

Protector Plan Guide.

Version 1.6.1

Dis-Chem+
Life.

Dis-Chem Life is an authorised FSP - 50594. Underwritten by Guardrisk Life Limited, an authorised FSP (76) and licensed life insurer.

GUARDRISK 

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1. Introduction

The Protector Plans provides whole of life cover for Death of the Life Insured. Your family can use the money to cover certain lifestyle expenses such as the educational costs of Your children and grocery costs for Your Family.

These products are underwritten by Guardrisk Life Limited (FSP License Number 76) and administered by Dis-Chem Life (Pty) Ltd (FSP License Number 50594).

Please note that throughout this Policy, where references are made to certain features, processes or Benefit workings, it is assumed that these are all the same for the Education Protector Plan and the Grocery Protector Plan, unless specified otherwise. Please refer to Your Policy Schedule(s) to see which Protector Plan(s) You have.

This Policy Guide provides comprehensive information on all the Benefits offered by Dis-Chem Life. Details of the specific Benefits You have selected will appear on Your personal Policy Schedule accompanying this Policy Guide. It is important that You check Your Policy Schedule in conjunction with this Policy Guide carefully to ensure that the Benefits selected are correctly recorded on it.

The headings and subheadings in this Policy are for the purpose of convenience and reference only and shall not be used in the interpretation of, nor to modify nor amplify, the terms of this Policy. Please also note that throughout the Policy where figures are referred to in numerals and in words, if there is any conflict between the two, the words shall prevail. If there is ever a discrepancy between this document, the Policy Guide, and the Schedule then the wording, terms and conditions in the Policy Guide will take precedence.

2. Definitions

The definitions set forth below, unless inconsistent with the context in the Policy, shall bear the following meanings:

‘Accident’	:means the sudden, unforeseen and uncertain event, which could not reasonably be expected to occur, which is caused by violent, external, physical and visible means at an identifiable time and place, resulting directly and independently of any other cause, in Bodily Injury. This does not include sickness or disease or any naturally occurring condition or degenerative process. Self-inflicted injury and suicide, are excluded from this definition. ”Accidental” has a corresponding meaning.
‘Accidental Death’	:means a Bodily Injury which results immediately or within 30 (thirty) Days as a direct consequence of the Bodily Injury in the death of the Insured Life and shall exclude Natural Death.
‘Administrator’	:means Dis-Chem Life (Pty) Ltd, registration number 2019/389648/07, and FSP Number 50594.
‘Affiliates’	:means other companies or entities that are related to the Administrator through ownership, control, or a significant business relationship. These relationships may include ownership of a controlling interest, shared control by a common parent company, or formal agreements for collaboration or mutual support. Affiliates may include subsidiaries, joint venture partners, or other entities with which the company has a business relationship.
‘Anniversary Start Date’	:refers to the 1 st (first) Day of the month in which the Commencement Date occurs.
‘Applicable Laws’	:means the Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017 and the Protection of Personal Information Act 4 of 2013, and any other legislation relating to or regulating the protection or processing of data of Personal Information, direct marketing or unsolicited electronic communications and which may be applicable in the Republic of South Africa from time-to-time.
‘Basic Death Benefit’	:means the component of the total Death Benefit on the Life Insured, excluding the Extra Cover Boost Amount.

'Benefit Amount'	<p>:means the amount of Death cover that the Principal Life Insured is covered for, as specified in the Policy Schedule, and for which the appropriate Premium has been paid monthly and for which payment is up to date at the date of the Claim Event. This includes both the Basic Death Benefit as well as the Extra Cover Boost Benefit.</p> <p>"Insured Amount", Death Benefit Amount", "Death Benefit" and "Cover Amount" shall have a corresponding meaning where the context so allows.</p>
'Bodily Injury'	:means physical bodily injury to the Insured Life caused solely directly and independently by an Accident. For the purposes of the Accidental Death definition, Bodily Injury shall also be deemed to include death by starvation, thirst and/or exposure to the elements.
'Business Day'	:means any Day excluding a Saturday, Sunday or recognised public holiday.
'Claim'	:means, unless the context indicates otherwise, a demand for Death Benefits under this Policy by a Claimant, irrespective of whether or not the Claimant's demand is valid, made by submitting a completed and signed claim form with supporting documentation to the Administrator.
'Claim Event'	:means the risk insured, occurring during the currency of this Policy, being the Death of the Insured Life and where the Premium has been paid up to date.
'Claimant'	:means a person who makes a Claim in relation to this Policy. This will be the Beneficiaries for a death Claim Event.
'Consumer Price Index'	:Consumer Price Index (CPI) is the inflationary increase which is determined by Statistics South Africa. This rate will differ from year to year as CPI fluctuates. The Administrator will use the CPI figure as released by Statistics South Africa three months before each Policy Anniversary in its relevant calculations.
'Commencement Date'	:means the date on which this Policy, and its cover, starts and is effective, being the date on which the first Premium is paid, unless otherwise specified in the Schedule.
'Cooling-off Period'	<p>:means the 31 (thirty-one) Day period, starting from the earliest of the following:</p> <ol style="list-style-type: none"> 1. The date on which the Policyholder receives this Policy document; or

2. From a reasonable date on which it can be deemed that the Policyholder received this Policy document; or
3. From the Commencement Date of the Policy.

During this 31 (thirty-one) Day period, as defined above, the Policyholder may inform the Administrator In Writing of their requested cancellation. If no Benefit Amount has been paid or Claimed as yet or if the Claim Event insured against has not yet occurred, then any Premium paid up to the date of receipt of the cancellation request by the Administrator will be refunded to the Policyholder in full. In this scenario, the cancellation will be made immediately on the date of receipt of the cancellation request. No Death Benefit for the Life Insured on the Policy will be payable on or after the date of receipt of the cancellation request.

‘Day’ :means a 24 (twenty-four) hour period and “Days” has a corresponding meaning where the context so allows.

‘Death’ :means the Accidental Death or the Natural Death of the Insured Life.

‘Debit Order’ :is when the Premium Payer gives the Administrator their banking details and the Administrator deducts the Premium directly from their bank account. In this case the Premium Payer is the person or entity from whom the Insurer/Administrator collects the Premium.

This also refers to all deductions made from a debit card or credit card, if this was selected by the Premium Payer as their preferred payment method. Furthermore, it also refers to all cash payments made to the Insurer where the Premium Payer selects cash payments as their preferred payment method.

‘Exclusion’ :means the losses or risk events not covered under this Policy. Should a Claim Event arise from an Exclusion, no Benefit will be payable. ‘Exclusions’ shall have a corresponding meaning where the context so allows.

‘Extra Cover Boost’ :means the component of the total Death Benefit on the Life Insured, excluding the Basic Death Benefit.

“Extra Cover Boost Amount” shall have a corresponding meaning where the context so allows.

‘Extra Cover Boost

Percentage'	:means the percentage multiplied with the Basic Death Benefit to get the Extra Cover Boost Amount at Commencement Date.
'Extra Cover Percentage'	:means the percentage multiplied with the Basic Death Benefit to get the Extra Cover Boost Amount, which will be valid from the ending of the Initial Extra Cover Boost Period.
'Foreign National'	:means an adult who is a Non South African citizen. This is an adult who does not have a South African Identification Number, nor do they have a South African passport number but have a valid visa or work permit and who is permanently residing in South Africa with a valid passport within the period before expiry of such passport.
'Goodwill Payment'	:means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of the Insurer to a complainant as an expression of goodwill aimed at resolving a complaint, where the Insurer does not accept liability for any financial loss to the complainant as a result of the matter complained about.
'General Benefit Limits Document'	<p>:is the document which contains the maximum regulatory limits and other further material Policy information, such as minimum and maximum entry ages, amongst others.</p> <p>"General Benefit Limits" shall have a corresponding meaning where the context so allows.</p>
'HealthCheck'	:means the clinical examination and health tests that measure specific health indicators, conducted at a Dis-Chem clinic. Please see the General Benefit Limits document for more information
'HealthCheck Level'	:means the health level that the Life Insured obtains by going for their health checks. There are 5 (five) levels. The classification of the 5 (five) levels can be found in the General Benefit Limits Document.
'In Writing'	:means a letter handed over from the Policyholder to the Administrator (or Insurer) or vice versa. It also includes a registered letter, post or other modern form of written or electronic communication (that is, any communication by any appropriate electronic medium that is accurately and readily reducible to written or printed form. This includes but is not limited to E-mail, SMS or WhatsApp).

“Written Notice”, “Written/Electronic Communication” and “Written Request” shall have a corresponding meaning where the context so allows.

