

EXTENDED COVER PLAN
Underwritten by Compass Insurance Company Limited
Administered by Health & Accident Underwriting Managers (Pty) Ltd

SUMMARY OF COVER

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.

TERMS AND CONDITIONS

1. Benefits shall not be payable under more than one section of this insurance, other than for premium waiver expenses in accordance with the conditions of this insurance. Notwithstanding the foregoing the total compensation payable by Underwriters shall not exceed in all the largest sum contained in the Schedule of Benefits. Where benefits of a like nature can overlap, the sums aggregated together shall not exceed the largest sum contained in the Schedule of Benefits in respect of such benefits.
2. It is a condition precedent to Underwriters' liability to pay benefits of an Insured Person that all medical records, notes and correspondence referring to the subject of a claim or a related pre-existing medical condition shall be made available to any medical or other advisor appointed by Underwriters and such advisor or advisors shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make examination of the Insured Person or any other record pertaining to the claim.
3. Notwithstanding the above the Insured person must ensure all claims documents are 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 documents are received outside this period. These documents must be submitted to Health & Accident Underwriting Managers (Pty) Ltd, P O Box 324, Rivonia, 2128.
4. A.I.D.S. / H.I.V. - In the event that the Insured Person applies for Benefits for any of the following conditions (or their sequelae) Underwriters are (at their own expense) able to insist on an A.I.D.S. test. The conditions listed are:
 - Kaposi's Sarcoma
 - Pneumocystis carinii
 - Tuberculosis
 - CMV
 - Cryptococcal meningitis
 - Cryptosporidium
 - Disseminated Herpes/Shingles

Should it be established that the Insured Person is tested positive for H.I.V., this insurance will be deemed cancelled in so far as it relates to the Insured Person in question.

5. Whereas it is not the intention of this insurance to pay claims which are otherwise recoverable under another facility, it may be available to make early payment and to prevent hardship when settlement under a more specific insurance or other source is delayed (during legal process for example), subject to the reimbursement of any amounts paid by Underwriters immediately upon recovery from the specific insurance or other source.
6. Underwriters shall have the right to terminate this insurance by giving one calendar month's notice written notice to do so, if the performance of the whole or part is rendered impossible *de jure or de facto* in particular and without prejudice to the generality of the preceding words in consequence of any law or regulation which is or shall be in force in any country or territory or if any law or regulation shall prevent directly or indirectly the remittance of any or all of the balance of payments due from an Insured Person.
7. Underwriters agree to provide monthly cover upon receipt of monthly premiums. The monthly premium is payable to Health & Accident Underwriting Managers (Pty) Ltd. monthly in advance by the Insured Person or in advance by monthly deduction from your employer's payroll if Insured as a group. In the event that the premium is outstanding beyond the 15th day from the date that it should have been paid, cover will be suspended or cancelled at the sole discretion of Health & Accident Underwriting Managers (Pty) Ltd..
8. Underwriters agree to pay for valid claims incurred during the Period of Insurance. In the event of non-payment of premiums or cancellation, Underwriters will not be responsible for claims expenses incurred outside the Period of Insurance.
9. Underwriters may cancel this insurance or change the terms / conditions of this insurance upon giving one calendar month's notice in writing to the Insured Person's last known address or to his employer if insured as a group.
10. Underwriters reserve the right not to accept any person into this scheme whose age exceeds 55 years next birthday.
11. It is a condition of this insurance that all material facts have been disclosed to the Underwriters. A material fact is a fact likely to influence Underwriters in the acceptance or assessment of this insurance. Underwriters alone shall determine what is a material fact and their decision shall be final and binding. Non-disclosure of material facts may, at Underwriters sole discretion, result in cancellation or amended terms.
12. The Insured Person must exercise reasonable care to prevent accident, illness or injury.
13. In the event that a fraudulent claim is submitted by the Insured Person or by any person acting on his/her behalf, then this insurance will become void and all benefits be forfeited.
14. This insurance may be cancelled by the Insured Person giving one calendar month's notice to Health & Accident Underwriting Managers (Pty) Ltd., who is acting on behalf of the Underwriters.
15. If the Life Insured is receiving 100% benefit under the premium waiver benefit, and H&A Group establishes that the Insured has returned to work, H&A Group have the right to suspend any current claims pending further investigation.
16. 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 Benefits.
17. The Insured Person or employee if Insured as a group must ensure that all new additional Insured Persons or Eligible Dependants are registered on the document of insurance within 30 days of becoming eligible for cover.
18. If at the time of any claim by any Insured Person, there exists any other form of insurance policy providing similar benefits as this insurance, Underwriter's will only be liable for their rateable proportion of such loss.
19. 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

