



Long-Term Insurance — Policy Book

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They include plain language, logical structure, a clean layout and descriptive headlines. The Mark was awarded by Plain Business Writing (Pty) Ltd.

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Introduction

Ist for Women Insurance Brokers is committed to covering you with care...and that is why we have created the Ist for Women life insurance policy!

Welcome and thank you for joining Ist for Women! We know that you are, as a woman, the one special person that everybody always relies upon in times of need. You are always the one giving joy, dividing sorrows, reaching out a hand and as a result, you're often tired and weary.

This policy book forms part of the contract between you and Ist for Women Insurance Brokers, together with your telephonic application for cover, our acceptance of your risk and all policy schedules sent to you. Aimed at getting to the point, it explains all the details of the cover you are paying for in clear, concise language.

Please read carefully through both your book and schedule. Ensure that you fully understand your cover benefits as well as any restrictions, waiting periods or exclusions that may apply.

We will assist, with pleasure, if you are unsure of anything or if amendments need to be made to your details - simply contact us and we'll sort it out for you!

Contact Details

Call our client services' division with your questions about alterations, cover, payments, products or claims on 0860 10 51 96

We are available on weekdays from 8am to 5pm (not open on Saturdays)

You may also drop us an e-mail: lifeservices@ffw.co.za

Send us a fax: 0860 10 51 97

Or visit our website: www.ffwlife.co.za

Post a letter to:
P.O. Box 11250
Johannesburg 2000

Physical address:
1 Queens Road
Richmond
2092

Explanation of Technical Wording

The words and phrases defined below are standard terms used in the life industry and appear in your policy book cover descriptions, schedule and other documents we may send you in future. Each of these has a unique meaning within your contract. To ensure your full understanding of everything in context, please go through the list below before reading the rest of your documents.

Accidental Death: A sudden and unforeseen event which occurs at an identifiable place and time; has a visible, violent and external cause and results in the death of the life assured.

Accidental Disablement: A sudden and unforeseen event which occurs at an identifiable place and time; has a visible, violent and external cause and results in the disablement of the life assured.

Annual Premium Escalation: The amount by which your premiums will automatically increase each year on the policy anniversary.

Commencement Date: The date on which cover under this contract starts.

Cooling-Off Period: The period of time during which a life assured is allowed to cancel this contract without incurring any penalties, provided that no claims have been made.

Deferment Period: The period of time that has to elapse after occurrence of an event that leads to a claim before the life assured is entitled to receive a benefit.

Ejection Fraction (EF): This is a measure of the heart's ability to pump blood.

Financial underwriting: The process during which we determine the level of cover best suited to the specific needs of our client and calculate the cost and affordability of this cover.

Hazardous Pursuits: Activities (normally of a physical nature) that increase the risk of death or disablement for the life assured.

Insurable Interest: A person has an insurable interest in the life of the life assured if the death, disablement or illness of the life assured would result in financial loss or certain other kinds of losses for him or her (the other person). Everyone is considered to have an insurable interest in their own lives as well as the lives of their spouse and dependents.

Life Assured: The person on whose life events the benefits under the policy become payable.

Material Information: Information our client must provide to enable us to assess the risk we are taking on accurately. This kind of information must be supplied before the policy commences and is used to determine our acceptance or declinature of the risk, any special conditions we may want to apply and whether there is a need for extra evaluations before we confirm cover. This could include but may not be limited to information about the life assured's medical history, lifestyle, avocations and occupation.

Policyholder: The person or institution that owns the policy and is responsible for the payment of premiums on that policy. This is usually the life assured.

Premium Guarantee Period: The length of time for which your premiums are guaranteed not to change, other than through compulsory annual premium escalations.

Premium Payment Term: The length of time for which premiums will be payable for cover.

Term Assurance: A type of life insurance which limits cover to a specified period.

Whole of Life: A life insurance benefit which provides cover throughout the entire lifetime of the life assured.

Waiting Period: This is a period of time after the policy is taken out during which premiums are payable but certain benefits cannot be claimed.

General Terms and Conditions

Contract of Insurance

In return for your payment and our receipt and acceptance of your premium we will provide insurance cover according to the terms of your policy during the period shown in your schedule. Your policy schedule highlights the specifics of your insurance cover with us and the terms and details therein are very important. Please check this document carefully and let us know should you have any concerns or queries.

Contract Duration

Cover under this contract will begin on the commencement date, as reflected in your policy schedule, provided that the first premium has been paid. The contract will remain in force until the end of the benefit term as stated in your policy schedule.

Initial Payment

In the event that 1st for Women Insurance Brokers does not receive your initial premium, for any reason whatsoever, you agree to 1st for Women:

- moving the commencement date on the policy to the following month;

- to the policy beginning on the renewed commencement date; and
- to paying the initial premium on the next deduction date.

1st for Women will be entitled to move the commencement date no more than twice. You will not be covered on your chosen commencement date; cover will only begin on the first day of the following month. We will notify you in writing should any of the above take place.

Payments

Premiums are payable monthly in advance by debit order and are payable for as long as the premium paying terms section of your policy schedule states. If the premium paying term is Whole of Life, premiums will be payable until the death of the life assured. If the cover for certain benefits ceases or if the full sum assured has already been paid out for a benefit, no further premiums shall be payable for those specific benefits.

If you have selected Basic Life cover, your premiums for the life cover will remain level for the entire duration of your contract.

Yearly increase

For cover types (other than Basic Life), premiums will remain level for the first two years. Thereafter, they will automatically be increased by 5% (five percent) a year on the anniversary of your policy.

Five-yearly adjustment

In addition to the yearly increase, every 5 (five) years Ist for Women Insurance Brokers will review premium rates across all policies and, if necessary, increase the premium rates. The first Five-yearly increase is guaranteed not to exceed 15%.

Please refer to your schedule for the escalation, guarantee and revision details applicable to your specific cover package.

If we do not receive your premiums within 30 (thirty) days after the payment date agreed on, your contract will be cancelled and no further benefits will be provided. All premiums paid before the cancellation date will be forfeited to Ist for Women and not refunded to you. Where payment dates are missed, we may elect to charge late payment penalty interest on those premiums.

Governing Law and Currency

All benefit amounts specified in your contract are in the currency of the Republic of South Africa. All amounts payable to or by us will be in South African Rand. South African law will govern this contract.

Ist for Women Insurance Brokers may change the contractual terms of your policy if any laws or legislation that affects your type of life insurance are changed.

Cancellation

You may cancel your policy during the "cooling-off" period. This is the 30 (thirty) days from the date on which

you receive your policy documents. We will assume that these would have been delivered to your postal address within seven days of the dispatch date. If you cancel your policy within the “cooling-off” period, we will, after deducting any costs specifically charged to provide cover for the period, refund the premiums you have paid. The “cooling-off” period will only apply if no benefits have been paid out to you.

Should you cancel your policy at any time other than during the “cooling-off” period; the premiums already paid to us will not be refunded as you would have enjoyed cover during that period.