‘Initial Extra Cover Boost

Period’

:the 3 (three) month period from Commencement Date. In this period, the Life Insured will be required to go for health checks at a Dis-Chem clinic to keep their Extra Cover Boost.

‘Insured Life’

:means the person who has successfully applied for this Policy which has been accepted by the Insurer/Administrator, who is listed in the Policy Schedule and for whom the full Premium has been paid up to date. This is the same person as the Policyholder.

“Life Insured” shall have a corresponding meaning where the context so allows.

‘Insurer’

:shall mean the insurance company that underwrites this insurance, namely Guardrisk Life Limited (registration number 1999/013922/06 and FSP number 76), an authorised financial services provider and an insurer licensed to conduct life insurance business in terms of the Insurance Act 18 of 2017. See the disclosure notice for more details.

‘Misrepresentation’

:means the conscious decision to provide inaccurate or incorrect information in relation to any personal details or medical history or to change the true facts to mislead an interested party. This shall also mean the failure to disclose material information at the date of application that, had the Insurer been aware of, would have resulted in the Policy not being issued, or issued on different terms.

Misrepresentation also refers to situations where the Policyholder (or anyone acting on behalf of the Policyholder) fails to disclose any material information, or provides false information, or distorts information when applying for the Policy or at any point during the term of the Policy or at Claim stage.

“Misrepresent” shall also have a corresponding meaning where the context so allows.

‘Natural Death’

:shall refer to death that has not arisen from an Accident or Bodily Injury and is related to any illness, disease, infirmity or any other natural or degenerative cause.

‘Nominated Beneficiary’ :means the person or persons nominated by the Policyholder as the person in respect of whom the Insurer should meet the Policy Benefit, other than the Policyholder, on the Death of the Policyholder.

In order for an individual to be eligible to be a Nominated Beneficiary on the Policy, they must be at least 18 years of age as well as a South African Resident. A maximum of 5 (five) Nominated Beneficiaries may be allowed on a single Plan.

“Nominated Beneficiaries”, “Beneficiary” and “Beneficiaries” shall have a corresponding meaning where the context so allows.

‘Period of Insurance’ :the period for which Premiums remain paid and the Policy remains in force.

‘Personal Information’ :means personal information as defined in the Protection of Personal Information Act 4 of 2013, as amended from time to time.

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‘Policyholder’ :means the policy owner. It also refers to the Insured Life and Premium Payer.

Under this Policy, it is a requirement that the Policyholder, the Life Insured and the Premium Payer must all be the same person.

‘Policy’ :refers to the Policy Schedule, the terms and conditions contained in this document, the General Benefits Limits Document and any endorsements thereto. This a legal document that binds the Policyholder and the Insurer. This also includes any declarations made by the Policyholder at application stage.

‘Policy Anniversary’ :refers to the annual anniversary which occurs on the same day and month as that of the Anniversary Start Date.

“Policy Anniversary Date” shall have a corresponding meaning where the context so allows.

‘Policy Benefits’ :means the benefits specified on the Policy Schedule payable in the event of a valid Claim.

“Policy Benefit”, “Benefit” and “Benefits” have a corresponding meaning where the context so allows.

'Premium'	:the monthly amount payable as stated in the Policy Schedule or any endorsement issued in terms of this Policy.
'Premium Payer'	<p>:means the person or entity:</p> <ul style="list-style-type: none"> • from whose bank account the Insurer/Administrator deducts the Premiums if the Premium payment method is by Debit Order; or • from whose debit or credit card the Insurer/Administrator deducts the Premiums if the Premium payment method selected is by debit or credit card; or • who pays the Premium in cash each month. <p>The owner of this Policy must be the Premium Payer.</p>
'Premium Skip Feature'	:means the automatic feature which allows the Policyholder to skip a Premium payment in December each year. This means no Premium will be paid in December of each year after the Commencement Date. Please see further Benefit details in section 5.1.3.
'Protector Plan'	<p>:has an equivalent meaning as 'Policy'. There are two types of Protector Plans, namely the Education Protector Plan and the Grocery Protector Plan. Please refer to Your Schedule to see which one relates to this Policy.</p> <p>"Protector Plans", "Plan" and "Plans" shall have a corresponding meaning.</p>
'Regulatory Authority/Body'	:refers to the Information Regulator, the Financial Sector Conduct Authority (FSCA) and the Prudential Authority (PA).
'Repudiate'	<p>:means, in relation to a Claim, any action by which the Insurer rejects or refuses to pay a Claim or any part of a Claim, for any reason, and includes instances where a Claimant lodges a Claim-</p> <ul style="list-style-type: none"> (i) in respect of a loss event or risk not covered under this Policy; (ii) in respect of a Claim Event covered by this Policy but the Premium(s) payable in respect of this Policy has (have) not been paid up to date; and (iii) in respect of Policy terms and conditions not being met, <p>'Repudiation' and 'Repudiated' shall have a corresponding meaning where the context so allows.</p>
'Schedule'	:the document specifying the scope of cover with information relating to the significant Exclusions, name of the Insured Life, Benefit features, Benefit

Sum Assureds, Policy Premium and any other material Policy terms and conditions, as attached to this Policy.

“Policy Schedule” shall have a corresponding meaning where the context so allows.

‘Sum Assured’ :means the equivalent of the Benefit Amount as stated on the Schedule.

‘Unclaimed Benefit’ :means a benefit in terms of an approved Claim where the Benefit can’t be paid to the Nominated Beneficiary within 3 (three) months of the Claim having been approved because the Nominated Beneficiary is not contactable. In other words, the Nominated Beneficiary cannot be located, his/her emails are undelivered, his/her post is returned to the Administrator and/or his/her contact number is no longer in use.

“Unclaimed Benefits” shall have a corresponding meaning where the context so allows.

‘Variation’ :means any act that results in a change to:

- (i) the Premium;
- (ii) any terms;
- (iii) any condition;
- (iv) any Policy Benefit(s);
- (v) any Exclusion; or
- (vi) the duration of this Policy,

and “Vary” and “Variations” shall have a corresponding meaning where the context so allows.

‘Waiting Period’ :means a period of 6 (six) full calendar months starting from the Commencement Date and which is applicable for Natural Death and is the period during which the Policyholder is not covered for Natural Death and where the occurrence of such Claim Events will result in no entitlement for any Policy Benefit. There is no Waiting Period for Accidental Death.

There will also be a Waiting Period of 12 (twelve) full calendar months starting from the Commencement Date for death due to suicide for the Life Insured. Suicide will not be covered during this period and no Claim will be paid if the death is caused by suicide during this period.

‘We, Us, Our’ :means Guardrisk Life Limited (‘Guardrisk’) – an authorised Financial Services Provider, FSP No. 76

'You, Your'

:the person named as the Life Insured or Policyholder in the Policy Schedule.
You must be 18 years of age and be a permanent resident of South Africa and permanently residing in South Africa.

The requirement of permanently residing within South Africa may be reviewed from time to time, at sole discretion of the Insurer or Administrator.

3. Operative Clause

In return for the timeous and prior payment of the required monthly Premium by You, the Policyholder, and receipt thereof by the Insurer and subject to the terms of cover, a Benefit Amount will be paid, for a valid Claim, on receipt of the necessary Claim documentation based on the following:

- The Claim Event occurs within the Period of Insurance;
- The event giving rise to a Claim is covered in terms of the Exclusions and/or the terms and conditions of this Policy;
- The truth and accuracy of the information given at the time of application;
- The Claim Event arises outside any applicable Waiting Period(s), where applicable;
- The Claimant provides the Insurer/Administrator with all the relevant documents that We may require; and
- The Claim is reported within the prescribed periods.

4. Eligibility

You qualify for this Policy if:

- You are a South African resident or a Foreign National; and
- You reside within the borders of South Africa; and
- At the Commencement Date of Your Policy, You are at least 18 (eighteen) years old but not older than 65 (sixty-five) years of age.
- Foreign Nationals will also require certain documentation to help validate their identification. These will be specified by the Administrator or Insurer at the Commencement Date and may change from time to time at the sole discretion of the Administrator or Insurer.

The maximum number of Protector Plans that You may take out is as follows:

- Grocery Plan - maximum of 1 (one) Plan
- Education Plan - maximum of 2 (two) Plans

These maximums will be reviewed from time to time, at the sole discretion of the Insurer or Administrator.

4.1. Entry and Expiry Ages

4.1.1. Entry Ages

Please refer to the General Benefit Limit Document for the minimum and maximum entry ages for the Protector Plans.

4.1.2. Expiry Age

There are no upper age limits once cover is in force, provided Premiums continue to be paid.

