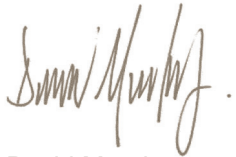


**VGA YOU CHOOSE™
ELITE PROTECTION PLAN™**

10 Queens Road, Parktown, Johannesburg, 2193
P.O. Box 31983, Braamfontein, 2017
Share-Call: Client Services 0860-112-077 Fax: (011) 551-8847
Claims 0860-113-522 Fax: (011) 551-8298
e-mail: directclientsa@chartisinsurance.com e-mail: directclaims@chartisinsurance.com

This Policy is a contract made between You (the policyholder) and Us (Chartis Life South Africa Limited). We agree to provide insurance on the basis set out in this Policy provided the Premium is paid when due and We agree to accept it. Any Amendment, Declaration or Endorsement to the Policy or the Schedule will form part of this Policy.

Signed on behalf of the Company



David Murphy
Regional Vice President
Chartis International Accident & Health Division

SCOPE OF INSURANCE

We will pay the Benefit amount shown in the Table of Benefits if during the Period of Insurance, You or any other Insured Person sustains Injury which, solely and independently of any physical defect or infirmity existing prior to the Accident, results within 24 months of the date of the Accident in an Insured Event in respect of the selected Plan as specified in the application form.

AGE LIMITS

1. You, and if insured, Your Spouse must be between the ages of 18 and 75 years to join this plan.
2. Cover will continue for the remainder of Your and Your Spouse's life.
3. Children, if insured, are covered between the ages of 6 months and 18 years (under 25 years if they are unmarried, not pregnant and dependent full time students).
4. In the event that the age of any Insured Person was misstated and if, according to the correct age of the Insured Person, the coverage provided would not have become effective, or would have ceased prior to acceptance of such premiums, then Our liability will be limited to the refund, upon written demand, of all premiums paid for the period not covered by this Policy less any reasonable expenses incurred by Us.

PERIOD OF INSURANCE / PREMIUM PAYMENTS

1. This Policy is issued in consideration of the payment of the premium stated in the Policy Schedule, which includes premiums for any attached Endorsement.
2. This insurance will begin and end at 00H00 South African time.
3. Your premiums are payable monthly in advance. If Your premium is not paid on the due date the Policy will terminate from that date unless You pay all premium in arrears within 1 month of the due date.
4. We reserve the right to ask for proof of payment of premium at any time. Such proof must be to Our satisfaction.
5. Although We do not expect to increase premiums, certain circumstances such as change in general economic conditions may result in a premium increase in order to maintain full Benefits throughout the lifetime of the Policy. We will, from time to time, review the level of contributions in relation to the Benefits provided by Your Policy, and will advise You of any changes that may be necessary by sending You written notice to Your last known address 30 days before the change takes effect.

MAXIMUM AMOUNT PAYABLE

1. The maximum Benefit payable for Confinement to a Hospital in respect of any one occurrence will be 365 days not necessarily consecutive. Successive periods of Hospital Confinement due to the same Injury or related causes shall be considered as one continuous period unless separated by 365 days during which an Insured Person is not confined to a Hospital as the result of Injury.
2. The maximum amount payable in respect of any Insured Event for any one Accident to the Insured Person is stated in the Table of Benefits. The Spouse receives the same Benefits as You. Children receive 25% of the Benefits excluding any Benefit under Insured Events 2 in the Table of Benefits.
3. The amount payable in respect of Death of Children shall be limited to that which is allowed by current legislation at the Date of Loss.
4. In the event of the Insured Person having more than one policy with Us which includes Hospital Cash Benefits, the Daily Hospital Cash Benefits shall be added together and shall not exceed R2 500 per day.
5. In the event of the Insured Person having more than one Accident policy with Us, the accidental Death Benefits shall be added together and shall not exceed R2 500 000.

PLAN NAMES

The Policy Schedule refers to the persons insured under this Policy by reference to the "Plan Selected". The Plan names are as follows:

Individual Plan Covers You only but if You are a single parent cover is extended to include Your Children.