Accident	Means a sudden, unexpected, unusual, specific event, which occurs at an identifiable time and place.
Air Travel	Means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.
Bodily Injury	Means an identifiable physical injury, which is caused by accidental and visible means, but shall also include exposure resulting from mishap to the conveyance in which an Insured Person is travelling.
Congenital Abnormality	Means a condition that is recognised at birth or that is believed to have been present at birth.
Date of Loss	a. For illness shall be the first date from which the Insured is unable to perform his nominated occupation, and medical treatment has been recommended, advised, sought out or received for the illness. b. For bodily injury shall be the date of the accident, or from the date the accident caused loss be incurred.
Eligible Dependant	Means the people named in the document of insurance that are unmarried dependant children under 18 years of age. A child who is a full time student will be covered providing they have not yet attained their 26 th birthday.
Insured Person	Means the Insured Person or employee if Insured as a group plus Spouse (where applicable) and Eligible Dependant children.
Illnesses	Shall mean any fortuitous sickness, illness or disease originating, contracted, commencing or first manifesting itself during the period of insurance, as diagnosed by a physician or medical practitioner.
Maternity	Means the period in which a woman carries a developing foetus.
Medical Practitioner	Means a legally qualified medical attendant.
Nominated Occupation	Shall mean the occupation as detailed on the application form.
Period of Insurance	Means the period for which Underwriters have received monthly premium in accordance with the Terms and Conditions section of this insurance.
Principal Insured	Means the Insured Person named in the application form as the Principal Member.
Spouse	Means the Insured Person or employee's partner if Insured as a group in marriage and an Insured Person as identified in the Schedule of Benefit.
Temporary Total Disablement	Means Disablement as a result of Bodily Injury or illness which entirely prevents the Principal Insured from attending to their usual occupation for a period of not less than 30 (thirty) days.
Underwriters	Compass Insurance Co Ltd.

BENEFITS

1. PREMIUM WAIVER

It is agreed that if during the period of insurance the Life Insured sustains physiological impairment which solely and independently of any other cause results in loss of income, this benefit serves to compensate for the loss of such income. Any compensation payable will be determined according to the Insured's nominated occupation and degree of disability at the date of loss. H&A Group shall pay compensation equal to the Insured's medical aid membership fees, subject to the terms, conditions, provisions, terminations and exclusions, as set out in this policy or as contained in any endorsement thereto.

A claim will be deemed valid if, in the opinion of H&A Group, after the expiry of the waiting period, the Insured is unable to fulfil all of the duties of his/her own nominated occupation, as a result of a functional impairment associated with an illness, disease or injury. The benefit payable shall be an amount equal to the monthly benefit specified in the policy schedule, subject to the maximum benefit allowable, as outlined in the maximum benefits allowable section.

2. ACCIDENTAL DEATH

In the event that an Insured Person should sustain Bodily Injury during the period of this insurance and such injury results in the death of the Insured Person within 12 months from the date of the accident, Underwriters agree to indemnify the Insured Person's executors or administrators the sum as stated in the Schedule of Benefits contained herein.

3. PERMANENT TOTAL DISABLEMENT

In the event that You or any other Insured should sustain Bodily Injury during the period of this insurance, within the terms and conditions of this insurance, Underwriters agree to indemnify the You or any other Insured the sum Insured as stated in the Schedule of Benefits contained herein.

Permanent Total Disablement benefits will be subject to the following Scale of Benefits:

Compensation payable in respect of Accident:

- | | |
|---|-------|
| 1. Total & Irrecoverable loss of sight of both eyes: | 100% |
| 2. Total & Irrecoverable loss of sight of one eye: | 50% |
| 3. Loss of two limbs: | 100% |
| 4. Loss of one limb: | 50% |
| 5. Total & Irrecoverable loss of sight of one eye and loss of one limb: | 100% |
| 6. Permanent total disablement (other than total loss of sight of one or both eyes or loss of limb) | 100%. |

4. DREAD DISEASE

Scope of insurance:

We will pay you the Benefit amount shown in the Policy Schedule if during the Period of Insurance. You or any other Insured Person are diagnosed with a DREAD DISEASE as defined in this Policy.

