measurable loss of income.

Retrenchment
This refers to the termination of your full-time or permanent work contract for reasons unrelated to your conduct or performance. It is a form of dismissal based on your employer's operational requirements and may occur in anticipation of adverse business conditions or due to:

- the introduction of new technology;
- the reorganisation of the business; or
- the company's liquidation or closure.

'**Retrenchment**' includes '**redundancy**'.

Retrenchment cover does not apply to individuals who fall into any of these categories:

- Pensioners.
- Employees of family-owned businesses.
- Temporary employees.
- Contract workers.
- Self-employed individuals or those working in the informal sector.
- Recipients of social grants.
- Individuals receiving a disability income.

For the purposes of this policy, a **self-employed** individual is someone who:

- runs their own business or trade, whether formally registered or informally;
- earns income directly from these business activities;
- is not employed by a company on a salary or wage basis; and
- works as a sole proprietor, a freelancer, an independent contractor, an informal trader, or in any other capacity where income is generated through personal business operations.

If a claim arises, we may ask for supporting documents to verify your self-employed status and income. This may include the following:

- A valid business registration or trading licence (if applicable).
- Recent bank statements showing the business income.
- Tax returns or SARS documents.
- Affidavits confirming the business operations and source of income.

Unemployment
When you are without a paid job but are available to work and actively seeking employment.

Pre-existing conditions
This refers to any physical condition, illness, injury, disability or defect that you were aware of, or for which you received medical advice or treatment, during the 12 months before we received your first premium payment. Pre-existing conditions are not covered under your policy. If your policy was reinstated, this restriction will apply for 12 months from the reinstatement date.

Claims

If something happens that results in a valid claim, it is important to notify us **within 180 days of the event**. Otherwise, the claim may not be considered.

To help us assess a claim, it is important to include:

- the details of your policy;
- the particulars of the event giving rise to the claim;
- and the necessary supporting documents.

We will not be able to assess your claim until we have received all required forms and all the necessary information, including medical records (if applicable). Medical records must be submitted by registered medical practitioners who practice in South Africa.

We will not be liable for the costs of obtaining any of this information, unless we agree otherwise. We will also not be liable for interest charged on your RCF while any required information is outstanding.

We agree and undertake to pay the benefits described in your policy, subject to the following:

- We may review the premium and benefits for new and active policies. Any changes will be lawful and subject to prior written notice of 3 months to you and Nedbank.
- We will not be liable for any arrear instalments of your RCF.
- We will not be liable for any claims if we do not receive written notice within 180 days of any event giving rise to a claim.
- The information that you and Nedbank give must be true and accurate.

Rejected claims
Invalid claims will not be paid. Claims may be rejected due to insufficient supporting documents and information, outstanding premiums, policy exclusions, or events not covered under the benefits of your policy.

Fraud
Your policy, including all the benefits, will be cancelled if:

- a fraudulent claim is submitted or false information is given to obtain a benefit;
- a claim is made through fraudulent means or devices; and
- there is deliberate and willful conspiracy to cause an event that would give rise to a claim.

Appeals and disputed claims
If you challenge a decision about a claim, you must give us detailed written notice within 6 months from the date of the rejection to reconsider it. If we do not receive notice, you may forfeit your rights to potential benefits for the disputed claim.

Policy reinstatement

If your policy lapses or is cancelled, you can reinstate it within 6 months of the lapse or cancellation date. The exclusion period related to pre-existing condition and new waiting periods for the benefits will start when we receive the next premium payment due on your policy.

Termination of your policy

Your policy will be terminated:

- when your RCF is closed;
- if the full cover amount is paid on your death;
- when you turn 75;
- if the policy lapses;
- if you or we cancel the policy;
- if the full cover amount is paid when you suffer from a critical illness; or
- if the full cover amount is paid when you become permanently disabled or if 6 payments have been made in respect of temporary disablement.

Cancellations

You may cancel your policy by giving us a written notice within 31 days from the policy start date (see **cooling-off period**). If you cancel your policy within the cooling-off period, we will refund the premiums that you have already paid, on condition that you have not claimed under any benefit.