Family Plan Covers You, Your Spouse and Your Children, or You and Your Spouse.

GENERAL CONDITIONS

Law and Jurisdiction This Policy will be governed by the laws of South Africa and its courts shall have exclusive jurisdiction to the exclusion of the courts of any other country.

Assignment This Policy cannot be ceded, assigned or in any way transferred to a third party.

Misrepresentation, Misdescription or Non-Disclosure This Policy shall be voidable (in Our absolute discretion only) in the event of misrepresentation, misdescription or non-disclosure by or on behalf of the Insured Person regarding any information material to this Policy.

Cancellation/Termination of Policy You may cancel this Policy at any time by giving Us one calendar month's notice in writing. We may cancel this Policy by sending You one calendar month's notice in writing to Your last known address.

This Policy will terminate on the earliest of the following dates:

1. On the date the Master Plan is cancelled;
2. On the premium date following Your written request for cancellation of this Policy;
3. In respect of Your Spouse or Children, on the date that such Insured Person ceases to be eligible as herein defined;
4. On the date that payment of Benefit is made to You for any Benefit of 100% in the Table of Benefits;
5. On the premium due date should the required premium not be paid by You.

We may cancel any cover provided by this Policy for War by sending seven days' notice to the Insured's last known address.

Word Or Expression Any word or expression which is given a specific meaning in this Policy or in the Policy Schedule will have that meaning wherever it appears.

Tax Liability The onus will always be upon You to ascertain, correctly admit and pay any tax liability in consideration of any Benefit being paid that may in any form whatsoever, incur taxes of any nature.

Rights of Third parties No person other than You or Us may enforce any terms of this Policy.

Payment of Benefits We will pay Benefits under this Policy to You or Your Beneficiary/ies or Your Legal Representative/s. If the Benefit is payable in respect of Your eligible Spouse or one of Your Children the money will be paid to You. Receipt of the money so paid will be a valid discharge of Our liability under this Policy.

Other Interest No Person other than You or an Insured Person with Your permission can make a claim under this Policy.

Change of Benefits We reserve the right to amend the Benefits by forwarding notice 30 days prior to the amendment taking effect to Your last known address. This notice will apply in the case of general changes in current legislation and may mean that more immediate changes are enforced.

Discrepancies Should any discrepancies arise between this Policy and any literature received in connection with this Policy by You or any Insured Person, the Definitions, Conditions, Exclusions, Terminations, the Policy Schedule and any Endorsements of this Policy will govern in all cases.

Failure to Comply with Policy Conditions We will not be liable to pay any Benefits if the Insured Person does not comply with all Policy obligations.

Fraud The Insured Person will forfeit all Benefits under this Policy if any claim is in any respect fraudulent or intentionally exaggerated and We will cancel this Policy from any date in Our discretion.

Onus of Proof The Insured Person shall bear the onus of proving that the Insured Person's Confinement to Hospital was necessary.

Stamp Duty We shall keep a schedule on which the appropriate stamp duty shall be affixed or imprinted in accordance with the Benefit secured from time to time under this Policy. Such schedule shall be deemed to be an integral part of this Policy and the stamp duty will be paid over to the revenue authorities by Us on behalf of this Policy.

Complaints and Disputes We have developed an internal procedure for dispute resolution so that, if at any time Our products or services have not satisfied Your expectations, You can contact Us. Our Complaints and Disputes Department will have Your complaint reviewed by management and You will have a response within 15 working days. We will not be responsible for any expenses incurred if You do not contact Us first. If You are still unhappy You may take Your complaint to the Long-Term Insurance Ombudsman who may be contacted at (021) 657 5000 - Telephone or (021) 674 0951 - Facsimile or Private Bag X45 Claremont 7735.

Policy Language The official version of this Policy is that issued in English. Words in this Policy in the masculine gender include the feminine gender.

CLAIMS CONDITIONS

Acceptance of Benefit If We have paid a claim under this Policy and You have accepted full and final payment then We will not have to make any further payments for the same claim.

