



VISION

POLICY WORDING

THIS PRODUCT IS ADMINISTERED BY FINANCIAL MANAGEMENT INTERNATIONAL LTD AND UNDERWRITTEN BY LOMBARD LIFE LIMITED.

Financial Management International Limited, Registration Number, 1995/006325/06 – hereinafter referred to as FMI, hereby undertakes to pay the benefits, on behalf of Lombard Life Ltd., described in this policy to the person entitled to such benefits, upon receipt of all documents, the fulfillment of all terms and conditions, and all information it may require, provided that the premiums have been paid in terms of this policy and that the application and all documents in connection with the policy shall be incorporated herein and form the basis of the assurance.

POLICY DESCRIPTION SCHEDULE

Policyholder	: The Employer as detailed in the policy schedule
Commencement Date	: As per policy schedule
Entry Date	: The date on which FMI receives the first premium from the Policyholder in respect of a Life Assured and fulfillment of the eligibility conditions
Age related increases	: Calculated on anniversary of date of commencement of group.



Eligibility Conditions

Life Assured Eligibility:

A full time employee of the participating employer who has applied for and been accepted as a bona fide member of Vision as arranged by FMI; (excluding specifically, but not limited to, independent contractors, part time employees and/or casual workers) who are resident in South Africa and such other countries as agreed to by FMI (including an executive director in the full time employ of his employer) and who are actively employed in their nominated occupation at the inception of the Policy. A Life Assured must be older than the minimum age; and younger than the maximum entry age.

Minimum Age:

18 (eighteen) years.

Cessation Age:

The last day of the month in which the age of 65 (sixty five) years is attained.

Maximum Entry Age:

61 (sixty one) years age next birthday.

Compulsory Benefits:

The following benefits are compulsory and each group must select at least one of these benefits across the group.

- Temporary Income Protector
- Life Cover
- Funeral Cover

Level Rules:

Definition of Level - A level is a grouping of the scheme members. A maximum of 2 (two) levels may be setup at inception of the group. A level is governed by the rules below:

Temporary Income Protector Benefit

Members on the same level must have the same benefit term and occupation definition, but may have different cover amounts. All members within a level must take this benefit, if it is selected.

Life Cover Benefit, Dread Disease Benefit & Capital Disability Benefit

Members on the same level must have the same multiple of salary. All members within a level must take this benefit if it is selected.

Funeral Benefit

All members within the level must have the same cover amounts however they have the option of member only cover or member and family cover. If this benefit is selected on a level then it is compulsory to all members on that level. Extended family funeral cover may only be selected when a Member or Member and Family funeral benefit is selected.

Accidental Death Benefit & Accidental Permanent Disability Benefit

If this benefit is selected on a level then it is compulsory to all members on that level.



Minimum Membership:

You may choose between a compulsory group i.e all employees must be added to the group or a voluntary group i.e it is not necessary for all employees to be added to the group. In the event that the group is voluntary then the minimum number of members required is 5 (five) members per level. In the event that the group is compulsory then the minimum number of members is 1 (one) employee per level. If the group is compulsory, then all new employees must be added within 3 (three) months of date of employment.

BENEFITS

- **Temporary Income Protector:** 100% of income to a maximum of R25,000 per month –free cover limit of R15,000
- **Life Cover:** lesser of 4 (four) times Annual salary or R300 000 - free cover limit of R300,000.
- **Dread Disease:** lesser of 3 (three) times Annual Salary or R 200 000 – free cover limit of R 120,000.
- **Capital: Disability:** lesser of 3 (three) times Annual Salary or R 200 000 – medical free limit of R120,000
- **Accidental Death Benefit:** R15,000
- **Accidental Permanent Disablement:** R30,000
- **Funeral Cover:** R,5000, R7,500, R10,000 and R15,000 member only cover **or** R5,000 member and family, R7,500 member and family, R10,000 member and family and R15,000 member and family cover. A principal member can also cover up to 6 extended family members at R3,000 cover level per extended family member. Extended family members must be added at inception.
- **Savings:** Minimum R20 per month up to a maximum of R1,000 per month.

TERRITORIAL LIMITS

The Life Assured must be resident in the Republic of South Africa.

WAITING PERIODS

1. Accidental Death and Accidental Permanent Disability, Life Cover, & Dread Disease: **No waiting period.**
2. Temporary Income Protector: **30 (thirty) consecutive days non-retrospective.**
3. Capital Disability Benefit: **6 (six) months from date of commencement of disablement.**
4. Funeral benefit: **A waiting period of 30 (thirty) days from commencement date for death as a result of natural causes – immediate cover for death as a result of an accident.**
5. In the event of compulsory groups, all new employees must be added to the group within 3 (three) months of date of commencement of employment.



INTERPRETATION SCHEDULE

No Precedent:

No decision by FMI in regard to any matter concerning the policy may be interpreted as a precedent.

Inclusion of Plural:

References in the policy to the singular include the plural where appropriate, and vice versa. An expression which denotes any gender includes the other gender.