If you decide to cancel your policy, we request that you do so in writing. We will stop your cover once we have received your cancellation letter. The contract will become invalid and we will not be liable for any benefits after the cancellation date.

The contract will be cancelled from our side, if any of the following happens:

- the benefit term expires
- you fail to pay your premium within the 30 (thirty) days after the agreed payment date. If the premium is not paid in full within these 30 days, the policy will end, and we will provide no further benefits
- we fully discharge all our contractual obligations
- the life assured dies

Claims

To tell us about any insurance-related event, such as a death, disability, dread disease or retrenchment, which may or may not give rise to a claim, simply call our claims division. When you call, we will ask you a series of questions including details about full circumstances surrounding the incident. We will usually be able to take down all the details telephonically.

Certain documentation will be required from you to confirm the details of the claim. We will not be able to assess a claim properly until all the necessary information has been submitted to us. Only original or certified copies of documents will be accepted. These may be delivered

to our physical address or posted to us - both addresses appear on page 4.

Note that 1st for Women will only accept a claim if:

- the definitions and requirements of the insured event have been met
- we rule that the claim is valid
- we have received and accepted all the information required
- the premiums for the policy have been paid in full
- the contract has not been cancelled

Important Claims Time Limits

It is important that we are notified of an event that may result in a claim for death benefits within 6 (six) months of its occurrence.

An event that may result in a claim for dread disease or disability benefits must be reported to us within 3 (three) months of its occurrence.

- Initial Claims Documentation must be sent to us within three months of the claim event.

- Any additional documents required in order to process the claim need to be forwarded to us within three months of us requesting them.

Note that a claim may be rejected if we do not receive notification within the prescribed time periods.

Disputed Claims

A period of 90 days is granted to make representations to us about our decision on a claim. If we repudiate a claim or a part of it and our decision is to be challenged, legal process must be served on us within 90 days after the time allowed for notification of representations on disputed claims, as referred to above.

Continuity of Cover

We may review, and where necessary, make changes to the policy terms and conditions, benefit amounts and/or premiums payable or cancel certain benefits if there is a change in one or more of the following:

Smoker Status: If the life assured starts or recommences

smoking at any stage during the contract period, we require written notification of this change within 3 (three) months. Failure to inform us timeously of starting or recommencing smoking will result in the benefit being reassessed at claims stage in line with the relevant underwriting practice at that time. This calculation will assume that the life assured was a smoker from the commencement date. This may result in a claim being reduced to an amount in keeping with the actual premiums paid to date.

Country of residence: If the life assured will, during the contract period, be outside of the borders of South Africa for longer than 60 (sixty) continuous days, we will require written notification of this prior to leaving South Africa to determine if we are able to continue the cover or terms thereof. Failure to inform us of such changes will result in the benefit being reassessed at claims stage in line with the relevant underwriting practice at that time. This may result in a claim being reduced or rejected and premiums forfeited.

Primary Occupation: 1st for Women cover excludes certain occupations from cover for disablement. Certain occupations also put you at a greater risk of death. If this cover is granted and the life assured changes his/her occupation, we will require notification of this change within 3 (three) months. If the new occupation falls into an excluded category, we may not be able to continue the cover for disability. Failure to inform 1st for Women Insurance Brokers of such a change will result in the benefit being reassessed at claims stage in line with the relevant underwriting practice at that time. This may result in a claim being reduced to an amount in keeping with the actual premiums paid to date or rejected and premiums forfeited. This calculation will assume that the life assured was in his/her changed occupation from the commencement date.

Hazardous Pursuits: If the life assured increases participation in the hazardous pursuits we are already aware of or begin to participate in other hazardous pursuits, we require written notification of this within 3 (three)

months. Failure to inform us of such changes will result in the benefit being reassessed at claims stage in line with the relevant underwriting practice at that time. This may result in a claim being reduced to an amount in keeping with the actual premiums paid to date or rejected and premiums forfeited. This calculation will assume that the life assured was participating in hazardous pursuits to this extent from the commencement date.

True and complete information, material misrepresentation or non-disclosure: We can only accurately assess and accept a risk if complete and truthful answers are supplied to us before commencement of cover. If we find that information provided to us was incorrect or certain details were withheld - at application stage or at a time when changes were made to the policy - and this information is, in our opinion, material to the assessment of the risk, we may repudiate future claims or cancel the policy. In such a case, the premiums already paid to us will not be refunded.

Fraudulent or deliberate acts: If any claim under this policy is in any respect fraudulent or it is found that fraudulent means or false information was used to benefit from the cover granted, the contract will be terminated and no claim will be admitted. No refunds will be made for premiums already paid and legal proceedings may be initiated against the defrauding party.

Examples in this policy booklet

Please note that all examples that have been provided are for illustrative purposes and DO NOT form part of the contract. Any entitlement to benefits will be determined by the terms and conditions of the contract and the details of the policy schedule.

Pure Life Cover

This pays out a lump sum in the event of the death of the life assured

This benefit forms the basis of all your cover and has to be taken to qualify for any other additional products and benefits. Depending on the level of cover you have chosen (basic or elevated), the following benefits and conditions will apply:

Basic Life

Benefit: This product will pay out a lump sum in the event of the life assured's death. The amount that will be paid out is stated on your schedule and is subject to all the conditions of this contract being met.

Product Type: This is a “level sum assured product”, which means that the amount for which the life assured's life is covered, will not decrease while the policy is active. Cover may also be increased under certain conditions.

Expiry of Cover: Cover can be taken out on Whole of Life or term assurance basis.

Waiting Period: You will not be entitled to claim under this benefit for the duration of the period indicated in your schedule from the initial date of commencement of this contract should the life assured die from natural causes. During this period only accidental death claims shall be admitted.

HIV testing: If so indicated in your policy schedule, we require a new negative HIV test on the life assured to be submitted to us within 3 (three) months of the initial commencement date of cover. Should this not be supplied within the required time frame or the test result is reactive, the life assured will automatically only be covered for accidental death and premiums will be reduced accordingly.

Additional Benefits (included automatically at no extra cost): Depending on your policy, one or more of these benefits may be added to your contract. Please refer to your policy schedule for confirmation of which benefits have been included.

- **Terminal Illness Cover:** if the life assured is diagnosed with a terminal illness and our medical officer confirms a life expectancy of no more than 12 (twelve) months, a payment of the assured amount shall be made. Thereafter, all benefits under this product will cease. This cover will not be applicable if:
 - the policy is in the last year of its cover period
 - the waiting period has not yet expired
- **Premium Waiver:** this benefit is only applicable if the policyholder is also the life assured and thus responsible for the payment of the policy's premiums. If the life assured becomes disabled and is compensated with a full and total (100%) payout of the lump sum covered by the Disablement policy, the premiums for Pure life and Dread disease cover (if applicable) will not be charged for a period of up to 5 (five) years or the remaining term of the policy, whichever is shorter. Note that:
 - this benefit is available for as long as the Disablement policy is valid, but will expire once the life assured

becomes 65 (sixty-five) years old or reaches his/her selected retirement age as stated on the schedule or the life insurance policy is no longer active, whichever occurs first

- the waiver shall commence from the first month following the month in which a full payout for the Disability benefit was made

General Exclusions: We will not pay a claim if the death of the life assured was, in our opinion, as a result of his/her own act within 2 (two) years of commencement of the policy or reinstatement of cover. If the insured amount is increased, a new 2 (two) year waiting period will apply to the increased portion, effective from the date of the increase.

