Premium Hospital Cash Back Plan

Master Contract No. 0088 - 2

Clientèle Life Assurance Company Limited (The Company) will provide the stated Benefits in terms of this Policy, subject to the general conditions below.

This Policy is issued on the basis that the statements and information provided in the application process and all declarations made in respect thereof are true and correct and constitute a full disclosure of all facts and circumstances likely to materially affect the assessment of the risk at the time of the issue (or Reinstatement) of the Policy.

The Insured Person is obliged to notify The Company should any of the information disclosed, recorded and reflected in the Declaration of Health included in this Policy document, be incorrect or have changed before Commencement of the Policy.

SCOPE OF INSURANCE:

The Company will pay the Insured Person the Benefits shown in the Personal Policy Schedule, if during the Currency of this Policy, an Insured Person suffers Illness or Bodily Injury which results in hospitalisation, provided:

- Hospitalisation occurs within 30 days of the Illness or Injury;
- The Illness or Injury falls within the Policy Terms and Conditions included herein.

BENEFITS:

Daily Cash Benefit

The Company will pay the Daily Cash Benefit, less any outstanding Premiums and applicable Administration Fee, from the third consecutive day of hospitalisation due to Illness or Bodily Injury (benefits calculated from day 1), subject to the Waiting Periods outlined in this document. Re-hospitalisation within 10 days due to the same cause counts as the same event. The Benefit in respect of children younger than 4 years will be paid at 50% of the normal Daily Cash Benefit.

Accidental Death Benefit

The Company will pay the Accidental Death Benefit Amount shown in the Policy Schedule, less any outstanding Premiums and applicable Administration Fee if, during the Currency of this Benefit, an Insured Person suffers accidental Bodily Injury which results in death within 12 months of the date of the Accident.

No Waiting Period from the Commencement or Reinstatement Date (whichever occurred last) is applicable for the Accidental Death Benefit and Cover commences upon receipt of the first Premium.

The Accidental Death Benefit will be reduced to 50% from age 76 and Cover will cease on the Policy Anniversary of the Insured Person's 80th birthday.

The Accidental Death Benefit excludes all children covered on this Plan.

Accidental Disability Benefit

The Company will pay the Accidental Disability Benefit Amount shown in the Policy Schedule, less any outstanding Premiums and applicable Administration Fee if, during the Currency of this Benefit, an Insured Person suffers accidental Bodily Injury which results in Total and Permanent Disability within 12 months of the date of the Accident. There will be no double payment on death if resultant from the same incident as Accidental Disability.

Permanency of the condition will be determined 6 months after the disability occurs and may be subject to medical verification.

No Waiting Period from the Commencement or Reinstatement Date (whichever occurred last) is applicable for the Accidental Disability Benefit and Cover commences upon receipt of the first Premium.

The Accidental Disability Benefit is only payable once per Insured Person during the duration of the Policy and Cover will cease on the Insured Person's 75th birthday.

The Accidental Disability Benefit excludes all children covered on this Plan.

Maternity Benefit

Hospitalisation pertaining to Maternity will be covered from the third consecutive day of hospitalisation (at the Daily Benefit and Conditions outlined in this document, and calculated from day 1). This Benefit comes into effect after the Policy has been in force for 12 months and 12 Premiums have been paid. A maximum of 7 days hospitalisation per year will be covered on the Plan under the Maternity Benefit. Limited to 3 days hospitalisation in the event of the birth of a Child and an additional 4 days in the event of any pregnancy related complications. A maximum of 3 Maternity claims can be made during the life of the Policy. The Maternity Benefit is only applicable to the Main Insured Person or the Spouse and excludes any children covered on this Plan. All other Policy Exclusions apply to this Benefit.

Intensive Care Unit (ICU) Benefit

The Company will pay an additional 50% of the Daily Cash Benefit for each day an Insured Person obtains care in an Intensive Care Unit, from the third consecutive day of hospitalisation (benefits calculated from day 1). The Benefit is limited to a maximum of 30 days (consecutive or non-consecutive) Cover per 12 month period.