DEFINITIONS

In the policy, the following words have the following meanings:

Accident/s:

A sudden, unplanned, unexpected unusual and fortuitous event occasioned by visible, violent, physical and external means which result in bodily injury as defined below.

Accumulation Limit :

The maximum liability of the Assurers under this policy in respect of any one accident or illness or number of accidents or illnesses arising from one source or cause. Successive periods of incapacity due to the same bodily injury or related cause or illness shall be considered as one continuous period unless separated by 24 (twenty four) months.

Actively at Work

At work and capable of fulfilling his duties in accordance with the terms and conditions of his employment.

Assurer

The entity which assumes the risk under the policy.

Lombard Life Limited – Registration Number: 1996/014618/06

Authorised FSP 11643

Ground Floor, Building C, Sunnyside Office Park, 2 Carse O' Gowrie Road, Parktown, 2193

Tel.: (011)5510600 Fax: (011) 5510603

Administrator

The entity which is responsible for the administering of the policy.

Financial Management International (hereinafter referred to as FMI),

Registration Number: 1995/006325/06

An Authorised FSP 2717

FMI House, Gleneagles Park, 10 Flanders Drive, Mount Edgecombe, 4300

Tel: (031) 5383500 Fax: (031) 5025250

Beneficiary

A person nominated by the Life Assured as a beneficiary.

Benefit

An amount calculated in terms of this policy and payable to a beneficiary covered under this policy in accordance with the terms and conditions of this policy.

Benefit Improvement

An improvement to any benefit under the policy, requested by the Policyholder;

**Bodily Injury**

Physical bodily injury which is caused exclusively by visible violent external and accidental means and which independently of any other cause and within 12 (twelve) months from the date of the accident results in an event as specified in the schedule.

Business Day

Any day other than a Saturday, Sunday or a public holiday in South Africa;

Claimant

A Life Assured or a beneficiary who lodges a claim either directly or via his representative or a mandated party.

Employee

Any person, including an executive director, who is employed as full time, permanent staff by his employer or any of its Associated Companies (specifically excluding independent contractors, part time employees and casual workers) who is resident in South Africa and/or such other countries as, agreed to by FMI.

Eligible Employee

An employee satisfying the eligibility conditions and thus qualifying for Life Assured Eligibility.

Employer

The employee's employer, who is the Policyholder and has applied for cover for his eligible employees.

Free Cover Limit

The level of cover below which no underwriting will be required.

Improved Benefit

The increase of a benefit which is subject to agreement by FMI, the Policyholder or the Life Assured as the case may be.

Life Assured

An employee of the policyholder that meets the Life Assured Eligibility criteria and the accepted dependents for funeral benefits.

Legislation

Any Act of Parliament, proclamation, ordinance, ruling by statutory body, regulation, by-law and any agreement to which FMI is a party;

Membership

Employees who satisfy the Eligibility Condition.

Policyholder

An employer who has applied for cover under this policy for his employees and is responsible for paying the premiums on the policy.

Policy Anniversary

An anniversary of the commencement date of the group.

Premium Period

A period of one calendar month unless a longer period is agreed between the parties.

**Salary**

The Life Assured's basic monthly salary or wages plus such remuneration, excluding overtime or commission, as the Policyholder certifies to FMI that the Life Assured earns. For self employed individuals it would be income as proven by tax returns and company income statements as required by the Assurer

In respect of commission earners or other variable income, FMI may use an average of the Life Assured's monthly earnings for the 6 (six) months immediately prior to the date of application.

Service

The uninterrupted, active employment with Policyholder for not less than 24 (twenty hours) per week subject to the eligibility conditions.

South Africa

The Republic of South Africa.

Variable Income

Any income other than salary that may accrue to the Life Assured as a result of his employment.

Derivative words

A derivative of a defined word will be interpreted in accordance with the meaning of the defined word.



GENERAL TERMS AND CONDITIONS SCHEDULE

INTRODUCTION

This schedule sets out the general legal rights and obligations of the Assurer.

PREMIUMS:

1. FMI will notify the Policyholder of the premiums payable under the policy.
2. FMI must receive the first premium before the policy comes into effect.
3. The Policyholder shall pay all premiums to FMI, on the first day of each premium period.
4. FMI will allow a period of grace of 60 (sixty) days for the payment of each premium. If a premium is not paid after the expiry of such period of grace the policy will automatically lapse and become void. The 60 (sixty) day period of grace is to allow the policyholder time to ensure outstanding premiums are paid. During this grace period, until such time as all outstanding premiums due are paid, the assurer is not bound by any claim liability of that policy. FMI may within its discretion and at any time change the amount of premium by giving notice to the Policyholder in the event of a material change occurring.
5. Upon any change in the amount of premium, FMI shall, in the relevant notice to the Policyholder, set out how the new premium has been calculated and when it is or becomes payable.
6. Premiums on all benefits are guaranteed for one month from commencement date of policy.

PROVISION OF INFORMATION

1. If any of the information provided by the Policyholder or the Life Assured is incorrect, or has been withheld, FMI may adjust the benefits or the premiums under the policy, as it considers appropriate. These adjustments will be effective from the commencement date.
2. FMI may enforce its statutory and common law rights by declaring the policy void from the outset if any material misrepresentation or non-disclosure was made.