After the cooling-off period, you may cancel your policy at any time by giving us a written notice. In this instance, your premiums will not be refunded.

Premiums

The premium payable for your policy is based on the cover amounts of your benefits. These details are shown in the policy schedule, and the premiums must be paid on the agreed dates.

A premium will be regarded as paid once our bank account has been credited, provided that the payment is not reversed.

Premium payments

Your premium changes every month and is calculated at the **premium rate**, which is the fixed cost charged for every R1 000 of the highest outstanding balance on your RCF in the previous month.

- **First premium**

You must pay your first premium by the first day of the month after your policy application has been approved. If the first premium is not paid on its due date specified in the policy schedule, you will not have cover until we have received the payment. If we have not received the first premium payment within a month from its due date, your policy will be considered as not taken up (cancelled).

- **Subsequent premiums**

Subsequent premiums must be paid by the first day of each month for the duration of your RCF. If we do not receive these payments, your policy will be cancelled and all benefits will terminate immediately.

Premium payments during a claim

If a claim arises in respect of any benefit, you must continue to pay your premiums, unless the claim results in the cancellation of your policy. If the claim is valid, we will refund all the premiums you paid from the date the insured event occurred up to the date we were notified of the claim. The refunded amount will be credited to your RCF.

Charges included in your premium

We outsource certain administration functions to Nedbank Limited at a fee of 7.5% of your monthly premium (excluding VAT).

Premium guarantee period

There is no premium guarantee period for this policy. This means your premium may change at any time during the term of your policy. We will notify you in writing of any changes at least a month before the new premium becomes due.

If you missed a premium payment

If you have missed a premium payment, you will have a grace period of a month to bring your payments up to date.

If we do not receive the missed premium within the grace period, your policy will lapse and no benefits will be payable. We may reinstate your cover within 6 months after it has lapsed. Please note, however, that no benefits will be paid if an insured event occurred while your policy was in a lapsed state.

General exclusions

We will not be obliged to pay any claim that arises directly or indirectly from the following:

- **Pre-existing conditions**: Any physical condition, defect, illness, bodily injury or disability of which you were aware and/or for which you received medical advice or treatment in the 12 months before being insured under this policy. This restriction applies for the first 12 months of your policy and for 12 months from the reinstatement date of your policy.
- **Driving under the influence**: If you were driving with a blood alcohol level above the legal limit, under the influence of drugs (unless prescribed by a registered medical practitioner), or affected by intentionally inhaling fumes.
- **Criminal activity**: If you breached the law.
- **Airborne activities**: If you were involved in flying or aerial pursuits, unless you were a passenger on a licensed aircraft flown a by qualified polit.
- **Civil unrest or war**: If you participated in any war, riot, strike, civil commotion or usurpation of power, or in military, naval, air-force or police action.
- **Suicide:** No benefit will be paid if you commit suicide within 12 months of:
  - the policy start date or the date of any reinstatement, in which case the cover will be terminated; and
  - any cover increase.

Currency and law

All amounts payable in terms of your policy, either to or by us, will be in the lawful currency of South Africa. Any question of law arising under your policy will be decided according to the laws of South Africa.

Your policy is subject to the laws and entrenched agreements governing the issue of life insurance in South Africa, and we reserve the right, at our sole discretion, to amend the terms of your policy, including:

- those terms and conditions governing your policy;
- the rates and benefits applicable to your policy; and
- the terms pertaining to the closure of the product itself

to facilitate the administration of your policy in line with legislation or regulations promulgated or announced from time to time, as well as market forces that influence the viability of the policy. Any change that might occur will be subject to a month's written notice.

Policy benefits

This section explains the purpose and key features of the benefits available to you.

The benefits available to you will depend on your employment status at the start date of your policy.

If you are:

- a pensioner;
- self-employed;
- earning a disability income;
- temporarily employed;
- employed in the informal sector;
- employed by a family-owned business;
- receiving a social grant; or
- older than 65 years

you will be covered for the death benefit only.

