

Notes

- This chapter should be read in conjunction with the contract documents. If there is any conflict or inconsistency between the contents of the contract documents and this chapter, the provisions of the contract documents will prevail.
- Take note that information contained in this technical guide is with regards to the latest versions of the applicable products/benefits. Refer to the contract documents for information about the existing products/benefits of a life insured.
- Any reference to "you" or "your" refers to the life insured. Any reference to "we", "us", "our" or "ours" refers to Sanlam Life Insurance Limited (Sanlam Life). Any reference to "plan overview" refers to the plan overview of the contract documents.

Disability and impairment benefits

Disability and impairment benefits	6
Our disability and impairment benefits	6
Comprehensive Disability	6
Comprehensive Disability Plus	6
Elite Disability	7
Comprehensive Impairment	7
Accidental Comprehensive Disability	7
Accidental Comprehensive Disability Plus	7
Accidental Elite Disability	7
Accidental Comprehensive Impairment	7
Special features automatically included	8
The bigger picture	9
Why disability and impairment benefits?	10
Availability of benefits	10
Individual insurance	10
Business insurance	10
Comprehensive Disability (CAR3, CSR3)	11
Benefit description	11
Additional features	11
Type of benefit	11
When will cover for this benefit end?	11
Cover limits per life insured	12
Age limits	12
Qualifying lives	12
Guarantee period	12
What benefit will be paid?	13
Occupational disability cover	13
What is a qualifying student?	13
Extended occupational disability cover	13
Qualifying students	13
Conversion options	14
Impairment cover	14
Future medical advances	14
Admittance of a claim	14
Multiple claims	14
Exclusions	14
Comprehensive Disability Plus (CAR4, CSR4)	15
Benefit description	15
Additional features	15
Type of benefit	15
When will cover for this benefit end?	15
Cover limits per life insured	16
Age limits	16

Qualifying lives	16
Guarantee period	16
What benefit will be paid?	17
Occupational disability cover	17
What is a qualifying student?	17
Extended occupational disability cover	17
Qualifying students	17
Conversion options	18
Impairment and accidental cover	18
Future medical advances	18
Waiting period for joint replacements	18
Replacement of benefits	18
Admittance of a claim	18
Multiple claims	19
Exclusions	19
Elite Disability (CAR5, CSR5)	20
Benefit description	20
Additional features	20
Type of benefit	20
When will cover for this benefit end?	20
Cover limits per life insured	21
Age limits	21
Qualifying lives	21
Guarantee period	21
What benefit will be paid?	22
Occupational disability cover	22
What is a qualifying student?	22
Extended occupational disability cover	22
Qualifying students	22
Conversion options	23
Impairment and accidental cover	23
Future medical advances	23
Waiting period for joint replacements	23
Replacement of benefits	23
Admittance of a claim	23
Multiple claims	24
Exclusions	24
Comprehensive Impairment (OAI, OSI)	25
Benefit description	25
Additional features	25
Type of benefit	25
When will cover for this benefit end?	25
Cover limits per life insured	25
Age limits	26

Qualifying lives	26
Guarantee period	26
What benefit will be paid?	26
Impairment and accidental cover	26
Future medical advances	27
Waiting period for joint replacements	27
Replacement of benefits	27
Admittance of a claim	27
Multiple claims	28
Exclusions	28
Accidental Comprehensive Disability (ASO3)	29
Benefit description	29
Additional features	29
Type of benefit	29
When will cover for this benefit end?	29
Cover limits per life insured	29
Age limits	30
Qualifying lives	30
Guarantee period	30
What benefit will be paid?	30
Occupational disability cover	31
What is a qualifying student?	31
Extended occupational disability cover	31
Qualifying students	31
Conversion options	31
Impairment cover	31
Future medical advances	31
Admittance of a claim	32
Multiple claims	32
Exclusions	32
Accidental Comprehensive Disability Plus (ASO4)	33
Benefit description	33
Additional features	33
Type of benefit	33
When will cover for this benefit end?	33
Cover limits per life insured	33
Age limits	34
Qualifying lives	34
Guarantee period	34
What benefit will be paid?	34
Occupational disability cover	35
What is a qualifying student?	35
Extended occupational disability cover	35
Qualifying students	35

Conversion options	35
Impairment and other accidental cover	35
Future medical advances	35
Admittance of a claim	36
Multiple claims	36
Exclusions	36
Accidental Elite Disability (ASO5)	38
Benefit description	38
Additional features	38
Type of benefit	38
When will cover for this benefit end?	38
Cover limits per life insured	38
Age limits	39
Qualifying lives	39
Guarantee period	39
What benefit will be paid?	39
Occupational disability cover	40
What is a qualifying student?	40
Extended occupational disability cover	40
Qualifying students	40
Conversion options	40
Impairment and other accidental cover	40
Future medical advances	40
Admittance of a claim	41
Multiple claims	41
Exclusions	41
Accidental Comprehensive Impairment (ASI)	42
Benefit description	42
Additional features	42
Type of benefit	42
When will cover for this benefit end?	42
Cover limits per life insured	42
Age limits	42
Qualifying lives	43
Guarantee period	43
What benefit will be paid?	43
Impairment and other accidental cover	43
Future medical advances	43
Admittance of a claim	43
Multiple claims	44
Exclusions	44
Temporary Incapacity Cover for Accidental Causes	45
Cover automatically included	45

Cover description	45
Admittance of a claim	45
Multiple claims	46
When will the benefit be paid?	46
When will cover end?	46
Temporary Incapacity Cover for non-Accidental Causes	47
Cover automatically included	47
Cover description	47
Future medical advances	54
Admittance of a claim	54
Multiple claims	54
When will the benefit be paid?	55
When will cover end?	55
Prosthesis Booster	56
Booster automatically included	56
Booster description	56
Claim event	56
Admittance of a claim	58
Multiple claims	58
When will cover end?	58
Built-in Future Cover for Young Lives	59
Cover automatically included	59
Cover description	59
Qualifying criteria	59
Life events for exercising an option	59
What amount may be exercised?	60
Requirements for exercising an option	60
When will cover end?	60
Built-in Child Cover	61
Cover automatically included	61
Cover description	61
Claim event	61
Admittance of a claim	67
Waiting period for natural causes	67
Exclusions	67
When will cover end?	67
Claim events: List 1 (for Comprehensive Disability/-Plus, Elite Disability, Comprehensive Impairment)	68
Claim events: List 2 (for accidental disability and impairment benefits)	109
Basic activities of daily living for disability and impairment benefits	124
Advanced activities of daily living for disability and impairment benefits	125

Disability and impairment benefits

Any reference to "you" or "your" in this section refers to the life insured.

We have a variety of benefits available to provide cover in the event of your disability or permanent impairment. You can take benefits on their own or in various combinations to provide cover for your specific needs.

Our disability and impairment benefits

The following benefits are available:

- **Comprehensive Disability:** Provides comprehensive cover for occupational disability and severe impairments. This benefit includes Built-in Future Cover for Young Lives*.
- **Comprehensive Disability Plus:** Provides comprehensive cover for occupational disability, severe impairments as well as cover for less severe events. This benefit includes Built-in Future Cover for Young Lives* and cover for Temporary Incapacity.
- **Elite Disability:** Provides comprehensive cover for occupational disability, severe impairments as well as cover for less severe events. This benefit includes various special features such as Built-in Future Cover for Young Lives* and cover for Temporary Incapacity. It also includes other special features that are unique to this benefit.
- **Comprehensive Impairment:** Provides comprehensive cover for severe impairments as well as cover for less severe events. This benefit includes cover for Temporary Incapacity. Cover for occupational disability is not included.
- **Accidental Comprehensive Disability:** This benefit only covers claim events that are due to accidental causes. It provides cover for occupational disability and severe impairments.
- **Accidental Comprehensive Disability Plus:** This benefit only covers claim events that are due to accidental causes. It provides cover for occupational disability, severe impairments as well as cover for less severe events. This benefit includes Temporary Incapacity Cover for Accidental Causes.
- **Accidental Elite Disability:** This benefit only covers claim events that are due to accidental causes. It provides cover for occupational disability, severe impairments as well as cover for less severe events. This benefit includes various special features such as Temporary Incapacity Cover for Accidental Causes.
- **Accidental Comprehensive Impairment:** This benefit only covers claim events that are due to accidental causes. It provides cover for severe as well as less severe impairments. This benefit includes Temporary Incapacity Cover for Accidental Causes. Cover for occupational disability is not included.

*The Built-in Future Cover for Young Lives only applies for standalone benefits and certain qualification criteria apply.

Comprehensive Disability

This benefit provides cover for:

- Permanent occupational disability (regular occupation)
- Permanent impairment claim events.

The benefit also includes the following special features:

- Extended occupational disability cover
- Built-in Future Cover for Young Lives.

Comprehensive Disability Plus

This benefit provides cover for:

- Permanent occupational disability (regular occupation)
- Permanent impairment claim events
- Accidental claim events that do not necessarily result in permanent impairment.

The benefit also includes the following special features:

- Extended occupational disability cover
- Built-in Future Cover for Young Lives
- Temporary Incapacity Cover for Accidental Causes
- Temporary Incapacity Cover for Non-Accidental Causes.

Elite Disability

This benefit provides cover for:

- Permanent occupational disability (regular occupation)
- Permanent impairment claim events
- Accidental claim events that do not necessarily result in permanent impairment.

The benefit also includes the following special features:

- Extended occupational disability cover
- Built-in Future Cover for Young Lives
- Temporary Incapacity Cover for Accidental Causes
- Temporary Incapacity Cover for Non-Accidental Causes
- Boosted payouts
- A Prosthesis Booster
- Built-in Child Cover.

Comprehensive Impairment

This benefit provides cover for:

- Permanent impairment claim events
- Accidental claim events that do not necessarily result in permanent impairment.

The benefit also includes the following special features:

- Temporary Incapacity Cover for Accidental Causes
- Temporary Incapacity Cover for Non-Accidental Causes.

Accidental Comprehensive Disability

This benefit provides cover for:

- Permanent occupational disability (regular occupation) from accidental causes
- Permanent impairment claim events from other accidental causes.

The benefit also includes the following special feature:

- Extended occupational disability cover.

Accidental Comprehensive Disability Plus

This benefit provides cover for:

- Permanent occupational disability (regular occupation) from accidental causes
- Permanent impairment claim events from other accidental causes
- Other accidental claim events that do not necessarily result in permanent impairment.

The benefit also includes the following special features:

- Extended occupational disability cover
- Temporary Incapacity Cover for Accidental Causes.

Accidental Elite Disability

This benefit provides cover for:

- Permanent occupational disability (regular occupation) from accidental causes
- Permanent impairment claim events from other accidental causes
- Other accidental claim events that do not necessarily result in permanent impairment.

The benefit also includes the following special features:

- Extended occupational disability cover
- Temporary Incapacity Cover for Accidental Causes
- Boosted payouts
- A Prosthesis Booster.

Accidental Comprehensive Impairment

This benefit provides cover for

- Permanent impairment claim events from accidental causes
- Other accidental claim events that do not necessarily result in permanent impairment.

The benefit also includes the following special features:

- Temporary Incapacity Cover for Accidental Causes.

Special features automatically included

To provide even wider cover, certain special features are automatically included in some of our benefits:

- **Extended occupational disability cover:** If you stop working for any reason other than retirement, for example, taking a sabbatical, becoming a housewife or being retrenched, we will continue to cover you for occupational disability for up to 12 months from the date you stop working, subject to certain terms and conditions.
- **Built-in Future Cover for Young Lives:** Young lives purchasing standalone disability benefits (that include cover for occupational disability) will have the option to purchase an equivalent amount of life cover before age 35 next birthday, on certain life events. The life cover will be free of medical underwriting or only require a declaration of good health.
- **Temporary Incapacity Cover for Accidental Causes:** You can claim a benefit if you suffer any bodily injury as a result of an accident that requires a recovery period for returning to work of three months or longer, according to certain guidelines.
- **Temporary Incapacity Cover for non-Accidental Causes:** You can claim a benefit for certain defined claim events that, after the indicated waiting period, requires a recovery period for returning to work of two months or longer, according to certain guidelines.
- **Boosted payouts:** Under the Elite Disability and Accidental Elite Disability benefits, various claim events have a higher payout percentage than what is applicable for the other benefits in our range.
- **Prosthesis Booster:** This booster is included in the Elite Disability and Accidental Elite Disability main benefits. Under this booster, we will pay a percentage of the cover amount of the main benefit for certain amputations, paraplegias and quadriplegias. This is an extra amount and we will not reduce the cover amount of the main benefit by the claim amount we pay under this booster.
- **Built-in Child Cover:** This feature is exclusive to the Elite Disability benefit. You can claim a benefit if your child suffers any of a number of specified illnesses or injuries. We will not reduce the cover amount of the Elite Disability benefit with the claim amount we will pay.

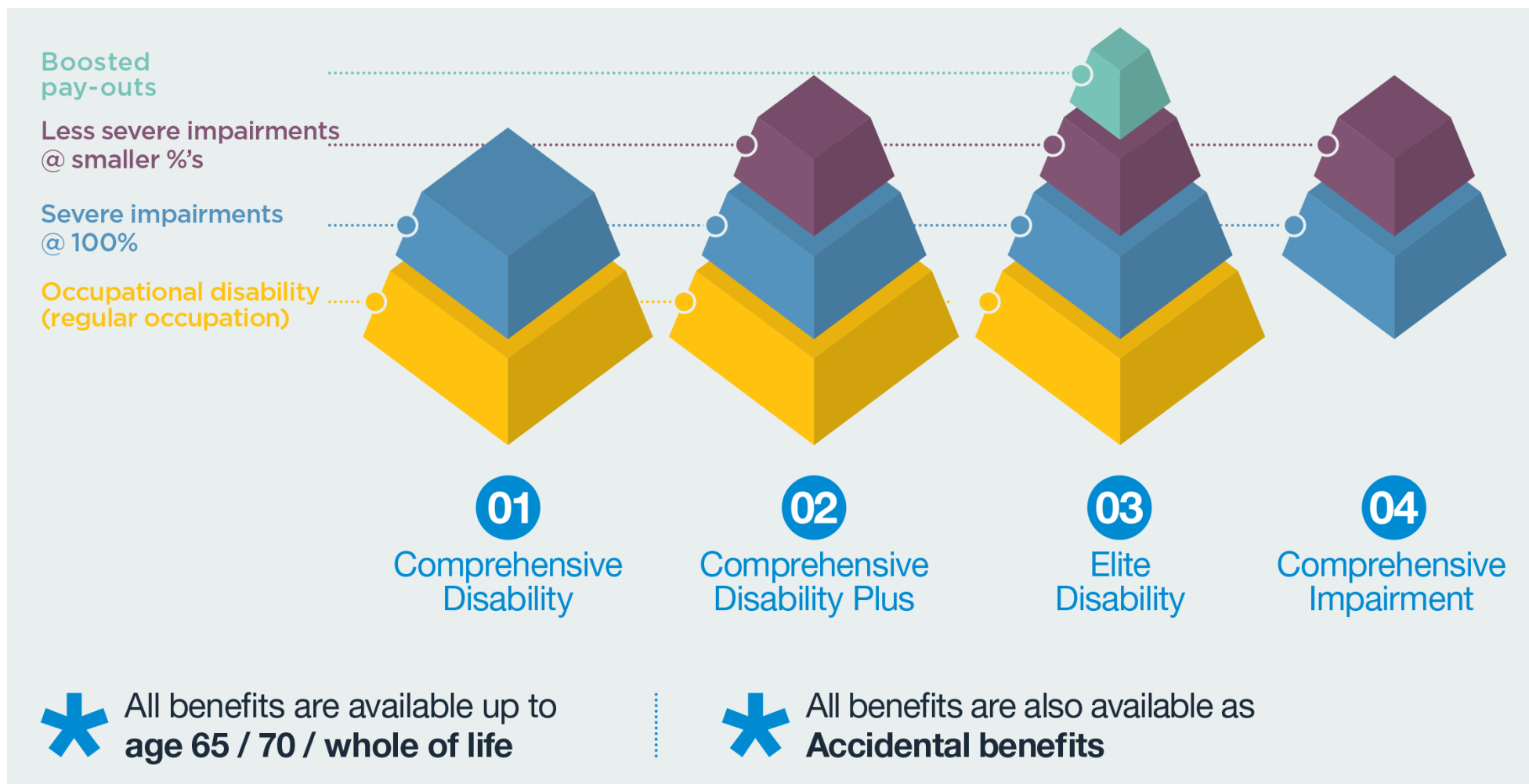
A ✓ in the table below indicates the special features that apply to a benefit.

Special feature	Benefit							
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Extended occupational disability cover	✓	✓	✓		✓	✓	✓	
Built-in Future Cover for Young Lives*	✓	✓	✓					
Temporary Incapacity Cover for Accidental Causes		✓	✓	✓		✓	✓	✓
Temporary Incapacity Cover for Non-Accidental Causes		✓	✓	✓				
Boosted payouts			✓				✓	
Prosthesis Booster			✓				✓	
Built-in Child Cover			✓					

*The Built-in Future Cover for Young Lives only applies for standalone benefits.

The bigger picture

An illustration of our benefits as discussed above:



Why disability and impairment benefits?

Any reference to "you" or "your" in this section refers to the life insured.

If an accident or illness were to leave you unable to work, you could lose your ability to generate an income for you and your family. Adding sufficient disability cover to your plan will relieve you of financial worries while you deal with the challenges of the disability.

With our disability and impairment benefits, we will also pay for certain medical conditions and injuries that cause a significant degree of permanent impairment, even if you are still able to work despite them. For example, if an administrative assistant were to lose the use of both feet, we would still pay 100% of the cover amount, even though the life insured could still be able to carry out his or her occupational duties from a wheelchair.

An injury or illness could also leave you with limitations in performing certain daily activities, even though you might be able to continue working. For example, if you were to partially lose your hearing or develop a serious heart or lung disease, you may still be able to perform your occupational duties but may have to do so with difficulty.

When making a claim against impairment cover, your ability to continue with your job is not taken into consideration, as you are insured against the impairment or loss of function and not against the inability to continue generating an income.

Even though you might still be earning an income after suffering impairment, you and your family may need extra cash to hire help if you are no longer able to perform certain activities.

Our Comprehensive impairment and Accidental Comprehensive Impairment benefits are also available to persons like home executives or students, who do not qualify for disability benefits, but will need their life expenses covered if they were to become impaired.

Impairment cover can result in a partial payment of the cover amount, depending on how severe the impairment is, in which case it is possible to claim more than once against the benefit.

If you were to claim under our disability and impairment benefits, the payment you receive could be used for expenses such as

- Debts, like mortgage and personal loans
- Disability- or impairment-related expenses, like the need to adapt your home and car for improved mobility if you were to end up in a wheelchair
- Basic life expenses, like groceries and clothing
- Provision for your dependants, like children's school fees.

Availability of benefits

Individual insurance

All the benefits in this chapter are available for individual insurance.

Business insurance

Refer to the *Business insurance* chapter for information about availability of benefits. The Express product option is currently not available for business insurance.

Comprehensive Disability (CAR3, CSR3)

The **Comprehensive Disability** benefit is available under the Express, Classic and Premier product options of our Topcover products and under the Premier product option of our Term cover products.

Benefit description

This benefit provides cover for

- permanent occupational disability up to retirement, age 70 or the cover end date of the benefit, whichever is earlier; and
- permanent impairment claim events for as long as the benefit is in force.

If we admit a claim, we will pay the claim amount as a lump sum.

We regard the life insured as retired if he or she is 55 years or older, and does not earn an income over and above a passive income. Passive income refers to income that can continue without the life insured's intervention, for example pension or rental income.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

If this benefit is a standalone benefit, it also includes the following, which is described in a separate section later in this chapter:

- Built-in Future Cover for Young Lives.

Additional features

Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:

- Free cover

Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

An accelerator and standalone version of this benefit can be taken on the same plan for the same life insured.

Benefit	Type of benefit	
	Accelerator	Standalone
Comprehensive Disability (CAR3)	√	
Comprehensive Disability (CSR3)		√

When will cover for this benefit end?