ALTERATIONS

FMI may within its discretion, at any time:

1. Alter any term or condition of the policy in order to comply with any change in legislation and to bring any policy in line with new legislation;
2. Alter any term or condition of the policy, by notifying the Policyholder (which notice shall stipulate the date upon which such alteration shall become effective or deemed to have become effective).



NOTICE

All communications in relation to the policy must be in writing in order to constitute valid notice.

1. Notice delivered by hand or sent by fax or electronic mail will be deemed to have been delivered on the first business day following dispatch.
2. Notice sent by post will be deemed to have been delivered 7 (seven) business days after dispatch.

Address for notice

FMI's physical address for notice is :

FMI House, Gleneagles Park, 10 Flanders Drive, Mount Edgecombe, 4300

The Policyholder's physical address for notice is:

As per policy schedule.

A party will give the other party notice, providing necessary details, if it wishes to:

- a. change its physical address; or
- b. use fax or electronic mail for notifying or receiving notice.

FAILURE TO MEET OBLIGATIONS

1. If the Policyholder fails to meet any of its obligations, other than with regard to the payment of premiums, FMI will give notice of the breach.
2. If the Policyholder does not rectify the breach within thirty business days from deemed delivery of notice by FMI, FMI may alter the terms of the policy as it deems appropriate.

CUSTODY OF POLICY

The Policyholder will keep the policy safe and attach any endorsements made to the policy.

CURRENCY AND APPLICABLE LAW

1. All amounts due under the policy are payable in the lawful currency of South Africa at the head office of FMI.
2. The policy is governed by the laws of South Africa.

POLICY

1. This policy constitutes the entire contract between FMI and the policyholder and any alteration thereto shall be in the form of an endorsement signed by an authorised official of FMI.
2. Should any discrepancies arise between the policy and any literature/electronic communication received by any Life Assured, the Master Policy will govern in all cases. The Master Policy may be inspected by any Life Assured at any time by arrangement with Policyholder or FMI.



EVIDENCE OF AGE

Evidence of age of any Life Assured in respect of whom benefits are provided under this policy will be required to the satisfaction of FMI before any benefit in respect of a Life Assured is paid under this policy. If the date of birth previously notified to FMI in respect of any Life Assured proves to be incorrect, FMI shall calculate the premiums which should have been paid and adjust the premiums or the benefits retrospectively to the date on which the Life Assured became entitled to the insurance in terms hereof.

DISCHARGE TO THE ASSURER

Payments by the Assurer to the Policyholder, or as directed by the Policyholder, shall be a full and final discharge of the Assurer's obligations in terms of this policy

SURRENDER VALUES

This policy shall not have any surrender value.

BENEFITS NON-ASSIGNABLE AND NON-DEDUCTIBLE

Neither the Life Assured nor the Policyholder shall be entitled under any circumstances whatsoever to cede or assign any benefits under this policy.

TERMINATION OF POLICY

FMI and/or the Policyholder may terminate the policy by giving the other party one calendar month's written notice. Neither the Policyholder nor any Life Assured shall be entitled to any benefit hereunder unless all claims are notified to FMI by no later than 3 (three) months after the date on which this policy has terminated. Neither the Policyholder nor any Life Assured shall be entitled to any benefit hereunder which arose after the termination date of the policy, or termination date of a Policyholder's participation in the policy.

It is the Policyholder's responsibility to inform the Life Assured of the cancellation of the policy, irrespective of which party terminates the agreement.



INSURANCE SCHEDULE

INTRODUCTION

This schedule sets out the Assurer's requirements for assuring the benefits under the policy.

INSURANCE CONDITIONS

Before a Life Assured shall become assured under the policy, he/she must be an eligible Life Assured.

POLICYHOLDER'S OBLIGATIONS : ADMITTING LIFE ASSURED

The Policyholder will submit to FMI details of each Life Assured who is an eligible Life Assured and requests cover from his entry date.

THE ASSURER'S RIGHTS: ASSURING LIFE ASSURED

The Assurer may on the request of the Policyholder, assure a Life Assured who is not actively at work on the date on which his cover under the policy should have commenced, subject to such alternative terms and conditions as the Assurer may in its discretion apply.

BENEFIT IMPROVEMENTS

Any improvement to benefits will apply only to the benefits of the Life Assured who died or suffered a disabling event after the date on which the benefit improvement is effected.

TERMINATION OF COVER

Cover for a Life Assured will terminate on the occurrence of the first of the following events:

1. his death;
2. the date on which he leaves the Employer's service;
3. termination of the policy, or termination of a Policyholder's participation in the policy;
4. the date on which premiums cease;
5. his attainment of the Cessation Age;
6. the date on which he ceases to be an eligible Life Assured;
7. the date on which he is absent from South Africa (including any other country to which FMI may agree) for a period of 6 (six) months in aggregate during any period of 24 (twenty-four) consecutive months; and
8. he being absent for 12 (twelve) consecutive months from service. (Absences that are not separated by at least three consecutive months are regarded as continuous, for the purposes of this clause).