1 Death benefit

Purpose of this benefit
If you pass away, the death benefit will pay the cover amount set out in the policy schedule into your RCF, less any arrears on the date of the claim event.

Amount payable for a claim
The cover amount that we have on record on the date of your death will be the amount payable.

During the first 12 months from the start or reinstatement dates of your policy, we are not liable to pay a claim related to your death if it results, directly or indirectly, from a pre-existing condition.

Waiting period
A waiting period of 6 months applies from the date we receive your first premium payment, or from your policy reinstatement date if you choose the immediate reinstatement option.

During this time, only claims resulting from an accident will be considered. No benefits will be paid if you passed away due to natural causes during the waiting period.

Termination of this benefit
This benefit will be terminated:
- when your RCF is closed;
- if the full cover amount is paid when you passed away;
- when you turn 75;
- when your policy lapses;
- when you or we cancel the policy;
- if the full cover amount is paid when you suffer from a critical illness; or
- if the full cover amount is paid when you become permanently disabled or when 6 payments for temporary disablement have been made.

Claim requirements
We, together with your representative, must complete the necessary forms and provide any information, assistance, and proof reasonably required for the claim, including the following:
- A certified copy of your death certificate.
- A certified copy of your valid ID.
- A statement completed by a family member.

2 Comprehensive disability benefit

The comprehensive disability benefit covers both temporary and permanent disability.

Purpose of this benefit
This benefit pays a monthly amount towards your RFC if you are temporarily unable to perform the essential duties of your occupation, resulting in a loss of income.

If you become totally and permanently unable to perform these duties due to illness or injury, a lump sum will be paid.

When assessing whether your disability is permanent, we will take into account any potential future improvements, whether you are receiving medical treatment or not.

Amount payable for a claim
This benefit pays up to 6 monthly instalments of your RCF, calculated as follows:
- 17.5% of the cover amount for each of the first 5 months; and
- 12.5% in the sixth month.

These payments are subject to the minimum amount set out in your RCF agreement.

To qualify, you must be unable to earn an income for a continues period of 30 days or longer due to a medially diagnosed disability caused by illness or bodily injury.

The cover amount is the highest outstanding balance on your RCF during the statement month immediately before the date of disablement, excluding any arrears. The date of disablement is the date you first became unable to earn an income due to the disability, supported by appropriate medical evidence and, if necessary, verified by our chief medical officer.

Important
- No benefit will be paid for credit advances you take after the date of your disablement.
- Benefit payments are made on the first business day of each calendar month.

If your disablement is deemed total and permanent, we may, at our sole discretion, settle your RCF by paying the full cover amount. In this case, no further disability benefits will be payable.

This benefit, as well as the death benefit, will end if the total claim amount reaches the cover amount of the death benefit.

You must continue to pay your premiums for this benefit, even while benefit payments are being made.

Waiting period
A waiting period of 6 months applies from the date we receive your first premium payment, or from your policy reinstatement date if you choose the immediate reinstatement option.

During this time, only claims resulting from accidents will be considered. No benefits will be paid if you become disabled due to natural causes during the waiting period.

Deferred period
The deferred period is a 30-day timeframe used to determine whether your disablement is permanent. You must remain disabled throughout this period, starting from the date of disablement.

If the claim is valid, the benefit amount for the deferred period will be paid retroactively. In certain cases, the deferred period may be waived at the discretion of our chief medical officer.

Important
- No benefit will be paid if you recover before the end of the deferred period.
- No disability benefit will be paid if you pass away during the deferred period.
- You must continue to pay your premiums for this benefit, even while benefit payments are being made.

Reinstatement of this benefit
If you recover before the benefit ends and the policy remains active, we will consider future disability claims. However, a new waiting period of 6 months will apply, starting from the date of payment of the last disability claim.

This clause applies only if:
- only a portion of the cover amount was paid; and
- the maximum number of benefit payments has not yet been reached.

Termination of payments
Payments will stop:
- if your RCF is closed;
- if your policy lapses;
- if the maximum number of benefit payments have been made;
- if you pass away;
- if the full cover amount is paid when you suffer from a critical illness; or
- if you return to gainful employment.