Cover will end on the earlier of

- midnight before the cover end date indicated in the plan overview; and
- the plan ending for any reason before the cover end date; and
- 100% of the cover amount being paid or a claim being paid for "Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord" or "Quadriplegia due to spinal cord severance or primary neurological disease of the spinal cord"; and
- the death of the life insured.

Cover limits per life insured

Students in at least their fourth year of study for a professional occupation may qualify for a limited amount of cover under the Classic or Premier product option, as described under "Financial underwriting" in the *Underwriting for Classic and Premier* chapter. Otherwise the limits below apply.

- Minimum: • R50 000
- Maximum: • R5 000 000 under the Express product option*
• R35 000 000 otherwise*

*Subject to financial underwriting

The sum of the cover amounts of all **accelerator disability and impairment benefits** on a plan for a life insured may **not** exceed the sum of the cover amounts of the Death or First death benefit for that life insured.

Age limits**Benefit start age**

- Minimum: • Payment patterns other than fixed compulsory growth
• 19 next birthday under the Express product option
• 15 next birthday otherwise
• Fixed compulsory growth: 30 next birthday
- Maximum: • Benefit with cease age 65: 60 next birthday
• Benefit with cease age 70 or with whole life cover: 62 next birthday

Benefit cease age

- Topcover products: Choice between 65 or 70 next birthday, or whole life cover.
 - Term cover products: 65 next birthday.
- Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.

Qualifying lives

The following lives do not qualify:

- Housewives/house husbands
- Scholars
- Certain students
- Pensioners
- Unemployed persons

Other lives may qualify, including students in at least their fourth year of study for a professional occupation, subject to age limits and underwriting.

Under the **Express product option** the Comprehensive Disability benefit is available to the planholder and/or his or her spouse only.

Guarantee period**Express product option**

5 years

Classic and Premier product options

As selected for the plan.

However, if the Comprehensive Disability benefit is selected with **whole life cover**, the maximum initial guarantee period that may be chosen for a plan with this benefit is 10 years.

If the planholder wants to take other benefits in combination with a **whole life** Comprehensive Disability benefit and he/she requires an initial guarantee period of longer than 10 years for these other benefits, the other benefits must be taken on a separate plan.

What benefit will be paid?

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 1" section later in this chapter (where the below occupational disability claim event is again included). The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Occupational disability cover

Claim event	Percentage of cover amount %
Occupational disability	
<p>Contractual definition:</p> <p>Disability to the extent that the life insured is totally and permanently unable to fulfil the occupational demands of the occupation he or she practised for income immediately before the disability.</p> <p>If the life insured is a qualifying student when he or she becomes disabled:</p> <p>Disability to the extent that the life insured will be totally and permanently unable to fulfil the occupational demands of an occupation we may reasonably expect him or her to have practised, had they not become disabled and had they completed their studies.</p>	100

What is a qualifying student?

A qualifying student is a full-time student

- in their final academic year studying toward an NQF-level 7 qualification; or
- in at least their 3rd academic year studying toward an NQF-level 8 or higher qualification.

A student progresses to the next academic year when they successfully pass a tertiary study year.

Extended occupational disability cover

If the life insured stops working for any reason other than retiring or becoming a qualifying student, for example, taking a sabbatical, becoming a housewife or being retrenched, we will continue to cover the life insured for occupational disability for up to 12 months from the date he or she stopped working.

For this cover, we will assess occupational disability according to the occupation the life insured performed immediately before he or she stopped working.

Extended occupational disability cover will only apply if the occupational disability is not as a result of any of the following conditions:

- depression or dysthymia, whether as an episode or disorder, or as part of the symptom complex of another psychiatric diagnosis;
- post-traumatic stress disorder;
- fibromyalgia;
- chronic fatigue syndrome and its synonyms;
- a back or neck condition, unless it is one of the following: paraplegia; quadriplegia; malignant tumours of the spinal cord and vertebral column; or failed back syndrome after multiple spinal surgery, provided the extent of the functional impairment arising from the failed back syndrome is verified by a specialist that we will nominate;
- any orthopaedic condition based mainly on pain, discomfort, loss of sensation, loss of range of motion, or any combination thereof;
- any decline in cognitive functioning irrespective of the cause thereof;
- an injury or illness that directly or indirectly resulted from, or is traceable to, any of the above causes;
- a complication that directly or indirectly is attributable to any of the above causes, or to such an injury or illness;
- a side-effect of treatment of any of the above causes, or for such an injury or illness or for such a complication.

Qualifying students

If the life insured is a qualifying student and successfully completes his or her studies, but does not yet start working, we will continue to cover him or her for occupational disability as if he or she is still a qualifying student, for up to 12 months from the date he or she stopped studying. This extended occupational disability cover will only apply if the occupational disability is not as a result of any of the above listed conditions.

Conversion options

The payment will not reduce when the cover for occupational disability ends. If the life insured stops working before the cover end date of the benefit, and plans to never work again, the planholder may contact his or her intermediary about conversion options for this benefit. Conversion options may however not necessarily result in a lower payment.

Impairment cover

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 1" section later in this chapter.

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the disability or impairment is caused directly and solely by a bodily injury or by an illness;
- the disability or impairment is permanent, after the life insured has undergone optimal, reasonable treatment;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence.

For occupational disability, we will also only admit a claim if the claim event occurs before retirement, age 70 or the cover end date of the benefit, whichever is earlier.

The disability or impairment must be permanent, and evaluated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The disability or impairment, and permanence thereof, will be evaluated only after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the "Claim events: List 1" section later in this chapter. The amount will be paid as a lump sum, after which the benefit will end.

Multiple claims

If the life insured qualifies for more than one claim event at the same time, we will consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will consider the claim event that is listed first in the "Claim events: List 1" section later in this chapter.

Exclusions

We will not admit a claim if the disability or impairment of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

If the life insured at any time practises sport as an occupation, or works as a pilot, and becomes continuously unable to fulfil the occupational demands of that occupation, we will not admit a claim for occupational disability as a result of such inability.

Other general exclusions are set out in the applicable overview chapter in this technical guide. Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

Comprehensive Disability Plus (CAR4, CSR4)

The **Comprehensive Disability Plus** benefit is available under the Express, Classic and Premier product options of our Topcover products and under the Premier product option of our Term cover products.

Benefit description

This benefit provides cover for

- permanent occupational disability up to retirement, age 70 or the cover end date of the benefit, whichever is earlier; and
- permanent impairment claim events for as long as the benefit is in force; and
- accidental claim events for as long as the benefit is in force.

If we admit a claim, we will pay the claim amount as a lump sum.

We regard the life insured as retired if he or she is 55 years or older, and does not earn an income over and above a passive income. Passive income refers to income that can continue without the life insured's intervention, for example pension or rental income.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

This benefit also includes the following, which are described in separate sections later in this chapter:

- Temporary Incapacity Cover for Accidental Causes; and
- Temporary Incapacity Cover for non-Accidental Causes; and
- Built-in Future Cover for Young Lives, if the main benefit is a standalone benefit.

Additional features

Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:

- Free cover

Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

An accelerator and standalone version of this benefit can be taken on the same plan for the same life insured.

Benefit	Type of benefit	
	Accelerator	Standalone
Comprehensive Disability Plus (CAR4)	√	
Comprehensive Disability Plus (CSR4)		√

When will cover for this benefit end?

Cover will end on the earlier of

- midnight before the cover end date indicated in the plan overview; and
- the plan ending for any reason before the cover end date; and
- 100% of the cover amount being paid or a claim being paid for "Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord" or "Quadriplegia due to spinal cord severance or primary neurological disease of the spinal cord"; and
- the death of the life insured.

Cover limits per life insured

Students in at least their fourth year of study for a professional occupation may qualify for a limited amount of cover under the Classic or Premier product option, as described under "Financial underwriting" in the *Underwriting for Classic and Premier* chapter. Otherwise the limits below apply.

- Minimum: • R50 000
- Maximum: • R5 000 000 under the Express product option*
- R35 000 000 otherwise*

*Subject to financial underwriting

The sum of the cover amounts of all **accelerator disability and impairment benefits** on a plan for a life insured may **not** exceed the sum of the cover amounts of the Death or First death benefit for that life insured.

Age limits**Benefit start age**

- Minimum: • Payment patterns other than fixed compulsory growth
- 19 next birthday under the Express product option
- 15 next birthday otherwise
- Fixed compulsory growth: 30 next birthday
- Maximum: • Benefit with cease age 65: 60 next birthday
- Benefit with cease age 70 or with whole life cover: 62 next birthday

Benefit cease age

- Topcover products: Choice between 65 or 70 next birthday, or whole life cover.
 - Term cover products: 65 next birthday.
- Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.

Qualifying lives

The following lives do not qualify:

- Housewives/house husbands
- Scholars
- Certain students
- Pensioners
- Unemployed persons

Other lives may qualify, including students in at least their fourth year of study for a professional occupation, subject to age limits and underwriting.

Under the **Express product option** the Comprehensive Disability Plus benefit is available to the planholder and/or his or her spouse only.

Guarantee period**Express product option**

5 years

Classic and Premier product options

As selected for the plan.

However, if the Comprehensive Disability Plus benefit is selected with **whole life cover**, the maximum initial guarantee period that may be chosen for a plan with this benefit is 10 years.

If the planholder wants to take other benefits in combination with a **whole life** Comprehensive Disability Plus benefit and he/she requires an initial guarantee period of longer than 10 years for these other benefits, the other benefits must be taken on a separate plan.

What benefit will be paid?

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 1" section later in this chapter (where the below occupational disability claim event is again included). The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. For claim events where a maximum rand amount is indicated, we will not pay more than the indicated rand amount. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Occupational disability cover

Claim event	Percentage of cover amount %
Occupational disability	
<p>Contractual definition:</p> <p>Disability to the extent that the life insured is totally and permanently unable to fulfil the occupational demands of the occupation he or she practised for income immediately before the disability.</p> <p>If the life insured is a qualifying student when he or she becomes disabled:</p> <p>Disability to the extent that the life insured will be totally and permanently unable to fulfil the occupational demands of an occupation we may reasonably expect him or her to have practised, had they not become disabled and had they completed their studies.</p>	100

What is a qualifying student?

A qualifying student is a full-time student

- in their final academic year studying toward an NQF-level 7 qualification; or
- in at least their 3rd academic year studying toward an NQF-level 8 or higher qualification.

A student progresses to the next academic year when they successfully pass a tertiary study year.

Extended occupational disability cover

If the life insured stops working for any reason other than retiring or becoming a qualifying student, for example, taking a sabbatical, becoming a housewife or being retrenched, we will continue to cover the life insured for occupational disability for up to 12 months from the date he or she stopped working.

For this cover, we will assess occupational disability according to the occupation the life insured performed immediately before he or she stopped working.

Extended occupational disability cover will only apply if the occupational disability is not as a result of any of the following conditions:

- depression or dysthymia, whether as an episode or disorder, or as part of the symptom complex of another psychiatric diagnosis;
- post-traumatic stress disorder;
- fibromyalgia;
- chronic fatigue syndrome and its synonyms;
- a back or neck condition, unless it is one of the following: paraplegia; quadriplegia; malignant tumours of the spinal cord and vertebral column; or failed back syndrome after multiple spinal surgery, provided the extent of the functional impairment arising from the failed back syndrome is verified by a specialist that we will nominate;
- any orthopaedic condition based mainly on pain, discomfort, loss of sensation, loss of range of motion, or any combination thereof;
- any decline in cognitive functioning irrespective of the cause thereof;
- an injury or illness that directly or indirectly resulted from, or is traceable to, any of the above causes;
- a complication that directly or indirectly is attributable to any of the above causes, or to such an injury or illness;
- a side-effect of treatment of any of the above causes, or for such an injury or illness or for such a complication.

Qualifying students

If the life insured is a qualifying student and successfully completes his or her studies, but does not yet start working, we will continue to cover him or her for occupational disability as if he or she is still a qualifying student, for up to 12 months from the date he or she stopped studying. This extended occupational disability cover will only apply if the occupational disability is not as a result of any of the above listed conditions.

Conversion options

The payment will not reduce when the cover for occupational disability ends. If the life insured stops working before the cover end date of the benefit, and plans to never work again, the planholder may contact his or her intermediary about conversion options for this benefit. Conversion options may however not necessarily result in a lower payment.

Impairment and accidental cover

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 1" section later in this chapter.

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Waiting period for joint replacements

A waiting period of 5 years from the cover start date of the benefit is applicable to the following claim events resulting from natural causes:

- Total hip replacement;
- Total knee replacement;
- Total shoulder replacement;
- Total ankle replacement.

A claim for any of these claim events, resulting from natural causes, can only be submitted if the claim event occurred after the waiting period of 5 years from the cover start date of the benefit. If the cover amount of the benefit is increased, other than through benefit growth, a waiting period of 5 years from the cover start date of the increase will be applicable to the increase in the cover amount.

The waiting period is not applicable if the claim event results from unnatural causes.

Replacement of benefits

If a benefit covering the above joint replacement events has been replaced with this benefit without an interruption in cover and for the same amount of cover, the waiting period will not be applicable from the date of the replacement, but will be applicable from the original cover start date of the previous benefit. If the cover amount of the replaced benefit was however increased before the date of the replacement, other than through benefit growth, the waiting period on such an increase will be applicable from the cover start date of the increase.

If, at the time of replacement, the cover amount of this benefit was chosen to be higher than the cover amount of the replaced benefit, the above concession will not apply to the increased portion.

If the cover amount of this benefit is increased after the date of the replacement, other than through benefit growth, a new waiting period of 5 years from the cover start date of the increase will be applicable to the increase in the cover amount.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the disability or impairment is caused directly and solely by a bodily injury or by an illness;
- the disability or impairment is permanent, after the life insured has undergone optimal, reasonable treatment;
- we have not previously admitted a claim for the same claim event, except if the claim event is listed under "Musculoskeletal system" in the "Claim events: List 1" section later in this chapter, and the claim is for a different limb;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence.

For occupational disability, we will also only admit a claim if the claim event occurs before retirement, age 70 or the cover end date of the benefit, whichever is earlier.

The disability or impairment must be permanent, and evaluated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The disability or impairment, and permanence thereof, will be evaluated only after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

References to permanence does not apply to the claim events listed under "Trauma" in the "Claim events: List 1" section later in this chapter.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the "Claim events: List 1" section later in this chapter. The amount will be paid as a lump sum.

If the amount we pay is equal to or more than the cover amount, the benefit will end when we have paid the claim. If the amount we pay is less than the cover amount, we will reduce the cover amount with the amount that was paid. We will also reduce the payment of the benefit proportionally. Any amount we pay thereafter for a subsequent claim event, will be based on the reduced cover amount. The reduced cover amount will continue to increase on every plan anniversary if benefit growth is applicable to the plan.

Multiple claims

When we apply the rules in this section, claims for occupational disability, impairment as well as Temporary Incapacity will be considered.

If the life insured qualifies for more than one claim event at the same time, we will first consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will first consider the claim event that is listed first in the "Claim events: List 1" section later in this chapter.

If the life insured however qualifies for more than one claim event at the same time and by qualifying for the one claim event implies qualifying for other claim events, we will only consider the claim event with the highest percentage of the cover amount.

The total lump sum we will pay will be limited to the cover amount of the benefit and once the full cover amount has been paid, the benefit will end. An exception to this is if we make a payment for the claim event "Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord" or "Quadriplegia due to spinal cord severance or primary neurological disease of the spinal cord". For these claim events a lump sum of 125% or 150% of the cover amount will be payable, respectively, after which the benefit will end.

Exclusions

We will not admit a claim if the disability or impairment of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

If the life insured at any time practises sport as an occupation, or works as a pilot, and becomes continuously unable to fulfil the occupational demands of that occupation, we will not admit a claim for occupational disability as a result of such inability.

Other general exclusions are set out in the applicable overview chapter in this technical guide. Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

Elite Disability (CAR5, CSR5)

The **Elite Disability** benefit is available under the Premier product option of our Topcover and Term cover products.

Benefit description

This benefit provides cover for

- permanent occupational disability up to retirement, age 70 or the cover end date of the benefit, whichever is earlier; and
- permanent impairment claim events for as long as the benefit is in force; and
- accidental claim events for as long as the benefit is in force.

If we admit a claim, we will pay the claim amount as a lump sum.

We regard the life insured as retired if he or she is 55 years or older, and does not earn an income over and above a passive income. Passive income refers to income that can continue without the life insured's intervention, for example pension or rental income.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

This benefit also includes the following, which are described in separate sections later in this chapter:

- Temporary Incapacity Cover for Accidental Causes; and
- Temporary Incapacity Cover for non-Accidental Causes; and
- A Prosthesis Booster; and
- Built-in Future Cover for Young Lives, if the main benefit is a standalone benefit; and
- Built-in Child Cover.

Additional features

Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:

- Free cover

Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

An accelerator and standalone version of this benefit can be taken on the same plan for the same life insured.

Benefit	Type of benefit	
	Accelerator	Standalone
Elite Disability (CAR5)	√	
Elite Disability (CSR5)		√

When will cover for this benefit end?

Cover will end on the earlier of

- midnight before the cover end date indicated in the plan overview; and
- the plan ending for any reason before the cover end date; and
- 100% of the cover amount being paid or a claim being paid for "Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord" or "Quadriplegia due to spinal cord severance or primary neurological disease of the spinal cord"; and
- the death of the life insured.

Cover limits per life insured

Students in at least their fourth year of study for a professional occupation may qualify for a limited amount of cover under the Premier product option, as described under "Financial underwriting" in the *Underwriting for Classic and Premier* chapter. Otherwise the limits below apply.

Minimum: R50 000

Maximum: R35 000 000*

*Subject to financial underwriting

The sum of the cover amounts of all **accelerator disability and impairment benefits** on a plan for a life insured may **not** exceed the sum of the cover amounts of the Death or First death benefit for that life insured.

Age limits**Benefit start age**

- Minimum:
- Payment patterns other than fixed compulsory growth: 15 next birthday
 - Fixed compulsory growth: 30 next birthday
- Maximum:
- Benefit with cease age 65: 60 next birthday
 - Benefit with cease age 70 or with whole life cover: 62 next birthday

Benefit cease age

- Topcover products: Choice between 65 or 70 next birthday, or whole life cover.
 - Term cover products: 65 next birthday.
- Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.

Qualifying lives

The following lives do not qualify:

- Housewives/house husbands
- Scholars
- Certain students
- Pensioners
- Unemployed persons

Other lives may qualify, including students in at least their fourth year of study for a professional occupation, subject to age limits and underwriting.

Guarantee period

As selected for the plan.

However, if the Elite Disability benefit is selected with **whole life cover**, the maximum initial guarantee period that may be chosen for a plan with this benefit is 10 years.

If the planholder wants to take other benefits in combination with a **whole life** Elite Disability benefit and he/she requires an initial guarantee period of longer than 10 years for these other benefits, the other benefits must be taken on a separate plan.

What benefit will be paid?

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 1" section later in this chapter (where the below occupational disability claim event is again included). The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. For claim events where a maximum rand amount is indicated, we will not pay more than the indicated rand amount. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Occupational disability cover

Claim event	Percentage of cover amount %
Occupational disability	
<p>Contractual definition:</p> <p>Disability to the extent that the life insured is totally and permanently unable to fulfil the occupational demands of the occupation he or she practised for income immediately before the disability.</p> <p>If the life insured is a qualifying student when he or she becomes disabled:</p> <p>Disability to the extent that the life insured will be totally and permanently unable to fulfil the occupational demands of an occupation we may reasonably expect him or her to have practised, had they not become disabled and had they completed their studies.</p>	100

What is a qualifying student?

A qualifying student is a full-time student

- in their final academic year studying toward an NQF-level 7 qualification; or
- in at least their 3rd academic year studying toward an NQF-level 8 or higher qualification.

A student progresses to the next academic year when they successfully pass a tertiary study year.

Extended occupational disability cover

If the life insured stops working for any reason other than retiring or becoming a qualifying student, for example, taking a sabbatical, becoming a housewife or being retrenched, we will continue to cover the life insured for occupational disability for up to 12 months from the date he or she stopped working.