Cash Back Benefit

The Policy Owner shall qualify for the Cash Back Benefit (calculated below) provided that 60 Premiums have been paid and a minimum of 60 months have passed since the Commencement or Reinstatement Date of the Policy or the last Cash Back payment.

Premiums Paid	Benefit Payable
60	First 6 months' Main Policy Premiums paid.
120	Main Policy Premiums paid in the 6 months starting from the 61st Premium.
180	Main Policy Premiums paid in the 6 months starting from the 121st Premium.
Continues for every 60 Premiums paid.	

This Benefit will only pay out after every 60 monthly Premiums received by The Company and will continue to be paid for the Currency of the Policy. The Cash Back Benefit amount will increase by 50% if no claim (hospital or other) was paid during that Cash Back Period.

If the Policy lapses and is Reinstated then the Cash Back Period will recommence from the Reinstatement Date.

Dread Disease Benefit
The Company will pay the Dread Disease Benefit Amount shown in the Policy Schedule, less any outstanding Premiums and applicable Administration Fee if, during the Currency of this Policy, the Insured Person is diagnosed with a Dread Disease and no other claim for the same cause exists against any other Benefit and provided that death does not occur within the Survival Period. If the Insured Person dies within the Survival Period, the Benefit will cease and will not be paid.

This Benefit will be paid once per Insured Person and Cover will cease on the Policy Anniversary of the Insured Person's 60th birthday.

DREAD DISEASE BENEFIT DISCLOSURE GRID AS MEASURED AGAINST THE CRITICAL ILLNESS DEFINITIONS LAID DOWN BY ASISA
The Company will honour claims according to the ASISA (Association for Savings and Investments South Africa) critical illness definitions, for at least one severity level of each of the three core diseases that are covered under this Policy.

The Disclosure Grid indicates the percentage payouts according to the SCIDEP (Standard Critical Illness Definitions Project of ASISA) definitions mapped against the Premium Hospital Cash Back Plan. In summary, this Policy covers 100% for severity levels A (most severe), B (moderate impairment) and C (mild impairment). For severity level D (almost full recovery) 0% will be covered for a Heart Attack and 100% will be covered for stroke and cancer.

The master Critical Illness Definition document from ASISA is kept on file at The Company and a copy may be requested (in writing) at any time by the Insured Person. This document is also available on www.clientele.co.za.

Disclosure Grid
Notwithstanding the Grid as furnished by ASISA, Clientèle Life will also cover the following conditions at the 100% level: renal failure and major organ transplant.

Event	A Most severe	B Moderate impairment	C Mild impairment	D Almost full recovery
Heart Attack	100%	100%	100%	0%
Stroke	100%	100%	100%	100%
Cancer	100%	100%	100%	100%
Coronary Artery Bypass Graft	0%	0%	0%	0%

DEFINITIONS:
Accident means a sudden and unexpected event which is caused solely and directly by violent, external, physical and visible means, independently of any other cause and during the Currency of the Plan.

Administration Fee refers to a percentage deduction from the Benefit which covers the claims administration costs. This percentage deduction may change from time-to-time.

Application Date means the date on which this Policy was recorded by Clientèle Life.

Beneficiary means the person(s) entitled to the proceeds of the death Benefits. Refer to the Terms and Conditions for a detailed explanation of nominated Beneficiary(ies).

Bodily Injury/Injury means an external, visible Injury, as a result of an Accident, confirmed by clinical examination and appropriate testing, and excludes the following:
- Any event that is traceable to psychiatric trauma and the Insured Person's state of mental or physical health prior to or after the event that gives rise to a claim;
- Visible and non-visible soft tissue injuries excluding clinically confirmed ligament and tendon damage that requires surgical intervention.