Claims Notification You must give Us notice in writing within 90 days of an Accident or any occurrence which may give rise to a claim under this Policy. We shall have the right to have a post mortem examination of the body conducted.

Claims Evidence You must, at Your own cost provide whatever certificates, information and documented evidence is required by Us regarding the Accident, Injury or Insured Event.

Claim Forms We will send You claims forms upon receipt of written notice of a claim. All evidence shall be furnished in the form prescribed and must be submitted to Us within 90 days of Your notification.

Medical Evidence The Insured Person shall submit to medical examination on behalf of and at Our Expense as often as shall be required in connection with any claim. Any report generated as a result of such examination shall be Our property and shall be deemed to be confidential information of Ours.

Qualified Medical Advice Qualified medical advice shall be sought and followed promptly on the occurrence of any Injury. We shall not be liable for that part of any claim which in the opinion of its medical adviser arises from the unreasonable or wilful neglect or failure of an Insured Person to seek the advice of or remain under the care of a qualified Medical Practitioner.

Claims Review Claims may be subject to review by a consultant physician or nurse at Our discretion. Upon investigation of the claim, the maximum amount payable for Confinement may be for less than 180 days. With respect to Confinement, We will usually pay the Benefit after a period of Confinement but if the Confinement is of long duration We will, at Our discretion pay the Benefit monthly.

Liability If We deny liability in respect of any claim and You do not institute legal action and serve summons on Us (or initiate arbitration proceedings if We have agreed to submit to arbitration) within 12 months after such repudiation, all Benefits under this Policy in respect of such claim shall be forfeited.

Interest No sum payable under this Policy shall carry interest under any circumstances.

Maximum Benefits No Insured Person will be entitled to recover Benefits under this Policy exceeding more than 100% of the compensation in respect of any one Benefit as soon as the Insured Person has received such compensation, all further rights of the Insured Person in respect of such Benefit shall cease.

Heart Attack Clause If an Insured Person dies as a direct result of a road or traffic accident of which the cause or the consequence could be a heart attack, We will deem the accident to be an Insured Event.

Statutory Requirements The Insured Person will take all reasonable precautions to prevent Accidents and will comply with all statutory requirements and regulations material to the occurrence of any Accident or Insured Event as a condition precedent to Our liability hereunder.

Police Reports All claims arising from criminal incidents are to be supported and accompanied by a certified police report.

Hiv/Aids All claims arising from accidental exposure to HIV/AIDS has to be reported to Global Choices Assist – HIV Protection within 24 hours of the date of the Accidental Exposure. We will not be liable for any claims if the procedures as set out in the Global Choices Assist – HIV Protection Extension is not followed.

DEFINITIONS

For the purpose of interpretation of this Policy:

Accident/s means a sudden, unexpected and specific event, which occurs at an identifiable time (moment or point of time) and place, which results in Bodily Injury.

Accidental Exposure means exposure to HIV/AIDS as a direct result of an Accident.

Acquired Immune Deficiency Syndrome or AIDS means the meanings assigned to it by the World Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Illness in the presence of a sero-positive test for HIV.

Beneficiary/ies means a member of your Family (as defined) whose name has been advised to Us and recorded in writing to You.

Benefit means the amount paid as shown in the Table of Benefits.

Children means:

- any natural children,
- lawfully adopted children,
- step children by marriage,
- foster children who have in terms of the provisions of any legislation relative to the protection of children been placed in the custody of the policyholder as foster children, or any children who are living with the policyholder in the same household in a relationship which is not casual or impermanent and as if they were the lawful children of the policyholder, who are over the ages of 6 months and under 18 years of age or under 25 years of age and are full-time students at an accredited institution for higher learning, not pregnant, unmarried and primarily dependent on You for maintenance and support.

Confinement means confinement to a Hospital as a resident in-patient for a period which is necessary for the diagnosis or treatment of any Injury that is covered by the Policy.

Day means a period of 24 consecutive hours including the day of admission but excluding the day of discharge.