5. Benefits Payable

Payment of a Death Benefit under this Policy will only be considered if You have complied with all the terms and conditions of this Policy, and if the Claimant has complied with all the requirements of the Claims process.

5.1. Death Benefit

The Death Benefit Amount for the Life Insured can be found in the Policy Schedule. Please refer to the Policy Schedule for more details. The Death Benefit for the Life Insured will consist of two parts: 1) The Basic Death Benefit and 2) the Extra Cover Boost, which will be both paid on a valid Claim Event.

5.1.1. Death Benefit

An amount equal to, but not exceeding, the Death Benefit Amount (including the Extra Cover Boost for the Life Insured, and as specified in the Policy Schedule) will be paid if the Life Insured on the Policy passes away, from either Natural Death or Accidental Death.

For purposes of this Benefit, a Claim for Natural Death cannot be lodged within the first 6 (six) full calendar months from the Commencement Date. There is no waiting period for any Accidental (unnatural) Deaths.

Additionally, no Claim can be lodged for a suicide within the first 12 (twelve) full calendar months from the Commencement Date. Suicide will not be covered during this 12 (twelve) calendar months period and no Claim will be paid if the death is caused by suicide during this period.

The Death Benefit Sum Assured will grow with inflation every year. This increase will be made at Your Policy Anniversary each year. Once a Death Benefit is paid, the Policy ceases and no further payouts will be made. The inflationary increase to the Death Benefit Sum Assured (as described above) will be subject to a maximum of 10% each year. Please note that this maximum amount will be reviewed annually by the Administrator/Insurer and may be amended at either's sole discretion.

There will be no refund of any Premium(s) paid by the Policyholder on the Death of any of the Lives Insured.

5.1.2. Extra Cover Boost Benefit

At Dis-Chem Life, we believe that individuals who actively manage their health should be rewarded with enhanced cover. That's why we are offering the Extra Cover Boost, a benefit designed to provide enhanced protection for those taking steps to understand and improve their health. This additional cover is directly linked to your health management.

The Life Insured will automatically receive an upfront boost on their Basic Death Benefit Sum Assured, called the Extra Cover Boost Amount. The Extra Cover Boost Amount will be paid out on a valid Death Claim Event, in addition to the Basic Death Benefit.

The following table contains the Extra Cover Boost Percentage applicable to the Life Insured's Basic Death Benefit Sum Assured. To receive the Extra Cover Boost Amount, one would need to multiply the Basic Death Benefit by the percentages below.

Extra Cover Boost Percentage		
Age at Entry: 18-40	Age at Entry: 41-50	Age at Entry: 51+
150%	100%	50%

The Extra Cover Boost Amount will automatically apply for 3 (three) full calendar months for the Life Insured from the Commencement Date of this Policy. This period is called the Initial Extra Cover Boost Period.

Prior to the expiry of the Initial Extra Cover Boost Period, the Life Insured will be required to go for Health Checks at a Dis-Chem clinic. After the Life Insured has gone for the Health Checks, the Life Insured will receive this additional death cover for the rest of the Policy term. The amount of additional cover will depend on the outcomes of their Health Checks at that point in time. Please refer to the examples set out below, which describe how the Life Insured's Health Level can impact the Extra Cover Boost Amount.

If the Life Insured fails to go for their Health Check, the Extra Cover Boost Amount will automatically fall away after the Initial Extra Cover Boost Period.

The table below indicates the Extra Cover Boost the Life Insured will receive based on the result of their Health Check and their corresponding assigned HealthCheck Level. The metrics used to calculate the HealthCheck Levels are based on various health categories and can be found in the General Benefit Limit Document. The Extra Cover Boost will be based on the Life Insured's age at the Commencement Date of this Policy.

HealthCheck Level	Extra Cover Percentages		
	Age at Entry: 18-40	Age at Entry: 41-50	Age at Entry: 51+
Level 0 (No Health Check)	0%	0%	0%
Level 1	10%	10%	10%
Level 2	25%	20%	15%
Level 3	50%	30%	20%
Level 4	100%	50%	35%
Level 5	150%	100%	50%

Example 1

Suppose the Life Insured, aged 35, chooses a Basic Death Benefit of R50 000. The Extra Cover Boost Percentage is 150%. The Extra Cover Boost Amount is therefore R75 000 ($R50\,000 \times 150\%$) and the total Death Benefit for the Life Insured is R125 000 ($R50\,000 + R75\,000$).

Both the Basic Death Benefit Amount and the Extra Cover Boost Amount will increase with CPI at each Policy Anniversary, as per the normal Policy rules.

Where the Basic Death Benefit is increased electively during the Policy term, additional Extra Cover Boosts will apply. All policy rules, conditions, terms, waiting periods and workings that apply to the Basic Death Benefit through section 5 apply to the Extra Cover Boost Benefit.

To remove any confusion, please note that all Waiting Period rules, as per section 5, apply to the Extra Cover Boost Benefit. Specifically:

- The Extra Cover Boost Benefit is paid where a valid Claim occurs during a grace period.

Example 2

Suppose the Life Insured, aged 35, chooses a Basic Death Benefit of R40 000. The Extra Cover Boost Percentage is 150%. The Extra Cover Boost Amount is therefore R60 000 ($R40\,000 \times 150\%$) and the total Death Benefit for the Life Insured is R100 000 ($R40\,000 + R60\,000$).

The Extra Cover Boost Amount will remain on the Policy for the whole of the Policy term provided the Life Insured goes for their first Health Check within 3 (three) months of the Commencement Date, else the Extra Cover Boost Amount falls away.

The Life Insured can go for additional Health Checks at any point in the Policy term where these tests are performed and a better HealthCheck Level is obtained, the Extra Cover Boost Amount will

automatically be increased to the correct level. If the Health Checks are done and the Life Insured's HealthCheck Level is worse, the Extra Cover Boost Amount will not reduce.

If no tests were done previously (that is not done before the end of the Initial Extra Cover Boost Period) and the Extra Cover Boost Amount fell away, the Life Insured can still go for Health Checks at any point in the Policy term and the Extra Cover Boost Amount will be adjusted to the correct level.

Example 3

Details:

- Suppose the Life Insured, aged 35, chooses a Basic Death Benefit of R40 000.
- The Extra Cover Boost Percentage is 150%. The Extra Cover Boost Amount is therefore R60 000 ($R40\,000 \times 150\%$)
- The total Death Benefit for the Life Insured is R100 000 ($R40\,000 + R60\,000$).
- The Premium for Life Insured is R100.
- Ignore annual premium and benefit increases in this example
- The following time periods are after the Commencement Date

2 months:

The Life Insured completes their Health Check within the first 2 (two) months of the Policy Commencement Date. The Life Insured is awarded a HealthCheck Level of 4 and they keep an Extra Cover Boost Amount of R40 000 ($R40\,000 \times 100\%$). Their total Death Benefit is R80 000 ($R40\,000 + R40\,000$) for the rest of their policy term. The Policy Premium is R100.

14 months:

The Life Insured completes their second Health Check. The Life Insured is awarded a HealthCheck Level of 2. They continue to keep their Extra Cover Boost Amount of R40 000 ($R40\,000 \times 100\%$). Their total Death Benefit is R80 000 for the rest of their policy term. The Policy Premium remains at R100.

22 months:

The Life Insured completes their third Health Check. The Life Insured is awarded a HealthCheck Level of 5. The Life Insured now increases their Extra Cover Boost Amount of R60 000 ($R40\,000 \times 150\%$). Their total Death Benefit is R100 000 ($R40\,000 + R60\,000$) for the rest of the Policy term. The Policy Premium remains at R100.

Please also note that the percentages in the Extra Boost table may be adjusted, from time to time, at the Administrator/Insurer's sole discretion.

5.1.3. Premium Skip Feature

In recognition of the financial pressures and unique family priorities that come with the festive season, our unique Protector Plan offers You the benefit of not having to pay Your December Premium each year.

We understand that December is a time when families come together and expenses often increase, making it challenging for many households to balance costs. By alleviating this financial burden, we aim to bring a little extra peace of mind, ensuring that You can focus on what truly matters—creating cherished memories with loved ones, without the worry of an additional expense.

The Premium Skip Feature is an automatic feature on the Policy. Under this feature, the Policyholder will not pay their December Premium.

The Premium Skip Feature will automatically apply to the Premium in December every year as long as the Policy remains in force. The cover for the Life Insured on the Policy will not be affected during the month of December and the Policy coverage will not be affected in this month.