CANCELLATION OF POLICY:

FMI or the Policyholder may cancel this policy at any time giving the other party thirty (30) days written notice.

TEMPORARY ABSENCE

Should a Life Assured be temporarily absent from the employ of the Policyholder, the following conditions will apply:

1. The Life Assured shall continue to be covered under the policy at the level at which he was covered immediately before his absence for twelve (12) consecutive months from service, as long as payment of premiums is continued by the Policyholder and the Life Assured has not yet reached the Cessation Age.
2. After twelve (12) consecutive month's absence, the cover in respect of the Life Assured shall automatically terminate.



3. Upon the resumption of active employment by the Life Assured after cessation of the cover in respect of that Life Assured shall recommence as if he/she were a new employee.

GENERAL EXCLUSIONS

The following exclusions apply across all benefits:

1. For bodily injury or illness caused deliberately.
2. For bodily injury or illness arising as a result of willful and material violation of any law.
3. For bodily injury or illness arising as a result of taking part in dangerous pursuits including but not limited to extreme sports, or from taking part in any form of aviation other than as a passenger traveling between airfields in a licensed aircraft.
4. For bodily injury or illness that result from war-like activities, including any war, invasion, terrorism, riots, civil commotions, seizing of power or military rule, atomic energy, nuclear fission or reaction.
5. For any surgery conducted that is not for medical related purposes including cosmetic and elective hysterectomies.
6. For illness due to the abuse of alcohol, inhalation of fumes, consumption of poisons, drugs or narcotics except as prescribed by a qualified medical practitioner.

CLAIMS PROCEDURE

1. Notice must be given to FMI in writing of any bodily injury or the commencement of any illness, or upon the death of the life assured, which may give rise to a claim under this policy within :
 - Within 30 (thirty) days for the Temporary Income Protector Benefit.
 - Within 180 (one hundred and eighty) days for the Life Cover Benefit & Funeral Benefit
 - Within 90 (ninety) days for the Capital Disability Benefit & Dread Disease Benefit
2. FMI will advise the Policyholder of all documents which it requires in order to assess a claim.
3. The claimant will ensure that all documents requested by FMI are provided when a claim is submitted for assessment as soon as possible and no later than:
 - 30 (thirty) days for Temporary Income Protector claims
 - 180 (one hundred and eighty) days for Life Cover & Funeral Cover claims and
 - 90 (ninety) days for Capital Disability and Dread Disease claimsof the claim event.
4. The cost of initial medical evidence required for the proof of disability, which must be supplied by the medical practitioner and specialist who provide the life assured with the regular care or whom the life assured has consulted in connection with the condition which is contributing to his disability, shall be for the life assured's account. The cost of any further medical evidence shall be for FMI's account until such time as FMI either admits or rejects the relevant claim.



5. After FMI has admitted a claim, it may require from time to time that the Life Assured submit proof, at FMI's expense and to FMI's satisfaction, that the Assured still suffers disability and loss of remuneration.
6. If a Life Assured's claim under this policy is rejected, terminated or repudiated by FMI, then the Life Assured, at their own expense, can submit information or medical reports as may be necessary to support their claim
7. No claim will be entertained in the event of misrepresentation, misdescription or non-disclosure by or on behalf of any Life Assured in any particular material to this insurance.
If any claim under this Policy is considered by FMI to be fraudulent in any respect or exaggerated or if any fraudulent means or devices are used by the Life Assured or anyone acting on his behalf to obtain any benefit under this policy all benefits in respect of that particular claim shall be forfeited and the policy will be cancelled with immediate effect



TEMPORARY INCOME PROTECTOR BENEFITS SCHEDULE

INTRODUCTION

This schedule sets out the benefits payable and the procedures to be followed.

Date of Disability

The date from which the start of disablement commences in the opinion of FMI's Claims assessor (usually coinciding with the Life Assured's last day actively at work).

DISABILITY COVER

1. A Life Assured shall be entitled to the Temporary Income Protector benefit if in the opinion of FMI, after the expiry of the waiting period, a physiological impairment due to illness, disease or injury, has resulted in the Life Assured being temporarily and totally (100%) unable, even with reasonable training, rehabilitation and/or job accommodation, to engage in his own or own/similar occupation (depending on which option was chosen at application stage), taking into account his skills, experience, competencies and education level.
2. Cover may be selected from a minimum of R1 000 per month up to a maximum of R25, 000 per month, payable for a maximum benefit term of 12 (twelve) or 24 (twenty four) months whichever benefit period is selected , including the waiting period applicable. The first R15,000 cover is not subject to medical underwriting,
3. Cover of up to 100% of employee's gross monthly income
4. This benefit is compulsory if Life Cover or Funeral Cover is not selected.

WAITING PERIOD

30 (thirty) days for accident and illness from date of occurrence non-retrospective. This means that the benefit is payable from day 31 (thirty one).

SPECIFIC EXCLUSION:

In the event of a claim for psychological disorders we will payout up to a maximum of two months. We will only payout one claim. We will only accept claims if you are unable to work for longer than one month.

