

CHRONIC BENEFIT PLAN
Underwritten by Compass Insurance Company Limited
Administered by Health & Accident Underwriting Managers (Pty) Ltd. FSB 376

SUMMARY OF COVER
2009

IMPORTANT

Please examine this document carefully as the terms and conditions and exclusions may vary from those provided by any underlying cover or provisions contained within your Medical Aid.

CONDITIONS

- 1. Cancellation**
This policy may be cancelled by the Insured Person giving one calendar month's written notice to Health & Accident Underwriting Managers (Pty) Ltd. on behalf of the Underwriters.
- 2. Cancellation/Change of Cover**
The Underwriters may change the terms/conditions of this insurance or cancel this insurance upon giving 90 days notice in writing to the Insured Person's last known address or to his employer if insured as a group.
- 3. Payment of Premium**
The monthly premium is payable to Health & Accident Underwriting Managers (Pty) Ltd., P O Box 324 Rivonia 2128, in advance. In the event a month's premium is outstanding beyond the 15th day of such month, then the insurance will be deemed to be cancelled from the first day of the same month.
- 4. Health Information Authorisation**
The Insured Person irrevocably authorises any doctor or other person who may be in possession of, or acquires any information concerning his health to disclose such information to Health & Accident Underwriting Managers (Pty) Ltd. and Underwriters, and the Insured Person agrees that this authority shall remain in force.
- 5. Claims**
In respect of continuous medical treatment and/or medicines, claim payments to the Insured Person shall be on a monthly basis. More frequent payments may be made at the request of the Insured Person and at the discretion of the Underwriters and / or Health & Accident Underwriting Managers (Pty) Ltd.
The Insured Person must ensure all claims documents are submitted to Health & Accident Underwriting Managers (Pty) Ltd., not later than 60 days after discharge from hospital and the diagnosis of a defined chronic condition, which may result in a benefit payable under this insurance. Underwriters shall not be liable in respect of any claims where the documents are received outside this period. These documents must be submitted to Health & Accident Underwriting Managers (Pty) Ltd., P O Box 324 Rivonia 2128.
- 6. One Certificate**
The Insured Person shall be entitled to be covered by only one Certificate of Insurance per family unit.
- 7. Certificate**
The Certificate and any Endorsement thereto and the Summary of Cover wording shall be read together with any word or expression to which a specific meaning has been given in any part thereof shall bear such meaning wherever it may appear.
- 8. Period of Schedule of Insurance**
This shall be for 30 days only. Further durations of calendar months may be granted by Health & Accident Underwriting Managers (Pty) Ltd. on behalf of the underwriters.
- 9. Indemnity from Insured Person**
The Insured Person shall refund to the Underwriters any amounts paid on behalf of the Insured Person which are outside the benefits provided under the Schedule of Insurance.
- 10. New Additions**
The Insured Person must ensure that any new Additional Insured Persons are registered with the Certificate Holder within 30 days of becoming eligible for cover.
- 11. Co-Ordination with other Insurers**
If at the time of any loss sustained by any Insured Person there be any other form of insurance policy providing the same level of indemnity as this contract, Underwriters will only be liable for their ratable proportion of such loss.
- 12.** The Insured acknowledges that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On the Insured's behalf and on behalf of any person the Insured represents herein, the Insured waives any right to privacy in any insurance policy or claim made or lodged by the Insured and the Insured consents to such information being disclosed to any other insurance company or its agent. The Insured also acknowledges that the information provided by them may be verified against all other legitimate sources or databases. The Insured also waives any rights of privacy and consents to the disclosure of information relevant to any insurance policy or claim concerning the Insured.

DEFINITIONS

Insured Person	Shall be a person who has been accepted by Underwriters and for whom premium has been paid plus their Spouse and their Eligible Dependants up to age 18 unless full time students who are up to and including age 25.
Spouse	Shall mean the Spouse of the Insured Person as identified in the Application Form.
Eligible Dependand	Shall mean the people named in the Certificate who are unmarried dependant children under the age 18 years. A child who is a full time student will be covered providing they have not yet celebrated their 26 th birthday.
Medical Practitioner	A person registered with the South African Medical and Dental Council and duly qualified within the specialty.
Illness/Injury	Shall mean the Insured Person becoming fortuitously (suddenly and unexpectedly) ill or injured during the period of the certificate.
Underwriters	Compass Insurance Co Ltd

CHRONIC MEDICATION BENEFIT

1.	Conditions covered	Category	Maximum monthly benefit
♦	Ischaemic heart disease	C	R170
♦	Congestive heart disease	A	R115
♦	Asthma	A	R115
♦	Multiple Sclerosis	E	R285
♦	Diabetes -Insidipus & Type 1	F	R565
	-Type 2	A	R115
♦	Bronchiectasis	A	R115
♦	Osteoporosis	C	R170
♦	Glaucoma	A	R115
♦	Cerebro-vascular disease	D	R230
♦	Peripheral vascular disease	C	R170
♦	Chronic obstructive respiratory Disease	A	R115
♦	Hyperlipidaemia	D	R230
♦	Chronic renal failure	C	R170
♦	Rheumatoid arthritis	D	R230
♦	Hyperthyroidism	B	R140
♦	Cirrhosis	E	R285
♦	Arrythmia	E	R285
♦	Atopical Eczema	A	R115
♦	Osteoarthritis	A	R115
♦	Epilepsy	D	R230
♦	Cancer	F	R565
♦	Parkinson's Disease	F	R565
♦	Hormonal supplement (post Menopausal)	A	R115
♦	Psoriasis	A	R115
♦	Reynauds disease	B	R140
♦	Hypertension	C	R170
♦	Benign Prostatic Hypertrophy	A	R112
♦	Gastric ulcer	D	R230