The Premium Skip Feature will only apply if at least 1 (one) full Premium has been received in respect of this Policy (and not subsequently reversed later on). If a Premium has not been paid and thus the Policy has not yet commenced, the Premium Skip Feature will not apply.

The Premium Skip Feature will only apply if all Premiums are paid up to date, prior to the December billing date.

Example 1

A Policyholder takes out a Dis-Chem Life Education Protector Policy on 1 January 2023. The Policyholder selects the 1st of the Month as the applicable billing day. The Policyholder pays all Premiums up until 1 November 2023.

As of 1 December 2023, the Policy has been in force for 11 months and all Premiums are paid up to date. Therefore, the Premium Skip Feature will apply and as such no Premium will be paid on 1 December 2023. The Policyholder's cover will remain in force until the next Premium payment on 1 January 2024.

Example 2

A Policyholder takes out an Dis-Chem Life Education Protector Policy on 1 December 2023 with the Billing Date on 25th December 2023. As inception is the same month as the first billing date, no

Premiums have been paid. Therefore, the Premium Skip Feature will not apply in December 2023 and a Premium will be due.

The Premium Skip Feature will then first apply the following December given the Policy remains in-force, and all Premium payments are up to date at that point in time. This means that the Premium Skip Feature applies from the 25th of December 2024 onwards.

Example 3

A Policyholder takes out an Dis-Chem Life Protector Policy on 1 October 2023 with a first Billing Date on 25th November. As of 25th December 2023, the Policyholder has still not paid their November premium. Therefore, the Premium Skip Feature will not apply on 25th December 2023.

Please note that:

- If the Premium Skip occurs in the month in which the Policy Anniversary occurs:
 - The Premium Skip will apply as normal; and
 - The Policy Anniversary will remain unchanged; and
 - The Cover Amount will increase in line with annual benefit increases; and
 - The Premiums will increase in line with annual premium increases; and
 - The Premium increase will be applicable from the following month.

Example

A Policyholder takes out an Dis-Chem Life Education Protector Policy on 1 December 2022. The Policy Anniversary is therefore 1 December 2023. The Policyholder selects the 1st of the Month as the applicable billing day. The Policyholder pays all Premiums up until 1 November 2023. As of 1 December 2023, the Policy has been in force for 12 months and all Premiums are paid up to date. Therefore, the Premium Skip Feature will apply and no Premium will be paid on 1 December 2023.

The Policy Anniversary will still apply on 1 December 2023 and the Cover Amount will increase in line with the annual benefit increases (CPI). The Premium will also increase in line with annual premium increases, however, no Premium is paid on 1 December 2023. The increased Premium will be applicable for every Premium payable From 1 January 2024 until the following Policy Anniversary on 1 December 2024.

There is no explicit Premium payable on the Premium Skip Feature since it will be automatically embedded in the Premium for the underlying feature on the Policy.

5.2. General Exclusions for Death

Please note that the following Exclusions relate to Death Claims.

The Insurer shall not be obliged to make any payment in respect (of any Death Claim or any Premium refund) of any condition or event which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with, traceable to or resulting from any of the following:

- Intentional self-inflicted injury, suicide or a suicide attempt (whether sane or insane) within the first 12 (twelve) full calendar months for the Life Insured from the Commencement Date or from the reinstatement date;
- The Insured Life's active participation in the commission of a criminal activity resulting in a Claim Event;
- Nuclear accidents, war or armed conflict (whether war be declared or not), terrorist or insurgency activities, rebellion, civil commotion, sedition, sabotage or any activity associated with the foregoing, or the defense, quelling, investigation or containment thereof by any security force;
- Illegal acts of the Insured Life or the Insured Life's personal representatives;
- Intentional and negligent consumption of poisons, drugs and narcotics by the Life Insured unless prescribed by a registered medical practitioner (You may not perform the role of a registered medical practitioner in such a case). Additionally, the Administrator and Insurer both reserve the right to request an independent medical practitioner, as nominated by either the Administrator or Insurer, to independently assess the Claim if so required;
- If the Insured Life's Claim occurred outside of South Africa, in a country where the risks, in the opinion of the Administrator/Insurer, and at either's sole discretion (at the time of Claim), are greater than those to which they would have been exposed to in South Africa.
- Direct/indirect Death of the Life Insured as a result of driving under the influence of alcohol, where their blood alcohol level is higher than that permitted by law;

Please note that the above list will be reviewed from time to time and may be amended by the Administrator and/or the Insurer, at either's sole discretion.

6. General Policy Rules

6.1. Specific Restrictions on Liability

The Insurer's liability in terms of the Policy shall cease in the event of a Claim settlement being made for the Death Benefit of the Life Insured. This is applicable to a once-off Death Claim payment.

6.2. Termination of the Policy

This Policy will terminate or end on the earliest of the following:

- On the date a Death Claim for the Life Insured has been paid;
- On the last Day of the billing cycle in which You paid the Insurer/Administrator a Premium;
- On the last Day of the billing cycle in which You paid the Insurer/Administrator a Premium, where You provide a cancellation instruction In Writing to the Administrator or Insurer;
- When We cancel the Policy by giving You 31 (thirty-one) Days' Written Notice;
- Any fraudulent means are used by You or anyone acting on Your behalf (or by any Claimants) to obtain any Benefit Amount or Claim amount under this Policy;
- Any Misrepresentation, fraud or non-disclosure is found by You or anyone acting on Your behalf or by any Claimants;
- We may immediately cancel this Policy or place it on hold, refuse any transaction or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal behaviour.

6.3. Cooling-off Period and Cancellation Procedure and Consequences

This Policy can be cancelled by You, the Policyholder, within the Cooling-off Period by informing the Administrator In Writing of Your requested cancellation, provided no Benefit Amount has been paid or Claimed or the Claim Event insured against has not yet occurred. In this scenario, any Premium paid during this Cooling-off Period up to the date of receipt of the cancellation request will be refunded to You in full. Your Cover will cease immediately upon receipt of this cancellation request.

Should You wish to cancel Your Policy at any time after the initial Cooling-off Period, You must provide a cancellation instruction In Writing to the Administrator or Insurer. We will provide cover until the last Day the same billing cycle in which a Premium has already been paid in which the cancellation instruction has been received. Please note that such cancellations, after the initial 31 (thirty-one) Days Cooling-off Period, will not attract a refund of any Premiums paid.

6.4. No Surrenders or Cessions

This Policy acquires no surrender, paid-up or loan values. There is no cumulative effect of Premiums paid and each monthly Premium is used to cover the risk for that specific month. Each month a Premium is required to be paid to renew the cover. Additionally, no cessions will be allowed.

There is no surrender value in respect of the Protector Plan and nothing will be paid out when the Policyholder cancels their Policy.

6.5. Condition Precedent

Strict compliance by You with all the provisions, conditions and terms of this Policy shall be a condition precedent to liability on the part of the Insurer hereunder.

6.6. Interpretation

The decision of the Insurer as to the meaning of or interpretation of the Policy shall be final and binding on the Policyholder and every person claiming to be entitled to a Benefit in terms of this Policy.

6.7. Personal Liability

No director, agent, representative or employee of either the Insurer or Administrator shall be personally liable in respect of any Claim or any other demand in terms of this Policy.

6.8. Policy Variation

This Policy is issued on the basis that the statements and information made and set forth in the application 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 of this Policy.

The Insurer will not change or Vary the terms and conditions during the first 12 (twelve) months after the Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the terms and conditions or when the Variation to the terms and conditions will be to the benefit of the Policyholder. After the first 12 (twelve) months, the Insurer reserves the right to change or Vary the terms and conditions annually. Any changes to the terms and conditions will be notified to the Policyholder 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for any change to the provisions, terms or conditions of the Policy and an explanation of the implications of the change. Any Variations and/or changes will be binding on both the Insurer and the Insured Life and can be applied only after Written Communication of these changes has been sent to the Policyholder's last known address as it appears in our records at that time.

No Variation to this Policy will be binding on the Insurer unless made In Writing and signed by a duly authorized officer of the Insurer and confirmed thereafter by payment of the Policyholder of the Premium

whether varied or not. No act or omission to act by the Insurer or any officer or employee of the Insurer shall be deemed to be a representation on behalf of the Insurer upon which the Insured Life or the Insured Life's heirs, executors or assigns are entitled to act.

6.9. Custody of Policy

A copy of this Policy shall be held by the Policyholder and the Insurer who shall both attach thereto such Schedules as may form part of this Policy from time to time. In the event of any discrepancy arising between the Policy held by the Policyholder and the Insurer, the Policy and Schedules held by the Insurer, shall constitute *prima facie* proof of the applicable terms and conditions in force at any specific point in time.