For this cover, we will assess occupational disability according to the occupation the life insured performed immediately before he or she stopped working.

Extended occupational disability cover will only apply if the occupational disability is not as a result of any of the following conditions:

- depression or dysthymia, whether as an episode or disorder, or as part of the symptom complex of another psychiatric diagnosis;
- post-traumatic stress disorder;
- fibromyalgia;
- chronic fatigue syndrome and its synonyms;
- a back or neck condition, unless it is one of the following: paraplegia; quadriplegia; malignant tumours of the spinal cord and vertebral column; or failed back syndrome after multiple spinal surgery, provided the extent of the functional impairment arising from the failed back syndrome is verified by a specialist that we will nominate;
- any orthopaedic condition based mainly on pain, discomfort, loss of sensation, loss of range of motion, or any combination thereof;
- any decline in cognitive functioning irrespective of the cause thereof;
- an injury or illness that directly or indirectly resulted from, or is traceable to, any of the above causes;
- a complication that directly or indirectly is attributable to any of the above causes, or to such an injury or illness;
- a side-effect of treatment of any of the above causes, or for such an injury or illness or for such a complication.

Qualifying students

If the life insured is a qualifying student and successfully completes his or her studies, but does not yet start working, we will continue to cover him or her for occupational disability as if he or she is still a qualifying student, for up

to 12 months from the date he or she stopped studying. This extended occupational disability cover will only apply if the occupational disability is not as a result of any of the above listed conditions.

Conversion options

The payment will not reduce when the cover for occupational disability ends. If the life insured stops working before the cover end date of the benefit, and plans to never work again, the planholder may contact his or her intermediary about conversion options for this benefit. Conversion options may however not necessarily result in a lower payment.

Impairment and accidental cover

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 1" section later in this chapter.

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Waiting period for joint replacements

A waiting period of 5 years from the cover start date of the benefit is applicable to the following claim events resulting from natural causes:

- Total hip replacement;
- Total knee replacement;
- Total shoulder replacement;
- Total ankle replacement.

A claim for any of these claim events, resulting from natural causes, can only be submitted if the claim event occurred after the waiting period of 5 years from the cover start date of the benefit. If the cover amount of the benefit is increased, other than through benefit growth, a waiting period of 5 years from the cover start date of the increase will be applicable to the increase in the cover amount.

The waiting period is not applicable if the claim event results from unnatural causes.

Replacement of benefits

If a benefit covering the above joint replacement events has been replaced with this benefit without an interruption in cover and for the same amount of cover, the waiting period will not be applicable from the date of the replacement, but will be applicable from the original cover start date of the previous benefit. If the cover amount of the replaced benefit was however increased before the date of the replacement, other than through benefit growth, the waiting period on such an increase will be applicable from the cover start date of the increase.

If, at the time of replacement, the cover amount of this benefit was chosen to be higher than the cover amount of the replaced benefit, the above concession will not apply to the increased portion.

If the cover amount of this benefit is increased after the date of the replacement, other than through benefit growth, a new waiting period of 5 years from the cover start date of the increase will be applicable to the increase in the cover amount.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the disability or impairment is caused directly and solely by a bodily injury or by an illness;
- the disability or impairment is permanent, after the life insured has undergone optimal, reasonable treatment;
- we have not previously admitted a claim for the same claim event, except if the claim event is listed under "Musculoskeletal system" in the "Claim events: List 1" section later in this chapter, and the claim is for a different limb;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence.

For occupational disability, we will also only admit a claim if the claim event occurs before retirement, age 70 or the cover end date of the benefit, whichever is earlier.

The disability or impairment must be permanent, and evaluated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The disability or

impairment, and permanence thereof, will be evaluated only after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

References to permanence does not apply to the claim events listed under "Trauma" in the "Claim events: List 1" section later in this chapter.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the "Claim events: List 1" section later in this chapter. The amount will be paid as a lump sum.

If the amount we pay is equal to or more than the cover amount, the benefit will end when we have paid the claim. If the amount we pay is less than the cover amount, we will reduce the cover amount with the amount that was paid. We will also reduce the payment of the benefit proportionally. Any amount we pay thereafter for a subsequent claim event, will be based on the reduced cover amount. The reduced cover amount will continue to increase on every plan anniversary if benefit growth is applicable to the plan.

Multiple claims

When we apply the rules in this section, claims for occupational disability, impairment as well as Temporary Incapacity will be considered.

If the life insured qualifies for more than one claim event at the same time, we will first consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will first consider the claim event that is listed first in the "Claim events: List 1" section later in this chapter.

If the life insured however qualifies for more than one claim event at the same time and by qualifying for the one claim event implies qualifying for other claim events, we will only consider the claim event with the highest percentage of the cover amount.

The total lump sum we will pay will be limited to the cover amount of the benefit and once the full cover amount has been paid, the benefit will end. An exception to this is if we make a payment for the claim event "Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord" or "Quadriplegia due to spinal cord severance or primary neurological disease of the spinal cord". For these claim events a lump sum of 125% or 150% of the cover amount will be payable, respectively, after which the benefit will end.

Exclusions

We will not admit a claim if the disability or impairment of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

If the life insured at any time practises sport as an occupation, or works as a pilot, and becomes continuously unable to fulfil the occupational demands of that occupation, we will not admit a claim for occupational disability as a result of such inability.

Other general exclusions are set out in the applicable overview chapter in this technical guide. Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

Comprehensive Impairment (OAI, OSI)

The **Comprehensive Impairment** benefit is available under the Express, Classic and Premier product options of our Topcover products and under the Premier product option of our Term cover products.

Benefit description

This benefit provides cover for

- permanent impairment claim events; and
- accidental claim events.

If we admit a claim, we will pay the claim amount as a lump sum.

This benefit also includes the following, which are described in separate sections later in this chapter:

- Temporary Incapacity Cover for Accidental Causes; and
- Temporary Incapacity Cover for non-Accidental Causes.

Additional features

Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:

- Free cover

Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

An accelerator and standalone version of this benefit can be taken on the same plan for the same life insured.

Benefit	Type of benefit	
	Accelerator	Standalone
Comprehensive Impairment (OAI)	√	
Comprehensive Impairment (OSI)		√

When will cover for this benefit end?

Cover will end on the earlier of

- midnight before the cover end date indicated in the plan overview; and
- the plan ending for any reason before the cover end date; and
- 100% of the cover amount being paid or a claim being paid for "Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord" or "Quadriplegia due to spinal cord severance or primary neurological disease of the spinal cord"; and
- the death of the life insured.

Cover limits per life insured

Housewives/house husbands, scholars, students, pensioners and unemployed persons (unemployed only under Premier) may qualify for a limited amount of cover, as described under "Financial underwriting" in the underwriting chapters. Otherwise the limits below apply.

Minimum: • R50 000

Maximum: • R5 000 000 under the Express product option*
• R35 000 000 otherwise*

*Subject to financial underwriting

The sum of the cover amounts of all **accelerator disability and impairment benefits** on a plan for a life insured may **not** exceed the sum of the cover amounts of the Death or First death benefit for that life insured.

Age limits**Benefit start age**

- Minimum:
- Payment patterns other than fixed compulsory growth
 - 19 next birthday under the Express product option
 - 15 next birthday otherwise
 - Fixed compulsory growth: 30 next birthday
- Maximum:
- Benefit with cease age 65: 60 next birthday
 - Benefit with cease age 70 or with whole life cover: 65 next birthday

Benefit cease age

- Topcover products: Choice between 65 or 70 next birthday, or whole life cover.
 - Term cover products: 65 next birthday.
- Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.

Qualifying lives**Express product option**

Only the planholder and his/her spouse may qualify, subject to age limits and underwriting.

Classic and Premier product options

Subject to age limits and underwriting.

Guarantee period**Express product option**

5 years

Classic and Premier product options

As selected for the plan.

However, if the Comprehensive Impairment benefit is selected with **whole life cover**, the maximum initial guarantee period that may be chosen for a plan with this benefit is 10 years.

If the planholder wants to take other benefits in combination with a **whole life** Comprehensive Impairment benefit and he/she requires an initial guarantee period of longer than 10 years for these other benefits, the other benefits must be taken on a separate plan.

What benefit will be paid?

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 1" section later in this chapter. The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. For claim events where a maximum rand amount is indicated, we will not pay more than the indicated rand amount. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Impairment and accidental cover

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 1" section later in this chapter.

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Waiting period for joint replacements

A waiting period of 5 years from the cover start date of the benefit is applicable to the following claim events resulting from natural causes:

- Total hip replacement;
- Total knee replacement;
- Total shoulder replacement;
- Total ankle replacement.

A claim for any of these claim events, resulting from natural causes, can only be submitted if the claim event occurred after the waiting period of 5 years from the cover start date of the benefit. If the cover amount of the benefit is increased, other than through benefit growth, a waiting period of 5 years from the cover start date of the increase will be applicable to the increase in the cover amount.

The waiting period is not applicable if the claim event results from unnatural causes.

Replacement of benefits

If a benefit covering the above joint replacement events has been replaced with this benefit without an interruption in cover and for the same amount of cover, the waiting period will not be applicable from the date of the replacement, but will be applicable from the original cover start date of the previous benefit. If the cover amount of the replaced benefit was however increased before the date of the replacement, other than through benefit growth, the waiting period on such an increase will be applicable from the cover start date of the increase.

If, at the time of replacement, the cover amount of this benefit was chosen to be higher than the cover amount of the replaced benefit, the above concession will not apply to the increased portion.

If the cover amount of this benefit is increased after the date of the replacement, other than through benefit growth, a new waiting period of 5 years from the cover start date of the increase will be applicable to the increase in the cover amount.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the impairment is caused directly and solely by a bodily injury or by an illness;
- the impairment is permanent, after the life insured has undergone optimal, reasonable treatment;
- we have not previously admitted a claim for the same claim event, except if the claim event is listed under "Musculoskeletal system" in the "Claim events: List 1" section later in this chapter, and the claim is for a different limb;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence.

The impairment must be permanent, and evaluated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The impairment, and permanence thereof, will be evaluated only after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

References to permanence does not apply to the claim events listed under "Trauma" in the "Claim events: List 1" section later in this chapter.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the "Claim events: List 1" section later in this chapter. The amount will be paid as a lump sum.

If the amount we pay is equal to or more than the cover amount, the benefit will end when we have paid the claim. If the amount we pay is less than the cover amount, we will reduce the cover amount with the amount that was paid. We will also reduce the payment of the benefit proportionally. Any amount we pay thereafter for a subsequent claim event, will be based on the reduced cover amount. The reduced cover amount will continue to increase on every plan anniversary if benefit growth is applicable to the plan.

Multiple claims

When we apply the rules in this section, claims for impairment as well as Temporary Incapacity will be considered.

If the life insured qualifies for more than one claim event at the same time, we will first consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will first consider the claim event that is listed first in the "Claim events: List 1" section later in this chapter.

If the life insured however qualifies for more than one claim event at the same time and by qualifying for the one claim event implies qualifying for other claim events, we will only consider the claim event with the highest percentage of the cover amount.

The total lump sum we will pay will be limited to the cover amount of the benefit and once the full cover amount has been paid, the benefit will end. An exception to this is if we make a payment for the claim event "Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord" or "Quadriplegia due to spinal cord severance or primary neurological disease of the spinal cord". For these claim events a lump sum of 125% or 150% of the cover amount will be payable, respectively, after which the benefit will end.

Exclusions

We will not admit a claim if the impairment of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

Other general exclusions are set out in the applicable overview chapter in this technical guide. Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

Accidental Comprehensive Disability (ASO3)

The **Accidental Comprehensive Disability** benefit is available under the Express, Classic and Premier product options of our Topcover products and under the Premier product option of our Term cover products.

Benefit description

This benefit provides cover for

- permanent occupational disability from accidental causes up to retirement, age 70 or the cover end date of the benefit, whichever is earlier; and
- permanent impairment claim events from accidental causes for as long as the benefit is in force.

If we admit a claim, we will pay the claim amount as a lump sum.

We regard the life insured as retired if he or she is 55 years or older, and does not earn an income over and above a passive income. Passive income refers to income that can continue without the life insured's intervention, for example pension or rental income.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

Additional features

Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:

- Free cover

Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

Standalone

When will cover for this benefit end?

Cover will end on the earlier of

- midnight before the cover end date indicated in the plan overview; and
- the plan ending for any reason before the cover end date; and
- 100% of the cover amount being paid or a claim being paid for "Paraplegia due to spinal cord severance" or "Quadriplegia due to spinal cord severance"; and
- the death of the life insured.

Cover limits per life insured

Students in at least their fourth year of study for a professional occupation may qualify for a limited amount of cover under the Classic or Premier product option, as described under "Financial underwriting" in the *Underwriting for Classic and Premier* chapter. Otherwise the limits below apply.

Minimum:

- R50 000

Maximum:

- R5 000 000 under the Express product option*

- R10 000 000 otherwise*

*Subject to financial underwriting

Age limits**Benefit start age**

- Minimum:
- Payment patterns other than fixed compulsory growth
 - 19 next birthday under the Express product option
 - 15 next birthday otherwise
 - Fixed compulsory growth: 30 next birthday
- Maximum:
- Benefit with cease age 65: 60 next birthday
 - Benefit with cease age 70 or with whole life cover: 62 next birthday

Benefit cease age

- Topcover products: Choice between 65 or 70 next birthday, or whole life cover.
 - Term cover products: 65 next birthday.
- Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.

Qualifying lives

The following lives do not qualify:

- Housewives/house husbands
- Scholars
- Certain students
- Pensioners
- Unemployed persons

Other lives may qualify, including students in at least their fourth year of study for a professional occupation, subject to age limits and underwriting.

Under the **Express product option** the Accidental Comprehensive Disability benefit is available to the planholder and/or his or her spouse only.

Guarantee period**Express product option**

5 years

Classic and Premier product options

As selected for the plan.

However, if the Accidental Comprehensive Disability benefit is selected with **whole life cover**, the maximum initial guarantee period that may be chosen for a plan with this benefit is 10 years.

If the planholder wants to take other benefits in combination with a **whole life** Accidental Comprehensive Disability benefit and he/she requires an initial guarantee period of longer than 10 years for these other benefits, the other benefits must be taken on a separate plan.

What benefit will be paid?

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 2" section later in this chapter (where the below occupational disability claim event is again included). The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Occupational disability cover

Claim event	Percentage of cover amount %
Occupational disability	
<p>Contractual definition:</p> <p>Disability to the extent that the life insured is totally and permanently unable to fulfil the occupational demands of the occupation he or she practised for income immediately before the disability.</p> <p>If the life insured is a qualifying student when he or she becomes disabled:</p> <p>Disability to the extent that the life insured will be totally and permanently unable to fulfil the occupational demands of an occupation we may reasonably expect him or her to have practised, had they not become disabled and had they completed their studies.</p>	100

What is a qualifying student?

A qualifying student is a full-time student

- in their final academic year studying toward an NQF-level 7 qualification; or
- in at least their 3rd academic year studying toward an NQF-level 8 or higher qualification.

A student progresses to the next academic year when they successfully pass a tertiary study year.

Extended occupational disability cover

If the life insured stops working for any reason other than retiring or becoming a qualifying student, for example, taking a sabbatical, becoming a housewife or being retrenched, we will continue to cover the life insured for occupational disability for up to 12 months from the date he or she stopped working.

For this cover, we will assess occupational disability according to the occupation the life insured performed immediately before he or she stopped working.

Extended occupational disability cover will only apply if the occupational disability is not as a result of any of the following conditions:

- a back or neck injury, unless it is one of the following: paraplegia; quadriplegia; or failed back syndrome after multiple spinal surgery, provided the extent of the functional impairment arising from the failed back syndrome is verified by a specialist that we will nominate;
- any orthopaedic injury based mainly on pain, discomfort, loss of sensation, loss of range of motion, or any combination thereof;
- an injury that directly or indirectly resulted from, or is traceable to, any of the above causes;
- a complication that directly or indirectly is attributable to any of the above causes, or to such an injury;
- a side-effect of treatment of any of the above causes, or for such an injury or for such a complication.

Qualifying students

If the life insured is a qualifying student and successfully completes his or her studies, but does not yet start working, we will continue to cover him or her for occupational disability as if he or she is still a qualifying student, for up to 12 months from the date he or she stopped studying. This extended occupational disability cover will only apply if the occupational disability is not as a result of any of the above listed conditions.

Conversion options

The payment will not reduce when the cover for occupational disability ends. If the life insured stops working before the cover end date of the benefit, and plans to never work again, the planholder may contact his or her intermediary about conversion options for this benefit. Conversion options may however not necessarily result in a lower payment.

Impairment cover

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 2" section later in this chapter.

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and

- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the disability or impairment is caused directly and solely by a bodily injury as a result of an accident;
- the disability or impairment manifested within 12 months after the bodily injury;
- the disability or impairment is permanent, after the life insured has undergone optimal, reasonable treatment;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence.

For occupational disability, we will also only admit a claim if the claim event occurs before retirement, age 70 or the cover end date of the benefit, whichever is earlier.

The disability or impairment must be permanent, and evaluated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The disability or impairment, and permanence thereof, will be evaluated only after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

For the purpose of this benefit, we will not recognise any intra- or post-operative complication, or any complication following a medical procedure, as an accident, unless the operation or procedure

- is a direct result of a bodily injury that took place after cover for this benefit has started, and
- takes place within 6 months of such a bodily injury.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the "Claim events: List 2" section later in this chapter. The amount will be paid as a lump sum, after which the benefit will end.

Multiple claims

If the life insured qualifies for more than one claim event at the same time, we will consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will consider the claim event that is listed first in the "Claim events: List 2" section later in this chapter.

Exclusions

We will not admit a claim if the disability or impairment of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

If the life insured at any time practises sport as an occupation, or works as a pilot, and becomes continuously unable to fulfil the occupational demands of that occupation, we will not admit a claim for occupational disability as a result of such inability.

Other general exclusions are set out in the applicable overview chapter in this technical guide. Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

Accidental Comprehensive Disability Plus (ASO4)

The **Accidental Comprehensive Disability Plus** benefit is available under the Express, Classic and Premier product options of our Topcover products and under the Premier product option of our Term cover products.

Benefit description

This benefit provides cover for

- permanent occupational disability from accidental causes up to retirement, age 70 or the cover end date of the benefit, whichever is earlier; and
- permanent impairment claim events from accidental causes for as long as the benefit is in force; and
- other accidental claim events for as long as the benefit is in force.

If we admit a claim, we will pay the claim amount as a lump sum.

We regard the life insured as retired if he or she is 55 years or older, and does not earn an income over and above a passive income. Passive income refers to income that can continue without the life insured's intervention, for example pension or rental income.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

This benefit also includes the following, which are described in a separate section later in this chapter:

- Temporary Incapacity Cover for Accidental Causes.

Additional features

Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:

- Free cover

Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

Standalone

When will cover for this benefit end?

Cover will end on the earlier of

- midnight before the cover end date indicated in the plan overview; and
- the plan ending for any reason before the cover end date; and
- 100% of the cover amount being paid or a claim being paid for "Paraplegia due to spinal cord severance" or "Quadriplegia due to spinal cord severance"; and
- the death of the life insured.

Cover limits per life insured

Students in at least their fourth year of study for a professional occupation may qualify for a limited amount of cover under the Classic or Premier product option, as described under "Financial underwriting" in the *Underwriting for Classic and Premier* chapter. Otherwise the limits below apply.

- | | |
|----------|--|
| Minimum: | • R50 000 |
| Maximum: | • R5 000 000 under the Express product option* |
| | • R10 000 000 otherwise* |

*Subject to financial underwriting

Age limits**Benefit start age**

- Minimum:
- Payment patterns other than fixed compulsory growth
 - 19 next birthday under the Express product option
 - 15 next birthday otherwise
 - Fixed compulsory growth: 30 next birthday
- Maximum:
- Benefit with cease age 65: 60 next birthday
 - Benefit with cease age 70 or with whole life cover: 62 next birthday

Benefit cease age

- Topcover products: Choice between 65 or 70 next birthday, or whole life cover.
 - Term cover products: 65 next birthday.
- Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.