Specific Exclusions: We will not pay a claim if the death of the life assured was, in our opinion, related directly or indirectly to any one of the events or conditions listed in the policy schedule under the Specific Exclusions section.

Elevated Life

Benefit: This product will pay out a lump sum in the event of the life assured's death. The amount that will be paid out is stated on your schedule and is subject to all the conditions of this contract being met.

Product Type: This is a “level sum assured product”, which means that the amount for which the life assured's life is covered, will not decrease while the policy is active. Cover may also be increased under certain conditions.

Expiry of Cover: Cover can be taken out on Whole of Life or term assurance basis.

Waiting period: You will not be entitled to claim under this benefit for the duration of the period indicated in your schedule from the initial date of commencement of this contract should the life assured die from natural causes. During this period only accidental death claims shall be admitted.

HIV testing: If so indicated in your policy schedule, we require a new negative HIV test on the life assured to be submitted to us within 3 (three) months of the initial commencement date of cover. Should this not be supplied within the required time frame or the test result is reactive, the life assured will automatically only be covered for accidental death and premiums will be reduced accordingly.

Additional Benefits (included automatically at no extra cost): Depending on your policy, one or more of these benefits may be added to your contract. Please refer to your policy schedule for confirmation of which benefits have been included.

- **Terminal Illness Cover:** if the life assured is diagnosed with a terminal illness and our medical officer confirms a life expectancy of no more than 12 (twelve) months, a payment of the assured amount shall be made. Thereafter, all benefits under this product will cease. This cover will not be applicable if:
 - the policy is in the last year of its cover period
 - the waiting period has not yet expired

- **Guaranteed Assurability:** life cover on the elevated level may be increased by 25% of the original insured amount, up to a maximum of two times (double) the amount originally insured or up to the 1st for Women life insurance maximum insurable amount at the time - whichever is the lower. This is without the need for any further medical underwriting, other than providing a new negative HIV test for the life assured.

Such an option may only be exercised every 3 (three) years on the anniversary date of the policy or after a significant event as described below:

- the marriage of the life assured
- a child being born to or legally adopted by the life assured
- the life assured's purchase of a home
- the life assured entering into a business or taking an increased interest in an existing business

If cover is increased after any of the above events, this amount will remain the same for three years and further increases will only be allowed after this period.

This benefit can only be used if you:

- have not claimed and are not in the process of claiming
- are not aware of any condition present and have not suffered any event which would entitle you to claim under your 1st for Women life insurance policy
- request the increase within 3 (three) months of the date of the event or policy anniversary
- are younger than the maximum entry age for this benefit

We may need further information about the events described above when the cover increase is requested. Financial underwriting may also be required.

The premium for the increased cover will be based on current premium rates and conditions applicable at the time of the increase.

- **Premium Waiver:** this benefit is only applicable if the policyholder is also the life assured and thus responsible for the payment of the policy's premiums. If the life assured becomes disabled and is compensated with a full and total (100%) payout of the lump sum covered by the Disablement policy, the premiums for Pure Life and Dread disease cover (if applicable) will not be charged for a period of up to 5 (five) years or the remaining term of the policy, whichever is shorter.

Note that:

- this benefit is available for as long as the Disablement policy is valid, but will expire once the life assured becomes 65 (sixty-five) years old or reaches his/her selected retirement age as stated on the schedule or the life insurance policy is no longer active, whichever occurs first.
- The waiver shall commence from the first month following the month in which a full payout for the Disability benefit was made.

General Exclusions:

We will not pay a claim if the death of the life assured was, in our opinion, as a result of his/her own act within 2 (two) years of commencement of the policy or reinstatement of cover. If the insured amount is increased, a new 2 (two) year waiting period will apply to the increased portion, effective from the date of the increase.

Specific Exclusions:

We will not pay a claim if the death of the life assured was, in our opinion, related directly or indirectly to any one of the events or conditions listed in the policy schedule under the Specific Exclusions section. The following are the ancillary benefits to your core life cover. These benefits are only available while the life assured has life cover in force with 1st for Women Insurance Brokers.

Additional Products

These are the additional benefits available with your life cover

The following are the additional benefits available to go with your Core life cover. These benefits are only available while the life assured has life cover in force with 1st for Women and may not exceed the amount of life cover in force.

Disablement

Occupation-based Disablement Benefit: This product will pay out a lump sum if:

- the life assured becomes disabled due to illness or injury and, as a result
- is totally and permanently unable to perform the normal tasks required by his/her normal occupation and
- can also not do any other work which he or she would otherwise have been suited to, given his or her education, knowledge, training and experience

The maximum benefit amount, as stated on the schedule, will remain the same until 5 (five) years before the life assured turns 65 (sixty-five) or reaches his/her selected

retirement age, whichever is the earlier. From there on, this amount will be reduced once a year until it reaches zero. The table below illustrates how this adjustment will be made on an amount of R100 000 with a retirement age of 65 (sixty-five):

Age	Amount
61	R 80 000
62	R 60 000
63	R 40 000
64	R 20 000
65	R 0

Product Type: This is a “level sum assured product” up to the five year period prior to retirement or the life assured’s 65th (sixty-fifth) birthday. It is also a stand-alone benefit and will not affect the insured amount under any other cover type.

Expiry of Cover: Cover will cease once the life assured turns 65 (sixty-five) years old, or reaches her selected retirement age as stated on the schedule or the term of cover expires - whichever is the earlier. If a claim is lodged at an earlier stage, or if the life cover policy is no longer valid, occupation-based disablement cover will also expire.

Waiting period: You will not be entitled to claim for a Disability benefit for the duration of the period indicated in your schedule from the initial date of commencement of this contract should the life assured become disabled from natural causes. During this period only Accidental disablement claims shall be admitted.

Deferment period: The lump sum will only be paid out after the period (as stated in the policy schedule) from the date of the incident has lapsed, provided that we have admitted the claim and the disablement is of the total and permanent nature described above. In some cases, a period longer than that stated in the schedule may be required to establish the permanence of the life

assured's condition - we will only make the claim decision once this has been confirmed. If the life assured dies during the deferment period, no payment will be made under the Disablement policy. In certain cases, it may be possible to establish permanence easily - we may then decide to waive this period.

HIV testing: If so indicated in your policy schedule, we require a new negative HIV test result for the life assured to be submitted to us within 3 (three) months of the initial commencement date of cover. Should this not be supplied within the required time frame or the test result is reactive, the life assured will automatically only be covered for accidental disablement and premiums will be reduced accordingly.

Additional Benefit (included automatically at no extra cost): Depending on your policy, this benefit may be added to your contract. Please refer to your policy schedule for confirmation of which benefits have been included.