6.10. Benefits not assignable

The Policyholder may not cede, assign, pledge or otherwise alienate the Benefits or the rights to Benefits in terms of this Policy and such Benefits shall not be subject to any form of execution or judgment and shall not, on insolvency, or on surrender form part of the estate of the Policyholder.

6.11. Remuneration payable to the Administrator and Intermediaries

The remuneration payable to the Administrator is as follows: Commission will be earned by the Administrator and is part of the Premium. The commission is 3.25% of each Premium over the lifetime of the Benefit, where the lifetime is subject to a minimum of 10 years and a maximum of 25.64 years. The Commission is regulated in terms of the Insurance Act. The Administrator also earns a 9% binder fee, a 12.5% outsource fee and a specific Policyholder outsource fee (please refer to the Schedule for this percentage) for performing activities on behalf of the Insurer which is included in the monthly Premium and payable to the Administrator.

7. Premium

7.1. Premium Payment

A Premium is payable each month. The owner of the Policy must pay the Premium of the total amount stated in the Policy Schedule. Premiums are payable monthly in advance from the first selected billing day for the duration of the Policy.

The monthly Premium will automatically be debited from Your selected payment method (Your bank account, debit card or credit card, whichever You select as Your preferred payment method) by Us on Your selected payment date. If Your selected payment date falls on a weekend or recognized South African Public Holiday, Your Premium payment date may change, and We may debit Your selected payment method on a different date. If a DebiCheck debit order is selected as the preferred payment method, then the monthly Premium may be deducted on a date different to the selected payment date. Your monthly instalment may also be debited earlier in December and / or April because of public holidays or on other days. If there are insufficient funds in Your account to cover Your Debit Order, We may track Your account until sufficient funds are available for Us to deduct.

A Premium will be debited from Your selected payment method on Your Date of Commencement. That is, once You have concluded the onboarding process, a deduction from Your selected payment method will be made on Your selected payment date (Commencement Date). This deduction will occur on the first Billing Day after the Policy was taken out.

We will only consider the Premium as paid when it is confirmed received by the Insurer. This is provided that the Premium is not reversed later. You will only have rights to ownership of the Policy when the first Premium is received. This means that the Insurer will only become liable to provide Policy Benefits, once the first Premium is received

7.2. What happens if the Premiums are not paid on the due date? (Grace Period)

Non-payment of Premiums work differently depending on whether the Policyholder has paid a Premium and the Policy has commenced, or before a Premium has been paid.

The scenarios work as follows:

- If Your Policy has not yet activated and You miss a premium payment, We will attempt to collect this the following month. If that attempt fails, We will try again the next month. If a total of three Premiums remains unpaid, Your Policy will automatically lapse, and all associated Benefits will be terminated.

- If Your Policy has activated and You miss a premium payment, We will attempt to collect this and the next month's premium the following month. If a total of two premiums remains unpaid, Your policy will automatically lapse, and all associated benefits will be terminated. Any Claim occurring in a month where a Premium has not been paid will be considered and if approved, the outstanding Premium will be deducted from the Benefit Amount. Any Claim occurring in a month after the Policy has either lapsed or cancelled will be declined.

7.3. Premium Escalation

The monthly Premium will escalate annually by a factor at Your Policy Anniversary, specified by the Administrator each year, which takes into account inflation as well as the Life Insured's age at that point in time. You will receive a notification of such increase 31 (thirty-one) Days before Your Policy Anniversary Date.

7.4. What if Premiums increases are not affordable?

Each year, 31 (thirty-one) Days before Your Policy Anniversary date, the Administrator will inform You of how Your Policy will change after Your Anniversary Date. If for any reason You are unable to afford the premium increases, You should notify the Insurer/Administrator before the Anniversary Date. If You cannot afford the changes, for whatever reason, You may adjust Your policy by reducing Benefits to allow for a lower Premium, to suit Your individual situation and what You can afford at that point in time. A new Policy Schedule will be sent to You confirming the changes made.

7.5. Premium Adjustment

The Insurer will not change or Vary the Premium rate during the first 12 (twelve) months after Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the Premium rate or when the variation will be to the benefit of the Policyholder. After the first 12 (twelve) months, the Insurer reserves the right to review and change the Premium and cover annually. Any changes to the Premium rate will be notified to the Policyholder 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the Premium rate and will afford the Policyholder with reasonable steps, such as an option to terminate the policy, to mitigate the impact of the increase on the Policyholder. The Premium rates may be amended or changed, based on the following factors: past and future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any moral hazard; any regulatory and legislative changes impacting this Policy or any other factor impacting the Premium that the Insurer deems material at the time.

8. Claims

8.1. How to claim

If Your Beneficiaries need to report a Claim, please contact the Administrator at:

Telephone : 0800 000 123

Email : claims@dischemlife.co.za

We will then send Your Beneficiaries the forms to complete (the claim forms can also be found online at www.dischemlife.co.za). Your Beneficiaries must let either the Administrator or the Insurer know of the Claim Event within three months from the date of Your Death, unless there are extenuating circumstances for the late notice thereof. All relevant Claim documents must be completed and submitted within three months of Your Death, unless there are extenuating circumstances for the late completion and submission thereof. If no notification is made to Administrator or Insurer within this period, no payout will be considered. A Claim will be paid out once both the Administrator and Insurer are satisfied. There is no specified timeframe for this. Please note that Insurer/Administrator will decide, at their sole discretion, what constitutes an 'extenuating circumstance' on a case by case basis.

Claim documentation required on Death:

- Claim Form - A fully completed claim form signed by the Life Insured/Beneficiary
- A certified copy of the death certificate
- A certified copy of the DHA1663 – Notice of Death Form
- A certified copy of the deceased's Identity Document
- A medical report completed by the attending doctor or specialist
- A certified copy of the Life Insured's/Beneficiary's Identity Document
- Proof of bank account of the Life Insured/Beneficiary
- A Police Report completed by the investigating officer in instances where the death is as a result of murder, motor vehicle accident, suicide or where the death is under investigation
- Any additional requirements that Administrator/Insurer may reasonably require in order to validate a Claim.

The Insurer reserves the right to review the claim documentation requirements and to change these from time-to-time should the need arise.

In the event that the Insurer/Administrator may need to request for further evidence, the Claimant will be required to supply such further evidence to the Insurer/Administrator within 6 (six) months of Our request. In terms of requesting further evidence, the Insurer/Administrator also reserves the right, at Our sole discretion, to request an independent Medical Practitioner's diagnosis and report to determine validity of any Claim.

If We Repudiate a Claim but subsequently agree to pay a Goodwill Payment, such payment action will not constitute a precedent and will be applied on fairness principles and equity based on merit. We, even though the Policyholder has not fulfilled conditions of this Policy, are not prevented from Repudiating any future Claim for any similar or any other omission of the terms and conditions of this Policy.

8.2. Repudiation of the Claim and Time Bar

In the event of a Claim being Repudiated or the Claimant disputes the *quantum* of the Benefit Amount paid by the Insurer/Administrator, the Claimant is entitled to make representation to Us in respect of Our decision to reject the Claim or as to the manner in which the *quantum* of the Benefit Amount was calculated for a period of 180 (one hundred and eighty) Days from the date of receipt of the letter of Repudiation or the date of the Claim payment.

If the representation is unsuccessful or the dispute is not resolved at the end of this 180 (one hundred and eighty) Day period then the Claimant has an additional 6 (six) months to institute legal action against Us by way of a summons, failing which We will no longer be liable in respect of the Claim and such legal action will no longer be possible.

Representation must be submitted In Writing to Guardrisk Life Limited:

Address:	PO Box 786015, Sandton, 2146
Email:	LifeClaims@Guardrisk.co.za or info@Guardrisk.co.za
Tel:	011 669 1000

Where the Claimant is not satisfied with the response from Us, the Claimant is entitled to escalate the matter/a complaint to the National Financial Ombud Scheme on:

Physical address

Cape Town:	Claremont Central Building, 6 th Floor, 6 Vineyard Road, Claremont, 7708
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Physical address

Johannesburg:	110 Oxford Road, Houghton Estate, Illovo, 2198
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Email:	info@nfosa.co.za
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Tel:	0860 800 900
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Website:	www.nfosa.co.za
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In terms of Section 15 of the Financial Services Ombudsman Schemes Act No. 37 of 2004, that on receipt of the official referral to the aforementioned Ombudsman, any applicable time barring clause in terms of this Policy or the running of prescription in terms of the Prescription Act No 68 of 1969 from the date of referral to the date of withdrawal of the referral, or determination of the referral by the Ombudsman, shall be stayed. If the dispute is not satisfactorily resolved in this manner, legal action may be instituted against the Insurer for the enforcement of the Claim by way of the service of summons against the Insurer. Summons must be served on the Insurer within 6 (six) months from the date the Claimant receives the outcome in

respect of the representations made, failing which all Benefits in respect of such Claim shall be forfeited and no liability can arise in terms of such Claim.