Termination of this benefit
This benefit will be terminated:
- if your policy lapses;
- if the full cover amount is paid when you become disabled or when the maximum number of payments have been made for a disability;
- if the full cover amount is paid when you pass away;
- if the full cover amount is paid when you suffer from a critical illness;
- when you turn 65;
- if you retire before 65;
- if you or we cancel your policy; or
- when the RCF is closed.

Special conditions and exclusions
We will not pay a claim that arises, directly or indirectly, from the following:
- Pregnancy or confinement due to the birth of a child.
- Any existing disability you had before you took out the policy.
- Any form of mental illness, mental disability, mental impairment and psychopathic disorders, all forms of depression, major affective disorders, psychotic and neurotic conditions, as well as all stress- and anxiety-related disorders.
- Your disablement resulting from any pre-existing condition in the first 12 months from the policy start date or the reinstatement date of your policy. (This restriction applies for the first 12 months from the policy start date or for 12 months from the reinstatement date.)
- Your disablement while you were unemployed for more than 6 months, unless the disablement is due to the loss of use of both hands, both feet, or both eyes.

Certain back and spinal conditions
A benefit payment will be made only for the below back conditions or symptoms. All other back and spinal conditions being excluded.
- Paraplegia.
- Quadriplegia.
- Malignant tumours of the spinal cord or vertebral column.
- Fractures of the spine (excluding fractures of the Pars interarticularis and other stress fractures).
- Autoimmune conditions affecting the spine.

Note: We encourage you to submit a claim even if you are unsure whether it will be accepted. We will review your claim and let you know if it is valid.

Claim requirements
We, together with your representative, must complete the necessary forms and provide any information, assistance, and proof reasonably required for the claim, including the following:
- A disability report prepared by a registered medical practitioner.
- A certified copy of your ID.
- A completed disability claim form.

3 Retrenchment benefit

Purpose of this benefit
The retrenchment pays a monthly amount towards your RCF if the retrenchment that leads to your unemployment occurs at least 6 months after we have received your first premium payment.

Amount payable for a claim
The benefit will pay up to 6 monthly instalments of your RCF. Each payment will be equal to 10% of the cover amount (capped at R35 000 per month and subject to the minimum stipulated in your RCF agreement) if retrenchment happens before you turn 65 and we have not paid any claim under the comprehensive disability benefit.

You must continue to pay your premiums for this benefit, even while benefit payments are being made.

Waiting period
A waiting period of 6 months will apply from the date we receive your first premium payment.

No claims will be accepted f the retrenchment date falls within the waiting period.

Reinstatement of this benefit
If you continue to pay the premiums for this benefit, the retrenchment cover can be reinstated if you return to fulltime, permanent gainful employment. This means that you can submit another retrenchment claim should you be retrenched again, subject to a new waiting period of 6 months from the date the last retrenchment claim was paid.

Termination of payments
Payments will stop:
- if your RCF is closed;
- if when the maximum number of payments per claim have been made;
- if you pass away;
- if the full cover amount is paid when you suffer from a critical illness;
- if the full cover amount is paid when you become disabled or when 6 payments have been made for temporary disablement; or
- if you return to gainful employment.

Termination of this benefit
This benefit will end:
- a month after the last premium has been paid on or before your 65th birthday;
- if the full cover amount is paid when you become disabled or when 6 payments have been made for temporary disablement;
- if the full cover amount is paid if you pass away;
- if the full cover amount is paid when you suffers from a critical illness;
- if you retires before 65;
- if you retire from gainful employment;
- if you or we cancel the policy of the benefit; or
- if the RCF is closed.

Special conditions and exclusions
Evidence that your employer is embarking on a legitimate retrenchment process or company closure will be required for the claim assessment.