AORTIC SURGERY

The replacement grafting of the thoracic or abdominal aorta due to coarctation, dissection, aneurysm or trauma as confirmed by the attending surgeon. Excluded is bypass grafting and replacement grafting of any other arteries.

BLINDNESS

The total, irreversible, permanent and complete loss of vision in both eyes, confirmed by an Ophthalmologist.

CANCER

A histologically proven disease, which is manifested by the presence of a malignant tumour, Cancer with regional or distant metastases characterized by the uncontrolled growth and spread of malignant cells and the invasion of surrounding normal tissue. The term cancer also includes leukaemia and Hodgkin's disease, but excludes:

1. All skin cancers, except invasive malignant melanomas with Breslow depth <1mm;
2. All cancers diagnosed and treated by primary excision or biopsy only, that is, not requiring any further surgical or medical treatment (such as chemotherapy) or radiotherapy, or other modalities (such as laser therapy); and
3. Early prostate cancer, unless histologically at least T2NOMO.

SEVERE CORONARY ARTERY DISEASE

Severe coronary artery disease which results in coronary arterial surgery or arterial catheter intervention, specifically evidenced by angiographic proof of the need to perform surgery including keyhole surgery or percutaneous angioplasty with or without stent and use of laser as confirmed by a Physician Specialist or Cardiologist.

Coronary artery bypass grafting via thoracotomy.

ALZHEIMER'S DISEASE

Deterioration or loss of intellectual capacity, due to irreversible global failure of brain functioning. The disease must result in cognitive deterioration which:

- Must be confirmed by clinical evidence and standardized tests and questionnaires for Alzheimer's disease and Dementia (DSM criteria), and
- The diagnosis and cognitive deterioration must be confirmed by a Neurologist or a Neuropsychologist.

Excluded is dementia relating to alcohol, drug abuse or AIDS. The critical illness cover for dementia of the Alzheimer's type ceases on the policy anniversary immediately before the life assured's 70th birthday.

HEART ATTACK

Death of a portion of the heart muscle due to inadequate blood supply, as confirmed by a Physician Specialist or Cardiologist.

A subendocardial / acute infarct aborted by thrombolysis or angioplasty, and evidenced by:

1. New ECG changes indicating an acute infarction;
2. Elevated cardiac enzymes; and
3. Typical chest pain.

Refer to the definition of Heart Attack above.

HEART VALVE SURGERY

Aortic valve replacement (AVR) or mitral valve replacement (MVR) due to stenosis or incompetence or valvuloplasty. Confirmation of the surgery by a Cardiologist or Surgeon is required.

KIDNEY FAILURE

End stage renal failure presenting a chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted and confirmed by a Nephrologist.

MOTOR NEURONE DISEASE

The unequivocal diagnosis of Motor Neurone Disease by a Neurologist supported by definitive evidence of appropriate and relevant neurological signs.

MULTIPLE SCLEROSIS

Multiple neurological deficits over a period of more than six months, as a result of demyelination in the brain and spinal cord. The diagnosis has to be unequivocal and made by a Neurologist, following more than one episode of well-defined neurological symptoms, involving any combination of deficit in the optic nerves, brain stem, spinal cord, co-ordination or sensory function.

STROKE

A cerebrovascular incident of ischaemic or haemorrhagic origin resulting in a motor neurological deficit, which is of a permanent nature as confirmed by a Neurologist.

Diagnostic evidence of a cerebrovascular incident caused by cerebral thrombosis, embolism or haemorrhage resulting in a motor neurological deficit, which is of a permanent nature, 3 months after the event as confirmed by a Neurologist.

CHRONIC RESPIRATORY FAILURE

Diagnosis of end-stage irreversible lung disease (including interstitial lung disease) by a pulmonologist.

Conditions applicable

- Should require home oxygen therapy.
- Arterial oxygen concentration on room air of less than 7kPa or less than 90% saturation.
- Diffusion of carbon monoxide of less than 40% of predicted.

MUSCULAR DYSTROPHY

Diagnosis of muscular dystrophy by a consultant neurologist.

Conditions

The irreversible inability to perform, without assistance, three or more of the following Activities of Daily Living:

- Bathing
- Dressing
- Using the lavatory
- Eating
- Moving in or out of bed or a chair.

PARKINSONS DISEASE

A syndrome of tremor, rigidity and bradykinesia.