Child means an unmarried dependent Child, step-child, illegitimate Child, adopted Child (legally or by custom) or grandchild (whose parents are both deceased) of the Insured Person. A dependent Child that has attained the age of 18 years shall no longer be covered under this Policy, unless enrolled as a full time student at a registered tertiary institution until a maximum age of 21 or is, or becomes, dependent on the Insured Person by reason of mental or physical incapacity during the Currency of the Policy. Proof of dependency may be requested by The Company at claims stage.

Commencement Date means the first day of the month during which the first Premium is paid.

Currency means the period from the Commencement or Reinstatement Date (whichever occurred last) whilst due Premiums are paid.

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

Dread Disease shall mean that the Insured Person is diagnosed for the first time 6 months and 6 paid Premiums after the Commencement or Reinstatement Date (and survives the Survival Period) with any one of the following:

Heart Attack – being the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis shall be based on the following 3 criteria:
- A history of typical central chest pain;
- New ECG changes diagnostic of myocardial infarction;
- Diagnostic rise in cardiac enzyme markers with CK-MB of twice the upper limit of normal, or Troponin T in excess of 1.0 ng/ml.

Stroke – any cerebrovascular incident producing an abrupt onset of neurological consequence lasting more than 24 hours, including infarction and ischaemia of the brain tissue, hemorrhage or embolisation from an extracranial source. Evidence of permanent neurological deficit must be produced at the earliest 6 weeks after the event and no claims can be admitted earlier.
The following are specifically excluded:
- Transient ischaemic attacks;
- Cerebral symptoms due to migraine;
- Cerebral injury resulting from trauma or hypoxia; and
- Ischaemic vascular disease affecting the eye, optic nerve, or vestibular system.

Cancer – a disease including breast cancer in situ manifested by the presence of a malignant tumour positively diagnosed with histological confirmation characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. The following are specifically excluded:

- All skin cancers, other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of the skin).
- Any other cancer-in-situ, as well as pre-cancerous conditions CIN 1, CIN 2 and CIN 3 of the cervix;
- Tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- Any Pre-Existing cancers prior to the Commencement or Reinstatement Date (whichever occurred last) of this Benefit.

Renal Failure – end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted.

Major Organ Transplant – the human to human organ transplant from a donor to the Insured Person of one or more of the following organs: heart, lung, liver, pancreas, small bowel, kidney or bone marrow.

Hospital is defined as an institution which:

- is licensed in accordance with the applicable laws of the jurisdiction of the Republic of South Africa;
- is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of injured or sick persons;
- has staff of one or more qualified Physicians available at all times;
- has 24 hour day nursing services by registered graduate nurses under the permanent supervision of the Physician in charge;
- maintains in-patient facilities;
- maintains a daily medical record for each of its patients;
- does not include any institution which is primarily a rest or convalescent facility, rehabilitation wards or centres or a step-down facility, a place for custodial care, hospices, a facility for the aged or alcoholics or drug addicts or for the treatment of psychiatric or mental disorders, or a nursing home, even if it is registered as a Hospital or clinic.

Illness means sickness or disease contracted and commencing during the Currency of the Policy.

Insured Person means the person(s) named as such in the Policy Schedule who is/are a resident(s) of the Republic of South Africa (RSA) residing in the RSA and in possession of a valid RSA identity document.

Main Policy Premium means the regular monthly contractual payment made by a Policy Owner in return for an undertaking by The Company to provide Policy Benefits as specified in the Policy Documents. This specifically excludes the Premium covering any Additional Benefits.

Physician means a medical practitioner duly qualified, registered, licensed and practicing within the scope of his/her license pursuant to the laws of South Africa. Physician shall not include the Insured Person whose hospitalisation is the basis of a claim hereunder, or a relative by blood or marriage of such Insured Person unless approved by The Company.

Policy Owner shall be the person named as such in the Policy Schedule and is the payer of the Policy unless The Company is advised otherwise in writing.

Pre-Existing Medical Condition means Illness or Bodily Injury sustained or contracted by an Insured Person for which he or she has or should reasonably have received relevant medical treatment or advice by a Physician, prior to such an Insured Person's initial Commencement or Reinstatement Date (whichever occurred last) under this Policy. This includes, but is not limited to, any physical or mental defect, disease, infirmity or condition which existed prior to the initial Commencement or Reinstatement Date of this Policy (whichever occurred last).