Additionally, if any person affected by a decision of the Insurer is dissatisfied with the decision, such person shall have the right to refer the matter for arbitration. Referrals to arbitration shall be in accordance with the provisions of the Arbitration Act, 1965. Notice of intention to exercise this right shall be given by the person concerned to the Insurer within 90 (ninety) Days of the Insurer's decision. Before the arbitration commences, the person concerned shall furnish such security for the costs of arbitration as the Insurer may reasonably require. The costs of the arbitration shall follow the award of the Arbitrator.

8.3. Misrepresentation, non-disclosure and fraud

8.3.1. Misrepresentation and non-disclosure

If any information given by You, the Life Insured or anyone acting on Your (or the Life Insured's) behalf or by any Claimants under this Policy is in any way Misrepresented by You, the Life Insured or anyone acting on Your (or the Life Insured's) behalf (or by any Claimants) or any material information has been omitted under this Policy, all Policy Benefits under the Policy will be voided.

It is Your responsibility to inform the Administrator or the Insurer if any of Your or the Life Insured's (if different) circumstances change and where this could affect the outcome of a potential Claim and/or invalidate this Policy and its Benefits.

In addition, in the event of Misrepresentation, mis-description or non-disclosure by You, the Life Insured or anyone acting on behalf of You or the Insured Life, of anything material to the assessment of the risk, the Policy will be voided ab initio and all Benefits under this Policy will be forfeited. Paid Premiums will be refunded by applying the legal remedy of rescission.

Should any Benefits have been paid out on the basis of the information provided by the Policyholder to the Administrator or Insurer, and such information, at the sole discretion of the Insurer subsequently proves to be deliberately incorrect in any material respect, the Insurer and Administrator both retain the right to take such steps as may be required to put them in the position that they would have been in if the correct information had been received timeously.

Please note that any Misrepresentation of age for the Life Insured on the Policy will not invalidate the Policy or any of its Benefits. This scenario will result in an adjustment to the Policy and its Benefits to be commensurate with the correct age and Premium.

Furthermore, should You or the Life Insured (or anyone acting on Your or the Life Insured's behalf) Misrepresent any information when applying for Your Policy, the Insurer will be entitled to suspend

Your cover from the Commencement Date of Your Policy. In addition to this, the Insurer will also be entitled to:

- Refuse to pay out any current or future Claims that are related to the Misrepresentation or non-disclosure
- Adjust Your Premium from the date of the Misrepresentation or non-disclosure
- Recover monies already paid to any Beneficiaries for Claims that relate to the Misrepresentation or non-disclosure
- Cancel or reduce certain Benefits or Your entire Policy with immediate effect.

8.3.2. Fraud

If any fraudulent means are used by You, the Life Insured or anyone acting on Your or the Life Insured's behalf (or by any Claimants) to obtain any Benefit Amount or to Claim under this Policy, all Policy Benefits under the Policy and all Premiums paid in terms of the Policy will be forfeited and the Policy will be voidable at Our option. Appropriate action will be taken as deemed necessary by the Insurer. Paid Premiums will not be refunded in this scenario.

Should any Benefits have been paid out on the basis of the information provided by the Policyholder to the Administrator or Insurer, and such information, at the sole discretion of the Insurer subsequently proves to be deliberately incorrect in any material respect, the Insurer and Administrator both retain the right to take such steps as may be required to put them in the position that they would have been in if the correct information had been received timeously.

If any fraudulent means are used by the Policyholder or Claimant or anyone acting on their behalf to obtain any Benefit under this Policy or if the Claim Event insured against is occasioned by the Policyholder or Claimant's intentional act, or with connivance, all Benefits under the Policy and all Premiums paid in terms of the Policy will be forfeited and the Policy will be voidable at the Insurer's option.

8.3.3. Intentional Acts

If any of the Claim Events insured against are occasioned by You or the Life Insured's (if different) intentional act, or with Your or the Life Insured's (if different) connivance (or by anyone acting on Your or the Life Insured (if different) behalf), all Policy Benefits under the Policy and all Premiums paid in terms of the Policy will be forfeited and the Policy will be voidable at Our option. Appropriate action will be taken as deemed necessary by the Insurer. Paid Premiums will not be refunded in this scenario

8.3.4. Offset

The Insurer and/or the Administrator has a right to deduct (set-off) from any Benefit payment due to You, any amount which You may owe to the Administrator and/or the Insurer as a result of any erroneous payment or overpayment of any Claim.

8.4. Beneficiaries

You may appoint a Beneficiary (or Beneficiaries) at any time to receive any of the Benefits payable on Your Death. You may remove or change Your Beneficiary (or Beneficiaries) at any time. Notice of any changes must be made In Writing.

The appointment or removal of a Beneficiary (or Beneficiaries) will only be binding if the Insurer/Administrator lets You know In Writing that the Insurer/Administrator have recorded Your Beneficiary nomination. An updated Schedule will be issued upon such a change being made.

8.5. Unclaimed Benefits

If a Benefit under this Policy is an Unclaimed Benefit, We will take action to determine if the Principal Insured/Nominated Beneficiary is alive and/or aware of the Benefit payable to him/her under this Policy. Specifically, in the 3 (three) year period after the Unclaimed Benefit arises, We may:

- attempt to contact the Principal Insured/Nominated Beneficiary telephonically and electronically to advise them of the Unclaimed Benefit; or
- determine the last known contact information of the Principal Insured/Nominated Beneficiary by comparing internal and external databases, including the use of internet search engines and/or social media; or
- appoint an external tracing company to locate the Principal Insured/Nominated Beneficiary.

Before the end of the 3 (three) year period referred to above, We will confirm the Unclaimed Benefit and transfer the amount of the Unclaimed Benefit to an account in the name of the Insurer, and the Insurer will accept liability for the Unclaimed Benefit.

8.6 Set-Off

The Insurer and/or the Administrator has a right to deduct (set-off) from any Benefit payment due to You, any amount which You may owe to the Administrator and/or the Insurer as a result of any erroneous payment or overpayment of any Claim.

9. General Legal Compliance

9.1. Indulgence, Leniency or Extension

No indulgence, leniency or extension of time which the Administrator or the Insurer may grant or show to You, shall in any way prejudice the Administrator or the Insurer, or preclude the Administrator or the Insurer, from exercising any of their rights in the future.

9.2. Jurisdiction and Governing Law

Only the courts of South Africa shall have jurisdiction to entertain any Claims arising out of or in respect of this Policy and the law of South Africa shall apply to this Policy.

The parties hereby consent to the jurisdiction of the High Court of South Africa (South Gauteng Division, Johannesburg), in respect of all Claims and causes of action between them, whether now or in the future, arising out of or in respect of this Policy.

9.3. Processing and Protection of Personal Information

Your privacy (and that of the Life Insured, if different) is of utmost importance to the Administrator, our Affiliates and the Insurer. The Administrator/Insurer will take the necessary measures to ensure that any and all information, including Personal Information (PI) and Protected Health Information (PHI) (as defined in the Protection of Personal Information Act 4 of 2013) provided by You (or the Life Insured, if different) which is collected from You (or the Life Insured, if different) is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You (and the Life Insured, if different) hereby agree to give honest, accurate and up-to-date PI and PHI and to maintain and update such information when necessary.

You (and the Life Insured, if different) accept that all PI and PHI collected by the Administrator, our Affiliates and the Insurer may be used for the following reasons:

1. to establish and verify Your (and the Life Insured's, if different) identity in terms of the Applicable Laws;
2. to establish and assess Your (and the Life Insured's, if different) health in terms of the risk to be insured;
3. to enable the Administrator, our Affiliates and the Insurer to fulfil our obligations in terms of this Policy which includes but not limited to policy servicing, premium collection, claims management, required communication;
4. to enable the Administrator and our Affiliates to market our products to You unless you have opted-out of receiving any marketing from us or our Affiliates;
5. to enable the Administrator, our Affiliates and the Insurer to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
6. to enable the Administrator, our Affiliates and the Insurer to take the necessary measures in the event of a data or security breach in terms of the Applicable Laws; and
7. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

The Administrator, our Affiliates and the Insurer will collect Your PI and PHI when You interact with the Administrator's services, including when You visit the Administrator's website, use the Administrator's applications, or communicate with the Administrator. The Administrator may use artificial intelligence (AI) technology to process and analyse the information the Administrator collects. This includes but is not limited to using AI algorithms to improve our services and enhance user experience.