PRE-EXISTING CONDITION

In the event that a claim arises in the first 12 (twelve) months following the commencement of the benefit or benefit improvement, no benefit will be payable if the cause of the claim was as a result of an illness, disease, injury or accident for which the life assured was treated or could reasonably have known about in the 6 (six) months, prior to commencement of the benefit or benefit improvement.



LIFE COVER BENEFIT SCHEDULE

INTRODUCTION

This schedule sets out the benefits payable and the procedures to be followed when a Life Assured dies.

LIFE COVER BENEFIT

The amount of benefit payable on the death of a Life Assured, in accordance to the terms and conditions of the policy, is a set benefit, subject to a maximum benefit of 4 (four) X annual salary of the Life Assured as at the date of his death or R300 000 whichever is the lesser. No medical underwriting is required.

PAYMENT OF LIFE COVER BENEFIT

Upon production of a death certificate, other information as FMI may reasonably require, and subject to the fulfillment of all the terms and conditions, FMI will pay the Life Cover Benefit in respect to a deceased Life Assured for the benefit of the deceased Life Assured's dependents, nominees or estate, in such proportions as the Policyholder may direct.

PRE-EXISTING CONDITION

In the event that a claim arises in the first 12 (twelve) months following the commencement of the benefit or benefit improvement, no benefit will be payable if the cause of the claim was as a result of an illness, disease, injury or accident for which the life assured was treated or could reasonably have known about in the 6 (six) months, prior to commencement of the benefit or benefit improvement.

LIMITATIONS ON AMOUNT OF BENEFIT

The Benefit may not exceed the Maximum Benefit. The Dread Disease benefit accelerates off this benefit and therefore reduces the sum assured of this benefit by the amount of the claim on the Dread Disease.

PAYMENT OF BENEFITS

1. The benefits will be payable to the deceased Life Assured's dependants, nominees or estate, in such proportions as the Life Assured may direct, provided that FMI shall be entitled to make such deductions from any benefit payable as are required by or as FMI may deem appropriate in terms of relevant tax and other legislation or in respect of arrears premium owed to FMI.
2. FMI has no further obligations beyond paying benefits to the Life Assured's dependants, nominees or estate.

GENERAL

- a. The Life Assured and/or the Policyholder may not cede, pledge or otherwise alienate the benefits or the rights to the benefits in terms of the policy and such benefits shall not be subject to any form of execution or judgment and shall not, in the event of insolvency form part of the estate of the Life Assured or his dependant(s).
- b. This benefit is compulsory if Temporary Income Protector or Funeral Cover is not selected. This benefit is compulsory if Dread Disease is selected.



DREAD DISEASE BENEFIT SCHEDULE

INTRODUCTION

This schedule sets out the benefits payable when a Life Assured, subject to the terms and conditions of this policy, suffers a dread disease event, as described below and the procedures to be followed.

DREAD DISEASE BENEFIT

The amount of benefit payable on the occurrence of a Dread Disease event as defined below will be an amount which, subject to the terms and conditions of this policy, is a set benefit. This is subject to a maximum benefit of 3 (three) times annual salary of the Life Assured as at the date of claim, or R200 000 whichever is the lesser. This benefit cannot be chosen if the Life Cover benefit is not selected.

FREE COVER LIMIT

R120, 000

EVENTS COVERED:

CARDIOVASCULAR

Heart Attack:

This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all 3 (three) of the following criteria:

1. Compatible clinical symptoms and
2. Characteristic ECG changes, e.g ST-segment and T-wave changes indicative of myocardial ischaemia or myocardial infarction, and
3. Raised cardiac markers:
 - Trop T > 0,5ng/ml or Trop > 0,25 ng/ml, or
 - Raised CK-MB mass
 - Up to 2 times normal values in acute presentation phase, or
 - Up to 4 times normal values post-intervention
 - Total CPK elevation of up to 2X normal values, with at least 6% being CK-MB.

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered by this definition.

Coronary Artery Surgery

The undergoing of surgery to correct the narrowing of, or blockage to, 2 (two), (or more) coronary arteries by means of a by-pass graft.

Aortic Artery Surgery

Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of a diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of aorta is removed during the operative procedure. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.



Heart Valve Surgery:

The undergoing of open-heart valve surgery with a thoracotomy performed to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The surgery must be considered medically necessary by a consulting cardiologist and supported by appropriate investigations. Catheter based techniques including but not limited to, balloon valvotomy/vulvuloplasty are excluded.

CENTRAL NERVOUS SYSTEM

Stroke:

Death of brain tissue due to inadequate blood supply or hemorrhage within the skull resulting in neurological deficit lasting longer than 24 hours, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist. For the above definition, the following are not covered:

- Transient ischaemic attack
- Vascular disease affecting the eye or optic nerve
- Migraine and vestibular disorders
- Traumatic injury to brain tissue or blood vessels

Severity levels will be assessed by a neurological examination by a specialist neurologist any time after three months.