Qualifying lives

The following lives do not qualify:

- Housewives/house husbands
- Scholars
- Certain students
- Pensioners
- Unemployed persons

Other lives may qualify, including students in at least their fourth year of study for a professional occupation, subject to age limits and underwriting.

Under the **Express product option** the Accidental Comprehensive Disability Plus benefit is available to the planholder and/or his or her spouse only.

Guarantee period**Express product option**

5 years

Classic and Premier product options

As selected for the plan.

However, if the Accidental Comprehensive Disability Plus benefit is selected with **whole life cover**, the maximum initial guarantee period that may be chosen for a plan with this benefit is 10 years.

If the planholder wants to take other benefits in combination with a **whole life** Accidental Comprehensive Disability Plus benefit and he/she requires an initial guarantee period of longer than 10 years for these other benefits, the other benefits must be taken on a separate plan.

What benefit will be paid?

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 2" section later in this chapter (where the below occupational disability claim event is again included). The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. For claim events where a maximum rand amount is indicated, we will not pay more than the indicated rand amount. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Occupational disability cover

Claim event	Percentage of cover amount %
Occupational disability	
<p>Contractual definition:</p> <p>Disability to the extent that the life insured is totally and permanently unable to fulfil the occupational demands of the occupation he or she practised for income immediately before the disability.</p> <p>If the life insured is a qualifying student when he or she becomes disabled:</p> <p>Disability to the extent that the life insured will be totally and permanently unable to fulfil the occupational demands of an occupation we may reasonably expect him or her to have practised, had they not become disabled and had they completed their studies.</p>	100

What is a qualifying student?

A qualifying student is a full-time student

- in their final academic year studying toward an NQF-level 7 qualification; or
- in at least their 3rd academic year studying toward an NQF-level 8 or higher qualification.

A student progresses to the next academic year when they successfully pass a tertiary study year.

Extended occupational disability cover

If the life insured stops working for any reason other than retiring or becoming a qualifying student, for example, taking a sabbatical, becoming a housewife or being retrenched, we will continue to cover the life insured for occupational disability for up to 12 months from the date he or she stopped working.

For this cover, we will assess occupational disability according to the occupation the life insured performed immediately before he or she stopped working.

Extended occupational disability cover will only apply if the occupational disability is not as a result of any of the following conditions:

- a back or neck injury, unless it is one of the following: paraplegia; quadriplegia; or failed back syndrome after multiple spinal surgery, provided the extent of the functional impairment arising from the failed back syndrome is verified by a specialist that we will nominate;
- any orthopaedic injury based mainly on pain, discomfort, loss of sensation, loss of range of motion, or any combination thereof;
- an injury that directly or indirectly resulted from, or is traceable to, any of the above causes;
- a complication that directly or indirectly is attributable to any of the above causes, or to such an injury;
- a side-effect of treatment of any of the above causes, or for such an injury or for such a complication.

Qualifying students

If the life insured is a qualifying student and successfully completes his or her studies, but does not yet start working, we will continue to cover him or her for occupational disability as if he or she is still a qualifying student, for up to 12 months from the date he or she stopped studying. This extended occupational disability cover will only apply if the occupational disability is not as a result of any of the above listed conditions.

Conversion options

The payment will not reduce when the cover for occupational disability ends. If the life insured stops working before the cover end date of the benefit, and plans to never work again, the planholder may contact his or her intermediary about conversion options for this benefit. Conversion options may however not necessarily result in a lower payment.

Impairment and other accidental cover

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 2" section later in this chapter.

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the disability or impairment is caused directly and solely by a bodily injury as a result of an accident;
- the disability or impairment manifested within 12 months after the bodily injury;
- the disability or impairment is permanent, after the life insured has undergone optimal, reasonable treatment;
- we have not previously admitted a claim for the same claim event, except if the claim event is listed under "Musculoskeletal system" in the "Claim events: List 2" section later in this chapter, and the claim is for a different limb;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence.

For occupational disability, we will also only admit a claim if the claim event occurs before retirement, age 70 or the cover end date of the benefit, whichever is earlier.

The disability or impairment must be permanent, and evaluated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The disability or impairment, and permanence thereof, will be evaluated only after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

References to permanence does not apply to the claim events listed under "Trauma" in the "Claim events: List 2" section later in this chapter.

For the purpose of this benefit, we will not recognise any intra- or post-operative complication, or any complication following a medical procedure, as an accident, unless the operation or procedure

- is a direct result of a bodily injury that took place after cover for this benefit has started, and
- takes place within 6 months of such a bodily injury.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the "Claim events: List 2" section later in this chapter. The amount will be paid as a lump sum.

If the amount we pay is equal to or more than the cover amount, the benefit will end when we have paid the claim. If the amount we pay is less than the cover amount, we will reduce the cover amount with the amount that was paid. We will also reduce the payment of the benefit proportionally. Any amount we pay thereafter for a subsequent claim event, will be based on the reduced cover amount. The reduced cover amount will continue to increase on every plan anniversary if benefit growth is applicable to the plan.

Multiple claims

When we apply the rules in this section, claims for occupational disability, impairment as well as Temporary Incapacity will be considered.

If the life insured qualifies for more than one claim event at the same time, we will first consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will first consider the claim event that is listed first in the "Claim events: List 2" section later in this chapter.

If the life insured however qualifies for more than one claim event at the same time and by qualifying for the one claim event implies qualifying for other claim events, we will only consider the claim event with the highest percentage of the cover amount.

The total lump sum we will pay will be limited to the cover amount of the benefit and once the full cover amount has been paid, the benefit will end. An exception to this is if we make a payment for the claim event "Paraplegia due to spinal cord severance" or "Quadriplegia due to spinal cord severance". For these claim events a lump sum of 125% or 150% of the cover amount will be payable, respectively, after which the benefit will end.

Exclusions

We will not admit a claim if the disability or impairment of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

If the life insured at any time practises sport as an occupation, or works as a pilot, and becomes continuously unable to fulfil the occupational demands of that occupation, we will not admit a claim for occupational disability as a result of such inability.

Other general exclusions are set out in the applicable overview chapter in this technical guide. Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

Accidental Elite Disability (ASO5)

The **Accidental Elite Disability** benefit is available under the Premier product option of our Topcover and Term cover products.

Benefit description

This benefit provides cover for

- permanent occupational disability from accidental causes up to retirement, age 70 or the cover end date of the benefit, whichever is earlier; and
- permanent impairment claim events from accidental causes for as long as the benefit is in force; and
- other accidental claim events for as long as the benefit is in force.

If we admit a claim, we will pay the claim amount as a lump sum.

We regard the life insured as retired if he or she is 55 years or older, and does not earn an income over and above a passive income. Passive income refers to income that can continue without the life insured's intervention, for example pension or rental income.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

This benefit also includes the following, which are described in separate sections later in this chapter:

- Temporary Incapacity Cover for Accidental Causes; and
- A Prosthesis Booster.

Additional features

Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:

- Free cover

Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

Standalone

When will cover for this benefit end?

Cover will end on the earlier of

- midnight before the cover end date indicated in the plan overview; and
- the plan ending for any reason before the cover end date; and
- 100% of the cover amount being paid or a claim being paid for "Paraplegia due to spinal cord severance" or "Quadriplegia due to spinal cord severance"; and
- the death of the life insured.

Cover limits per life insured

Students in at least their fourth year of study for a professional occupation may qualify for a limited amount of cover under the Premier product option, as described under "Financial underwriting" in the *Underwriting for Classic and Premier* chapter. Otherwise the limits below apply.

Minimum: R50 000

Maximum: R10 000 000*

*Subject to financial underwriting

Age limits**Benefit start age**

- Minimum:
- Payment patterns other than fixed compulsory growth: 15 next birthday
 - Fixed compulsory growth: 30 next birthday
- Maximum:
- Benefit with cease age 65: 60 next birthday
 - Benefit with cease age 70 or with whole life cover: 62 next birthday

Benefit cease age

- Topcover products: Choice between 65 or 70 next birthday, or whole life cover.
 - Term cover products: 65 next birthday.
- Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.

Qualifying lives

The following lives do not qualify:

- Housewives/house husbands
- Scholars
- Certain students
- Pensioners
- Unemployed persons

Other lives may qualify, including students in at least their fourth year of study for a professional occupation, subject to age limits and underwriting.

Guarantee period

As selected for the plan.

However, if the Accidental Elite Disability benefit is selected with **whole life cover**, the maximum initial guarantee period that may be chosen for a plan with this benefit is 10 years.

If the planholder wants to take other benefits in combination with a **whole life** Accidental Elite Disability benefit and he/she requires an initial guarantee period of longer than 10 years for these other benefits, the other benefits must be taken on a separate plan.

What benefit will be paid?

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 2" section later in this chapter (where the below occupational disability claim event is again included). The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. For claim events where a maximum rand amount is indicated, we will not pay more than the indicated rand amount. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Occupational disability cover

Claim event	Percentage of cover amount %
Occupational disability	
<p>Contractual definition: Disability to the extent that the life insured is totally and permanently unable to fulfil the occupational demands of the occupation he or she practised for income immediately before the disability.</p> <p>If the life insured is a qualifying student when he or she becomes disabled: Disability to the extent that the life insured will be totally and permanently unable to fulfil the occupational demands of an occupation we may reasonably expect him or her to have practised, had they not become disabled and had they completed their studies.</p>	100

What is a qualifying student?

A qualifying student is a full-time student

- in their final academic year studying toward an NQF-level 7 qualification; or
- in at least their 3rd academic year studying toward an NQF-level 8 or higher qualification.

A student progresses to the next academic year when they successfully pass a tertiary study year.

Extended occupational disability cover

If the life insured stops working for any reason other than retiring or becoming a qualifying student, for example, taking a sabbatical, becoming a housewife or being retrenched, we will continue to cover the life insured for occupational disability for up to 12 months from the date he or she stopped working.

For this cover, we will assess occupational disability according to the occupation the life insured performed immediately before he or she stopped working.

Extended occupational disability cover will only apply if the occupational disability is not as a result of any of the following conditions:

- a back or neck injury, unless it is one of the following: paraplegia; quadriplegia; or failed back syndrome after multiple spinal surgery, provided the extent of the functional impairment arising from the failed back syndrome is verified by a specialist that we will nominate;
- any orthopaedic injury based mainly on pain, discomfort, loss of sensation, loss of range of motion, or any combination thereof;
- an injury that directly or indirectly resulted from, or is traceable to, any of the above causes;
- a complication that directly or indirectly is attributable to any of the above causes, or to such an injury;
- a side-effect of treatment of any of the above causes, or for such an injury or for such a complication.

Qualifying students

If the life insured is a qualifying student and successfully completes his or her studies, but does not yet start working, we will continue to cover him or her for occupational disability as if he or she is still a qualifying student, for up to 12 months from the date he or she stopped studying. This extended occupational disability cover will only apply if the occupational disability is not as a result of any of the above listed conditions.

Conversion options

The payment will not reduce when the cover for occupational disability ends. If the life insured stops working before the cover end date of the benefit, and plans to never work again, the planholder may contact his or her intermediary about conversion options for this benefit. Conversion options may however not necessarily result in a lower payment.

Impairment and other accidental cover

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 2" section later in this chapter.

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and

- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the disability or impairment is caused directly and solely by a bodily injury as a result of an accident;
- the disability or impairment manifested within 12 months after the bodily injury;
- the disability or impairment is permanent, after the life insured has undergone optimal, reasonable treatment;
- we have not previously admitted a claim for the same claim event, except if the claim event is listed under "Musculoskeletal system" in the "Claim events: List 2" section later in this chapter, and the claim is for a different limb;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence.

For occupational disability, we will also only admit a claim if the claim event occurs before retirement, age 70 or the cover end date of the benefit, whichever is earlier.

The disability or impairment must be permanent, and evaluated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The disability or impairment, and permanence thereof, will be evaluated only after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

References to permanence does not apply to the claim events listed under "Trauma" in the "Claim events: List 2" section later in this chapter.

For the purpose of this benefit, we will not recognise any intra- or post-operative complication, or any complication following a medical procedure, as an accident, unless the operation or procedure

- is a direct result of a bodily injury that took place after cover for this benefit has started, and
- takes place within 6 months of such a bodily injury.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the "Claim events: List 2" section later in this chapter. The amount will be paid as a lump sum.

If the amount we pay is equal to or more than the cover amount, the benefit will end when we have paid the claim. If the amount we pay is less than the cover amount, we will reduce the cover amount with the amount that was paid. We will also reduce the payment of the benefit proportionally. Any amount we pay thereafter for a subsequent claim event, will be based on the reduced cover amount. The reduced cover amount will continue to increase on every plan anniversary if benefit growth is applicable to the plan.

Multiple claims

When we apply the rules in this section, claims for occupational disability, impairment as well as Temporary Incapacity will be considered.

If the life insured qualifies for more than one claim event at the same time, we will first consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will first consider the claim event that is listed first in the "Claim events: List 2" section later in this chapter.

If the life insured however qualifies for more than one claim event at the same time and by qualifying for the one claim event implies qualifying for other claim events, we will only consider the claim event with the highest percentage of the cover amount.

The total lump sum we will pay will be limited to the cover amount of the benefit and once the full cover amount has been paid, the benefit will end. An exception to this is if we make a payment for the claim event "Paraplegia due to spinal cord severance" or "Quadriplegia due to spinal cord severance". For these claim events a lump sum of 125% or 150% of the cover amount will be payable, respectively, after which the benefit will end.

Exclusions

We will not admit a claim if the disability or impairment of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

If the life insured at any time practises sport as an occupation, or works as a pilot, and becomes continuously unable to fulfil the occupational demands of that occupation, we will not admit a claim for occupational disability as a result of such inability.

Other general exclusions are set out in the applicable overview chapter in this technical guide. Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

Accidental Comprehensive Impairment (ASI)

The **Accidental Comprehensive Impairment** benefit is available under the Express, Classic and Premier product options of our Topcover products and under the Premier product option of our Term cover products.

Benefit description

This benefit provides cover for

- permanent impairment claim events from accidental causes; and
- other accidental claim events.

If we admit a claim, we will pay the claim amount as a lump sum.

This benefit also includes the following, which is described in a separate section later in this chapter:

- Temporary Incapacity Cover for Accidental Causes.

Additional features

Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:

- Free cover

Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

Standalone

When will cover for this benefit end?

Cover will end on the earlier of

- midnight before the cover end date indicated in the plan overview; and
- the plan ending for any reason before the cover end date; and
- 100% of the cover amount being paid or a claim being paid for "Paraplegia due to spinal cord severance" or "Quadriplegia due to spinal cord severance"; and
- the death of the life insured.

Cover limits per life insured

Housewives/house husbands, scholars, students, pensioners and unemployed persons (unemployed only under Premier) may qualify for a limited amount of cover, as described under "Financial underwriting" in the underwriting chapters. Otherwise the limits below apply.

Minimum:

- R50 000

Maximum:

- R5 000 000 under the Express product option*

- R10 000 000 otherwise*

*Subject to financial underwriting

Age limits

Benefit start age

- Minimum:
 - Payment patterns other than fixed compulsory growth
 - 19 next birthday under the Express product option
 - 15 next birthday otherwise

- Maximum:
 - Fixed compulsory growth: 30 next birthday
 - Benefit with cease age 65: 60 next birthday
 - Benefit with cease age 70 or with whole life cover: 65 next birthday

Benefit cease age

- Topcover products: Choice between 65 or 70 next birthday, or whole life cover.
- Term cover products: 65 next birthday.

Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.

Qualifying lives**Express product option**

Only the planholder and his/her spouse may qualify, subject to age limits and underwriting.

Classic and Premier product options

Subject to age limits and underwriting.

Guarantee period**Express product option**

5 years

Classic and Premier product options

As selected for the plan.

However, if the Accidental Comprehensive Impairment benefit is selected with **whole life cover**, the maximum initial guarantee period that may be chosen for a plan with this benefit is 10 years.

If the planholder wants to take other benefits in combination with a **whole life** Accidental Comprehensive Impairment benefit and he/she requires an initial guarantee period of longer than 10 years for these other benefits, the other benefits must be taken on a separate plan.

What benefit will be paid?

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 2" section later in this chapter. The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. For claim events where a maximum rand amount is indicated, we will not pay more than the indicated rand amount. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Impairment and other accidental cover

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the "Claim events: List 2" section later in this chapter.

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the impairment is caused directly and solely by a bodily injury as a result of an accident;
- the disability or impairment manifested within 12 months after the bodily injury;
- the impairment is permanent, after the life insured has undergone optimal, reasonable treatment;
- we have not previously admitted a claim for the same claim event, except if the claim event is listed under "Musculoskeletal system" in the "Claim events: List 2" section later in this chapter, and the claim is for a different limb;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence.

The impairment must be permanent, and evaluated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The impairment, and permanence thereof, will be evaluated only after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

References to permanence does not apply to the claim events listed under "Trauma" in the "Claim events: List 2" section later in this chapter.

For the purpose of this benefit, we will not recognise any intra- or post-operative complication, or any complication following a medical procedure, as an accident, unless the operation or procedure

- is a direct result of a bodily injury that took place after cover for this benefit has started, and
- takes place within 6 months of such a bodily injury.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the "Claim events: List 2" section later in this chapter. The amount will be paid as a lump sum.

If the amount we pay is equal to or more than the cover amount, the benefit will end when we have paid the claim. If the amount we pay is less than the cover amount, we will reduce the cover amount with the amount that was paid. We will also reduce the payment of the benefit proportionally. Any amount we pay thereafter for a subsequent claim event, will be based on the reduced cover amount. The reduced cover amount will continue to increase on every plan anniversary if benefit growth is applicable to the plan.

Multiple claims

When we apply the rules in this section, claims for impairment as well as Temporary Incapacity will be considered.

If the life insured qualifies for more than one claim event at the same time, we will first consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will first consider the claim event that is listed first in the "Claim events: List 2" section later in this chapter.

If the life insured however qualifies for more than one claim event at the same time and by qualifying for the one claim event implies qualifying for other claim events, we will only consider the claim event with the highest percentage of the cover amount.

The total lump sum we will pay will be limited to the cover amount of the benefit and once the full cover amount has been paid, the benefit will end. An exception to this is if we make a payment for the claim event "Paraplegia due to spinal cord severance" or "Quadriplegia due to spinal cord severance". For these claim events a lump sum of 125% or 150% of the cover amount will be payable, respectively, after which the benefit will end.

Exclusions

We will not admit a claim if the impairment of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

Other general exclusions are set out in the applicable overview chapter in this technical guide. Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

Temporary Incapacity Cover for Accidental Causes

Cover automatically included

This cover is automatically included in the following main benefits, if applicable to the life insured:

- Comprehensive Disability Plus (CAR4/CSR4)
- Elite Disability (CAR5/CSR5)
- Comprehensive Impairment (OAI/OSI)
- Accidental Comprehensive Disability Plus (ASO4)
- Accidental Elite Disability (ASO5)
- Accidental Comprehensive Impairment (ASI).

Cover description

A benefit may be claimed if the life insured suffers any bodily injury as a result of an accident and the recovery period for returning to work will be three months or longer, according to the Official Disability Guidelines (ODG) or scientifically accepted equivalent. The life insured does not have to prove any loss of income to qualify for a claim and the injury does not need to result in permanent impairment.

If we admit a claim, we will pay 10% of the cover amount of the main benefit as a lump sum. The cover amount of the main benefit will be reduced by the claim amount we will pay. We will also reduce the payment of the benefit proportionally. The cover amount of the main benefit is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

The Official Disability Guidelines (ODG) uses occupational duties as part of their determination of the recovery period of a claim event. For instances where a life insured is not in formal employment, for example, a student or a pensioner, we will use a life insured's health status before the claim event occurred as the benchmark for return to that level of recovery using the principles of the ODG or scientifically accepted equivalent.

The period of recovery referenced by the ODG will at times involve a range rather than a distinct point. In such instances we will use the midpoint of the range to determine whether the period of recovery will be three months or longer.