No benefit will be paid if:
- you were aware of or had prior knowledge of a pending retrenchment programme being instituted by your employer before or at the time of applying for this policy;
- you were retrenched or first notified of your retrenchment during the waiting period of your policy;
- you had not been in fulltime permanent employment for 12 consecutive months immediately before you were retrenched;
- your work was seasonal;
- you came to the end of a fixed-term contract, finished the job you were specifically employed to do, resigned, retired or accepted voluntary retrenchment;
- you lost your job because of being found guilty of fraud, dishonesty or any misconduct;
- you lost your job because of an illegal strike in which you participated or any lockout by your employer;
- you absconded from your job;
- you were employed in the informal sector;
- you were self-employed or employed within a family-owned business; or
- you were a partner in a partnership, a member of a close corporation or a director of a company.

Claim requirements
We, together with your representative, must complete the necessary forms and provide any information, assistance, and proof reasonably required for the claim, including the following:

- A certified copy of your retrenchment letter from your employer, stating the reasons for your suffering a job loss.
- A certified copy of your ID.
- A completed retrenchment claim form.

4 Critical illness benefit

Purpose of this benefit
This benefit pays a lump sum (the full cover amount equal to the death benefit) if you are diagnosed with an illness listed under the clause 'Prescribed illnesses'.

Amount payable for a claim
- The amount payable for a claim is the cover amount that we have on record on the date of your diagnosis.
- It is possible that multiple illnesses can occur from a related cause. In this case, only 1 claim will be considered.
- Our liability for this benefit is limited to the cover amount of the death benefit.

This amount is payable on the first diagnosis of 1 of the below prescribed illnesses that is unrelated to any previous critical illness diagnosed within the 12 months before the start date of your policy.

Prescribed illnesses
- Aorta graft surgery
- Cancer
- Coma
- Coronary artery bypass surgery
- Heart attack
- Heart valve surgery
- Kidney failure
- Major burns
- Major-organ transplant
- Stroke
- HIV through blood transfusion
- Loss of limbs
- Loss of speech

Some of these illnesses are explained under the clause 'Critical illnesses'.

The initial premium rate payable for this benefit is set out in the policy schedule. Should this rate change, the premium will be subject to the terms and conditions that apply at the time of the change.

Waiting period
There is no waiting period for this benefit.

Survival period
There is no survival period for this benefit. The survival period refers to the minimum amount of time you must remain alive after being diagnosed with a covered critical illness to qualify for the benefit payout.

Reinstatement of this benefit
Once a claim has been paid, this benefit cannot be reinstated.

Termination of this benefit
This benefit will end:
- if the full cover amount is paid if you pass away;
- if the full cover amount is paid when you suffer from a critical illness;
- if the full cover amount is paid when you become disabled or when 6 payments for temporary disablement have been made;
- when you turn 65;
- if the policy lapses;
- if you or we cancel the policy; or
- if the RCF is closed.

Claim requirements
We, together with your representative, must complete the necessary forms and provide any information, assistance, and proof reasonably required for the claim, including the following:
- A certified copy of your ID.
- A completed critical-illness form.
- A diagnosis by a registered medical practitioner, supported by acceptable clinical, radiological, histological and laboratory evidence (if applicable).

Critical illnesses

The Standardised Critical Illness Definitions Project (SCIDEP), developed by the Association for Savings and Investment South Africa (Asisa), provides a consistent framework for defining and assessing critical illness claims across South African life insurers.

It focuses on the 4 most common conditions that account for the majority of critical illness claims, being cancer, a coronary artery bypass graft, a stroke, and a heart attack.

To assess a claim, it is essential that the diagnosed illness is line with the applicable definition below.

1 Heart attack – level D and above (non-tiered) = 100%

This is defined as the death of the heart muscle due to inadequate blood supply, as evidenced by all 3 of the following criteria:
- compatible clinical symptoms;
- characteristic ECG changes, which can be either of the following –
  - new pathological Q-waves as defined hereafter;
  - ST segment and T-wave changes indicative of myocardial injury, but only when they are accompanied by raised cardiac markers as described below; and
- raised cardiac markers, which include the following –
  - trop T > 0.5 ng/ml or trop I > 0.25 ng/ml;
  - CK-MB mass raised above the normal reference values; or
  - total CPK elevation of more than twice normal values, with at least 6% being CK-MB.

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes, including angina, is not covered by this definition.