Almost full recovery, with little residual symptoms or signs, as measured by:

- The ability to do all basic and advanced ADL's or
- A WPI of 10% or less

Multiple Sclerosis:

A definite diagnosis by a consultant neurologist of multiple sclerosis must be made which satisfies the following 2 (two) criteria:

1. There must be permanent functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least 6 (six) months;
2. The diagnosis must also be confirmed with objective neurological investigations, such as lumbar puncture, evoked visual responses, evoked auditory responses and MRI evidence of lesions of the central nervous system.

Parkinson's Disease:

The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. This diagnosis must be supported by all the following conditions:

1. The disease cannot be controlled with medication; and
2. There is objective signs of progressive deterioration; and
3. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 (three) of the following activities of Daily Living, for a continuous period of at least 6 (six) months:
 - a) Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - b) Dressing – the ability to put on, take off secure and fasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa.
 - d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - e) Feeding – the ability to feed oneself once food has been prepared and made available.

Drug induced or toxic causes of Parkinsonism are excluded.



Alzheimer's Disease:

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by FMI's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured.

There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 (three) of the following 5 (five) Activities of Daily Living for a continuous period of at least 6 (six) months :

- a) Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing – the ability to put on, take off secure and fasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa.
- d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Feeding – the ability to feed oneself once food has been prepared and made available.

Psychiatric illnesses and alcohol related brain damage are excluded.

OTHER:

Cancer:

A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

The following conditions are excluded from this definition:

- All cancers in situ and all pre-malignant conditions.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 (six) or having progressed to at least clinical TNM classification T2N0M0.

All skin cancers, other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Renal Failure:

Chronic and irreversible failure of both kidneys, requiring regular renal dialysis.

Major Organ Transplant:

Human to human organ transplantation from a donor to the Life Assured of 1 (one) or more of the following organs: kidney, liver, heart, lung, pancreas or the transplantation of bone marrow. If no organ is available, and life Assured has been classified as requiring a transplant, the benefit will also be payable.

Paraplegia:

Total and irreversible loss of use of 2 (two) or more limbs through paralysis as a result of injury or disease. The paralysis must be supported by appropriate neurological evidence. A specialist must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 (three) months. Paralysis due to self-harm, partial paralysis, temporary post-viral paralysis or paralysis due to psychological causes are all excluded.



Blindness:

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an appropriate consultant. The blindness must not be correctable by aides or surgical procedures.

Deafness/Loss of Hearing:

Total, bilateral and irreversible loss of hearing for all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate specialist and to include audiometric and sound-threshold testing. The deafness must not be correctable by aides or surgical procedures.

Severe Burns:

Third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts.

REDUCTION IN BENEFITS

In the event of a claim for a Dread Disease, the Life Cover will be reduced by the amount paid under this Dread Disease benefit.

DEPENDENT COVER

The benefit pays out 10% of selected cover if a member's dependent child is diagnosed with a dread disease. Pays out maximum of twice on policy.

TERMINATION OF BENEFIT:

In the event of a claim for the Life Assured, under any one Dread Disease contingency the Dread Disease benefit will terminate on payment of claim.

PRE-EXISTING CONDITION

In the event that a claim arises in the first 12 (twelve) months following the commencement of the benefit or benefit improvement, no benefit will be payable if the cause of the claim was as a result of an illness, disease, injury or accident for which the life assured was treated or could reasonably have known about in the 6 (six) months, prior to commencement of the benefit or benefit improvement.



CAPITAL DISABILITY BENEFIT SCHEDULE

INTRODUCTION

This schedule sets out the benefits payable when a Life Assured, subject to the terms and conditions of this policy, becomes totally and permanently disabled as defined below:

CAPITAL DISABILITY BENEFIT

The amount of benefit payable on the occurrence of permanent disablement will be an amount, which, subject to the terms and conditions of this policy, is a set benefit. This is subject to a maximum benefit of 3 (three) times annual salary of that Life Assured as at the date of claim, or R200 000 whichever is the lesser.

DEFINITION OF CAPITAL DISABILITY

The Life Assured shall be regarded as disabled and entitled to his benefit, if in the opinion of FMI, an illness, disease or injury, has resulted in the Life Assured being totally and permanently unable, even with reasonable training, rehabilitation and/ or job accommodation to engage in gainful employment in his own or any similar occupation.

FREE COVER LIMIT

R 120, 000

WAITING PERIOD

6 (six) months from date of disablement

SPECIFIC RULE

The Temporary Income Protector benefit must be chosen if this benefit is selected. In the event of a claim for this benefit the benefit will terminate.

PRE-EXISTING CONDITION

In the event that a claim arises in the first 12 (twelve) months following the commencement of the benefit or benefit improvement, no benefit will be payable if the cause of the claim was as a result of an illness, disease, injury or accident for which the life assured was treated or could reasonably have known about in the 6 (six) months, prior to commencement of the benefit or benefit improvement.



ACCIDENTAL DEATH

BENEFIT

This benefit pays for death that is caused as a result of an accident. Benefit is paid upon the death of the life assured to their nominated beneficiary.

BENEFIT AMOUNT

R15,000 lump sum.

SPECIFIC RULE

This benefit can only be selected if one of the compulsory benefits i.e either Temporary Income Protector, Life Cover or Funeral Cover has been selected.