- **Guaranteed Assurability:** the cover amount on this policy may be increased by 25% of the original insured amount, up to a maximum of two times (double) the amount originally insured or up to the 1st for Women life insurance maximum insurable amount at the time - whichever is the lower. This is without the need for any further medical underwriting, other than providing a new negative HIV test for the life assured. Such an option may only be exercised every 3 (three) years on the anniversary date of the policy or after a significant event as described below:
 - the marriage of the life assured
 - a child being born to or legally adopted by the life assured
 - the life assured's purchase of a home
 - the life assured entering into a business partnership or an existing business partnership showing increased interest

If cover is increased after any of the above events, this amount will remain the same for three years and further increases will only be allowed after this period.

This benefit can only be used if you:

- have not claimed and are not in the process of claiming
- are not aware of any condition present and have not suffered any event which would entitle you to claim under a 1st for Women life insurance policy
- request the increase within 3 (three) months of the date of the event or policy anniversary
- are younger than the maximum entry age for this benefit

We may need further information about the events described above when the cover increase is requested. Financial underwriting may also be required.

The premium for the increased cover will be based on current premium rates and conditions applicable at the time of the increase.

General Exclusions:

Neither the claim for disablement nor the premium waiver benefit will be paid if the life assured's condition is caused or accelerated, whether it be directly or indirectly, by

- participation in war and/or acts of war, (whether war be declared or not)
- participation in civil commotion, insurrection, riot, usurpation of power, terrorism or acts of terrorism
- radioactivity and nuclear explosions
- failure to obtain and/or follow reasonable medical advice
- the life assured willfully and materially breaking any law
- material misrepresentation or non-disclosure of information before the commencement of cover
- self-inflicted injury or illness
- excessive consumption of alcohol, intentional inhalation of fumes, intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions)

Specific Exclusions:

We will not pay the Disability claim or the Premium waiver benefit if the life assured's condition is caused or

accelerated, whether it be directly or indirectly, by any one of the events listed in the policy schedule under the Specific Exclusions section.

Event-based Disablement

Benefit and Product Type: this product pays a percentage of the level sum assured for Disablement as a result of certain kinds of injury and illness and according to the criteria as described in the tables below. Any claim that is paid out will reduce the amount available for future events. Once a cumulative amount of 100% of the total insured amount (stated in the schedule) has been paid out, no further pay-outs for this benefit will be considered and cover will cease. This is also a stand-alone product which will not affect the insured amount under any other cover type.

Injury or Illness	50% Payout	100% Payout
<p>Loss of, or loss of use of limbs: The permanent physical severance of a limb(s) from above the elbow or knee joint or the total, permanent and irreversible loss of muscle function or sensation to the whole of a limb(s).</p>	<p>One limb</p>	<p>Two limbs</p>
<p>Blindness: Total, permanent and irreversible loss of all sight.</p>	<p>Total blindness in one eye</p>	<p>Total blindness in both eyes</p>
<p>Deafness: Total, permanent and irreversible loss of all hearing.</p>	<p>Total deafness in one ear</p>	<p>Total deafness in both ears</p>
<p>Loss of Speech: Total, permanent and irreversible loss of the ability to speak.</p>	<p>None</p>	<p>Total loss</p>
<p>Permanent Confinement: The total, permanent and irreversible dependence on assistance. This is to be confirmed by a 1st for Women medical officer.</p>	<p>None</p>	<p>To bed/wheelchair</p>

Injury or Illness	50% Payout	100% Payout
<p>Major Burns: Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue covering at least the specified body surface area.</p>	<p>Full thickness burns covering at least 15% of body surface area</p>	<p>Full thickness burns covering at least 25% of body surface area</p>
<p>Major Head Trauma: A traumatic injury to the brain, caused by an external physical force, resulting in significant and permanent impairment of cognitive abilities and/or physical functioning. The diagnosis must be confirmed by a Neurologist.</p>	<p>None</p>	<p>Resulting in a severe permanent neurological deficit and the need for continual supervision</p>
<p>Spinal Debility: Total irreversible loss of muscle function or sensation to the whole of at least two limbs as a result of injury or disease. The disability must be permanent and supported by appropriate neurological evidence.</p>	<p>None</p>	<ul style="list-style-type: none"> • Paraplegia • Quadriplegia

Example

A client selects a R250 000 1st for Women Disablement policy for event-based disablement. In an accident, the client loses 1 limb. A 50% pay-out is made and the client receives R125 000. For any future claims, the remaining R 125 000 is thus available for either a 50% or 100% payout.

Expiry of Cover: Cover will cease once the life assured turns 65 (sixty-five) years old, or reaches her selected retirement age as stated on the schedule or the term of cover expires - whichever is the earlier. If a claim is lodged at an earlier stage, or if the basic life cover policy is no longer valid, event-based disablement cover will also expire.

Waiting period: You will not be entitled to claim for a disability benefit for the duration of the period indicated in your schedule from the initial date of commencement of this contract should the life assured become disabled from natural causes. During this period only Accidental disablement claims shall be admitted.

Deferment period: The lump sum will only be paid out after the period (as stated in the policy schedule) from the date of the incident has lapsed, provided that we have admitted the claim. In some cases, a period longer than that stated in the schedule may be required to establish the permanence of the life assured's condition - we will only make the claim decision once this has been confirmed. If the life assured dies during the deferment period, no payment will be made under the Disablement policy. In certain cases, it may be possible to establish permanence easily - we may then decide to waive this period.

HIV testing: If so indicated in your policy schedule, we require a new negative HIV test result for the life assured to be submitted to us within 3 (three) months of the initial commencement date of cover. Should this not be supplied within the required time frame or the test result is reactive, the life assured will automatically only be covered for Accidental disablement and premiums will be reduced accordingly.

Additional Benefit (included automatically at no extra cost): Depending on your policy, this benefit may be added to your contract. Please refer to your policy schedule for confirmation of which benefits have been included.

- **Guaranteed Assurability:** the cover amount on this policy may be increased by 25% of the original insured amount, up to a maximum of two times (double) the amount originally insured or up to the 1st for Women life insurance maximum insurable amount at the time - whichever is the lower. This is without the need for any further medical underwriting, other than providing a new negative HIV test for the life assured. Such an option may only be exercised every 3 (three) years on the anniversary date of the policy or after a significant event as described below:
 - the marriage of the life assured
 - a child being born to or legally adopted by the life assured
 - the life assured's purchase of a home
 - the life assured entering into a business partnership or an existing business partnership showing increased

interest. If cover is increased after any of the above events, this amount will remain the same for three years and further increases will only be allowed after this period.

This benefit can only be used if you:

- have not claimed and are not in the process of claiming
- are not aware of any condition present and have not suffered any event which would entitle you to claim under a 1st for Women life insurance policy
- request the increase within 3 (three) months of the date of the event or policy anniversary
- are younger than the maximum entry age for this benefit

We may need further information about the events described above when the cover increase is requested. Financial underwriting may also be required.

The premium for the increased cover will be based on current premium rates and conditions applicable at the time of the increase.