Pre-Existing Medical Conditions will, however, be covered in full after the first 24 Premiums have been paid from the Commencement or Reinstatement Date. Pre-existing conditions will not be covered on the Accidental Disability, Accidental Death and Dread Disease Benefits.

Spouse means the person married (whether by civil, customary, tribal or religious union) to the Insured Person and named as such in the Policy Schedule. Cover is limited to 1 nominated Spouse where a person has more than 1.

Survival Period means a period of 14 days which the Insured Person survives without the use of life support after being diagnosed with a Dread Disease.

Total and Permanent Disability means disability, where an Insured Person is unable to carry out the functions of any occupation or an Insured Person who suffered total and permanent loss of one of the following: sight in both eyes; ability to speak; loss of use of a combination of any 2 limbs (hand, foot, leg, arm) provided that they are not part of the same limb; loss of use of both feet (ankle or below); or both legs (above the knee, including the knee and below); loss of the use of both hands (below the wrist); or both arms (above the elbow, including the elbow and below).

WAITING PERIODS:

No claims as a consequence of Illness will be considered during the Waiting Period. Only claims as a direct consequence of an Accident will be considered during the Waiting Period.

The following Waiting Periods will apply on the Policy:

- Hospitalisation due to Illness: 6 months after Commencement Date and 6 paid Premiums.
- Children: 6 months Waiting Period and 6 paid Premiums on both accidental and illness hospitalisation for children younger than 1 year. Children over 1 year will be covered immediately for accidental hospitalisation and a 6 month Waiting Period for hospitalisation due to Illness will apply. For children added to the Policy after Commencement the Waiting Period applies from the date the child(ren) is (are) added.
- Maternity Benefit: 12 months after Commencement Date and 12 paid Premiums.
- Once a claims payment in respect of 180 days has been paid on the Plan a new 6 month Waiting Period will commence for hospitalisation due to Illness only. Hospitalisation due to an Accident will be covered

irrespective of the number of admissions claimed against. 180 days do not have to be consecutive days.

- A maximum of 540 days will be covered in total on this Policy at which point the entire Policy and related Benefits will become inactive.
- Pre-Existing Medical Conditions are covered after the first 24 months and 24 Premiums are paid from the Date of Commencement or Reinstatement of the Plan. Pre-existing conditions are excluded on the Accidental Disability Benefit.
- Once a Policy has been Reinstated, all the Waiting Periods will commence again from the Date of Reinstatement.

EXCLUSIONS ON HOSPITALISATION, ACCIDENTAL DEATH AND ACCIDENTAL DISABILITY BENEFITS:

The Company will not be liable in respect of any claim for Bodily Injury, Illness, Accidental Death or Accidental Disability which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with or resulting from any of the following:

- War, invasion by a foreign country, acts of foreign enemies, hostilities (whether war is declared or not), civil war, labour disturbances, active participation in strikes or the activities of locked-out workers, rebellion, revolution insurrection or military or usurped power, or the Insured Person engaging in military duty or military exercises with any armed force of any country or international authority will not be covered.
- Intentionally self-inflicted injury or attempted suicide, while sane or insane, will not be covered.
- Engaging in (or practicing for or taking part in training peculiar to) underwater activities necessitating the use of artificial breathing apparatus, climbing or mountaineering necessitating the use of ropes or guides, potholing, parachuting, hang-gliding, winter sports involving snow and ice, professional sports or racing other than on foot will not be covered.
- Engaging in aviation, other than as a fare-paying passenger in a fixed-wing aircraft provided and operated by an airline or air charter company which is duly licensed for the regular transportation of fare-paying passengers, or in a helicopter provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers provided such helicopter is operating only between established commercial airports and/or licensed commercial heliports, will not be covered.
- The actions of any Insured Person contrary to the law, criminal or other acts of the law, will not be covered.
- Driving a motor vehicle while the blood alcohol level of the Insured Person is higher than that permitted by law, irrespective of whether such action causes an accident or not, will not be covered.
- Confinement for routine physical or any other examination will not be covered.
- Hospitalisation where there are no objective indications or impairment in normal health will not be covered.
- Pre-Existing Medical Conditions as defined herein during the first 24 months from the Date of Commencement or Reinstatement of the Plan will not be covered. Pre-Existing Medical Conditions will not be covered under the Accidental Death and Accidental Disability Benefits.
- Illegal acts of the Insured Person(s) or the Insured Person(s)' personal representatives will not be covered.
- The Insured Person having taken a drug, unless it is proved that the drug was taken in accordance with proper medical prescription and not for the treatment of a drug addiction, will not be covered.
- Any psychological or psychiatric disease or disorder including depression and Post Traumatic Stress Disorder will not be covered.
- Confinement in an establishment which is not a Hospital, as defined herein, will not result in a valid claim and will not be covered.
- Operations, treatments and examinations for obesity, cosmetic purposes or of the Insured Person's own choosing which has no connection with any Illness, will not be covered.
- Treatment of infertility or the artificial insemination of a person, as defined in the Human Tissues Act, 1983 (Act 65 of 1983), or any amendment thereto or replacement thereof, will not be covered.
- Hospitalisation or disability as a consequence of breast reduction or enlargement operations and/or treatment of cystic fibrosis will not be covered.
- Dental conditions and treatment will not be covered.
- Any hospitalisation not recommended by a qualified Physician will not be covered.
- Any hospitalisation undertaken in nature, cure clinics or hydros or during periods of quarantine will not be covered.
- Hospitalisation due to cosmetic or plastic surgery except in the case of bodily reconstruction after Injury will not be covered.
- Alcohol or drug dependence syndrome including treatment of any medical condition which, in the opinion of The Company's consulting Physician, is considered to be either an underlying cause of, or directly attributable to, alcohol or drug dependence syndrome, will not be covered.
- Hospitalisation for the investigation of pain or pain-related conditions and the treatment thereof, which in this context includes bed rest, traction, physiotherapy, spinal blocks, medication or intravenous medication will not be covered.
- Any event traceable to psychiatric trauma and the Insured Person's state of mental or physical health prior to or after the event that gives rise to a claim will not be covered.
- Visible and non-visible soft tissue injuries excluding clinically confirmed ligament and tendon damage that requires surgical intervention will not be covered.

EXCLUSIONS ON THE DREAD DISEASE BENEFIT:

- No payments shall be made under the Dread Disease Benefit in respect of any claim if the cause of such a claim is directly or indirectly attributable to any Pre-Existing Medical Condition, mental or physical condition, disease, Illness or infirmity that existed prior to the Commencement or Reinstatement Date of this Policy (whichever occurred last), including infection from any Human Immunodeficiency Virus (HIV) or AIDS Related Complex (ARC).
- Dread Disease as a consequence of the actions of the Insured Person contrary to the law, criminal or otherwise, will not be covered.
- Dread Disease as a consequence of the use of nuclear, biological or chemical weapons or any radioactive contamination will not be covered.
- A Waiting Period of 6 months will apply from the receipt of the first Premium.
- The Dread Disease Benefit is only applicable to the Main Insured Person and excludes the Spouse and any children covered on this Plan.

TERMS AND CONDITIONS:
Premium Hospital Benefits will be payable for hospitalisation at certain registered Hospital in the Republic of South Africa. A list of approved Hospitals can be found at www.clientele.co.za.

Additional Insured Persons
Additional Insured Persons may only be added within 6 months of a life event, i.e. marriage, birth or legal adoption.

Applicable Law
Any question of law arising shall be decided according to the laws of the Republic of South Africa.

Assignment
All notices or communication must be sent directly to the registered office of The Company. All payments under this Policy will be made in accordance with the terms of any notice of assignment received by The Company.