1.1 Definitions of ECG changes
- ECG changes indicative of myocardial ischemia that may progress to myocardial infarction:
  - Patients with ST segment elevation
    - New or presumed new ST segment elevation at the J-point in 2 or more contiguous leads, with the cut-off points greater than or equal to 0.2 mV in lead V1 V2 or V3, and greater than or equal to 0.1 mV in other leads.
    - Contiguity in the frontal plane is defined by the lead sequence AVL, I and II, AVF, III (ref 1).
  - Patients without ST segment elevation
    - ST segment depression of at least 0.1 mV.
    - T-wave abnormalities only (ref 1).

1.2 Definition of new pathological Q-waves
- Any new Q-wave in leads V1 to V3.
- A Q-wave greater than or equal to 40 ms (0,04 s) in leads I, II, AVL, AVF, V4, V5 or V6.
- The Q-wave changes must be present in any 2 contiguous leads and be greater or equal to 1 mm in depth (ref 1).
- The appearance of a new complete bundle branch block.

2 Stroke – level D and above (non-tiered) = 100% payout

This is the death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in residual permanent neurological deficit as defined below, confirmed by neuroimaging investigation and appropriate clinical findings by a specialist neurologist.

Permanent neurological impairment should be confirmed by a specialist neurological examination at least 3 months after the event and should confirm a whole person impairment (**WPI**) of more than 1%.

WPI figures are calculated in line with the latest edition of the American Medical Association Guides to the Evaluation of Permanent Impairment.

The following are not covered under the definition above:

- Transient ischaemic attack.
- Vascular disease affecting the eye or optic nerve.
- Migraine and vestibular disorders.
- Traumatic injury to brain tissue or blood vessels.

3 Cancer – level D and above (non-tiered) = 100% payout

This means the presence of a malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term **'malignant tumour'** includes leukaemia, lymphoma and sarcoma.

The following conditions are excluded from this definition:

- All cancers in situ and all premalignant conditions.
- All tumours of the prostate, unless they have been histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- All skin cancers, other than malignant melanoma that has been histologically classified as having caused invasion beyond the outer layer of the skin.

The following conditions are included in this definition:

- Chronic lymphocytic leukaemia (stage 0 or 1).
- Hairy-cell leukaemia.
- Hodgkin's/non-Hodgkin's lymphoma stage 1 on the Ann Arbor classification system.

4 Coronary artery bypass graft – level D and above

Coronary artery bypass graft surgery, also called heart bypass or bypass surgery, is a surgical procedure performed to relieve chest pain and reduce the risk of death from heart disease. The surgery is done to correct the narrowing of, or blockage in, one or more coronary arteries by means of a bypass graft.

Arteries or veins from elsewhere in the insured life's body (most commonly the leg) are joined to the coronary arteries of the heart to bypass the narrowing's in the affected or diseased arteries. This improves the blood supply and circulation to the heart muscle. The terms '**single bypass**', '**double bypass**', '**triple bypass**', '**quadruple bypass**' and '**quintuple bypass**' refer to the number of coronary arteries bypassed in the procedure.

This surgery is usually performed with the heart stopped, necessitating the usage of highly specialised theatre equipment to keep the heart and the lungs working during the operation.

5 Coma

This is a state of unconsciousness, defined by a Glasgow Scale score of 6 or less; that necessitates the use of a respirator for a continuous period of 96 hours and results in the permanent inability to perform 3 or more basic activities of daily living, persisting for at least 6 months.

A come that is medically induced or results directly from alcohol or drug abuse is excluded.

6 Aorta graft surgery

This is surgery for a disease where the diseased aorta needs excision and surgical replacement with a graft. For this definition – 'aorta' means the thoracic and abdominal aorta but not its branches.

7 Heart valve surgery

This is open heart surgery that is performed to replace and/or dilate cardiac valves because of heart valve defects.

8 Kidney failure

This is the end-stage renal failure, presenting chronic irreversible failure of both kidneys, as a result of which regular renal dialysis is initiated or a renal transplant is carried out.

9 Major burns

This means third-degree burns covering at least 20% of the body surface area.