General Exclusions:

Neither the claim for disablement nor the premium waiver benefit will be paid if the life assured's condition is caused or accelerated, whether it be directly or indirectly, by

- participation in war and/or acts of war, (whether war be declared or not);
- participation in civil commotion, insurrection, riot, usurpation of power, terrorism or acts of terrorism;
- radioactivity and nuclear explosions;
- failure to obtain and/or follow reasonable medical advice;
- the life assured willfully and materially breaking any law;
- material misrepresentation or non-disclosure of information before the commencement of cover;
- self-inflicted injury or illness;
- excessive consumption of alcohol, intentional inhalation of fumes, intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions);

Specific Exclusions:

We will not pay the disability claim or the premium waiver benefit if the life assured's condition is caused or accelerated, whether it be directly or indirectly, by any one of the events listed in the policy schedule under the Specific Exclusions section.

Dread Disease

Benefit and Product Type: this product pays a percentage of the level sum assured if the life assured suffers a dread disease as defined and according to the criteria as described in the tables below. Any claim that is paid out will reduce the amount available for future claims. Once a claim for a life-impacting event has been paid, further claims for life-impacting events will only be considered if the subsequent claims are not directly related to or caused by the previous disease/s. Once a disease has been claimed for, no further claims will be considered for that specific disease, unless the condition has progressed to a life-threatening level - the remaining 75% will then be paid

out. Once a cumulative amount of 100% of the total assured amount (stated in the schedule) has been paid out, no further pay-outs for this benefit will be considered and cover will cease. This is also a stand-alone product which will not affect the insured amount under any other cover type.

Two pay-out levels apply:

- 25% pay-out on the occurrence of one of the life-impacting dread diseases as defined below
- 100% pay-out on the occurrence of one of the life-threatening dread diseases as defined below

Expiry of Cover: Cover can be taken out on a Whole of Life or term basis and will automatically expire if the life policy becomes invalid.

Survival Period: the lump-sum will only be paid if the life assured survives for at least 28 (twenty-eight) days from the date of diagnosis. If the life assured dies during this period, we will not pay any dread disease claim. This

survival period applies to all claims, regardless of whether there has been an earlier claim.

HIV testing: If so indicated in your policy schedule, we require a new negative HIV test result for the life assured to be submitted to us within 3 (three) months of the initial commencement date of cover. Should this not be supplied within the required time frame or the test result is reactive, the life assured will not be covered for any dread disease condition and premiums will be reduced accordingly.

The different diseases and their definitions and conditions under this policy are as follows:

Disease

Life-impacting
25% Payout

Life-threatening
100% Payout

Cancer:

Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. Unequivocal histological evidence of invasive malignancy must be provided.

Stage 1 or stage 2
or Diagnosis of Leukaemia

Stage 3 or stage 4
or Leukaemia that fails to
respond to treatment

Specific Exclusions:



- kaposi's sarcoma
- carcinoma in situ
- basal cell carcinoma
- squamous cell carcinoma of the skin
- cll stage 0 (very early stage chronic leukaemia)
- stage 1 hodgkin's disease
- t1n0m0 prostate cancer (very early stage prostate cancer)



Disease


Life-impacting
25% Payout

Life-threatening
100% Payout

Cardiovascular: The diagnosis under each of the conditions is to be confirmed by a cardiologist using the appropriate specialist investigations.

<p>Angioplasty: An interventional procedure to improve or restore blood flow to the narrowing (stenosis) of a coronary artery where the stenosis is at least 50% of the diameter of the vessel. Angiographic evidence to support the necessity for the above procedure must be provided.</p>	<p>(With or without stent)</p> <p></p>	
<p>Heart valve repair or replacement: Undergoing heart surgery from medical necessity to replace or repair one or more heart valves. This includes a Valvotomy, Valvuloplasty (Valvoplasty).</p>	<p></p>	

<p>Heart Attack: The death of a portion of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:</p> <ul style="list-style-type: none"> • new characteristic electrocardiographic changes of an acute myocardial infarction • the characteristic rise of cardiac enzymes, troponins or other biochemical markers; where all of the above show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition 		<p>“Severe” Heart Attack (EF < 40% measured after 30 days)</p>
<p>Coronary Artery Bypass Graft Surgery (CABG): The undergoing of open-heart surgery on the advice of a cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding balloon angioplasty, laser relief or any other procedures.</p>		

<p>Aorta graft surgery: Undergoing surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.</p>		
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Specific Exclusion:

- keyhole cardiac surgery

Disease	Life-impacting 25% Payout	Life-threatening 100% Payout
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Cerebrovascular Incident (Stroke):

<p>Any cerebrovascular incident (CVI) which has a subsequent neurological influence. There must be evidence of permanent appropriate neurological deficit consistent with the lesion as seen on a CT or MRI scan.</p>	Stroke	Stroke requiring ongoing supervision
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Specific Exclusions:





- transient ischaemic attacks
- migraine

Disease

Life-impacting
25% Payout

Life-threatening
100% Payout

Major Organ Transplant or Chronic Organ Failure: The chronic, irreversible and total failure of the organ concerned, requiring a transplant of the organ.

<p>Kidney: End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is initiated. The diagnosis to be confirmed by a nephrologist.</p>		
<p>Heart: Requiring a heart transplant. The diagnosis to be confirmed by a cardiologist.</p>		
<p>Lung: Requiring a lung/heart-lung transplant. The diagnosis is to be confirmed by a pulmonologist/cardiologist.</p>		
<p>Liver: Chronic and irreversible liver failure as confirmed by clinical and histological evidence requiring a liver transplant. The diagnosis is to be confirmed by a gastroenterologist.</p>		

Pancreas: Inflammatory disease of the pancreas characterised by fibrosis and irreversible loss of exocrine function, requiring a pancreas transplant.



Specific Exclusions:

- liver - alcohol and/or drug abuse related disease
- pancreas - alcohol and/or drug abuse related disease
- corneal transplants

Disease

**Life-impacting
25% Payout**

**Life-threatening
100% Payout**

Other Diseases of the Nervous System: Diagnosis of a specified nervous system disorder as confirmed by a specialist neurologist. The severity of the condition presenting itself must be of a level required to qualify for a payout as defined below:

Multiple Sclerosis: A definite diagnosis by a neurologist of Multiple sclerosis which satisfies all of the following criteria:

- there must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months; and
- the diagnosis must be confirmed by diagnostic techniques current at the time of the claim

Definite diagnosis of Multiple Sclerosis with two separate documented events

Progressive-form Multiple Sclerosis

<p>Parkinson s disease: A definite diagnosis by a neurologist of Parkinson’s disease which satisfies all of the following criteria:</p> <ul style="list-style-type: none"> • there must be permanent impairment of motor function, with associated tremor and rigidity of movement. • the diagnosis must be confirmed by diagnostic techniques current at the time of the claim. 	<p>Definite diagnosis of Parkinson’s disease</p>	<p>Parkinson's disease requiring continual supervision</p>
<p>Alzheimer s disease: Alzheimer’s disease is a progressive and degenerative disease. The symptoms are caused by a dementing loss of memory and concentration but there is an overall decline in all mental faculties. The diagnosis is to be confirmed by a neurologist.</p>	<p>Early-onset Alzheimer’s disease (before age 65)</p>	<p>Alzheimer’s disease requiring continual supervision</p>
<p>Benign brain tumour: A non-malignant tumour in the brain or meninges resulting in permanent deficit to the neurological system. The diagnosis is to be confirmed by a neurologist.</p>	<p>Symptomatic benign brain tumour</p>	<p>Treatment resistant benign brain tumour</p>

Motor Neuron Disease: This is a degenerative disease of unknown cause that predominantly affects the motor neurons of the central nervous system. The diagnosis is to be confirmed by a neurologist.