The Administrator, our Affiliates and the Insurer may use third-party applications and platforms, such as social media platforms to process Your PI and PHI.

The Administrator, our Affiliates and the Insurer will only process Your PI and PHI with Your consent. These details will only be used by staff of the Administrator, the Administrator's Affiliates, the Insurer, the Administrator's agents and any third party subcontracted by the Administrator, the Administrator's Affiliates and the Insurer. Due to the nature of our business, at times the Administrator uses other third parties subcontracted by the Administrator, the Administrator's Affiliates and the Insurer who in turn process Your PI and PHI.

The Administrator, our Affiliates and the Insurer may further process Your PI and PHI in terms of Section 15 (3) of POPIA for historical, statistical or research purposes. The Administrator ensures that the further processing of Your PI and PHI will only be carried out solely for this purpose and that it will not be published or shared in any identifiable form. The Administrator, our Affiliates and the Insurer only processes PI and PHI of children with the consent of a parent or guardian. You may not provide PI and PHI to us if You are under the age of 18. If You are providing PI and PHI on behalf of the Life Insured, You confirm that You are authorised to do so and have the necessary consent to provide this PI and PHI to us for Processing.

You have the right to object to the Processing of Your PI and PHI but in order for the Administrator, our Affiliates and the Insurer to engage with You in order to activate and service Your Policy and Benefits, it is required that You accept this privacy statement.

The Administrator, our Affiliates and the Insurer may share Your (and the Life Insured's, if different) PI and PHI for further processing with third party service providers, agents, contractors, employees and law enforcement agencies. Your PI and PHI may also be shared between the Administrator, the Administrator's Affiliates and the Insurer and vice versa. PI and PHI will only be shared in a justified manner and in order to comply with a regulatory requirement in terms of legislation or during a legal process for a legitimate business requirement. Such third parties and the Administrator's Affiliates may have an obligation to keep Your (and the Life Insured's, if different) PI and PHI secure and confidential.

This will include information that will be shared with:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of Your payment instructions;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that the Administrator, our Affiliates and the Insurer in accordance with the Applicable Laws, are required to share Your (and the Life Insured's, if different) PI and PHI with;
4. Credit Bureau's and any other service provider who performs credit and background checks, to contact, request and obtain credit information to verify Your identity, to verify Your contact information, perform an assessment of Your behaviour, profile, payment patterns, indebtedness, income, whereabouts, creditworthiness; to make reasonable enquiries to verify and research any details provided by You to the Administrator or our Affiliates;
5. Services providers, agents and sub-contractors that the Administrator, our Affiliates and the Insurer have contracted to receive and process medical information, to share relevant medical information, such as consultations with medical service providers, procedures, diagnoses, codes and medical aid information, as well as lifestyle and personal information that may be needed in terms of this product offering.

6. Service providers, agents and sub-contractors that the Administrator, our Affiliates and the Insurer have contracted with to offer and provide products and services to any customer as well as to determine the best product for any customer; and
7. Persons to whom the Administrator and Insurer cede their rights or delegate their authorities to in terms of this Policy

You acknowledge that any PI and PHI supplied to the Administrator, our Affiliates and the Insurer in terms of this Policy is provided according to the Applicable Laws.

Unless consented to by Yourself, the Administrator/Insurer will not sell, exchange, transfer, rent or otherwise make available Your (and the Life Insured's, if different) PI and PHI (such as Your (and the Life Insured's, if different) name, address, email address, telephone or fax number) to any other parties and You indemnify the Administrator/Insurer from any claims resulting from disclosures made with Your consent.

The Administrator, our Affiliates and the Insurer will only send PI and PHI outside of South Africa, for further processing and storage, in adherence with the requirements in section 72 of POPIA. Currently data is being stored and processed in the European Union, Great Britain, Australia and the United States and may also be stored in other countries as advised in writing from time to time, for the purpose of cloud storage, monitoring of our systems and administering policies. The PI and PHI is transferred to foreign countries that has the same privacy protection laws similar to South Africa and the data subject has provided consent.

You have an obligation to advise us if any of Your (or the Life Insured's, if different) PI and PHI that is held by the Administrator, our Affiliates and the Insurer changes or is invalid, to ensure that our records are updates. Any changes can be sent to info@dischemlife.co.za

The Promotion of Access to Information Act (PAIA) together with POPIA provides an individual the right to access information that is held by a public or private body in certain circumstances. This right can be exercised as provided for in the Dis-Chem Life PAIA Manual on our website www.dischemlife.co.za

If You feel that we are not living up to our stated Privacy Policy, or if You have any questions about this Privacy Policy, please contact: privacyoffice@dischemlife.co.za or call 080 000 0123.

Alternatively, You have the right to lodge a complaint with the Information Regulator at:

Physical Address :JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001

Postal Address :P.O Box 31533, Braamfontein, Johannesburg, 2017

Complaints email :POPIAComplaints@inforegulator.org.za

General enquiries email :enquiries@inforegulator.org.za

You understand that if the Administrator/Insurer has utilised Your (or the Life Insured's, if different) Personal Information contrary to the Applicable Laws, You have the right to lodge a complaint with Guardrisk. Should the Insurer not resolve the complaint to Your satisfaction, You have the right to escalate the complaint to the Information Regulator.

You, the Policyholder, and the Life Insured (if different) hereby consent to the exchange of information, including medical information, between the Administrator, our Affiliates and the Insurer, any Medical Practitioner the Life Insured has consulted and any other life office. You and the Life Insured (if different) hereby give the Administrator, our Affiliates and the Insurer permission to access this information on the application form or on the online application/onboarding process. This does not remove or reduce Your and the Life Insured's (if different) obligations to provide full disclosure in Your application form.

You further consent to the sharing of relevant medical information, such as consultations with medical service providers, procedures, diagnoses, codes and medical aid information as well as lifestyle and personal information that may be needed in terms of this product offering. By accepting these terms and conditions You confirm that You are informed and understand that Your (or the Life Insured's, if different) medical information will be treated with the utmost confidentiality and respect and will only be used for the purposes of a health check.

You, the Policyholder, and the Life Insured (if different) hereby consent to the exchange of information, including that of debt levels and the like, between the Administrator, our Affiliates and the Insurer and any second- or third-party data source. You and the Life Insured (if different) hereby give the Administrator, our Affiliates and the Insurer permission to access this data to assist in calculating various Benefits, Premiums and features.

10. Foreign Nationals

10.1. Eligibility

We offer coverage for Foreign Nationals who are permanently residing in South Africa. The documents the Insurer/Administrator requires at policy inception will be determined by the Insurer/Administrator at the Policy application date. The documents required will be reviewed frequently and may be amended from time to time, at either of the Insurer's or Administrator sole discretion. Cover will only commence once all documents have been received and verified by the Administrator or Insurer – the commencement of cover will start on the first billing date after all documents have been received and verified.

We will only cover a Life Insured who is permanently residing in South Africa legally and who are living or working here legally.

Please note that If a Claim happens and the Foreign National Life Insured has had to return to their country of residence because a work permit has ended, then We will return the Premiums paid from the time the Life Insured has left South Africa to the Claim Event Date. No other Claim payment will be made. This will be a pro rata payment for the time that they were outside of South Africa. This will be paid without interest.

10.2. Travelling outside of South Africa

When the Foreign National Life Insured travels outside of South Africa, for example, (but not limited to) travelling back to their country of origin or birth, We will allow the Life Insured a time period of up to 2 (two) calendar months outside of South Africa where the Policy will continue to remain in force. Any time spent outside of South Africa over and above 2 (two) calendar months will result in no coverage being provided under this Policy and the Policy will cease in this instance once the 2 (two) calendar month period has elapsed. No Benefits will be covered, and no Claims will be considered or paid, if the Life Insured has been outside of South Africa for more than 2 (two) calendar months.

It is the sole responsibility of the Life Insured to inform the Administrator or the Insurer if they are travelling outside of South Africa for more than 2 (two) calendar months. Please note that there are some countries where the risks, in the opinion of the Administrator/Insurer, and at either's sole discretion, are greater than those to which they would have been exposed to in South Africa and therefore no coverage will be offered in these countries. Please see the list posted on www.dischemlife.co.za or call 0800 000 123 for more information.

10.2.1. Reinstatement after the 2 (two) months outside of South Africa

If the Policy lapsed due to the Life Insured being outside of South Africa for more than 2 (two) full calendar months, then the Life Insured will be able to reinstate their Policy within 30 (thirty) days of returning to South Africa.