Scientifically accepted equivalents will enable a fair assessment of the impact of the injury in instances where the ODG is not sufficiently clear, for example when:

- an occupation is not catered for in the ODG;
- a key duty for the life insured is not standard for the occupational class;
- new scientifically accepted medical evidence supersedes the ODG.

In order for an alternative measure to be viewed as a scientifically accepted equivalent by our Chief Medical Officer it will need to be

- comparable to the ODG, in other words, accurately assess the likely period off work for different occupational duties following an injury event, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the claim event is caused directly and solely by a bodily injury due to an accident;
- the life insured survived more than 10 days after the date the claim event occurred. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence;
- we have not previously admitted a claim for a claim event caused by the same accident under this cover, the main benefit or any other cover included in the main benefit;
- the claim event occurs before age 70 or the cover end date of the main benefit, whichever is earlier.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

Multiple claims

If the life insured qualifies for a claim event under this cover and at the same time also qualifies for claim events under the main benefit, the rules in the "Multiple claims" section of the main benefit will apply.

When will the benefit be paid?

The claim event depends on the period of recovery according to the ODG or scientifically accepted equivalent, not the actual period of recovery for the life insured. As such, the benefit can be paid as soon as the claim event definition has been met and the survival period has expired.

When will cover end?

It will end on the earlier of

- age 70 or the cover end date of the main benefit; and
- the plan ending for any reason before the cover end date of the main benefit.

Temporary Incapacity Cover for non-Accidental Causes

Cover automatically included

This cover is automatically included in the following main benefits, if applicable to the life insured:

- Comprehensive Disability Plus (CAR4/CSR4)
- Elite Disability (CAR5/CSR5)
- Comprehensive Impairment (OAI/OSI).

Cover description

If we admit a claim, we will pay 10% of the cover amount of the main benefit as a lump sum. The cover amount of the main benefit will be reduced by the claim amount we will pay. We will also reduce the payment of the benefit proportionally. The cover amount of the main benefit is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

The planholder may claim a benefit if the life insured suffers any of the claim events in the table below and, after the indicated waiting period, the recovery period for returning to work will be two months or longer, according to the Official Disability Guidelines (ODG) or scientifically accepted equivalent. The life insured does not have to prove any loss of income to qualify for a claim and the illness does not need to result in permanent impairment.

The Official Disability Guidelines (ODG) uses occupational duties as part of their determination of the recovery period of a claim event. For instances where a life insured is not in formal employment, for example, a student or a pensioner, we will use a life insured's health status before the claim event occurred as the benchmark for return to that level of recovery using the principles of the ODG or scientifically accepted equivalent.

The period of recovery referenced by the ODG will at times involve a range rather than a distinct point. In such instances we will use the midpoint of the range to determine whether the period of recovery will be two months or longer.

Scientifically accepted equivalents will enable a fair assessment of the impact of the illness in instances where the ODG is not sufficiently clear, for example when:

- an occupation is not catered for in the ODG;
- a key duty for the life insured is not standard for the occupational class;
- new scientifically accepted medical evidence supersedes the ODG.

In order for an alternative measure to be viewed as a scientifically accepted equivalent by our Chief Medical Officer it will need to be

- comparable to the ODG, in other words, accurately assess the likely period off work for different occupational duties following the applicable health event, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

The claim events with their contractual definitions, layman's explanations, where applicable, and waiting periods are indicated in the table below. The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events. The waiting period indicates the number of months from meeting the claim event definition after which the claim will be assessed according to the ODG or scientifically accepted equivalent.

If any of the claim events indicated in the table below are caused by an injury rather than an illness, it will be assessed under the Temporary Incapacity Cover for Accidental Causes.

Claim event	Waiting period in months
Cardiovascular system	
Valvular heart disease or cardiomyopathy	
<p>Contractual definition: Severe valvular heart disease or cardiomyopathy. This must be confirmed by a specialist.</p> <p><i>Layman's explanation:</i> This claim event covers severe disease of the heart valves or diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid (cardiomyopathy). This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm. This can lead to heart failure, where the symptoms progress to a stage where with light activity there is tiredness, shortness of breath or heart palpitations. This must be confirmed by a specialist.</p>	1
Ischaemic heart disease	
<p>Contractual definition: Ischaemic heart disease with cardiac failure. This must be confirmed by a specialist.</p> <p><i>Layman's explanation:</i> This claim event covers blockage of the arteries supplying blood to the heart muscles (ischaemic heart disease), complicated by the heart being less able to pump blood to supply the needs of the body (cardiac failure), where the symptoms progress to a stage where with light activity there is tiredness, shortness of breath or heart palpitations. This must be confirmed by a specialist.</p>	1
Pericardial disease	
<p>Contractual definition: Pericardial disease with cardiac failure, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> The pericardium is a sac that holds the heart in place and helps it to work properly. A disease of this sac can result in the heart being less able to pump blood through the body (cardiac failure), with symptoms of tiredness, shortness of breath or heart palpitations.</p>	1
Arrhythmia	
<p>Contractual definition: Arrhythmia resulting in cardiac failure or frequent fainting spells, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> Arrhythmia is an abnormal beat of the heart that can be too slow or too fast. This can result in the heart being less able to pump blood through the body (cardiac failure), with symptoms of tiredness, shortness of breath, heart palpitations or frequent fainting.</p>	1
Hypertension	
<p>Contractual definition: Hypertension with renal impairment, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> This claim event covers high blood pressure with the kidneys not working as well as they should. This must be confirmed by a specialist.</p>	1
Diseases of the aorta	
<p>Contractual definition: Diseases of the aorta with cardiovascular impairment, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> This claim event covers disease of the main artery supplying oxygen rich blood to the body (called the aorta), where the disease of this artery has resulted in heart failure, with the heart being less able to pump blood through the body and with symptoms of tiredness, shortness of breath or heart palpitations. This must be confirmed by a specialist.</p>	1
Peripheral arterial disease	
<p>Contractual definition: Peripheral arterial disease with impairment, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> Peripheral arterial disease is a problem with blood flow to the limbs due to narrowing of the arteries in the limbs.</p>	1

Claim event	Waiting period in months
Primary pulmonary artery hypertension	
<p>Contractual definition: Primary pulmonary artery hypertension resulting in cardiovascular or respiratory impairment. This must be confirmed by a specialist.</p> <p><i>Layman's explanation:</i> This claim event covers severe high blood pressure in the lung arteries which results in heart and lung impairment. This must be confirmed by a specialist.</p>	1
Blood system	
Anaemia	
<p>Contractual definition: Severe anaemia, requiring more than 1 transfusion of 2 or more units of blood or blood products for each transfusion. This must be confirmed by a specialist.</p> <p><i>Layman's explanation:</i> This claim event covers persistent low oxygen carrying capacity of red blood cell count requiring more than 1 blood transfusion of 2 or more units per transfusion. This must be confirmed by a specialist.</p>	3
White blood cell disorder	
<p>Contractual definition: Severe white blood cell disorder, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> This claim event covers severe disorders of the infection fighting cells in the blood (the white blood cells). This must be confirmed by a specialist.</p>	1
Clotting disorder	
<p>Contractual definition: Severe clotting disorder, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> Clotting disorder occurs when the body is unable to make components that is required by the body for blood to clot. When severe, this disorder can lead to severe bleeding from various sites, which can ultimately lead to multiple organ damage.</p>	3
Respiratory system	
Respiratory failure	
<p>Contractual definition: Respiratory failure, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> Respiratory failure is a condition where the lungs are not able to meet the oxygen requirements of the body.</p>	1
Central nervous system	
Hemiplegia	
<p>Contractual definition: The total loss of muscle function of one side of the body due to disease of or injury to the spinal cord or brain, confirmed by a specialist.</p>	1
Diplegia	
<p>Contractual definition: The total loss of muscle function of both sides of the body due to disease of or injury to the spinal cord or brain, confirmed by a specialist.</p>	1
Paraplegia	
<p>Contractual definition: The total loss of muscle function resulting in the loss of use of both legs due to disease of or injury to the spinal cord or brain, confirmed by a specialist.</p>	1
Quadriplegia	
<p>Contractual definition: The total loss of muscle function resulting in the loss of use of both arms and both legs due to disease of or injury to the spinal cord or brain, confirmed by a specialist.</p>	1

Claim event	Waiting period in months
Epilepsy	
<p>Contractual definition: Uncontrolled epilepsy, with 2 or more epileptic attacks per week, or frequent status epilepticus, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers poorly controlled epilepsy, with 2 or more convulsions or seizures per week, or frequent status epilepticus. This must be confirmed by a specialist.</i></p> <p><i>Status epilepticus is a single seizure lasting for more than 5 minutes, or 2 or more seizures within a 5-minute period without the person returning to normal between them.</i></p>	1
Parkinson's disease	
<p>Contractual definition: Parkinson's disease with impairment, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>Parkinson's disease is a degenerative brain condition that leads to various symptoms, like tremor of the hands and head, a slow gait with shuffling feet, inability to show emotions, and a forward-falling posture.</i></p>	1
Cognitive dementia	
<p>Contractual definition: Cognitive dementia due to an organic brain disease, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers the onset of a decline in thinking and memory function (cognitive function) not in keeping with what is normal for the age (dementia). This must be as a result of a disease of the brain, and not due to a psychological cause. This must be confirmed by a specialist.</i></p>	1
Cranial nerve VII	
<p>Contractual definition: Cranial nerve VII paralysis, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>The facial nerve (the 7th cranial nerve) controls the muscles of facial expression, and functions in taste sensations of two-thirds of the tongue.</i></p> <p><i>This claim event covers paralysis of this nerve, with upper motor neuron facial paralysis of the facial muscles and inability to close eyelids. This must be confirmed by a specialist.</i></p>	3
Cranial nerve VIII	
<p>Contractual definition: Cranial nerve VIII paralysis or imbalance with impairment, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>The 8th cranial nerve transmits sound and balance information from the inner ear to the brain.</i></p> <p><i>This claim event covers paralysis of this nerve with balance disturbance. This must be confirmed by a specialist.</i></p>	1
Cranial nerves IX, X or XII	
<p>Contractual definition: Cranial nerves IX, X or XII paralysis or dysarthria or dysphagia, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers paralysis of cranial nerves 9, 10 or 12, with difficulty with swallowing, hoarseness, difficulty with speech, accidental inhalation of fluids into the lungs or airway, or passage of food through the nasal passages. This must be confirmed by a specialist.</i></p>	1
Neurologic impairment of respiration	
<p>Contractual definition: Neurologic impairment of respiration, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers impairment of breathing due to neurological disease or cause. This must be confirmed by a specialist.</i></p>	1

Claim event	Waiting period in months
Gastro-intestinal system	
Gastro-intestinal tract disease	
<p>Contractual definition: Gastro-intestinal tract disease as a result of an organic disease, with stoma or persistent hernia symptoms after surgery. This must be confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>The gastro-intestinal tract is an organ system within humans which takes in food, digests it to extract and absorb energy and nutrients, and expels the remaining waste as faeces.</i></p> <p><i>This claim event covers disease of this system, not due to a psychological cause, with</i></p> <ul style="list-style-type: none"> • Stoma (artificial opening in the gut), or • Persistent, irreducible and irreparable part of the bowel that protrudes through a weakness in the abdominal wall (hernia) after surgery, with bowel dysfunction and limitation in activities of daily living. <p><i>This must be confirmed by a specialist.</i></p>	3
Loss of bowel function	
<p>Contractual definition: Complete faecal incontinence as a result of an organic cause, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>Faecal incontinence is the inability to control bowel movements, causing stool (faeces) to leak unexpectedly from the rectum.</i></p> <p><i>This claim event covers faecal incontinence when the condition is with a total loss of control (thus complete). It must not be due to a psychological cause. This must be confirmed by a specialist.</i></p>	3
Liver disease	
<p>Contractual definition: Liver disease, resulting in acute liver failure, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers disease of the liver resulting in acute liver failure (loss of liver function that occurs rapidly - in days or weeks). This must be confirmed by a specialist.</i></p>	1
Biliary tract disease	
<p>Contractual definition: Biliary tract disease resulting in acute liver failure, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers biliary tract disease resulting in acute liver failure (loss of liver function that occurs rapidly - in days or weeks). This must be confirmed by a specialist.</i></p> <p><i>Biliary tract disease refers to diseases affecting the bile ducts, gall bladder and other structures involved in the production and transportation of bile. Bile is a fluid produced by the liver that aids in digestion.</i></p>	1
Endocrine system	
Disorders of the hypothalamic pituitary axis	
<p>Contractual definition: Disorders of the hypothalamic pituitary axis with impairment, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>The hypothalamic pituitary axis plays key roles in controlling hormone secretion that has an effect on other organs in the body.</i></p>	3
Hypoadrenalism	
<p>Contractual definition: Hypoadrenalism with impairment, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>Hypoadrenalism is a condition in which the adrenal glands do not produce adequate amounts of steroid hormones. The adrenal glands are small glands located on the top end of a kidney that produce important hormones in the body.</i></p>	3

Claim event	Waiting period in months
Hyperadrenocorticism	
Contractual definition: Hyperadrenocorticism with impairment, confirmed by a specialist. <i>Layman's explanation:</i> <i>Hyperadrenocorticism, which is often called Cushing's syndrome, is an extremely complex condition that involves many areas of the body. It results from an excess of a hormone called cortisol and its effects on the human body.</i>	3
Phaeochromocytoma	
Contractual definition: Phaeochromocytoma with impairment, confirmed by a specialist. <i>Layman's explanation:</i> <i>Pheochromocytoma is a rare tumour of adrenal gland tissue. It results in the release of too many of the hormones that control heart rate, metabolism, and blood pressure. The adrenal glands are small glands located on the top end of a kidney that produce important hormones in the body.</i>	3
Diabetes mellitus: type I or II	
Contractual definition: Diabetes mellitus: type I or II with moderate to severe renal or visual or cardiac impairment, confirmed by a specialist. <i>Layman's explanation:</i> <i>Diabetes mellitus is a disorder in which blood sugar (glucose) levels are abnormally high because the body does not produce enough insulin to meet its needs.</i>	3
Catch-all for other disorders of the endocrine system	
Contractual definition: Any disorder of the endocrine disorder not specified in the other listed events for the endocrine system that is confirmed by a specialist, resulting in impairment. <i>Layman's explanation:</i> <i>The endocrine system has eight major glands, which make hormones. Hormones affect the functions of the entire body. Any disease of a gland can cause imbalances in the body which can be from mild to serious. This claim event covers any disorder of any of these glands not specified in the listed events that is confirmed by a specialist.</i>	3
Renal system	
Kidney failure	
Contractual definition: Moderate to severe kidney failure, confirmed by a specialist, with objective medical evidence. <i>Layman's explanation:</i> <i>Kidney failure refers to failure of the kidneys to function properly.</i>	1
Bladder or urethral disease	
Contractual definition: Bladder or urethral disease of organic cause resulting in complete urinary incontinence, confirmed by a specialist. <i>Layman's explanation:</i> <i>This claim event covers bladder or urethral disease, not due to a psychological cause. The disease must result in uncontrolled leakage of urine. This must be confirmed by a specialist.</i>	3
Musculoskeletal system	
Loss of use of a hand	
Contractual definition: The total loss of function of an entire hand from the wrist (distal to the wrist), confirmed by a specialist with supporting evidence.	3
Loss of use of an arm	
Contractual definition: The total loss of function of an entire arm from the shoulder (distal to the shoulder), confirmed by a specialist with supporting evidence.	3
Loss of use of a foot	
Contractual definition: The total loss of function of an entire foot from the ankle (distal to the ankle), confirmed by a specialist with supporting evidence.	3

Claim event	Waiting period in months
Loss of use of a lower leg	
Contractual definition: The total loss of function of an entire leg from below the knee (below and distal to the knee joint), confirmed by a specialist with supporting evidence.	3
Loss of use of a leg	
Contractual definition: The total loss of function of an entire leg (proximal and distal to the knee joint), confirmed by a specialist with supporting evidence.	3
Loss of use of a combination of two limbs or an eye	
Contractual definition: The total loss of function of any 2 of the following, as described in this table, resulting from the same cause, provided they are not part of the same limb: <ul style="list-style-type: none"> • Loss of use of a hand • Loss of use of an arm • Loss of use of a foot • Loss of use of a lower leg • Loss of use of a leg • Total loss of vision of one eye or hemianopia of one eye. <p>This must be confirmed by a specialist with supporting evidence.</p>	3
Visual system	
Partial loss of vision of both eyes	
Contractual definition: Bilateral visual impairment of 50% as a result of an organic cause, confirmed by a specialist with supporting evidence and meeting the following criteria: <ul style="list-style-type: none"> • A reading of at least 20/125 (or equivalent measure) in each eye, or • Diabetic retinopathy grade III or grade III retinopathy as a result of a chronic disease in each eye, or • A visual field loss to a 20° radius in each eye. <p><i>Layman's explanation:</i> This claim event covers decreased vision of 50%, not due to a psychological cause. It must meet the criteria described in the contractual definition above and must be confirmed by a specialist.</p>	1
Total loss of vision of both eyes or blindness of both eyes	
Contractual definition: Total loss of vision of both eyes or blindness of both eyes by visual acuity or retinal pathology or visual field measurements, as a result of an organic cause and confirmed by a specialist. <p><i>Layman's explanation:</i> This claim event covers the total loss of vision of both eyes or blindness of both eyes, not due to a psychological cause. It must meet the criteria described in the contractual definition above, and must be confirmed by a specialist.</p>	1
Speech	
Aphasia	
Contractual definition: Total loss of the ability to speak as a result of an organic brain disease, confirmed by neurosurgeon or neurologist. <p><i>Layman's explanation:</i> This claim event covers the total loss of the ability to speak, not due to a psychological cause. This must be confirmed by a specialist (neurosurgeon or neurologist).</p>	1
Partial loss of speech	
Contractual definition: Partial loss of the ability to speak as a result of organic ear, nose and throat (ENT) disease, affecting daily activity, confirmed by an ear, nose and throat specialist. <p><i>Layman's explanation:</i> This claim event covers the partial loss of the ability to speak as a result of a confirmed disease of the ear, nose and throat organ, not due to a psychological cause. This must be confirmed by a specialist (ear, nose and throat specialist).</p>	6

Claim event	Waiting period in months
Total loss of speech	
<p>Contractual definition: Total loss of the ability to speak as a result of organic ear, nose and throat (ENT) disease, confirmed by an ear, nose and throat specialist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers the total loss of the ability to speak as a result of a confirmed disease of the ear, nose and throat organ, not due to a psychological cause. This must be confirmed by a specialist (ear, nose and throat specialist).</i></p>	3
Psychiatric conditions	
Psychiatric condition	
<p>Contractual definition: Psychiatric condition with frequent, extended admissions, meeting the following criteria:</p> <ul style="list-style-type: none"> • Institutionalised in a registered psychiatric facility at least 3 times during the last 12 months, with each admission lasting for longer than 6 weeks, and • Must be confirmed by a specialist. <p>OR</p> <p>Psychiatric condition with one prolonged admission: The diagnosis of a psychiatric disorder, according to the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) classification, meeting the following criteria:</p> <ul style="list-style-type: none"> • Institutionalised in a registered psychiatric facility for more than 3 consecutive months, and • Undergoing of constant supervision with a permanent caregiver, and • Must be confirmed by at least 2 independent psychiatric reports by the relevant specialists. 	12

Future medical advances

Some claim events may include defined parameters to confirm the diagnosis or severity level. If future medical advances find new parameters to replace or add to the ones in our claim events, we will consider assessing claims on the new parameters, on condition that they are

- comparable to the contractual parameters in the context of the specific claim event, in other words, they can confirm the same diagnosis and/or severity level, and
- internationally accepted and used as best practice guidelines by the relevant medical specialists at the time.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the disability is caused directly and solely by an illness;
- the life insured survived more than 10 days after the date the claim event occurred. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence;
- the claim event is not related to a claim event previously admitted under this cover, the main benefit or any other cover included in the main benefit;
- the claim event occurs before age 70 or the cover end date of the main benefit, whichever is earlier.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

A claim will be regarded as being related to another claim if a direct causal link to the other claim can be verified objectively from published reputable medical literature. In other words, there must be sufficient published evidence that the claim event occurred as a result of the other claim event, or due to the same disease process, and that the likelihood of the claim event occurring was very low in the absence of the other claim event.