Diagnosis of
Motor Neuron Disease

Specific Exclusion:

- microadenomas of the pituitary gland

Disease

Life-impacting
25% Payout

Life-threatening
100% Payout

Gastrointestinal Diseases:

Ulcerative Colitis: A chronic inflammation of the large intestine, not caused by bacteria, which results in ulceration and bleeding. The diagnosis must be confirmed by a gastroenterologist or specialist physician.

Ulcerative Colitis or Crohn's Disease requiring the ongoing use of either steroids or immunomodulatory medication

Ulcerative Colitis or Crohn's Disease requiring permanent colostomy, hemicolectomy or ileostomy

Crohn's Disease: A chronic auto immune disease which can affect any part of the gastrointestinal tract. The diagnosis must be confirmed by a gastroenterologist or specialist physician.

Disease

Life-impacting
25% Payout

Life-threatening
100% Payout

Connective Tissue Diseases:

<p>Systemic Lupus Erythematosis: This is a chronic inflammatory auto immune disease, which may involve the skin, joints, kidneys, brain, heart and lungs. The unequivocal diagnosis of Systemic Lupus Erythematosis, including a positive anti-nuclear factor test, must be confirmed by a specialist physician.</p>	<p>Severe Systemic Lupus Erythematosis with single system involvement despite optimal treatment</p>	<p>Severe Systemic Lupus Erythematosis with multiple system involvement despite optimal treatment</p>
<p>Rheumatoid Arthritis: Chronic inflammatory disease in which there is musculoskeletal and systemic involvement. The diagnosis is to be confirmed by a rheumatologist.</p>	<p>Severe Rheumatoid Arthritis with single system involvement despite optimal treatment</p>	<p>Severe Rheumatoid Arthritis with multiple system involvement of the heart or lungs or Vasculitis despite optimal treatment.</p>

Exclusion:

- discoid Lupus

Disease	Life-threatening 100% Payout
<p>Advanced Aids</p>	<ul style="list-style-type: none"> • a positive HIV test result • a CD4 cell count of less than 200 <p>Including three of the following:</p> <ul style="list-style-type: none"> • weight loss of >10% body mass in less than 6 months • shingles • oral thrush • chronic diarrhoea • active pulmonary tuberculosis <p>OR one of the following:</p> <ul style="list-style-type: none"> • kaposi's Sarcoma under age 60 • pneumocystic carinii pneumonia • progressive multifocal leukoencephalopathy • extra pulmonary tuberculosis • cryptococcal Meningitis

Specific Exclusion:

- the advanced AIDS benefit is excluded unless a new negative HIV test on the life assured was required as per the policy schedule

Claims Examples:

1. A client with a R 400 000 insured amount has a minor heart attack. This is not catergorised as life-threatening and he qualifies for a 25% payout and thus receives an amount of R 100 000. He later suffers another heart attack, with a resultant ejection fraction of 35% more than 30 (thirty) days after the event. He receives the remaining R 300 000.
2. A client with a R 750 000 insured amount has an angioplasty, qualifies for a 25% payout and thus receives R 187 500. Some years later, the client is diagnosed with stage 2 colon cancer. The client qualifies for and receives 25% of R 750 000, as this is unrelated, which totals R 187 500. The cancer progresses and the client is diagnosed with stage 4 cancer 5 months later. He thus qualifies for a 100% payout and receives the remaining R 375 000. The dread disease benefit ceases with this payment.

Additional Benefits (included automatically at no extra cost): Depending on your policy, one or more of these

benefits may be added to your contract. Please refer to your policy schedule for confirmation of which benefits have been included.

- **Guaranteed Assurability:** the cover amount on this policy may be increased by 25% of the original insured amount, up to a maximum of two times (double) the amount originally insured or up to the 1st for Women life insurance maximum insurable amount at the time - whichever is the lower. This is without the need for any further medical underwriting, other than providing a new negative HIV test for the life assured. Such an option may only be exercised every 3 (three) years on the anniversary date of the policy or after a significant event as described below:
 - the marriage of the life assured
 - a child being born to or legally adopted by the life assured
 - the life assured's purchase of a home
 - the life assured entering into a business partnership or an existing business partnership showing increased interest

If cover is increased after any of the above events, this amount will remain the same for three years and further increases will only be allowed after this period.

This benefit can only be used if you:

- have not claimed and are not in the process of claiming
- are not aware of any condition present and have not suffered any event which would entitle you to claim under a 1st for Women life insurance policy
- request the increase within 3 (three) months of the date of the event or policy anniversary
- are younger than the maximum entry age for this benefit

We may need further information about the events described above when the cover increase is requested. Financial underwriting may also be required.

The premium for the increased cover will be based on current premium rates and conditions applicable at the time of the increase.

- **Premium Waiver:** this benefit is only applicable if the policyholder is also the life assured and thus responsible for the payment of the policy's premiums. If the life assured becomes disabled and is compensated with a full and total (100%) payout of the lump sum covered by the Disablement policy, the premiums for Pure life and Dread disease cover (if applicable) will not be charged for a period of up to 5 (five) years or the remaining term of the policy, whichever is shorter. Note that:
 - this benefit is available for as long as the Dread Disablement policy is valid, but will expire once the life assured becomes 65 (sixty-five) years old or reaches her selected retirement age as stated on the schedule or the life insurance policy is no longer active, whichever occurs first
 - the waiver shall commence from the first month following the month in which a full payout for the disability benefit was made

General Exclusions:

We will not pay the claim amount if the life assured's claim arises or is accelerated directly or indirectly by:

- radioactivity and nuclear explosions
- material misrepresentation or non-disclosure of information before the commencement of cover
- excessive consumption of alcohol, intentional inhalation of fumes, intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions)

Specific Exclusions:

We will not pay the claimed amount if the dread disease that the life assured suffers from arises or is accelerated directly or indirectly by any one of the events listed in the policy schedule under the Specific Exclusions section.

Credit Life

This pays off outstanding amounts on specified credit agreements

Life Cover

Claim event: The life assured's death.

Type of Cover: This is a decreasing sum assured product, meaning the amount the life assured is covered for, will decrease in line with the capital repayments made under the loan while the policy is in force.

Expiry of Cover: Cover is granted for the remaining period over which a capital debt is due under the finance agreement or for the contract term or until a benefit is paid out in respect of death, disability or dread disease cover, whichever is earlier.