Date of loss means:

- a) for Confinement as a result of Injury the first day of Confinement to a Hospital;
- b) for Injury, the date of the Accident.

Disappearance means the disappearance of an Insured Person, where it is probable that such Insured Person has died or where such Insured Person is legally declared dead by a court of law, as a result of an Accident. The Death Benefit shall be payable after 24 consecutive months of such disappearance. If it is discovered that the Insured Person has not died, then the Benefit so paid shall be repaid to Us.

Effective Date means the date stated in the Policy Schedule.

Family means Your nominated Spouse and Children.

Foot means the entire foot below the ankle.

Hand means the entire hand below the wrist.

Hospital means a Hospital (other than an institution for the aged, chronically ill or convalescent rest or nursing home and/or drug or alcohol rehabilitation facilities) operated pursuant to the law for the care and treatment of injured or sick persons with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury means physical trauma to an Insured Person caused by an Accident resulting, solely and independently of any other cause or any other physical defect or infirmity existing prior to the Accident within 24 months of the date of the Accident.

Immediate Medical Treatment means a Medical Practitioner's treatment, consultations and prescribed or repeat maintenance medication in respect of treatment commencing within 24 hours of the time and date of the Bodily Injury.

Insured Person means You (the policyholder) or Your Spouse, or Your Children residing in the Republic of South Africa.

Institute of Higher Learning means any accredited institution that provides education or training beyond the 12th grade level.

Legal Representative means the person who manages the legal affairs of the Insured Person as a result of incapacity or Death.

Global Choices Assist is the assistance company that provides the HIV Protection services.

Master Plan means the internal reference to a specific product containing identical Benefits and premium rates.

Medical Practitioner means a person currently legally licensed and registered to practice medicine other than You under this Policy or a member of any Insured Person's immediate family.

Permanent and Incurable Insanity means the Insured Person being diagnosed as permanently and incurably insane according to the usual and customary standards of the registered medical profession. The permanent and incurable insanity must have resulted directly from Injury.

Permanent and Incurable Paralysis means the complete and permanent loss of use of arms or legs, or one arm and one leg, through paralysis.

Permanent and Total Loss means the loss by physical severance or the permanent and total loss of use of a hand, foot, thumb, finger, toe, arm or a leg.

Permanent and Total Loss of Hearing means the total, irreversible loss of hearing of all sounds confirmed by medical evidence relying on audio-metric and sound-threshold tests.

Permanent and Total Loss of Sight means the total, irreversible loss of sight.

Permanent and Total Loss of Speech means the total and irrecoverable loss of the ability to speak.

Permanent Disability means any one or more of the disabilities stated in Insured Event 3 (3.1 to 3.13) of the Table of Benefits.

Permanent Total Disablement means total and absolute disablement which entirely prevents an Insured Person from engaging in or giving attention to his or her usual occupation or any occupation for which the Insured Person is qualified or has received specialised training and which will in all probability be lasting and continuous for the lifetime of the Insured Person.

Policy means this document embodying the contract of insurance and will include any subsequent endorsements, amendments, declarations and application form and correspondence issued to You.

Professional Player means an Insured Person who earns in excess of 50% of his income from playing sport or who participates in a sport that remunerates him as a means of livelihood.

Spouse means the husband, wife, partner in a permanent same sex life partnership or any de facto partner with whom the Insured Person has permanently and continuously lived in the same household in a relationship which is not casual or impermanent for a period longer than 12 consecutive months and as if he or she were Your lawful spouse. Only one spouse shall be eligible for cover under this Policy.

War means war, whether declared or not, or any warlike activities (including use of military force) by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us means Chartis Life South Africa Limited, the Company.