Automatic Annual Increase and Premium Guarantee
The Daily Cash Benefit, Accidental Disability Benefit, Accidental Death Benefit and Dread Disease Benefit, as set out in the Policy Schedule, will increase by 6% each calendar year commencing 12 months from the Commencement Date of this Policy. The monthly Premium will increase by 10% each calendar year. The Premium (excluding the annual increase) will be guaranteed for the first 24 months. After the initial 2 year guarantee period The Company may re-underwrite this individual Policy on an annual basis and reserves the right to terminate the Policy or amend the Benefit or Premium without limit.

Beneficiary Nominations
The Policy Owner may nominate a Beneficiary(ies) or change the nomination shown on the Policy Schedule. Beneficiary nominations must be submitted to The Company in writing and may be changed or withdrawn by the Policy Owner at any time, prior to the event occurring giving rise to a claim. Nominations will only be valid where duly recorded by The Company. Where a minor Child is a Beneficiary, payment will be made into a Trust Fund and will only be paid out when the minor Child attains the age of majority. Payment on the Accidental Death Benefit will be payable to the nominated Beneficiary. Payment on the Accidental Disability and Dread Disease Benefits will be paid to the Policy Owner.

Benefit Conditions and Limitations
All Benefits under this Policy will only be active on condition that this Policy remains paid and active.

An Insured Person may not claim on the Accidental Death Benefit and/or the Accidental Disability Benefit and/or the Dread Disease Benefit if a claim arises as a result of the same event. Each Benefit claim will only be successful if the cause for each Benefit claim differs. This limitation excludes the hospitalisation Benefit.

Payment of the Accidental Disability Benefit and/or the Dread Disease Benefit on an Insured Person will result in the Benefit paid ceasing for that person.

Payment of additional Benefits shall be subject to recovery of any outstanding Premiums and applicable Administration Fee.

Cancellation of Policy
The Policy Owner may cancel this Policy in writing at any time by giving 30 days' notice. Any Premium paid within the notice period will not be refunded, however, the Insured Person(s) will enjoy Cover during the notice period.

Claims
Written notice of a claim must be given to The Company within 90 days from the event giving rise to a claim, failing which the claim will be invalid and will not be considered. In order to qualify for the claim, all monthly Premiums must be paid on time.

The Insured Person or Beneficiary shall supply in writing, at his/her own cost, any reasonable information that The Company may request, including a post-mortem report in cases of accidental death.

A full medical history may be requested at claims stage together with reports by the regular and attending doctors or specialists to validate any claim and the impact of any Pre-Existing Medical Condition or Dread Disease. A certified copy of the Insured Person's identity document and a copy of the Hospital account (in order to confirm the number of days in Hospital) must be provided by the claimant.

The Company reserves the right to call for any additional documentation, as may be required from time-to-time, to validate the information provided. The Company may also appoint an Independent Medical Officer to verify the validity of the claim.

Claims Payments
All payments in terms of this Policy shall be made in South African Rands.

In cases where the Beneficiary cannot be traced, after a period of 2 months from the date the claim has been approved, payment will be made into the estate of the deceased Insured Person.

Cooling Off Period
From date of receipt of the Policy Documents the Policy Owner has the right to examine this Policy for 30 days without obligation. If the Policy Owner is not completely satisfied, the Policy Documents may be returned to Clientèle Life within 30 days of receipt. Any Premiums paid in this period will be refunded.

Fraud
All Benefits under this Policy will be forfeited if a claim is found to be fraudulent in any respect or if a medical condition is intentionally exaggerated. In such instances this Policy will be cancelled by The Company with immediate effect. Any Premium(s) paid will be forfeited.

General
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. The official version of this Policy is that issued in the English language.

Limitations
The Company reserves the right to limit payment in terms of any duration of hospitalisation if, in the opinion of our Independent Medical Officer, the duration of admission is not justified. The Company further reserves the right to refuse payment in respect of claims resulting from hospitalisation at

certain hospitals. A list of approved hospitals can be found at www.clientele.co.za.