Amount of Cover: This benefit will pay an amount equivalent to the capital outstanding at the date of the claim event less any loan repayments in arrears, subject to the conditions of this policy contract.

HIV testing: If so indicated in your policy schedule, we require a new negative HIV test on the life assured to be submitted to us within 3 (three) months of the initial

commencement date of cover. Should this not be supplied within the required time frame or the test result is reactive, the life assured will automatically only be covered for accidental death and premiums will be reduced accordingly.

General Exclusions: We will not pay the claim amount if the death of the life assured was, in our opinion, as a result of her own act within 2 (two) years of commencement of the policy or reinstatement of cover. Should the benefit amount have been increased, a new 2 (two) year period will apply to the increased portion, from the date of the increase.

Specific Exclusions: We will not pay the claim amount if the death of the life assured was, in our opinion, related directly or indirectly to any one of the events or conditions listed in the policy schedule under the Specific Exclusions section.

The credit life policy provides a package of benefits including disablement, dread disease and retrenchment benefits. These benefits are explained below.

Disablement Cover

Claim event: Disability resulting from either injury or illness to such an extent that the life assured is totally and permanently unable to engage in the normal duties of his/her normal occupation or any other occupation for which he/she is reasonably suited by virtue of his/her education, knowledge, training and experience.

Type of Cover: This is a decreasing sum assured product, meaning the amount the life assured is covered for, will decrease in line with the capital repayments made under the loan while the policy is in force.

Expiry of Cover: Cover is granted for the remaining period over which a capital debt is due under the finance agreement or for the contract term, or until the life assured attains age 65 or until a benefit is paid out in respect of death, disability or dread disease cover, whichever is earlier.

Amount of Cover: This benefit will pay an amount equivalent to the capital outstanding at the date of the claim event less any loan repayments in arrears, subject to the conditions of this policy contract.

HIV testing: If so indicated in your policy schedule, we require a new negative HIV test result for the life assured to be submitted to us within 3 (three) months of the initial commencement date of cover. Should this not be supplied within the required time frame or the test result is reactive, the life assured will automatically only be covered for accidental disability and premiums will be reduced accordingly.

Deferment Period: The lump sum will only be paid out after the period (as stated in the policy schedule) from the date of the incident has elapsed, provided that we have admitted the claim and the disablement is of the total and permanent nature described above. In some cases, a period longer than that stated in the schedule may be required to establish the permanence of the life

assured's condition - we will only make the claim decision once this has been confirmed. If the life assured dies during the deferment period, no payment will be made under the Disablement policy. In certain cases, it may be possible to establish permanence easily - we may then decide to waive this period.

Disability Cover General Exclusions: We will not pay the disability claim amount if the life assured's disability arises from or is accelerated directly or indirectly by any of the following:

- participation in war and/or acts of war, (whether war be declared or not)
- participation in civil commotion, insurrection, riot, usurpation of power, terrorism or acts of terrorism
- radioactivity and nuclear explosions
- failure to obtain and/or follow reasonable medical advice
- wilful and material breaking of any law by the life assured
- failure to disclose or to fully disclose or to misrepresent information at application

- self-inflicted injury or illness
- excessive consumption of alcohol, intentional inhalation of fumes, intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used as described)

Disablement Cover Specific Exclusions: We will not pay the disability claim amount if the disability of the life assured arises or is accelerated directly or indirectly by any one of the events listed in the policy schedule under the Specific Exclusions section.

Dread Disease Cover

Claim event: This benefit pays out a lump sum in the event of the life assured experiencing an event as defined below.

The benefit offers a single payout level:

- occurrence of one of the life-threatening (as defined by 1st for Women Insurance Brokers) dread diseases

The different conditions and events covered are listed below, with the definitions and qualification criteria for each expanded upon thereafter:

- cancer
- cardiovascular
- cerebrovascular incident (stroke)
- major organ transplant or chronic organ failure
- other diseases of the nervous system
- gastrointestinal diseases
- connective tissue diseases
- advanced AIDS

Cancer: Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. Unequivocal histological evidence of invasive malignancy must be provided.

Payout Criterion: The conditions included under the Cancer Cover and the criteria needed to qualify for the payout are listed below:

Criteria for Payout

- stage 3 or
- stage 4 or
- leukaemia that fails to respond to treatment

Specific Exclusions:

- kaposi's sarcoma
- carcinoma in situ
- basal cell carcinoma
- squamous cell carcinoma of the skin
- cll stage 0 (very early stage chronic leukaemia)
- stage I hodgkin's disease
- t1n0m0 prostate cancer (very early stage prostate cancer)

Cardiovascular:

The diagnosis under each of the conditions is to be confirmed by a cardiologist using the appropriate specialist investigations.

Heart Attack: The death of a portion of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- new characteristic electrocardiographic changes of an acute myocardial infarction
- the characteristic rise of cardiac enzymes, troponins or other biochemical markers where all of the above show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition

Coronary Artery Bypass Graft Surgery (CABG): The undergoing of open-heart surgery on the advice of a cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding balloon angioplasty, laser relief or any other procedures.

Aorta graft surgery: Undergoing surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Criteria for Payout

- CABG
- aorta graft surgery
- “severe” heart attack (ef < 40% measured after 30 days)

Specific Exclusions:

- Keyhole cardiac surgery

Cerebrovascular Incident (Stroke):

Any cerebrovascular incident (CVI) which has a subsequent neurological influence. There must be evidence of permanent appropriate neurological deficit consistent with the lesion as seen on a CT or MRI scan.

Criteria for Payout

- stroke requiring ongoing supervision.

Specific Exclusions:

- transient ischaemic attacks
- migraine

Major Organ Transplant or Chronic Organ Failure:

The chronic, irreversible and total failure of the organ concerned, requiring a transplantation of the organ.

Kidney: End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which, either regular renal dialysis or renal transplant is initiated. The diagnosis to be confirmed by a nephrologist.

Heart: Requiring a heart transplant. The diagnosis to be confirmed by a cardiologist.

Lung: Requiring a lung/heart-lung transplant. The diagnosis is to be confirmed by a pulmonologist/cardiologist.

Liver: Chronic and irreversible liver failure as confirmed by clinical and histological evidence requiring a liver transplant. The diagnosis is to be confirmed by a gastroenterologist.

Pancreas: Inflammatory disease of the pancreas characterised by fibrosis and irreversible loss of exocrine function, requiring a pancreas transplantation.