2. Chronic benefit

Underwriters will pay the Benefit listed under the Chronic Medication Benefit above up to the annual limit on the Certificate Schedule (or pro-rata period) subject to a successful diagnosis of one of the listed Chronic Conditions covered. Suitable written motivation, acceptable to the Underwriter, must be provided by the Insured Person's attending practitioner indicating that the condition is:-

- a chronic disorder
- requires regular medicinal treatment
- the drugs used must be life sustaining, in the opinion of the Underwriter and where practical, benefits are only payable where a generic alternative to the ethical drug is prescribed.
- the prognosis must indicate that the condition is likely to continue in its then existing chronic form for the foreseeable future

The Underwriter shall have the right to call for subsequent reports whenever deemed necessary. The cost of such reports shall be borne by the Underwriter. Failure to provide such reports will automatically cause benefits referred to herein to cease with immediate effect.

EXCLUSIONS

This Certificate does not cover Medical Expenses or costs arising from:

1. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power.
2. participation in any riot, strike, civil commotion or disturbance of the peace.
3. accidents or injuries resulting from the influence of drugs or narcotics upon the Insured Person or Eligible Dependant unless administered by a member of the Medical Profession (duly registered) or unless prescribed by and taken in accordance with the instructions of a member of the Medical Profession (other than himself) or the influence of alcohol.
4. AIDS or prolonged or accelerated by or attributable to HIV (Human Immunodeficiency Virus) and/or HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof however caused.
5. any mental and nervous condition.
6. intentional self-injury.
7. treatment not medically necessary or self-administered.
8. directly or indirectly, caused by or contributed to by or arising from ionising radiation or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, for the self-sustaining process of nuclear fission. The indemnity provided by this Certificate shall not apply to nor include any Bodily Injury or Illness directly or indirectly caused by or contributed to by arising from nuclear weapons material.
9. notwithstanding any provision of this policy including any exclusion, exception or extension or other provision which would otherwise override a general exception, this policy does not cover any legal liability, loss, damage, cost or expense whatsoever or any consequential loss directly or indirectly caused by, arising out of, resulting from, in consequence of, in any way involving, or to the extent contributed to or by the hazardous nature of asbestos in whatever form or quantity.

STATUTORY NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS
IMPORTANT – PLEASE READ CAREFULLY
DISCLOSURE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other document)

As a short-term insurance policyholder, or prospective policyholder, you have the right to the following information:

1	About the Insurer	
1.1	Name:	Compass Insurance Company Limited – FSB Licence no. 12148
	Physical address:	Block E Peter Place Park, 54 Peter Place, Bryanston
	Postal address:	PO Box 37226, Birnam Park, 2015
	Telephone No:	(011) 745 8333
	Facsimile:	(011) 745 8444
1.2	Compass Compliance Officer:	Dawn Julyan-Larkins
	Physical address:	481 Barry Hertzog Street, Waterkloof Glen, Pretoria, 0181
	E-mail address:	dawn.iss@fais.co.za
	Telephone No:	(012) 998 7938
	Facsimile:	(086) 636 5217
1.3	Complaint Process:	<p>Any complaints in terms of the failure of Compass Insurance or your insurance broker to comply with the terms of the Policyholder Protection Rules should be lodged in writing to the Compliance Officer of Compass Insurance Company Limited. If such complaint is not resolved to your satisfaction, you may then refer your complaint in writing to:</p> <p>Registrar of Short-term Insurance Financial Services Board PO Box 35655 Menlo Park Post code : 0102</p> <p style="text-align: right;">Tel : (012) 428-8000 Fax : (012) 347-0221</p> <p>Any claim problems which are not satisfactorily resolved by the insurance intermediary and/or Compass Insurance may be referred to:</p> <p>The Short-Term Insurance Ombudsman PO Box 30619 Braamfontein Post code : 2017</p> <p style="text-align: right;">Tel : (011) 726-8900 Fax: (011) 726-5501</p>
2	Broker Commission	In terms of the Short-Term Insurance Act, an intermediary is entitled to 12.5% commission on motor insurance and 20% for any other class of business. Refer to your policy schedule for more information.
3	Fees	Compass limits intermediaries to R50.00 policy fees.
4	Agreement	Compass Insurance Company Limited has an agreement with Health & Accident Underwriting Managers to act as independent intermediary for all policyholders introduced to Compass by it's appointed brokers.
5	Claims procedure	All claims documents must be submitted within 60 days of the incident or occurrence, which may result in a benefit payable under this insurance. Underwriters shall not be liable in respect of any claims where the original advice is received outside this period.
6	Warning	<p>Do not sign any blank or partially completed application form.</p> <p>Complete all forms in ink.</p> <p>Keep all documents handed to you.</p> <p>Make note as to what is said to you.</p> <p>Don't be pressurised to buy the product.</p> <p>Incorrect or non-disclosure by you may have an impact on any claims arising from your contract of insurance.</p>