In this scenario, if at the reinstatement date, the original Waiting Period from the Commencement Date had not yet expired, then the unexpired part of the original Waiting Period term relating only to Natural Death Claims (and the rules thereof, as mentioned in section 5) will apply on the Policy after the reinstatement, from the reinstatement date. If the original Waiting Period from the Commencement Date has expired, then no further Waiting Periods will be applied from the reinstatement date. However, the Waiting Period of 12 (twelve) full calendar months for death due to suicide for the Life Insured will always be applied from the reinstatement date.

If You want to reinstate the Policy on a date which is longer than 30 (thirty) days of returning to South Africa, then this will not be considered a reinstatement and this Policy will be treated as a new policy, with all the rules, terms and conditions applicable for a new policy.

Please note that:

- a maximum of 2 (two) reinstatements (as described in this section, section 10.2.1) will be allowed on Your Policy over the entire duration of Your Policy term.
- there will not be any refunds of any Premiums whatsoever for Death of the Insured Life occurring during a Waiting Period after reinstatement.
- This reinstatement feature will only be available for a period of 6 (six) calendar months from the date that the Life Insured originally left South Africa. If the Life Insured returns within 6 (six) months from leaving South Africa, then the Life Insured will have the 30 (thirty) days to reinstate their cover. If the Life Insured returns after 6 (six) months from leaving South Africa, then the Life Insured will not be able to reinstate their cover on these terms, as outlined in section 10.2.1.

10.3. Premiums

The Insurer will need to receive premiums in rands in order for the Policy to remain in force.

10.4. Claims

The Insurer will pay out all Claims in rands. The Claims payment will be made into a South African bank account.

Thereafter, the Claimant will have the option to have the funds remitted to the country of origin of the deceased Life Insured.

Please note that once the Claim has been paid into the SA bank account, the Insurer has completed their insurance obligation and thereafter is no longer responsible for any further remittance payments.

11. Complaint Resolution Process

If You have a complaint or if You believe You did not receive enough information about the Policy, please contact the Administrator at:

Telephone: 080 0000 123
Email: complaints@dischemlife.co.za

If You remain dissatisfied with the response, You may escalate the complaint to the product supplier directly at:

Telephone: 0860 333 361
Email: complaints@guardrisk.co.za

If You are unhappy with any terms of the Policy or anything We have done in relation to the Policy, You can contact the Ombudsman at:

National Financial Ombud Scheme (for claims / service related matters)

Physical Address

Cape Town: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708

Physical Address

Johannesburg: 110 Oxford Road, Houghton Estate, Illovo, 2198

Tel: 0860 800 900

Email: info@nfosa.co.za

Website: www.nfosa.co.za

FAIS Ombudsman (for product / advice related matters)

Postal Address: PO Box 41, Menlyn Park, 0063

Tel: (012) 762-5000

Sharecall: (086) 066 3274

Email: info@faisombud.co.za

Financial Sector Conduct Authority (for market conduct related matters)

Postal Address: PO Box 35655, Menlo Park, 0102

Tel: (012) 428-8000

Fax: (012) 346 6941

Email: info@fsca.co.za

Information Regulator (for complaints relating to the use of Personal Information)

Postal Address: PO Box 31533, Braamfontein, Johannesburg, 2017

Tel: +27- 010- 023- 5200

Email: POPIAComplaints@infoeregulator.org.za

12. Treating Customers Fairly

The TCF principles are viewed seriously by the Insurer and Administrator, and all 6 (six) outcomes are practiced at all times. The Administrator/Insurer will, in all interactions with You, endeavor to deliver excellent customer experiences which the Administrator/Insurer will achieve through the ongoing review of all business practices and analysis of complaints. It is the Administrator/Insurer's objective to be fair in the treatment of all clients and partners and being compliant, in all aspects, of the 6(six) outcomes of the Treating Customers Fairly framework. These Outcomes are:

1. You are confident that Your fair treatment is key to the Administrator/Insurer's culture;
2. Products and services are designed to meet Your needs;
3. The Administrator/Insurer will communicate clearly, appropriately and on time;
4. The Administrator/Insurer provide advice which is suitable to Your needs and circumstances;
5. The Administrator/Insurer's products and services meet Your standards and are of an acceptable level; and
6. There are no barriers to access the Administrator/Insurer's services, change Benefits, switch providers, make a Claim or to lodge any complaints.

13. Reinstatements

Reinstatements can occur in two scenarios:

- 1) Instances when You were not at fault; and
- 2) Instances when You decide to cancel Your Policy (for whatever reason) and decide to re-enter thereafter

13.1. Instances when You were not at fault

In instances where You were not at fault, and where the original Waiting Period had expired then no further Waiting Periods will apply on reinstatement. If the original Waiting Period had not yet expired, then the unexpired part of the original Waiting Period term (and the rules thereof, as discussed in section 5) will apply on the Policy from the reinstatement date.

The Waiting Period for deaths due to suicide will also follow the above rules.

Example 1

You take out a Protector Plan with a 6 (six) month Waiting Period for Natural Death (as well as a 12 (twelve) months Waiting Period for death due to suicide). 2 (two) months later, Your Policy is erroneously forced to lapse due to an Administrator error. The Policy is fully reinstated 1 (one) month after that.

2 (two) months of Your original Waiting Period has already expired and so the Waiting Period will apply as follows on reinstatement: You will still have 4 (four) months left on Your Waiting Period for Natural Death and 10 (ten) months left on Your Waiting Period for suicide Claims.

Example 2

You take out a Protector Plan with a 6 (six) month Waiting Period for Natural Death (as well as a 12 (twelve) months Waiting Period for death due to suicide). 24 (twenty-four) months later, Your Policy is erroneously forced to lapse due to an Administrator error. The Policy is fully reinstated 1 (one) month after that. No Waiting Period is applied in this scenario.

Please note that reinstatements in this scenario will only be allowed for a 2 (two) year period from the date at which Your Policy lapsed. If the reinstatement occurs on a date which is longer than 2 (two) years after the cancellation date, then this will not be considered a reinstatement and this Policy will be treated as a new policy, with all the rules, terms and conditions applicable for a new policy.

Please note that there will not be any refunds of any Premiums whatsoever for any Claim Event occurring during a Waiting Period after reinstatement.

13.2. Instances when You decide to cancel or lapse Your Policy (for whatever reason) and decide to re-enter thereafter

Here, reinstatements to the same Policy will only be allowed for a period of 2 (two) full calendar months from the cancellation or lapse date and on receipt of all Your outstanding Premiums. If the reinstatement occurs within 2 (two) full calendar months from the date of cancellation and the original Waiting Period from the Commencement Date had not yet expired, then the unexpired part of the original Waiting Period term relating only to Natural Death Claims (and the rules thereof, as mentioned in section 5) will apply on the Policy after the reinstatement, from the reinstatement date. If the original Waiting Period from the Commencement Date has expired, then no further Waiting Periods will be applied from the reinstatement date. However, the Waiting Period of 12 (twelve) full calendar months for death due to suicide for the Life Insured will always be applied from the reinstatement date.

If You decide to cancel Your Policy (for whatever reason) and decide to re-enter on a date which is longer than 2 (two) full calendar months after the cancellation date, then this will not be considered a reinstatement and this Policy will be treated as a new policy, with all the rules, terms and conditions applicable for a new policy.

Example 1

You take out an Education Protector Plan with a 6 (six) months Waiting Period for Natural Death, as well as a 12 (twelve) months Waiting Period for death due to suicide. 1 (one) month later You cancel Your Policy.

1 (one) month after You cancel Your Policy, You decide to reinstate Your Policy. Here, You will still have 5 (five) months left on Your Waiting Period for Natural Death Claims. However, a 12 (twelve) months Waiting Period for deaths due to suicide will be still be applied from the reinstatement date.

Example 2

You take out an Education Protector Plan with a 6 (six) months Waiting Period for Natural Death, as well as a 12 (twelve) months Waiting Period for death due to suicide. 24 (twenty-four) months later, You cancel Your Policy.

10 (ten) months after You cancel Your Policy, You decide to reinstate Your Policy. Here, this Policy will be treated a new business policy with all the rules, terms and conditions enforced with that of a new policy.

Please note that:

- A maximum of 2 (two) reinstatements will be allowed on Your Policy over the entire duration of the Policy term.

- There will not be any refunds of any Premiums whatsoever for any Claim Event occurring during a Waiting Period on reinstatement.
- Lapses due to the non-payment of Premiums will fall under this section (that is, the second scenario).