ACCIDENTAL PERMANENT DEBILITY

BENEFIT:

This schedule sets out the benefits payable when a Life Assured, subject to the terms and conditions of this policy, suffers an accidental disability event, as described below, or accidental death, and the procedures to be followed.

BENEFIT AMOUNT

R30,000 paid as a lump sum to the Life Assured as per schedule hereunder.

SPECIFIC RULE

This benefit can only be selected if one of the compulsory benefits i.e either Temporary Income Protector, Life Cover or Funeral Cover has been selected.



SCHEDULE

ACCIDENTAL DEBILITY SCHEDULE OF BENEFITS		
The Injury(due to an accident)		Fixed sum assured
	TABLE	
A	Loss by physical separation of both wrists or both ankles	R 30 000
B	Loss by physical separation of one hand or one foot	R 15 000
C	Permanent insanity (Claimant permanently assigned to mental institution)	R 30 000
D	Permanent and total loss of or loss of sight in one eye	R 15 000
E	Total Paralysis (quadriplegic or paraplegic)	R 30 000
F	Permanent and total loss of hearing - both ears	R15 000
G	Permanent and total loss of hearing - one ear	R4 500
H	Permanent and total loss of speech	R 30 000
I	Permanent Total Disability	R 30 000
J	Permanent and total loss of sight in both eyes	R 30 000
K	Loss of four fingers (all digits lost)	R 6 000
L	Loss of thumb	
	- Both phalanges	R 6 000
	- one phalanx	R 3 000
M	Loss of fingers on either hand	
	- three phalanges	R1500
	- two phalanges	R 1050
	- one phalanx	R 600
N	Established non union of fracture lower limb or kneecap	R 3 000
O	Shortening of leg by at least 5 cm	R 2 250
P	Permanent disfigurement	R 15 000
R	Loss of toes	
	- all one foot	R 4 500
	- big, both phalanges	R 1 500
	- big, one phalanx	R 600
	- other than each big toe lost,	R 600



FUNERAL BENEFIT

OPTION 1:

Member	R 15,000
Spouse	R 15,000
Children 14-21 years	R 10,000
Children 6-13 years	R 5,000
Children 1-5 years	R 3,000
Children 0-11 months (including stillborn)	R 1,250

OPTION 2:

Member	R10,000
Spouse	R10,000
Children 14-21 years	R10,000
Children 6-13 years	R 5,000
Children 1-5 years	R 3,000
Children 0-11 months (including stillborn)	R 1,250

OPTION 3:

Member	R 7,500
Spouse	R 7,500
Children 14-21 years	R 7,500
Children 6-13 years	R 5,000
Children 1-5 years	R 3,000
Children 0-11 months (including stillborn)	R 1,250

OPTION 4:

Member	R 5,000
Spouse	R 5,000
Children 14-21 years	R 5,000
Children 6-13 years	R 1,500
Children 1-5 years	R 1,000
Children 0-11 months (including stillborn)	R 500

EXTENDED FAMILY COVER

R3,000 cover per extended family member



RULES:

- a. This benefit is compulsory if Temporary Income Protector or Life Cover is not selected.
- b. A maximum of 6 (six) extended family members may be added.
- c. All extended family members must be added at application of cover.
- d. Only the first 6 (six) deaths for dependent children will be paid. This includes up to 2 (two) stillbirths.

WAITING PERIOD:

30 (thirty) days for death as a result of natural causes from date of inception of cover.

SPECIFIC DEFINITIONS

Accident

Any specific event, occurring at an identifiable time and place, that is unplanned and unexpected by the person covered resulting from unforeseen and unintentional circumstances from an external source to the body.

Authorised Entity

A person who is duly authorised by the life assured to act on behalf of the life assured and whose signature and instruction will be regarded as final and binding. Where applicable, this shall include a broker, agent or/and an administrator.

Common Law Spouse

A person recognized by the Assurer at its sole discretion as a spouse after a cohabitation period of 6 (six) months.

Common Law Dependents

The common law spouse and any children of a common law relationship. All details of any common law dependent must be given to FMI at the date that the member joins the scheme or within one month of the dependent becoming eligible for cover.

Dependent

The spouse as defined herein and the eligible children of the principle member.

Divorced Spouse

A person who is no longer married to the principle member by law, tribal custom or under the tenets of any Asian religion and shall include a spouse who is no longer party to a common law relationship and where applicable, a relationship between two people of the same gender who have ceased to cohabit.

Divorced Spouses are not covered.

Eligible Child

An unmarried child, 21 (twenty-one) years and under, of the Principle Member, including a stepchild, an illegitimate child, a legally adopted child or a stillborn child (after the 25th week of pregnancy). A maximum of 2 (two) stillbirths per family will be payable during the life of the policy.

The age of 21 (twenty-one) years is extended to 25 (twenty-five) if still a full-time student, at a recognized institution or until the principle member ceases to qualify.



The age of 21 (twenty-one) is extended to death if the child is mentally or totally and permanently disabled before age 21 (twenty-one) or until the principle member ceases to qualify.