Criteria for Payout

- kidney
- heart
- lung
- liver
- pancreas

Specific Exclusions:

- liver - Alcohol and/or drug abuse related disease
- pancreas - Alcohol and/or drug abuse related disease
- corneal transplants

Other Diseases of the Nervous System: Diagnosis of a specified nervous system disorder as confirmed by a specialist neurologist. The severity of the condition presenting itself must be of a level required to qualify for a payout as defined below:

Multiple Sclerosis: A definite diagnosis by a neurologist of multiple sclerosis which satisfies all of the following criteria:

- there must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months; and
- the diagnosis must be confirmed by diagnostic techniques current at the time of the claim

Parkinson s disease: A definite diagnosis by a neurologist of Parkinson's disease which satisfies all of the following criteria:

- there must be permanent impairment of motor function, with associated tremor and rigidity of movement
- the diagnosis must be confirmed by diagnostic techniques current at the time of the claim

Alzheimer s disease: Alzheimer's disease is a progressive and degenerative disease. The symptoms are caused by a dementing loss of memory and concentration but there is an overall decline in all mental faculties. The diagnosis is to be confirmed by a neurologist.

Benign brain tumour: A non-malignant tumour in the brain or meninges resulting in permanent deficit to the neurological system. The diagnosis is to be confirmed by a neurologist.

Motor Neuron Disease: This is a degenerative disease of unknown cause that predominantly affects the motor neurons of the central nervous system. The diagnosis is to be confirmed by a neurologist.

Criteria for Payout

- progressive-form multiple sclerosis
- parkinson's disease requiring continual supervision
- alzheimer's disease requiring continual supervision
- treatment resistant benign brain tumour
- diagnosis of Motor Neuron Disease

Specific Exclusions:

- microadenomas of the pituitary gland

Gastrointestinal Diseases:

Ulcerative Colitis: A chronic inflammation of the large intestine, not caused by bacteria, which results in ulceration and bleeding. The diagnosis must be confirmed by a gastroenterologist or specialist physician.

Crohn's Disease: A chronic auto immune disease which can affect any part of the gastrointestinal tract. The diagnosis must be confirmed by a gastroenterologist or specialist physician.

Criteria for Payout

Ulcerative Colitis or Crohn's Disease requiring permanent colostomy, hemicolectomy or ileostomy.

Connective Tissue Diseases:

Systemic Lupus Erythematosus: This is a chronic inflammatory auto immune disease, which may involve the skin, joints, kidneys, brain, heart and lungs.

The unequivocal diagnosis of Systemic Lupus Erythematosus, including a positive anti-nuclear factor test, must be confirmed by a specialist physician.

Rheumatoid Arthritis: Chronic inflammatory disease in which there is musculoskeletal and systemic involvement. The diagnosis is to be confirmed by a rheumatologist

Criteria for Payout

- severe Systemic Lupus Erythematosus with multiple system involvement despite optimal treatment
- severe Rheumatoid Arthritis with multiple system involvement of the heart or lungs or Vasculitis despite optimal treatment

Specific Exclusions:

- discoid lupus

Advanced AIDS:

Criteria for Payout

- a positive HIV test result
- a CD4 cell count of less than 200

Including three of the following:

- weight loss of >10% body mass in less than 6 months
- shingles
- oral thrush
- chronic diarrhoea
- active pulmonary tuberculosis

OR one of the following:

- kaposi Sarcoma under age 60
- pneumocystic carinii pneumonia
- progressive multifocal leukoencephalopathy
- extra pulmonary tuberculosis
- cryptococcal Meningitis

Specific Exclusions:

- the Advanced AIDS benefit is excluded unless a new negative HIV test on the life assured was required as per the policy schedule.

Type of Cover: This is a decreasing sum assured product, meaning the amount the life assured is covered for, will decrease in line with the capital repayments made under the loan while the policy is in force.

Expiry of Cover: Cover is granted for the remaining period over which a capital debt is due under the finance agreement or for the contract term, or until a benefit is paid out in respect of death, disability or dread disease cover, whichever is earlier.

HIV testing: If so indicated in your policy schedule, we require a new negative HIV test result for the life assured to be submitted to us within 3 (three) months of the initial commencement date of cover. Should this not be supplied within the required time frame or the test result is reactive, the life assured will not be covered for any dread disease condition and premiums will be reduced accordingly.

Amount of Cover: This benefit will pay an amount equivalent to the capital outstanding at the date of the

claim event less any loan repayments in arrears, subject to the conditions of this policy contract.

Survival Period: You will receive the lump-sum claim entitlement only after the life assured has survived for at least 28 (twenty-eight) days from the date of diagnosis. Should the life assured die during this period, we will not pay any dread disease claim.

General Exclusions:

We will not pay the claim amount if the life assured's claim arises or is accelerated directly or indirectly by any of the following:

- radioactivity and nuclear explosions
- failure to disclose, or to fully disclose, information material to the assessment of the risk
- excessive consumption of alcohol, intentional inhalation of fumes, intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used as described)

Specific Exclusions:

We will not pay the claim amount if the event leading to the dread disease of the life assured arises or is accelerated directly or indirectly by any one of the events listed in the policy schedule under the Specific Exclusions section.

Retrenchment Cover

Claim event: The termination of the life assured's employment by their employer due to adverse business conditions, introduction of new technology or the reorganisation of the business, resulting in staff reductions.

Type of Cover: A regular series of amounts are paid in respect of your monthly loan repayments.

Expiry of Cover: Cover is granted for the remaining period over which a capital debt is due under the finance agreement or for the contract term or until a benefit is paid out in respect of death, disability or dread disease cover, whichever is earlier.

Amount of Cover: This benefit will pay a monthly benefit equivalent to the monthly repayment due under the finance agreement. The number of payments is as specified in your policy schedule. The maximum monthly benefit is limited to R 20 000 (twenty thousand rand).

Waiting period: If you take out a life insurance policy with the option of being paid out for retrenchment, please note that there is a 90 day waiting period before you can claim for this benefit.

Deferment period: You will receive the monthly benefit only after the life assured has been unemployed, as a result of retrenchment, for a continuous period of at least the period indicated in your policy schedule from the date of the claim event, and we have admitted the claim. Should the life assured die during this period, we will not pay any retrenchment claim. This period may be waived at 1st for Women Insurance Broker's discretion.

General Exclusions:

No benefits are payable:

- if the life assured is self-employed or an employee of a family-owned business and is a member of that family
- after the expiry of cover
- in respect of retrenchment occurring due to resignation or the acceptance of voluntary retrenchment; the expiry of a non-renewable fixed term contract or a contract of temporary or casual nature; any form of retirement or fair dismissal in terms of the life assured's contract of employment
- if the claim is as a result of pregnancy, childbirth or abortion
- if the life assured was aware that she was to be retrenched prior to the date that the cover came into force
- if the life assured loses her job due to fraud, dishonesty or any illegal conduct on their part

- if the life assured's loss of employment is directly or indirectly due to any sickness, disease, injury or medical condition
- in respect of retrenchment as a result of the life assured's participation in any strike action, labour disturbance, unrest, political activity, civil commotion, public disorder or riot
- if the claim has arisen from any exclusions relating to death, disability or dread disease
- where it is considered by 1st for Women Insurance Brokers that the life assured was not employed full-time prior to this event
- unless the insured was permanently employed for a continuous period of 12 months prior to retrenchment

Specific Exclusions:

We will not pay the claim amount if the retrenchment of the life assured was, in our opinion, related directly or indirectly to any one of the events or conditions listed in the policy schedule under the Specific Exclusions section.