EXCLUSIONS

We shall not be liable to pay any Benefit in respect of any Insured Event caused by or arising directly or indirectly from:

1. direct participation in any violent labour disturbances, strike, lock-out, riot, civil commotion or public disorder; or
2. being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation; or
3. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
4. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
5. an Accident occurring whilst the Insured Person is travelling by air other than as a fare paying passenger in an aircraft duly licensed for the carriage of passengers; or
6. wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self inflicted injury, suicide or attempt thereat; or
7. Injury caused by, traceable to, prolonged by or otherwise affected by any physical defect, infirmity or condition existing prior to the Effective Date of this Policy; or
8. the Insured Person participating in any sport as a Professional Player; or
9. engaging in underground occupational activities or occupational activities requiring the use of explosives; or
10.
 - a) an Accident occurring whilst an Insured Person was driving a motor vehicle with more than the legal limit of alcohol in his blood or breath;
 - b) an Insured Person being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a Medical Practitioner or unless prescribed by and taken in accordance with the directions of a Medical Practitioner; or
11. Illness; or
12. deliberate violation of criminal law.

If We allege that by reason of clauses 6, 10, 11 or 12 of the above Exclusions, loss or damage is not covered by this Policy, the burden of proving the contrary shall rest on the Insured Person.

All exclusions shall apply to:

- a) Any subsequent increase in Benefits from the date of such increase.
- b) Any Insured Person being added to this Policy from the date of his acceptance onto the Policy.

TABLE OF BENEFITS					
INSURED EVENT	1	2	3	4	5
1. Death:					
a. Death as a result of an Accident	R25,000	R50,000	R75,000	R100,000	R200,000
b. Disappearance	R25,000	R50,000	R75,000	R100,000	R200,000
c. Death as a direct result of exposure to the elements of nature as a direct result of an Accident	R25,000	R50,000	R75,000	R100,000	R200,000
2. Permanent Total Disablement:					
a. Permanent Total Disablement as a direct result of an Accident	R50,000	R100,000	R150,000	R200,000	R400,000
b. Permanent Total Disablement as a direct result of exposure to the elements of nature as a direct result of an Accident	R50,000	R100,000	R150,000	R200,000	R400,000

3. Permanent Disability					
3.1. Permanent and Total loss of:					
a. both hands or both feet	R50,000	R100,000	R150,000	R200,000	R400,000
b. one hand and one foot	R50,000	R100,000	R150,000	R200,000	R400,000
c. one hand or one foot	R25,000	R50,000	R75,000	R100,000	R200,000
d. either hand or foot and sight of one eye	R50,000	R100,000	R150,000	R200,000	R400,000
3.2. Permanent and Total Loss of Sight in:					
a. both eyes	R50,000	R100,000	R150,000	R200,000	R400,000
b. one eye	R25,000	R50,000	R75,000	R100,000	R200,000
3.3 Permanent and Total Loss of Hearing in:					
a. both ears	R50,000	R100,000	R150,000	R200,000	R400,000
b. one ear	R12,500	R25,000	R37,500	R50,000	R100,000
3.4 Permanent and Total Loss of Speech	R50,000	R100,000	R150,000	R200,000	R400,000
3.5 Permanent and Incurable Insanity	R50,000	R100,000	R150,000	R200,000	R400,000
3.6 Permanent and Incurable Paralysis	R50,000	R100,000	R150,000	R200,000	R400,000
3.7 Permanent and Total Loss of four fingers and thumb of either hand	R35,000	R70,000	R105,000	R140,000	R280,000
3.8 Permanent and Total Loss of four fingers of either hand	R20,000	R40,000	R60,000	R80,000	R160,000
3.9 Permanent and Total Loss of thumb of either hand:					
a. both joints	R15,000	R30,000	R45,000	R60,000	R120,000
b. one joint	R7,500	R15,000	R22,500	R30,000	R60,000
3.10 Permanent and Total Loss of a finger of either hand:					
a. three joints	R5,000	R10,000	R15,000	R20,000	R40,000
b. two joints	R3,750	R7,500	R11,250	R15,000	R30,000
c. one joint	R2,500	R5,000	R7,500	R10,000	R20,000
3.11 Permanent and Total Loss of toes of either foot:					
a. all on one foot	R7,500	R15,000	R22,500	R30,000	R60,000
b. great - both joints	R2,500	R5,000	R7,500	R10,000	R20,000
c. great - one joint	R1,500	R3,000	R4,500	R6,000	R12,000
d. other than great - each toe	R500	R1,000	R1,500	R2,000	R4,000
3.12 Fracture of leg or patella with established non-union	R5,000	R10,000	R15,000	R20,000	R40,000
3.13 Shortening of leg by at least 5cm	R3,750	R7,500	R11,250	R15,000	R30,000
3.14 Permanent disability not otherwise provided for under items 3.1 to 3.13	A percentage consistent with the above as determined by the Company				
4. Hospital Cash as a result of an Accident					
1 to 3 Days	R2,500	R2,500	R2,500	R2,500	R2,500
4 to 7 Days	R5,000	R5,000	R5,000	R5,000	R5,000
≥ 8 Days	R10,000	R10,000	R10,000	R10,000	R10,000