Details of any children of the common law spouse, illegitimate children and stepchildren be given to FMI at inception of policy or within 1 (one) month of the dependent becoming eligible for cover.

Extended Family

Shall mean a person who is dependent on the principle member for bearing the cost of their funeral and shall include a parent, parent-in-law, uncle, aunt, brother, sister, nephew or in-eligible child of the principal member.

Principle Member:

A person who is actively employed or a member of a policyholder on whose behalf premiums are being paid or a paying individual who qualifies for membership of a policy, provided in all cases the eligibility conditions are met.

Spouse:

A person married to the Principal Member by law, tribal custom or under the tenets of any Asian religion and shall include a common-law-spouse and where applicable, a relationship between two people of the same gender. A maximum of 2 (two) spouses per principle member will be payable during the life of the policy.

Tribal Council:

A person recognized as a legal partner by the tribal chief and who has written confirmation that lobola has been paid for such union.

Waiting Period:

Period as specified in the schedule during which time, only in cases where the death is attributed to an accident will the benefit be paid out.

Wider Child:

A child who is 18 (eighteen) years or younger and does not qualify to be an eligible child, but is financially dependent on the Principal Member. Proof of dependency will be requested at application and claim stage.



FMI SAVINGS SCHEME

INTRODUCTION:

This document sets out the procedures and rules to be followed by Policyholder and Life Assured when contracting for the FMI Savings Plan.

DEFINITIONS:

Policyholder:

The party who has applied for the benefit for the Life Assured, and who has signed the application form and is responsible for the payment of the premiums.

Life Assured:

The party who is named on the schedule and whose premiums are being paid by the Policyholder.

Administrator:

Shall mean Financial Management International Ltd – Registration Number 1995/006325/06 – a licensed financial service provider FSP 2717 (hereinafter referred to as FMI).

Fund Administrator:

The savings benefit is managed by PSG Konsult a licensed financial service provider FSP 728

CONTRIBUTION STRUCTURE:

Minimum monthly contribution per member is R20 (twenty rands). The minimum monthly contribution can be increased by the Policyholder by contacting the FMI Client Care Line

Interest is payable on the amount held. Interest will be calculated at 75% of an A1 bank savings account rate, applicable to the R100,000 band. FMI reserves the right to make any changes to this rate that may arise due to a change in legislation or as imposed by any governmental authority.

Balance statements will be issued on request to policyholders.

Interest is earned from the 1st working day of the month following the receipt of the premium in the previous month. Interest is calculated at the end of the month on a monthly basis.

Example:

Premium is collected on the 1st of June. Interest is earned from the 1st of July and is calculated on the 31st of July.

In the event of a cancellation no interest is calculated for that month. No interest calculation on pro-rata contributions.



BENEFIT RULES:

- During the initial 12 (twelve) months of a Life Assured joining the scheme, the Life Assured is not permitted to make any withdrawals.
- At the end of the initial 12 (twelve) months the minimum balance held by each Life Assured must be R240. This minimum balance must be maintained from month 13 (thirteen) onwards until termination of Life Assured status.
- From month 13 (thirteen) onwards a maximum of four withdrawals per annum is permitted subject to a minimum balance of R240 being maintained after each withdrawal.
- All benefits and withdrawals are payable directly to the life Assured only.
- 100% of Life Assured's monthly savings contribution is allocated to the Life Assured's savings account.
- Minimum withdrawal amount is R20 per withdrawal.
- If savings benefit is cancelled, no interest will be earned on the balance.
- Benefit is cancelled by contacting FMI Client Care. The benefit automatically cancels if policy cancels.
- The terms and conditions are subject to review annually.

PAYMENT OF FUNDS UPON TERMINATION/RESIGNATION/RETRENCHMENT:

- Policyholder must inform FMI of change in Life Assured's employment status.
- FMI is liable for the balance reflected in the Life Assured's Saving Account as at the last premium paid by the Policyholder and so allocated by FMI. The balance reflected comprises the monthly savings premium contributed plus accrued interest until the date of change in employment status, less withdrawals made.
- Upon termination/retrenchment/resignation of Life Assured all funds in the Life Assured's savings account are paid directly to the Life Assured.

PAYMENT OF FUNDS UPON DEATH:

- Upon death of the life Assured, the balance held within the life Assured's savings plan at date of death, is payable to the deceased life Assured's beneficiaries, dependents, nominees or estate, in such proportions as the Life Assured may direct, provided that FMI shall be entitled to make such deductions from any benefit payable as are required by or as FMI may deem appropriate in terms of relevant tax and other legislation or in respect of arrears premium owed to FMI.
- FMI has no further obligations beyond paying benefits to the Life Assured's beneficiaries, dependents, nominees or estate.

CLAIM PROCEDURE:

The Life Assured may claim benefits by contacting the FMI Client Care line on **086 010 1119**.

GENERAL:

The Life Assured and / or the Policyholder may not cede, pledge or otherwise alienate the benefits or the rights to the benefits in terms of the policy and such benefits shall not be subject to any form of execution of judgment and shall not, in the event of insolvency form part of the estate of the Life Assured or his dependent(s).