Multiple claims

If the life insured qualifies for more than one claim event at the same time, we will first consider one claim event and if we admit the claim, we will only consider the other claim events if they are not related to the first.

If the life insured qualifies for a claim event under this cover and at the same time also qualifies for claim events under the main benefit, the rules in the "Multiple claims" section of the main benefit will apply.

When will the benefit be paid?

The claim event depends on the period of recovery according to the ODG or scientifically accepted equivalent, not the actual period of recovery of the life insured. As such, the benefit can be paid as soon as the waiting period linked to the claim event has expired and it has been confirmed that the recovery period for returning to work will be at least another two months, according to the ODG or scientifically accepted equivalent.

When will cover end?

It will end on the earlier of

- age 70 or the cover end date of the main benefit; and
- the plan ending for any reason before the cover end date of the main benefit.

Prosthesis Booster

Booster automatically included

This Booster is automatically included in the following main benefits, if applicable to the life insured:

- Elite Disability (CAR5/CSR5)
- Accidental Elite Disability (ASO5).

Booster description

If we admit a claim, we will pay a percentage of the cover amount of the main benefit as a lump sum. We will not reduce the cover amount of the main benefit by the claim amount we will pay for this benefit. The cover amount of the main benefit is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

If a life insured qualifies for one of the claim events in the table below, he or she will also qualify for the same claim event under the main benefit and may also qualify for the occupational disability claim event under the main benefit. The claim amount for this Prosthesis Booster will however be calculated first, before the cover amount of the main benefit is reduced by the claim under the main benefit. This implies a total payout of up to 250% of the cover amount.

All the claim events in the table below will be limited to a maximum payout of R10 million. This maximum may be adjusted from time to time.

Claim event

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount of the main benefit are indicated in the table below. The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events. For multiple claims, we may pay a lower percentage than the claim event percentage, as described under "Multiple claims".

Claim event	Percentage of the cover amount %
Musculoskeletal system	
Amputation of a hand	
Contractual definition: The amputation of a hand at the wrist by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence. <i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a hand at the wrist. This must be confirmed by a specialist with supporting evidence.</i>	100
Amputation of an arm below the elbow	
Contractual definition: The amputation of an arm distal to the elbow by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence. <i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of an arm below the elbow. This must be confirmed by a specialist with supporting evidence.</i>	100
Amputation of an arm above the elbow	
Contractual definition: The amputation of an arm proximal to the elbow by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence. <i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of an arm above the elbow. This must be confirmed by a specialist with supporting evidence.</i>	100

Claim event	Percentage of the cover amount %
Amputation of a foot	
<p>Contractual definition: The amputation of a foot at the level of the ankle joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a foot at the ankle joint. This must be confirmed by a specialist with supporting evidence.</i></p>	30
Amputation of a leg below the knee	
<p>Contractual definition: The amputation of a leg distal to the knee joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a leg below the knee. This must be confirmed by a specialist with supporting evidence.</i></p>	100
Amputation of a leg above the knee	
<p>Contractual definition: The amputation of a leg proximal to the knee joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a leg above the knee. This must be confirmed by a specialist with supporting evidence.</i></p>	100
Central nervous system	
Paraplegia due to spinal cord severance or primary neurological disease	
<p>Contractual definition: Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord, meeting the following criteria: The total and permanent loss of muscle function resulting in the loss of use of both legs due to complete severance of the spinal cord or primary neurological disease of the spinal cord.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	100
Quadriplegia due to spinal cord severance or primary neurological disease	
<p>Contractual definition: Quadriplegia due to spinal cord severance or primary neurological disease, meeting the following criteria: The total and permanent loss of muscle function resulting in the loss of use of both arms and both legs due to complete severance of the spinal cord or primary neurological disease of the spinal cord.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	100

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the impairment is caused directly and solely by a bodily injury or by an illness, if the main benefit is Elite Disability;
- the impairment is caused directly and solely by a bodily injury, if the main benefit is Accidental Elite Disability;
- the life insured survived more than 10 days from the date the contractual claim event definition has been met. The survival period will only be applied to conditions where the prognosis of survival beyond 10 days is not certain, based on the available medical evidence;
- the claim event occurs before retirement, age 70 or the cover end date of the main benefit, whichever is earlier.

We regard the life insured as retired if he or she is 55 years or older, and does not earn an income over and above a passive income. Passive income refers to income that can continue without the life insured's intervention, for example pension or rental income.

Any reference to age 70 refers to the plan anniversary before or on the life insured's 70th birthday.

Multiple claims

If the life insured qualifies for more than one claim event at the same time, we will only consider the claim event with the highest percentage of the cover amount. If two claim events have the same percentage, we will only consider one of the claim events.

The planholder can claim under the Prosthesis Booster once only, except if the first claim we have admitted was for the amputation of one foot. In this case a second, future claim will be possible for a different claim event, but will be limited to 70% of the cover amount of the main benefit at the time. The second payout will also be limited to ensure that the total payout for both claims does not exceed R10 million.

When will cover end?

It will end on the earlier of

- 100% of the cover amount or a maximum of R10 million being paid; and
- a second claim being paid, as described under "Multiple claims"; and
- retirement, age 70 or the cover end date of the main benefit; and
- the plan ending for any reason before the cover end date of the main benefit.

Built-in Future Cover for Young Lives

Cover automatically included

This cover is automatically included in the following **standalone** main benefits, if applicable to the life insured:

- Comprehensive Disability (CSR3)
- Comprehensive Disability Plus (CSR4)
- Elite Disability (CSR5)

It may also be included in the following Income Protector benefits, if the main benefit's description in the contract documents refers to it:

- Extended Income (OIO4)
- Extended Income Plus (OIO6).

Cover description

If the criteria under "Qualifying criteria" are met, the planholder has the option to purchase future death cover on the life of the insured. If the planholder exercises the option within five years of the cover start date of the main benefit, it will be without proof of good health. If the planholder exercises the option later than five years after the cover start date of the main benefit, a declaration of good health will be required. The option expires on the plan anniversary before or on the life insured's 35th birthday and can only be exercised at certain life events.

The planholder may purchase cover under one or more of the death benefits available when he or she exercises an option. The list of available benefits will change if we discontinue a benefit, or make other benefits available. The following benefits are currently available:

- Death (DS)
- First death (DS80)
- Credit Life (DSC)
- Immediate Expenses (DSF3)
- Death income (DI3).

Qualifying criteria

This cover is offered subject to the following qualifying criteria:

- The start date of the main benefit must be before the plan anniversary before or on the life insured's 35th birthday; and
- The main benefit must be a standalone benefit; and
- The life insured must not have received any medical loadings or exclusions on the main benefit when the planholder applied for the main benefit.

Life events for exercising an option

The planholder may exercise an option for one or more of the following life events:

- Marriage
- Birth or adoption of a child
- Taking out a home loan
- Taking out a business loan.

Marriage refers to a marriage, civil or customary union as recognised by the laws of the Republic of South Africa, or a union recognised as marriage in accordance with the principles of any religion. The life insured must be a party to the marriage.

Birth or adoption of a child refers to the birth or legal adoption of a child where the life insured is the parent of the child.

What amount may be exercised?

For lump sum benefits the maximum available cover amount for which the planholder may exercise an option is

- the cover amount of the main disability lump sum benefit,
- minus the cover amounts of any death lump sum benefits already purchased under this option.

All of the above cover amounts are at the time when the planholder exercises the new option.

If a medical loading or exclusion did not apply for a life insured when the planholder originally applied for the main benefit, but the life insured received a medical loading or exclusion when the planholder requested a cover increase on the main benefit at a later stage, this increase and all subsequent yearly and requested increases will not be included in the cover amount of the main benefit during the calculation above.

When the planholder exercises an option for a loan, the available option amount will be limited to the value of the loan. The available option amount may be reduced due to financial underwriting when the planholder exercises an option for any of the indicated life events.

The amount exercised must comply with the minimum new business requirements applicable at the time.

If the main benefit or the purchased death benefit is not a lump sum benefit or if the death cover previously purchased was not lump sum cover, the equivalent cover amounts will be determined using conversion factors applicable at the time.

The cover amount of the main benefit will not be reduced when the planholder exercises an option.

Requirements for exercising an option

The option must be exercised within three months of the date of the life event and must be accompanied with the necessary proof of the life event.

When the planholder exercises an option, the planholder must take out a new plan. If the main benefit is on an Express plan, the new death benefit must also be on an Express plan.

We will still require the following for the life insured at the time when the planholder exercises an option:

- financial underwriting;
- occupational underwriting;
- underwriting for risky part-time activities;
- overseas underwriting, where applicable.

The life insured's rating factors at the time of exercising the option will also apply. These include a rating factor for raised body mass (BMI), depending on the life insured's BMI at the time.

When will cover end?

Cover will end on the earlier of

- the plan anniversary before or on the life insured's 35th birthday, and
- midnight before the cover end date of the main benefit set out in the plan overview, and
- the plan ending for any reason before the cover end date of the main benefit.

Built-in Child Cover

Cover automatically included

This cover is automatically included in the Elite Disability (CAR5/CSR5) main benefit, if applicable to a life insured.

Cover description

A benefit may be claimed if a child of the life insured on the main benefit suffers any of the illnesses or injuries indicated under "Claim event".

If we admit a claim, we will pay 10% of the cover amount of the main benefit as a lump sum, or a lower percentage if the claim is within the waiting period. We will not reduce the cover amount of the main benefit with the claim amount we will pay. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

We will pay a maximum of R500 000 per child. If one parent has more than one benefit where this cover is included, we will pay a maximum of R500 000 per child. If more than one parent have benefits where this cover is included, we will pay a maximum of R1 million per child.

Claim event

The claim events with their contractual definitions and layman's explanations, where applicable, are indicated in the table below. The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

Where "life insured" is used in any of the contractual definitions, it refers to a child of the life insured on the main benefit.

Child refers to a biological, legally adopted or step child of the life insured on the main benefit.

Claim event
Surgery to major blood vessel: aorta, carotid, pulmonary, coronary or femoral artery Contractual definition: The excision and replacement of a portion of the thoracic or abdominal aorta, pulmonary artery, carotid artery, femoral artery or any coronary artery with a graft, due to an aneurism or damage to the blood vessel. Catheter or keyhole techniques to repair the aneurism or damage are included. Layman's explanation: Fixing a damaged section of a major blood vessel.
Cardiomyopathy Contractual definition: Signs and symptoms of cardiomyopathy with functional impairment resulting in symptoms of heart failure at rest despite optimal treatment, as confirmed by a cardiologist. Layman's explanation: An enlarged heart with very poor function.
Stroke resulting in permanent impairment Contractual definition: The death of brain tissue due to inadequate blood supply or haemorrhage 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. A full neurological examination by a neurologist three months or longer after the event must confirm that the life insured has a whole person impairment (WPI) of class 1 (1% – 10%) or more. WPI figures are calculated according to the principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. Layman's explanation: Paralysis of one side of the body due to a blood clot or bleeding on the brain.

Claim event
Open-heart surgery Contractual definition: Open-heart surgery with sternotomy to replace or repair a diseased heart valve or heart septum defect, or to reposition any of the major heart vessels. <i>Layman's explanation:</i> <i>Repairing a heart valve or hole in the heart, usually after rheumatic fever or discovering a birth defect. This is done by open-heart surgery, in other words, the chest is cut open.</i>
Heart attack Contractual definition: The contractual definition for this claim event is given below this table.
Primary pulmonary hypertension (PPH) Contractual definition: A haemodynamic and pathophysiological condition defined as an increase in mean pulmonary arterial pressure (PAP) of greater than or equal to 25 mmHg at rest as assessed by right heart catheterization. <i>Layman's explanation:</i> <i>Abnormal blood flow and abnormal pressure in the lungs.</i>
Renal failure Contractual definition: Chronic irreversible end-stage renal failure, as a result of which regular peritoneal dialysis or haemodialysis is required on a long-term basis. <i>Layman's explanation:</i> <i>Chronic kidney failure.</i>
Liver failure Contractual definition: End-stage liver failure due to cirrhosis or chronic progressive liver disease, with objective evidence of jaundice, esophageal varices and ascites. <i>Layman's explanation:</i> <i>Chronic failure of the liver with yellow jaundice.</i>
End-stage lung disease Contractual definition: Diagnosis by a pulmonologist of end-stage chronic obstructive lung disease, interstitial lung disease or pneumoconiosis, requiring home oxygen therapy, and one of the following: <ul style="list-style-type: none"> • cor pulmonale, or • diffusion capacity (DCO) of less than 40%, or • forced expiratory volume in one second (FEV1) or forced vital capacity (FVC) of less than one litre. To optimise patient co-operation and ensure reliable and consistent results, all lung function measurements must <ul style="list-style-type: none"> • be done by a registered pulmonologist, • be done on a calibrated apparatus, and • include at least three flow volume curves with less than 5% inter-test variability. <i>Layman's explanation:</i> <i>End-stage lung disease that requires the use of oxygen at home.</i>
Bone marrow failure (aplastic anaemia) Contractual definition: An acquired abnormality of blood cell production with total aplasia of the bone marrow as confirmed by a consultant haematologist, requiring one of the following: <ul style="list-style-type: none"> • regular transfusion with whole blood or other blood products for anaemia or thrombocytopenia (transfusion dependant), or • immunosuppressive therapy, or • bone marrow transplantation preceded by total bone marrow ablation. <i>Layman's explanation:</i> <i>A disease that permanently damages the bone marrow. This will require regular blood transfusions, chemotherapy or a bone marrow transplant.</i>

Claim event
Organ transplant Contractual definition: <ul style="list-style-type: none"> Receiving a kidney, heart, lung, liver, pancreas or bone marrow transplant, or Confirmation of being on a recognized national South African transplant waiting list, awaiting a kidney, heart, lung, liver, pancreas or bone marrow transplant. <p>For a bone marrow transplantation, the transplantation must be preceded by, or will be preceded by, total bone marrow ablation.</p> <p><i>Layman's explanation:</i> <i>Applies if the child receives a transplanted kidney, heart, liver, lung, pancreas or bone marrow.</i></p>
Cancer, except the cancers excluded under "Exclusions" Contractual definition: A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma. <p><i>Layman's explanation:</i> <i>Cancer, excluding most skin cancers and very early stages of some cancers that recover completely with minimal treatment.</i></p>
Benign brain tumour that is inoperable or recurrent or results in permanent neurological impairment Contractual definition: A benign brain tumour that is inoperable or recurrent, or which causes permanent neurological impairment, excluding cognitive impairment. <p><i>Layman's explanation:</i> <i>A brain tumour that is not cancerous, but impossible to operate or keeps coming back after surgery or results in permanent brain damage.</i></p>
Motor neuron disease Contractual definition: The motor neuron diseases (MND) are a group of progressive neurological disorders that destroy motor neurons, which are the cells that control essential voluntary muscle activity such as speaking, walking, breathing, and swallowing. The diagnosis must be confirmed by a specialist and evidenced by typical findings in electromyography and electroneurography. <p><i>Layman's explanation:</i> <i>A disease that affects the muscles in the body, including the ability to speak, walk and swallow.</i></p>
Multiple sclerosis Contractual definition: A neurologist must diagnose multiple sclerosis. There must be a reliable history of at least two episodes of neurological deficit, and objective clinical signs of lesions at more than one different anatomical region within the central nervous system. Special investigations, like magnetic resonance imaging, must support the diagnosis. <p><i>Layman's explanation:</i> <i>A disease that damages the nerves in the brain and spinal cord. Also known as MS.</i></p>
Loss of vision in both eyes Contractual definition: Permanent, irreversible and total loss of vision in both eyes with sharpness of vision of 6/60 or worse in the better eye when measured with the use of visual aids. <p><i>Layman's explanation:</i> <i>Total and permanent blindness in both eyes.</i></p>
Hearing loss Contractual definition: Permanent, irreversible and total loss of hearing in both ears. This means that the average hearing levels, tested with hearing aids when applicable, at audible frequencies is less than 90 decibels. <p><i>Layman's explanation:</i> <i>Total and permanent deafness in both ears.</i></p>

Claim event
Loss of speech Contractual definition: Permanent, irreversible and total loss of the ability to speak, due to disease or injury, as established over a continuous period of 3 months. An appropriate medical consultant must confirm the diagnosis. <i>Layman's explanation:</i> <i>Permanently losing the ability to speak; muteness. Not due to psychiatric reasons.</i>
Permanent colostomy or ileostomy Contractual definition: The presence of a permanent colostomy or ileostomy with a stoma bag. <i>Layman's explanation:</i> <i>The need to permanently wear a bag for stools.</i>
Head injury Contractual definition: A head injury requiring surgery in the form of a craniotomy, decompression holes to drain a brain bleeding or open reduction of a depressed skull fracture. <i>Layman's explanation:</i> <i>Serious head injury, requiring surgery.</i>
Paraplegia Contractual definition: Total, permanent and irrecoverable loss of function of both lower extremities, with or without loss of bowel or bladder function. <i>Layman's explanation:</i> <i>Permanently lame in both legs, requiring the use of a wheelchair.</i>
Quadriplegia Contractual definition: Total, permanent and irrecoverable loss of function of all four limbs. <i>Layman's explanation:</i> <i>Permanently lame in both legs and both arms.</i>
Accidental HIV infection Contractual definition: The contractual definition for this claim event is given below this table. <i>Layman's explanation:</i> <i>HIV infection / AIDS that is acquired accidentally through one of the events described in the contractual definition.</i>
Bacterial meningitis or encephalitis with permanent impairment Contractual definition: Bacterial meningitis or encephalitis confirmed by a medical specialist, supported by appropriate cerebrospinal fluid investigations that results in permanent neurological deficit. <i>Layman's explanation:</i> <i>A severe and contagious form of meningitis that results in permanent damage to the brain or nerves.</i>
Cerebral malaria Contractual definition: Cerebral malaria as confirmed by a medical specialist in the presence of Plasmodium falciparum parasites on peripheral blood smears, resulting in permanent neurological deficit. <i>Layman's explanation:</i> <i>Malaria affecting the brain, and resulting in permanent damage to the brain or nerves.</i>
Rabies Contractual definition: Confirmation by a medical specialist that the life insured has presented with the clinical manifestations of rabies contracted from an infected animal. <i>Layman's explanation:</i> <i>A deadly infection after being bitten by a dog or other animal with mad dog disease.</i>

Claim event
Juvenile rheumatoid arthritis Contractual definition: Rheumatoid arthritis in a child of 16 years or younger, causing pain and deformity despite optimal treatment, in at least three major joints bilaterally, in other words, shoulders, elbows, wrists, hips, knees, or ankles. This must be confirmed by a rheumatologist with appropriate radiological evidence of deformity. Layman's explanation: An autoimmune disease that affects the joints in children younger than 16 causing pain and deformity in large joints, not only the hands.
Cystic fibrosis Contractual definition: Clinical features of cystic fibrosis, diagnosed by a medical specialist and confirmed by a sweat test and/or genetic test. Layman's explanation: A genetic disorder affecting multiple organs including the lungs. Also known as Mucoviscidosis.

Heart attack

A heart attack is the death of heart muscle due to inadequate blood supply as evidenced by all three of the criteria below. The evidence must show a definite acute myocardial infarction. Post procedure myocardial infarction is included, provided it meets the below requirements. Other acute coronary syndromes, including but not limited to angina, are not covered by this description.