Conditions

The irreversible inability to perform, without assistance, three or more of the following Activities of Daily Living:

- Bathing
- Dressing
- Using the lavatory
- Eating
- Moving in or out of bed or a chair

Parkinsons resulting from the side effects of medication shall be specifically excluded.

EXCLUSIONS

Underwriters shall not be liable for:

- any claims arising as a result of any illness or condition which existed prior to the acceptance of the Insured Person under this insurance for which advice or treatment had been sought from a medical practitioner, or any pre-existing condition reasonably known or suspected by the Insured. This will not apply to any specific exclusions as specified in the Summary of Cover or endorsed in the Schedule of Insurance. Underwriters may consider accepting groups at no worse terms or with medical history disregarded.
- the recurrence of cancer or any form / sequelae thereof which was diagnosed or treated prior to the inception of this document of insurance.
- treatment not medically necessary or self-administered.
- all maternity care and treatment thereof excluded unless specifically included in the Schedule of Benefits.

- e. the voluntary termination of pregnancy. In the event such a procedure is deemed medically necessary, written application may be submitted to Health & Accident Underwriting Managers (Pty) Ltd..
- f. congenital abnormalities.
- g. claims in respect of expenses arising out of regular medical treatments on an ongoing basis.
- h. any consequential loss whatsoever.
- i. liabilities, professional or otherwise.
- j. any claim arising directly or indirectly from active involvement in war, acts of terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind.
- k. participation in any riot, strike, civil commotion or disturbance of the peace.
- l. any claim arising directly or indirectly from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- m. 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.
- n. any claim arising directly or indirectly from any injury, illness or death attributable to HIV (Human Immune deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations howsoever caused.
- o. any claim arising from playing sport for which remuneration is received, mountaineering or rock climbing necessitating the use of ropes or guides, potholing, hang gliding, sky diving, riding or driving in a race or rally, underwater activities involving the use of artificial breathing apparatus unless the Insured Person has an Open Water diving Certificate or is diving with a qualified instructor to a depth no greater than 30 meters, flying (except as a passenger in a fully licenced passenger carrying aircraft) and/or similar activities, unless previously agreed by Underwriters.
- p. any claim arising out of alcohol or drug abuse by the Insured Person or the insanity of an Insured Person.
- q. search and rescue expenses.
- r. wilful exposure to risk unless in an attempt to save human life (other than when declared in accordance with condition (i)).
- s. any claim arising out of any condition of the nervous system i.e. anxiety, depression or mental illness.
- t. any claim arising out of attempted suicide or self-inflicted injury.
- u. any claim as a result of any injury sustained by an Insured Person who is employed by the South African Police and/or South African Defence Force in a permanent capacity, other than police reservists or national servicemen whilst the Insured Person is on active duty.
- v. any claim arising out of an accident whilst perpetrating an unlawful act in terms of South African Law.
- w. compensation in terms of the War Damage Insurance Act No. 85 (1976).
- x. the cost of treatment for sexually transmitted diseases.
- y. elective, elective cosmetic, corrective optical and laser surgery or treatment and costs resulting there from.
- z. dental and oral surgery (this includes wisdom teeth extraction), routine or restorative dental treatment or treatment and costs resulting there from.
- aa. treatment, directly or indirectly arising from, or connected with male and female birth control, infertility and any form of assisted reproduction.
- bb. any claim which, but for the existence of this insurance, would be recoverable from any other source (other than Medical Fund or RAF related claims), nor for any excess which may be stated in the Schedule of Benefits or terms and conditions of such other insurance under which the claim would otherwise be recoverable.

**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
	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
	Complaint Process:	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: Registrar of Short-term Insurance Financial Services Board PO Box 35655 Menlo Park Post code : 0102 Tel : (012) 428-8000 Fax : (012) 347-0221 Any claim problems which are not satisfactorily resolved by the insurance intermediary and/or Compass Insurance may be referred to: The Short-Term Insurance Ombudsman PO Box 30619 Braamfontein Post code : 2017 Tel : (011) 726-8900 Fax: (011) 726-5501
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 documents are received outside this period.
6	Warning	Do not sign any blank or partially completed application form. Complete all forms in ink. Keep all documents handed to you. Make note as to what is said to you. Don't be pressurised to buy the product. Incorrect or non-disclosure by you may have an impact on any claims arising from your contract of insurance.