Limitations will be applied at the discretion of The Company at the time of assessing any hospital claim that is related to the following:

- Hospitalisation for treatment or control of chronic or acute pain (resulting from an Illness or Injury) will be limited to a maximum of 3 days per event, and a maximum of 15 days per Policy per year.
- Hospitalisation for the investigation and treatment of any Gastro Intestinal Tract Infections or diseases will be limited to a maximum of 3 days per event. Only 1 event per 12 month period will be covered with a maximum of 3 events during the Currency of the Plan.
- Hospitalisation for treatment or control of any Pelvic Inflammatory Disease will be limited to a maximum of 3 days per event. Only 1 event per 12 month period will be covered with a maximum of 3 events during the Currency of the Plan.
- Hospitalisation related to any chronic illness (where medication is taken for a continuous period exceeding 3 months) will be limited to a maximum of 5 days per event, and a maximum of 15 days per Policy per year.

The maximum number of Premium Hospital Cash Back Plans an Insured Person can be covered under is 1 Policy and the maximum amount of initial Cover an Insured Person can be covered for on any of the Clientèle Hospital Plans combined is R7000 per day in Hospital.

Proof of an income statement (salary slip) or a tax assessment from SARS, if self-employed, is required for Hospital Cover more than R3000 per day at commencement of the Policy. If there is no official proof of salary then Cover will be limited to R3000 per day.

Misstatement of Date of Birth
If the date of birth of the Insured Person has been misstated, The Company may amend the Benefit Amount stated in the Policy Schedule. The amended Benefit Amount will be the amount payable in respect of the Premium paid by the Policy Owner from inception taking into account the correct age of the Insured Person.

Payment of Premium and Commencement of Benefits
The Benefits together with the relevant Waiting Periods commence upon receipt of the first Premium. The Company reserves the right to submit a debit instruction to your bank at any time during the month. Your authorisation allows The Company permission to apply any method of Premium Collection and you further agree that tracking (according to the Non-Authenticated Early Debit Order System) may be done against your bank account.

In the event of non-payment of 3 consecutive Premiums, the Policy will automatically lapse. Cover is dependent on the receipt of the Premium due monthly after the Commencement or Reinstatement Date (whichever occurred last) of the Policy.

Reinstatement
If the Policy lapses, it may be Reinstated at The Company's sole discretion upon such Terms and Conditions as The Company may reasonably choose to impose. If the Policy is Reinstated, then the Waiting Period and Cash Back Period will recommence from the Reinstatement Date.

Travel or Residence
Unless it is otherwise stated, this Policy is restricted to cover hospitalisation for residents of South Africa only and in a registered South African Hospital as defined under 'Hospital'. Cover will be restricted to South African policyholders who require **emergency** hospitalisation while on vacation or business travel and only in the following countries: United States of America, England, Scotland, Wales, Ireland, France, Netherlands, Spain, Germany, Austria, Switzerland, Australia, New Zealand, Hong Kong, Singapore.

Claims will be assessed in South Africa and any valid claim will be paid in South African currency (ZAR) and into a South African Bank account.

VARIATIONS:
No variation to this Policy will be binding on The Company unless made in writing and signed by a Director or Public Officer of The Company and confirmed thereafter by payment of the Policy Owner of the Premium whether varied or not.

The Company reserves the right to amend, add or change the Terms and Conditions of this Plan by giving 1 month's written notice of its intention to do so. Any variations and/or changes will be binding on both The Company and the Policy Owner and can be applied at any time to the existing Terms and Conditions after written communication of these changes has been sent to the Policy Owner's last known address as it appears in our records at that time.

IMPORTANT NOTE:
This Policy is classified as a Health Insurance Product and should not be seen as a Medical Aid Scheme. It does not provide Cover equivalent to that of a Medical Aid Scheme. This document is issued in accordance with the Policyholder Protection Rules as set out in the Rules published in terms of Section 62 and Section 48 of the Long Term Insurance Act of 1998.