- Compatible clinical symptoms.
- Characteristic electrocardiographical (ECG) changes, which can either be myocardial ischaemia that may progress to myocardial infarction or new pathological Q waves, described as:
 - ECG changes indicative of myocardial ischaemia that may progress to myocardial infarction
 - with ST segment elevation, are new or presumed new ST segment elevation at the J point in two or more contiguous leads with the cut-off points greater than or equal to 0.2 mV in leads V1, V2 or V3, and greater than or equal to 0.1 mV in other leads. Contiguity in the frontal plane is defined by the lead sequence AVL, I and II, AVF and III.
 - without ST segment elevation, are
 - ST segment depression of at least 0.1 mV, or
 - T wave abnormalities only.
 - new pathological Q waves:
 - any new Q wave in leads V1 through V3, or
 - a Q wave greater than or equal to 40 ms (0.04 s) in leads I, II, AVL, AVF, V4, V5 or V6. The Q wave changes must be present in any two contiguous leads, and must be greater than or equal to 1 mm in depth, or
 - the appearance of a new complete bundle branch block.
- Raised cardiac biomarkers, which include the following:
 - sensitive troponin markers as indicated in the applicable table below, or
 - conventional troponin markers as indicated in the applicable table below.

Sensitive troponin markers		Value**	
Assay*	Troponin type	Unit (ng/l)	Unit (ng/ml)
Rosche hsTnT	TnT	> 500	> 0.5
Abbott ARCHITECT	TnI	> 1500	> 1.5
Beckman AccuTnI	TnI	> 2500	> 2.5
Siemens Centaur Ultra	TnI	> 3000	> 3.0
Siemens Dimension RxL	TnI	> 3000	> 3.0
Siemens Stratus CS	TnI	> 3000	> 3.0

*Use the relevant manufacturer's assay as it appears on the laboratory report.

**Values represent multiples of the World Health Organisation (WHO) myocardial infarction (MI) rule in levels and not the 99th percentile values (the upper limit of normal) as quoted on the laboratory result.

Conventional troponin markers		Value	
Assay	Troponin type	Unit (ng/l)	Unit (ng/ml)
Conventional TnT	TnT	> 500	> 0.5
Conventional AccuTnl or equivalent threshold with other Troponin I methods	Tnl	> 250	> 0.25

Confirmed acute myocardial infarction that has occurred post percutaneous coronary intervention (PCI) with a detection of cardiac biomarkers as indicated in the table below.

Marker	Parameter
Cardiac troponin assay	Raised to the levels of either the sensitive troponin markers or conventional troponin markers listed in the table above

Confirmed acute myocardial infarction that has occurred post coronary artery bypass graft (CABG) with a detection of cardiac biomarkers as indicated in the table below.

Marker	Parameter
Cardiac troponin assay	Raised to at least twice the levels of the sensitive troponin markers or conventional troponin markers listed in the table above

Accidental HIV infection

Infection by the Human Immunodeficiency Virus or the diagnosis of immunodeficiency syndrome.

The infection must be proved to our satisfaction as being due to one of the following:

- the transfusion of infected blood or blood products from a transfusion service that we recognise, on or after the cover start date;
- an accidental needlestick injury or cut on or after the cover start date, where the injury or cut is in the execution of the life insured's duties as a full time medical student, or normal professional duties as a medical or dental practitioner or nurse, registered with the Health Professions Council of South Africa (HPCSA), or the South African Nursing Council. The incident must have been recorded in writing in the workplace, for example with the Superintendent if in a hospital. An HIV test must have been performed within 24 hours to confirm the HIV negative status of the life insured at the time of the incident, as well as the HIV status of the patient with whom the incident took place. There must be proof that the life insured has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the life insured's HIV status from negative to positive;
- receiving a transplanted organ on or after the cover start date, where the transplanted organ has previously been infected with the HI virus;
- rape or indecent assault on or after the cover start date. The offence must have been reported to the South African Police Services (SAPS) and a case number and/or a criminal case must have been opened. An HIV test must have been performed within 24 hours to confirm the HIV negative status of the life insured at the time of the assault. A medical examination must have been performed within 24 hours after the incident, confirming the rape or indecent assault. There must be proof that the life insured has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the life insured's HIV status from negative to positive;
- a violent crime on or after the cover start date. The offence must have been reported to the SAPS and a case number and/or criminal case must have been opened. A medical examination must have been performed within 24 hours after the incident, confirming the crime. Medically documented proof of acute trauma and suspicion of HIV infection must have been submitted, as well as an HIV test that proves that the life insured was HIV negative at the time of the crime. There must be proof that the life insured has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the life insured's HIV status from negative to positive;
- a road traffic accident on or after the cover start date. The accident must have been reported to the SAPS and a case number and/or criminal case must have been opened. A medical examination must have been performed within 24 hours after the incident, confirming the accident. Medically documented proof of acute trauma and suspicion of HIV infection must have been submitted, as well as an HIV test that proves that the life insured was HIV negative at the time of the accident. There must be proof that the life insured has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the life insured's HIV status from negative to positive. If the accidental HIV infection is a result of emergency assistance at the scene of the accident, an affidavit by the SAPS or an eyewitness to prove the assistance of the life insured must have been submitted.

Admittance of a claim

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if

- the claim event occurs after a child's 1st birthday and before his or her 19th birthday;
- the child survived a claim event for an illness or an injury by more than 96 hours, except if the claim event is for bacterial meningitis or encephalitis with permanent impairment, or rabies. For these claim events the child must have survived the claim event by more than 48 hours.

We will admit a maximum of two claims, with a maximum of one claim per child.

Waiting period for natural causes

We will not admit a claim due to natural causes during the first 12 months from the date on which the main benefit has been added to the plan. We will also not admit a claim during the first 12 months from the date on which the life insured on the main benefit becomes the parent of the child.

If the claim event occurred after 12 months but within 24 months from the date on which the main benefit has been added to the plan, or from the date on which the life insured on the main benefit becomes the parent of the child, and we admit the claim, we will only pay 5% of the cover amount of the main benefit.

If the claim event occurred after 24 months from the date on which the main benefit has been added to the plan, or from the date on which the life insured on the main benefit becomes the parent of the child, and we admit the claim, we will pay 10% of the cover amount of the main benefit.

If the cover amount of the main benefit is increased, other than through benefit growth, these waiting periods will apply to the increase in the cover amount from the effective date. They will apply to the full cover amount if the plan is reinstated after an earlier lapse.

No waiting period will apply if the claim event occurs as a result of an accident or an infection.

Exclusions

We will not admit a claim for

- cancer if it is
 - any cancer in situ, or
 - any skin cancer, except malignant melanoma that has been histologically classified as T1N0M0 or worse, or
 - any tumour of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- any premalignant condition, or any condition with low malignant potential, or any condition classified as borderline malignancy;
- a stroke if it is
 - a transient ischaemic attack (TIA), or
 - a vascular disease affecting the eye or optic nerve, or
 - migraine and vestibular disorders;
- liver failure if cirrhosis is due to alcohol or substance abuse;
- a benign brain tumour where the permanent impairment is cognitive impairment only;
- loss of speech if it is due to psychiatric reasons;
- juvenile rheumatoid arthritis if it is only in the hands, fingers and feet;
- congenital conditions.

We will not admit a claim for a claim event resulting from any condition that existed for a child before the date on which the main benefit has been added to the plan. We will also not admit a claim for a claim event resulting from any condition that existed for a child before the date on which the life insured on the main benefit has become the parent of that child. If the cover amount of the main benefit is increased, other than through benefit growth, and we admit a claim for a claim event resulting from any condition that existed for a child before the increase, we will limit the amount of the income payment to what it was before the increase.

Other general exclusions are set out in the applicable overview chapter in this technical guide.

When will cover end?

It will end on the earlier of

- midnight before the cover end date of the main benefit indicated in the plan overview, and
- the plan ending for any reason before the cover end date of the main benefit, and
- us admitting a second claim.

Claim events: List 1 (for Comprehensive Disability/-Plus, Elite Disability, Comprehensive Impairment)

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the table below for the following benefits:

- Comprehensive Disability
- Comprehensive Disability Plus
- Elite Disability
- Comprehensive Impairment.