10 Major organ transplant

This is a transplant, where the insured life is a recipient of the complete heart, a/the lung(s), the liver, a/the kidney(s), the pancreas (excluding the transplantation of the islets of Langerhans) or the bone marrow.

11 HIV through blood transfusion

The insured life is medically diagnosed with HIV infection resulting directly from a blood transfusion, where the transfusion was received as part of a medically necessary procedure performed by a registered healthcare provider.

12 Loss of limbs

Loss by physical separation at or above the wrist or ankle of:

- both hands or feet; or
- one hand and one foot.

13 Loss of speech

This is the permanent loss of the ability to speak due to irreversible damage to the voice box (larynx) or the nerves that control speech from the brain.

IMPORTANT CONTACT INFORMATION

1 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 4320
Tel: 0800 333 111
Fax: 0860 065 435
Email: clientservices@nedbankinsurance.co.za

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

2 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 about the Financial Advisory and Intermediary Services (FAIS) Act, 37 of 2002, or any other applicable legislation, contact our compliance officer or public officer:

Compliance officer
Tel: +27 31 820 8448
Fax: 0860 066 641
Email: compliance@nedbankinsurance.co.za

Public officer
Email: 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 nedbankinsurance.co.za. If you do not have access to the internet, call 0800 333 111 for a copy.

3 The Information Regulator

If you have a complaint related to data privacy that has not been resolved to your satisfaction, you may refer the matter to the Information Regulator.

Postal address: PO Box 31533 Braamfontein Johannesburg 2017
Email: complaints.ir@justice.gov.za

4 Claims procedure

If you have a valid claim, notify our Claims Department within 180 days of the claim event.

Tel: 0800 333 111
Fax: 0860 065 437
Email: claims@nedbankinsurance.co.za

5 Complaints procedure

If you have a complaint, we recommend that you first try to resolve the problem by contacting our Client Services Contact Centre:

Tel: 0800 333 111
Fax: 0860 065 437
Email: clientservices@nedbankinsurance.co.za

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

Tel: 0800 333 111
Fax: 0860 066 641
Email: complaints@nedbankinsurance.co.za

Complaints must, if possible, be in writing. We will acknowledge receipt of your complaint within 3 working days. Our complaints resolution officer has 10 working days to resolve your complaint and will give you a response in writing.

If a complaint is resolved in your favour, we will offer a full and appropriate redress. If the complaint is not resolved in your favour, we will give you reasons in writing, as well as the details of the National Financial Ombudsman (NFO) if you want to take the matter further.

6 National Financial Ombudsman

If you need advice about your complaint or any other matter that has not been resolved satisfactorily, you may contact the National Financial Ombudsman (NFO);

Physical address:
- Johannesburg: 110 Oxford Road Houghton Estate Illovo 2198
- Cape Town: 6th Floor Claremont Central Building Vineyard Road Claremont 7700

Tel: 0860 800 900
Website: nfosa.co.za
Email: info@nfosa.co.za

7 FAIS Ombudsman

If a complaint about advice or intermediary services you received is not resolved within 6 weeks, or if you are not satisfied with the outcome, you may refer the matter to the FAIS Ombudsman:

Postal address: PO Box 74571 Lynnwood Ridge 0040
Tel: +27 12 348 3447
Fax: 0860 324 766
Website: faisombud.co.za

8 Protection of personal information

Your privacy is important, and we will take all reasonable steps to ensure that any information, including personal information (your name, physical address, identification number and phone number) that you provided or that is collected from you or from third parties is processed, transferred and stored in a secure manner.

We may, however, process your personal information (as defined in section 1 of the Protection of Personal Information Act, 4 of 2013, which may sometimes change), including your fingerprints, biometric personal identification details, photographs and identity verification to provide financial services to you and to detect and prevent fraud and money laundering. We may also send your personal information to third parties or to foreign countries (if necessary) by electronic or other means for processing to provide a financial service to you. These foreign countries may not have specific data privacy laws and, if that is the case, Nedbank will enter into appropriate confidentiality agreements with the service providers in these foreign countries.