SPECIFIC PROVISOS

1. We will not be liable to pay any Benefit in respect of an Insured Person:
 - a) for Permanent Total Disablement unless the Insured submits proof satisfactory to Us that the disablement will in all probability continue for the remainder of the Insured Person's life;
 - b) for more than 100% of the Sum Insured when more than one injury occurs arising out of the same Accident;
 - c) over 65 years of age unless in active employment at the Date of Loss under Insured Event 2;
 - d) under more than one category for more than 100% of the Sum Insured as stated in the Table of Benefits.

The Benefit payable shall be the highest within the appropriate category.

2. If the Insured Person sustains Permanent Total Disablement as a result of an Accident and the claim in relation to that disability is admitted and accepted, the Benefit will be paid and all cover in respect of such Insured Person shall cease.
3. Any Benefit will be subject to the sliding scale in the Table of Benefits and the Schedule of Benefits as attached to this Policy.
4. The degree of Permanent Total Disablement will be determined immediately after it is established or as soon as it can reasonably be assumed that there will be no further improvement or worsening of the Insured Person's condition in consequence of the Accident, but not later than 24 months from the Date of Loss.
5. If the consequences of an Accident are aggravated owing to an Insured Person's existing ailment, infirmity or other abnormal physical or mental condition, determination of the Benefit will be based on the consequences the Accident would have had, had such defects not existed. The foregoing shall not apply, however, if such circumstances are a consequence of an earlier Accident to the Insured Person, for which Benefit has been or will be paid under this Policy.
6. If the Insured Person's existing ailment, infirmity or other abnormal physical or mental condition is aggravated by an Accident, the Benefit amount will be determined by the degree of the deterioration of the existing ailment after the Accident and the Benefit will be paid accordingly. The degree of ailment, infirmity or other abnormal physical or mental condition before the Accident will be determined by medical evidence.
7. If the Insured Person dies as a result of natural causes prior to the final disability assessment relating to an Insured Event, We will pay what reasonably would have had to be paid for such Permanent Disability in accordance with 1.b) above.

EXTENSION

It is agreed that subject to the terms, conditions, provisions, limitations and exclusions of the Policy, the Policy is extended to cover the following:

Global Choices Assist – HIV Protection

We have provided the You with the Global Choices Assist – HIV Protection subject to the standard Terms, Conditions, Provisions, Terminations and Exclusions in the Global Choices Assist (Pty) Limited contract.

In the event of Accidental Exposure Global Choices Assist – HIV Protection will provide the following benefits. A full list of benefits is contained in the Global Choices Assist – HIV Protection Brochure.

- 24 hours a day, 365 days a year telephonic access to the counselling centre for information, advice and support.
- Registration for the HIV management programme, where applicable.
- If negative a 30 day starter packs of antiretroviral medication.
- 3 HIV blood tests (per incident): one immediately after the event and the second and third at 6 weeks and 3 months respectively. Should the client be HIV positive at the time of the initial blood test, no further testing will be covered.
- 3 consultations (per incident) with a specialist, either a general practitioner, trauma trained registered nurse or trauma counsellor.

Contact Number: 0861 105 830

The Call Centre is operated 24 hours a day, 365 days a year