The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. For claim events where a maximum rand amount is indicated, we will not pay more than the indicated rand amount. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Occupational disability				
Contractual definition: Disability to the extent that the life insured <ul style="list-style-type: none"> • is totally, permanently and continuously unable to fulfil the occupational demands of the occupation he or she practised for income immediately before the disability, or • will be, if he or she is a full-time student when he or she becomes disabled, totally, permanently and continuously unable to fulfil the occupational demands of an occupation we may reasonably expect him or her to practise, taking into account his or her education, training and experience. 	100	100	100	-
Cardiovascular system				
Valvular heart disease or cardiomyopathy				
Contractual definition: Severe valvular heart disease or cardiomyopathy, meeting the following criteria: <ul style="list-style-type: none"> • New York Heart Association (NYHA) class III on optimal treatment, and • One of the following: <ul style="list-style-type: none"> • Maximal effort test of 4 to 6 metabolic equivalents (METS), or • Ejection fraction (EF) of less than 45%, or • Valve gradient and/or valve area classified as severe. This must be confirmed by a cardiologist. <i>Layman's explanation:</i> <i>This claim event covers severe disease of the heart valves or diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid (cardiomyopathy). This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm. This can lead to heart failure, where the symptoms progress to a stage where even with light activity there is tiredness, shortness of breath or heart palpitations (referred to as class III New York Heart Association classification of heart failure).</i> <i>This claim event must meet the criteria as described in the contractual definition above, and must be confirmed by a specialist (cardiologist).</i>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition:</p> <p>Severe valvular heart disease or cardiomyopathy, meeting the following criteria:</p> <ul style="list-style-type: none"> New York Heart Association (NYHA) class IV on optimal treatment, and One of the following: <ul style="list-style-type: none"> Maximal effort test of less than 4 metabolic equivalents (METS), or Ejection fraction (EF) of less than 40%, or Valve gradient and/or valve area classified as severe. <p>This must be confirmed by a cardiologist.</p> <p><i>Layman's explanation:</i> This claim event covers severe disease of the heart valves or diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid (cardiomyopathy). This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm. This can lead to heart failure, where the symptoms progress to a stage where at rest there is tiredness, shortness of breath or heart palpitations (referred to as class IV New York Heart Association classification of heart failure).</p> <p><i>This claim event must meet the criteria as described in the contractual definition above, and must be confirmed by a specialist (cardiologist).</i></p>	100	100	100	100
Ischaemic heart disease				
<p>Contractual definition:</p> <p>Ischaemic heart disease with cardiac failure, meeting the following criteria:</p> <ul style="list-style-type: none"> New York Heart Association (NYHA) class III on optimal treatment, and Maximal effort test of 4 to 6 metabolic equivalents (METS), and One of the following: <ul style="list-style-type: none"> Left ventricular ejection fraction (LVEF) of less than 45%, or Moderate diastolic dysfunction, as determined by a cardiologist, taking into account the cause of the dysfunction, extent of ventricular hypertrophy, and mitral inflow pattern as determined by echocardiography. <p>This must be confirmed by a cardiologist.</p> <p><i>Layman's explanation:</i> This claim event covers blockage of the arteries supplying blood to the heart muscles (ischaemic heart disease), complicated by the heart being less able to pump blood to supply the needs of the body (cardiac failure), where the symptoms progress to a stage where even with light activity there is tiredness, shortness of breath or heart palpitations (referred to as class III New York Heart Association classification of heart failure).</p> <p><i>This claim event must meet the criteria as described in the contractual definition above, and must be confirmed by a specialist (cardiologist).</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition:</p> <p>Ischaemic heart disease with cardiac failure, meeting the following criteria:</p> <ul style="list-style-type: none"> • New York Heart Association (NYHA) class IV on optimal treatment, and • Maximal effort test of less than 4 metabolic equivalents (METS), and • One of the following: <ul style="list-style-type: none"> • Left ventricular ejection fraction (LVEF) of less than 40%, or • Severe diastolic dysfunction, as determined by a cardiologist, taking into account the cause of the dysfunction, extent of ventricular hypertrophy, and mitral inflow pattern as determined by echocardiography. <p>This must be confirmed by a cardiologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers blockage of the arteries supplying blood to the heart muscles (ischaemic heart disease), complicated by the heart being less able to pump blood to supply the needs of the body (cardiac failure), where the symptoms progress to a stage where at rest there is tiredness, shortness of breath or heart palpitations (referred to as class IV New York Heart Association classification of heart failure).</i></p> <p><i>This claim event must meet the criteria as described in the contractual definition above, and must be confirmed by a specialist (cardiologist).</i></p>	100	100	100	100
Heart transplant				
<p>Contractual definition:</p> <ul style="list-style-type: none"> • The undergoing of a complete heart transplant as a recipient, or • Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete heart transplant. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> • <i>The undergoing of a complete heart transplant as a recipient, to replace a diseased heart, or</i> • <i>Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete heart transplant.</i> <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Pericardial disease				
<p>Contractual definition:</p> <p>Pericardial disease with cardiac failure, meeting the following criteria:</p> <ul style="list-style-type: none"> Confirmed irreversible pericardial disease by a specialist, and New York Heart Association (NYHA) class III on optimal treatment, and One of the following: <ul style="list-style-type: none"> Maximal effort test of 4 to 6 metabolic equivalents (METS), or Left ventricular ejection fraction (LVEF) of less than 45%. <p>This must be confirmed by a cardiologist.</p> <p><i>Layman's explanation:</i> This claim event covers pericardial disease with cardiac failure, meeting the criteria as described in the contractual definition above. This must be confirmed by a specialist (cardiologist).</p> <p><i>The pericardium is a sac that holds the heart in place and helps it to work properly. The sac is made of two thin layers of tissue that enclose the heart. Various conditions can affect and cause disease of these layers, leading to it becoming scarred and thickened and complicated by the heart being less able to pump blood to supply the needs of the body (cardiac failure), where the symptoms progress to a stage where even with light activity there is tiredness, shortness of breath or heart palpitations (referred to as class III New York Heart Association classification of heart failure).</i></p>	-	50	100	50
<p>Contractual definition:</p> <p>Pericardial disease with cardiac failure, meeting the following criteria:</p> <ul style="list-style-type: none"> Confirmed irreversible pericardial disease by a specialist, and New York Heart Association (NYHA) class IV on optimal treatment, and One of the following: <ul style="list-style-type: none"> Maximal effort test of less than 4 metabolic equivalents (METS), or Left ventricular ejection fraction (LVEF) of less than 40%. <p>This must be confirmed by a cardiologist.</p> <p><i>Layman's explanation:</i> This claim event covers pericardial disease with cardiac failure, meeting the criteria as described in the contractual definition above. This must be confirmed by a specialist (cardiologist).</p> <p><i>The pericardium is a sac that holds the heart in place and helps it to work properly. The sac is made of two thin layers of tissue that enclose the heart. Various conditions can affect and cause disease of these layers, leading to it becoming scarred and thickened and complicated by the heart being less able to pump blood to supply the needs of the body (cardiac failure), where the symptoms progress to a stage where at rest there is tiredness, shortness of breath or heart palpitations (referred to as class IV New York Heart Association classification of heart failure).</i></p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Arrhythmia				
<p>Contractual definition:</p> <p>Arrhythmia with moderate impairment, meeting the following criteria:</p> <p>Arrhythmia on optimal treatment that results in</p> <ul style="list-style-type: none"> New York Heart Association (NYHA) class III shortness of breath, and One of the following: <ul style="list-style-type: none"> 4 or less metabolic equivalents (METs) with maximal effort test, or Documented arrhythmia that fails to respond to optimal treatment, and leads to frequent fainting. <p>This must be confirmed by a cardiologist, physician or electrophysiologist.</p> <p><i>Layman's explanation:</i></p> <p><i>This claim event covers arrhythmia with moderate impairment, meeting the criteria as described in the contractual definition above. This must be confirmed by a specialist (cardiologist, physician or electrophysiologist).</i></p> <p><i>Arrhythmia is an abnormal beat of the heart that can be too slow or too fast. This can present with moderate impairment, which can result in the following on optimal treatment:</i></p> <ul style="list-style-type: none"> <i>Heart failure, where the symptoms progress to a stage where even with light activity there is tiredness, shortness of breath or heart palpitations (referred to as class III New York Heart Association classification of heart failure), and</i> <i>One of the following:</i> <ul style="list-style-type: none"> <i>Reduced exercise effort test meeting specified criteria, or</i> <i>Documented arrhythmia that fails to respond to optimal treatment, and leads to frequent fainting.</i> 	-	50	100	50
<p>Contractual definition:</p> <p>Arrhythmia with severe impairment, meeting the following criteria:</p> <p>Arrhythmia on optimal treatment that results in</p> <ul style="list-style-type: none"> New York Heart Association (NYHA) class IV shortness of breath, and 2 or less metabolic equivalents (METs) with maximal effort test. <p>This must be confirmed by a cardiologist, physician or electrophysiologist.</p> <p><i>Layman's explanation:</i></p> <p><i>This claim event covers arrhythmia with severe impairment, meeting the criteria as described in the contractual definition above. This must be confirmed by a specialist (cardiologist, physician or electrophysiologist).</i></p> <p><i>Arrhythmia is an abnormal beat of the heart that can be too slow or too fast. This can present with severe impairment, which can result in the following on optimal treatment:</i></p> <ul style="list-style-type: none"> <i>Heart failure where the symptoms progress to a stage where at rest there is tiredness, shortness of breath or heart palpitations (referred to as class IV New York Heart Association classification of heart failure), and</i> <i>Reduced exercise effort test meeting specified criteria.</i> 	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Hypertension				
<p>Contractual definition:</p> <p>Hypertension with renal impairment, meeting the following criteria:</p> <ul style="list-style-type: none"> Stage II hypertension despite optimal treatment, and Creatinine clearance of less than 50% of normal value for age. <p>This must be confirmed by a physician, nephrologist or cardiologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers high blood pressure with impaired kidney function, meeting the following criteria:</i></p> <ul style="list-style-type: none"> <i>Persistent blood pressure reading of 140/90 or higher despite optimal medical treatment, and</i> <i>Specialised laboratory test measuring kidney function (creatinine clearance) of less than 50% of normal value for age.</i> <p><i>This must be confirmed by a specialist (physician, nephrologist or cardiologist).</i></p>	-	50	100	50
<p>Contractual definition:</p> <p>Hypertension with severe renal impairment, meeting the following criteria:</p> <ul style="list-style-type: none"> Stage III hypertension despite optimal treatment, and Creatinine clearance of less than 20% of normal value for age. <p>This must be confirmed by a physician, nephrologist or cardiologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers high blood pressure with impaired kidney function, meeting the following criteria:</i></p> <ul style="list-style-type: none"> <i>Persistent blood pressure reading of 160/100 up to 179/109 despite optimal medical treatment, and</i> <i>Specialised laboratory test measuring kidney function (creatinine clearance) of less than 20% of normal value for age.</i> <p><i>This must be confirmed by a specialist (physician, nephrologist or cardiologist).</i></p>	100	100	100	100
Diseases of the aorta				
<p>Contractual definition:</p> <p>Diseases of the aorta with severe impairment, meeting the following criteria:</p> <p>Confirmed irreversible aortic disease by a cardiologist, cardiothoracic or vascular surgeon, with</p> <ul style="list-style-type: none"> Persistent symptoms despite compliance with medication, and New York Heart Association (NYHA) class IV. <p><i>Layman's explanation:</i> <i>This claim event covers disease of the main artery supplying oxygen rich blood to the body (called the aorta), meeting the following criteria:</i></p> <ul style="list-style-type: none"> <i>Confirmed by a specialist (cardiologist, cardiothoracic or vascular surgeon) that the disease is irreversible with persistent symptoms despite compliance with optimal medical treatment, and</i> <i>Heart failure, where the symptoms progress to a stage where at rest there is tiredness, shortness of breath or heart palpitations (referred to as class IV New York Heart Association classification of heart failure).</i> 	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Peripheral arterial disease				
<p>Contractual definition: Peripheral arterial disease with moderate impairment, with abnormal Doppler readings, cold leg, rubor and pain on exercise. This must be confirmed by a vascular surgeon.</p> <p><i>Layman's explanation:</i> This claim event covers peripheral arterial disease with moderate impairment, meeting the following criteria:</p> <ul style="list-style-type: none"> Abnormal specialised test measuring blood flow in arteries (Doppler), and Cold and discoloured and painful leg. <p>This must be confirmed by a specialist (vascular surgeon).</p> <p>Peripheral arterial disease is a problem with blood flow to the limbs due to narrowing of the arteries in the limbs.</p>	-	50	100	50
<p>Contractual definition: Peripheral arterial disease with severe impairment despite optimal treatment, meeting the following criteria:</p> <ul style="list-style-type: none"> No palpable pulses, confirmed by absent Doppler readings, or Severe vascular ulceration, or Gangrene. <p>This must be confirmed by a vascular surgeon.</p> <p><i>Layman's explanation:</i> This claim event covers peripheral arterial disease with severe impairment, meeting the following criteria:</p> <ul style="list-style-type: none"> No palpable pulses confirmed by a specialised test measuring blood flow in arteries (Doppler), or Severe ulcers due to poor blood flow, or Death of tissue (gangrene). <p>This must be confirmed by a specialist (vascular surgeon).</p> <p>Peripheral arterial disease is a problem with blood flow to the limbs due to narrowing of the arteries in the limbs.</p>	100	100	100	100
Peripheral venous disease				
<p>Contractual definition: Peripheral venous disease with severe impairment despite optimal treatment, with severe deep and widespread vascular ulceration. This must be confirmed by a vascular surgeon.</p> <p><i>Layman's explanation:</i> This claim event covers peripheral venous disease with severe impairment despite optimal treatment, with severe deep and widespread ulcers due to poor blood flow. This must be confirmed by a specialist (vascular surgeon).</p> <p>Peripheral venous disease is a disease causing blockage of the blood vessels (veins) carrying blood from the arms and legs to the heart.</p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Primary pulmonary artery hypertension				
<p>Contractual definition: Severe primary pulmonary artery hypertension despite optimal medical treatment, with mean pulmonary artery pressure 40-70 mmHg, and at least New York Heart Association (NYHA) class III classification of cardiac impairment. This must be confirmed by a physician.</p> <p>Layman's explanation: <i>This claim event covers severe high blood pressure in the lung arteries despite optimal treatment, meeting the following criteria:</i></p> <ul style="list-style-type: none"> Specified artery pressure as in the contractual definition above, and Symptoms have progressed to a stage where even with light activity there is tiredness, shortness of breath or heart palpitations (referred to as class III New York Heart Association classification of heart failure). <p><i>This must be confirmed by a specialist (physician).</i></p>	-	50	100	50
<p>Contractual definition: Severe primary pulmonary artery hypertension despite optimal medical treatment, with mean pulmonary artery pressure exceeding 70 mmHg, and at least New York Heart Association (NYHA) class IV classification of cardiac impairment. This must be confirmed by a physician.</p> <p>Layman's explanation: <i>This claim event covers severe high blood pressure in the lung arteries despite optimal treatment, meeting the following criteria:</i></p> <ul style="list-style-type: none"> Specified artery pressure as in the contractual definition above, and Symptoms have progressed to a stage where at rest there is tiredness, shortness of breath or heart palpitations (referred to as class IV New York Heart Association classification of heart failure). <p><i>This must be confirmed by a specialist (physician).</i></p>	100	100	100	100
Blood system				
Anaemia				
<p>Contractual definition: Severe treatment resistant anaemia despite optimal medical treatment, meeting the following criteria:</p> <ul style="list-style-type: none"> Hb less than 8 g/dL, and Requiring 2 or more units of blood or blood products every 4 to 6 weeks. <p>This must be confirmed by a physician or haematologist.</p> <p>Layman's explanation: <i>This claim event covers persistent low oxygen carrying capacity of red blood cell count despite optimal medical treatment (referred to as treatment resistant anaemia), meeting the following criteria:</i></p> <ul style="list-style-type: none"> Low blood count meeting specific criteria for oxygen carrying capacity of red blood cells, and Evidence of blood transfusions of 2 or more units every 4 to 6 weeks. <p><i>This must be confirmed by a specialist (physician or haematologist).</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition:</p> <p>Life threatening, treatment resistant anaemia despite optimal medical treatment, meeting the following criteria:</p> <ul style="list-style-type: none"> Hb less than 8 g/dL, and Requiring 2 or more units of blood or blood products every 2 weeks. <p>This must be confirmed by a physician or haematologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers persistent low oxygen carrying capacity of red blood cell count despite optimal medical treatment (referred to as treatment-resistant anaemia), meeting the following criteria:</i></p> <ul style="list-style-type: none"> <i>Low blood count meeting specific criteria for oxygen carrying capacity of red blood cells, and</i> <i>Evidence of blood transfusions of 2 or more units every 2 weeks.</i> <p><i>This must be confirmed by a specialist (physician or haematologist).</i></p>	100	100	100	100
White blood cell disorder				
<p>Contractual definition:</p> <p>Severe white blood cell disorder, meeting the following criteria:</p> <ul style="list-style-type: none"> More than 1 hospitalisation per year for acute bacterial infection and an absolute neutrophil count of between 250 and 500, or Lymphoma or leukaemia requiring 1 or 2 chemotherapy cycles per year. <p>This must be confirmed by a physician or haematologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers severe white blood cell disorder, meeting the following criteria:</i></p> <ul style="list-style-type: none"> <i>More than 1 hospitalisation per year for acute infection caused by harmful organisms (bacteria) and infection fighting white blood cells meeting specified criteria (absolute neutrophil count of between 250 and 500), or</i> <i>Cancer of infection-fighting cells of the immune system (lymphoma) or cancer of white blood cells (leukaemia), requiring 1 or 2 chemotherapy cycles per year.</i> <p><i>This must be confirmed by a specialist (physician or haematologist).</i></p>	-	50	100	50
<p>Contractual definition:</p> <p>Severe white blood cell disorder, meeting the following criteria:</p> <ul style="list-style-type: none"> Whole person impairment (WPI) of at least 35% despite optimal medical treatment, or Lymphoma or leukaemia requiring 3 to 6 chemotherapy cycles per year. <p>This must be confirmed by a physician or haematologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers severe white blood cell disorder, meeting the following criteria:</i></p> <ul style="list-style-type: none"> <i>Whole person impairment (WPI) of at least 35% despite optimal medical treatment, or</i> <i>Cancer of infection-fighting cells of the immune system (lymphoma) or cancer of white blood cells (leukaemia), requiring 3 to 6 chemotherapy cycles per year.</i> <p><i>This must be confirmed by a specialist (physician or haematologist).</i></p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Clotting disorder				
<p>Contractual definition:</p> <p>Severe clotting disorder, meeting the following criteria:</p> <ul style="list-style-type: none"> Persistent despite optimal medical and surgical treatment, and Resulting in end organ failure of one of the following, as described in this table: <ul style="list-style-type: none"> Respiratory failure Cardiac failure end-stage Kidney failure end-stage Liver failure (which is not described in this document). <p>This must be confirmed by a specialist.</p> <p><i>Layman's explanation:</i> This claim event covers severe clotting disorder, meeting the criteria in the contractual definition above. This must be confirmed by a specialist.</p> <p>Clotting disorder occurs when the body is unable to make components that is required by the body for blood to clot. When severe, this disorder can lead to severe bleeding from various sites, which can ultimately lead to multiple organ damage.</p>	100	100	100	100
Respiratory system				
Respiratory failure				
<p>Contractual definition:</p> <p>Severe respiratory failure, meeting the following criteria:</p> <p>Confirmed chronic respiratory disease despite optimal medical treatment, resulting in impaired airflow, meeting the following criteria:</p> <ul style="list-style-type: none"> Forced expiratory volume in one second (FEV1) of less than 50%, or Forced vital capacity (FVC) of less than 50%, or Impaired diffusion with diffusion capacity (DCO) of less than 50%, or Impaired exercise tolerance with maximal effort test of 4 to 6 metabolic equivalents (METS). <p>This must be confirmed by a pulmonologist or physician.</p> <p><i>Layman's explanation:</i> This claim event covers severe chronic disease of the lungs, optimally treated but resulting in respiratory failure (lungs not being able to meet the oxygen requirements of the body) with impaired airflow. This must meet the criteria described in the contractual definition above and must be confirmed by a specialist (pulmonologist or physician).</p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition:</p> <p>Severe respiratory failure, meeting the following criteria:</p> <p>Confirmed chronic respiratory disease despite optimal medical treatment, resulting in impaired airflow with</p> <ul style="list-style-type: none"> Forced expiratory volume in one second (FEV1) of less than 40%, or Forced vital capacity (FVC) of less than 40%, or Impaired diffusion with diffusion capacity (DCO) of less than 40%, or Impaired exercise tolerance with maximal effort test of less than 4 metabolic equivalents (METS). <p>This must be confirmed by a pulmonologist or physician.</p> <p><i>Layman's explanation:</i> <i>This claim event covers severe chronic disease of the lungs, resulting in respiratory failure (lungs not being able to meet the oxygen requirements of the body) with impaired airflow. This must meet the criteria described in the contractual definition above and must be confirmed by a specialist (pulmonologist or physician).</i></p>	100	100	100	100
Lung transplant				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The undergoing of a complete lung transplant as a recipient, or Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete lung transplant. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> <i>The undergoing of a complete lung transplant as a recipient, to replace a diseased lung, or</i> <i>Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete lung transplant.</i> <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	100	100	100	100
Central nervous system				
Coma				
<p>Contractual definition:</p> <p>A condition of unconsciousness not induced by sedation where the life insured presents with a Glasgow Coma Scale reading of 8 or less for an uninterrupted period of at least 96 hours. This must be confirmed by a specialist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers coma, where there is a state of unconsciousness not induced by medication causing a state of sleep. Specific criteria must be met, as described in the contractual definition above. This must be confirmed by a specialist.</i></p>	100	100	100	100
Hemiplegia				
<p>Contractual definition:</p> <p>The total and permanent loss of muscle function of one side of the body due to disease of or injury to the spinal cord or brain.</p> <p>The following is required:</p> <ul style="list-style-type: none"> Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and Must be confirmed by a neurologist or neurosurgeon. 	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Diplegia				
<p>Contractual definition: The total and permanent loss of muscle function of both sides of the body due to disease of or injury to the spinal cord or brain.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence, such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. <p><i>Layman's explanation:</i> <i>This claim event covers diplegia, meeting the criteria in the contractual definition above. This must be confirmed by a specialist (neurologist or neurosurgeon).</i></p> <p><i>Diplegia is a total and permanent weakness of the same part on both sides of the body, which can be as a result of a disease or injury.</i></p>	100	100	100	100
Paraplegia				
<p>Contractual definition: The total and permanent loss of muscle function resulting in the loss of use of both legs due to disease of or injury to the spinal cord or brain.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	100	100	100	100
<p>Contractual definition: Paraplegia due to spinal cord severance or primary neurological disease of the spinal cord, meeting the following criteria: The total and permanent loss of muscle function resulting in the loss of use of both legs due to complete severance of the spinal cord or primary neurological disease of the spinal cord.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	125	125	125	125
Quadriplegia				
<p>Contractual definition: The total and permanent loss of muscle function resulting in the loss of use of both arms and both legs due to disease of or injury to the spinal cord or brain.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition:</p> <p>Quadriplegia due to spinal cord severance or primary neurological disease of the spinal cord, meeting the following criteria:</p> <p>The total and permanent loss of muscle function resulting in the loss of use of both arms and both legs due to complete severance of the spinal cord or primary neurological disease of the spinal cord.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	150	150	150	150
Epilepsy				
<p>Contractual definition:</p> <p>Uncontrolled epilepsy, meeting the following criteria:</p> <ul style="list-style-type: none"> • Documented epileptic attacks confirmed by an abnormal electro-encephalogram (EEG) reading, and • Attacks must be observed to be more than 3 per week, and be resistant to optimal therapy as confirmed by drug serum-level testing. <p>This must be confirmed by a neurologist or physician.</p> <p><i>Layman's explanation:</i> <i>This claim event covers uncontrolled convulsions or seizures, meeting the criteria in the contractual definition above. This must be confirmed by a specialist (neurologist or physician).</i></p>	-	50	100	50
<p>Contractual definition:</p> <p>Frequent status epilepticus, meeting the following criteria:</p> <p>In spite of sustained optimal treatment and documented compliance of treatment, there must be</p> <ul style="list-style-type: none"> • at least 3 documented episodes of status epilepticus within the last 12 months, or • 12 or more grand mal seizures per month, within the last 4 consecutive months. <p>This will be assessed by all of the following evidence:</p> <ul style="list-style-type: none"> • Electro-encephalograms (EEGs), and • Drug serum levels which must show compliance, and • Documented evidence of epileptic attacks on clinical records, and • Evidence of emergency treatment administered. <p>This must confirmed by a neurologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers frequent status epilepticus, meeting the criteria in the contractual definition above. This must be confirmed by a specialist (neurologist).</i></p> <p><i>Status epilepticus is a single seizure lasting for more than 5 minutes, or 2 or more seizures within a 5-minute period without the person returning to normal between them.</i></p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Parkinson's disease				
<p>Contractual definition:</p> <p>Advanced Parkinson's disease confirmed by a neurologist, meeting the following criteria:</p> <ul style="list-style-type: none"> • Appropriate clinical signs and symptoms, and • Permanent inability to perform independently at least 3 basic activities of daily living (ADLs), as indicated in the table "Basic activities of daily living for disability and impairment benefits" later in this chapter. <p>Permanence will be assessed after requirements for reasonable treatment has been met.</p> <p><i>Layman's explanation:</i> <i>This claim event covers advanced Parkinson's disease, meeting the criteria in the contractual definition above. This must be confirmed by a specialist (neurologist).</i></p> <p><i>Parkinson's disease is a degenerative brain condition that leads to various symptoms, like tremor of the hands and head, a slow gait with shuffling feet, inability to show emotions, and a forward-falling posture.</i></p>	100	100	100	100
Cognitive dementia				
<p>Contractual definition:</p> <p>Early onset cognitive dementia due to organic brain disease (pre-senile dementia), meeting the following criteria:</p> <p>The diagnosis of cognitive dementia before age 65 (pre-senile dementia), confirmed by a neurologist or psychiatrist.</p> <p>There must be evidence of all of the following:</p> <ul style="list-style-type: none"> • Typical findings in cognitive tests according to the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria or 2 consecutive Global Clinical Dementia Rating (CDR) ratings of at least 1.0, and • Supportive findings on neuro-imaging, and • Permanent inability to perform independently at least 3 advanced activities of daily living (ADLs), or the need for assistance by a caregiver. These ADLs are indicated in the table "Advanced activities of daily living for disability and impairment benefits" later in this chapter. <p>Permanence will be established after 3 months.</p> <p><i>Layman's explanation:</i> <i>This claim event covers the early onset of a decline in thinking and memory function (cognitive function), not in keeping with what is normal for the age and occurring before age 65 (pre-senile dementia). This must be as a result of a disease of the brain, and not due to a psychological cause. This must be confirmed by a specialist (neurologist or psychiatrist).</i></p> <p><i>There must be evidence of all of the following:</i></p> <ul style="list-style-type: none"> • Typical findings in specialised testing for memory and thinking called cognitive tests (according to the latest DSM criteria or 2 consecutive CDR ratings of at least 1.0), and • Supportive findings on specialised radiological testing (neuro-imaging), and • Permanent inability to perform independently at least 3 advanced activities of daily living, as indicated later in this chapter, or the need for assistance by a caregiver. <p><i>Permanence will be established after 3 months.</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition: Early onset cognitive dementia due to organic brain disease (pre-senile dementia), meeting the following criteria: The diagnosis of cognitive dementia before age 65 (pre-senile dementia), with profound impairment, confirmed by a neurologist or psychiatrist.</p> <p>There must be evidence of all of the following:</p> <ul style="list-style-type: none"> • Typical findings in cognitive tests according to the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria or two consecutive Global Clinical Dementia Rating (CDR) ratings of at least 3.0, and • Supportive findings on neuro-imaging, and • Permanent inability to perform independently at least 3 basic activities of daily living (ADLs), or the need for 24-hour supervision by a caregiver. These ADLs are indicated in the table "Basic activities of daily living for disability and impairment benefits" later in this chapter. <p>Permanence will be established after 3 months.</p> <p><i>Layman's explanation:</i> <i>This claim event covers the early onset of a decline in thinking and memory function (cognitive function), not in keeping with what is normal for the age and occurring before age 65 (pre-senile dementia). This must be as a result of a disease of the brain, and not due to a psychological cause. This must be confirmed by a specialist (neurologist or psychiatrist).</i></p> <p><i>There must be evidence of all of the following:</i></p> <ul style="list-style-type: none"> • Typical findings in specialised testing for memory and thinking called cognitive tests (according to the latest DSM criteria or 2 consecutive CDR ratings of at least 3.0), and • Supportive findings on specialised radiological testing (neuro-imaging), and • Permanent inability to perform independently at least 3 basic activities of daily living, as indicated later in this chapter, or the need for 24-hour supervision by a caregiver. <p><i>Permanence will be established after 3 months.</i></p>	100	100	100	100
Cranial nerve V				
<p>Contractual definition: Cranial nerve V pathology with severe trigeminal neuralgia, meeting the following criteria: The diagnosis of treatment resistant, severe unilateral or bilateral facial neuralgic pain by a neurologist, with evidence of treatment resistance as well as the need for decompression surgery.</p> <p><i>Layman's explanation:</i> <i>The trigeminal nerve (the 5th cranial nerve) is a nerve responsible for sensation in the face and functions such as biting and chewing.</i></p> <p><i>This claim event covers severe chronic pain in this nerve area, meeting the following criteria: Diagnosis by a specialist (neurologist) of treatment resistant, severe one-sided or both-sided facial nerve pain, with evidence of treatment resistance as well as the need for decompression surgery.</i></p>	-	45	45	45

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Cranial nerve VII				
<p>Contractual definition: Cranial nerve VII paralysis with severe unilateral upper motor neuron facial paralysis, involving more than 75% of the facial muscles, and inability to control eyelid closure. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>The facial nerve (the 7th cranial nerve) controls the muscles of facial expression, and functions in taste sensations of two-thirds of the tongue.</i></p> <p><i>This claim event covers paralysis of this nerve with upper motor neuron facial paralysis of more than 75% of the facial muscles and inability to close eyelids. This must be confirmed by a specialist (neurologist).</i></p>	-	50	100	50
Cranial nerve VIII				
<p>Contractual definition: Cranial nerve VIII paralysis or imbalance with moderately severe equilibrium impairment, with limitations of all activities of daily living (ADLs), and requiring permanent assistance with self-care. These ADLs are indicated in the tables "Basic activities of daily living for disability and impairment benefits" and "Advanced activities of daily living for disability and impairment benefits" later in this chapter. This must be confirmed by a neurologist or ear, nose and throat surgeon.</p> <p>Layman's explanation: <i>The 8th cranial nerve transmits sound and balance information from the inner ear to the brain.</i></p> <p><i>This claim event covers paralysis of this nerve with moderate balance disturbance, with limitations in all activities of daily living (ADLs) and requiring permanent assistance with self-care. This must be confirmed by a specialist (neurologist or ear, nose and throat surgeon).</i></p>	-	50	100	50
<p>Contractual definition: Cranial nerve VIII paralysis or imbalance with severe equilibrium impairment, with limitations of all activities of daily living (ADLs), requiring permanent assistance with self-care and permanent confinement to a bed or wheelchair. These ADLs are indicated in the tables "Basic activities of daily living for disability and impairment benefits" and "Advanced activities of daily living for disability and impairment benefits" later in this chapter. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>The 8th cranial nerve transmits sound and balance information from the inner ear to the brain.</i></p> <p><i>This claim event covers paralysis of this nerve with severe balance disturbance, with limitations in all activities of daily living (ADLs) and requiring permanent assistance with self-care and permanent confinement to a bed or wheelchair. This must be confirmed by a specialist (neurologist).</i></p>	-	75	100	75

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Cranial nerves IX, X or XII				
<p>Contractual definition: Cranial nerves IX, X or XII paralysis or dysarthria or dysphagia, with moderately severe dysarthria or dysphagia with hoarseness, nasal regurgitation and aspiration of fluids. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>This claim event covers paralysis of cranial nerves 9, 10 or 12, with moderate difficulty with swallowing, hoarseness, difficulty with speech, accidental inhalation of fluids into the lungs or airway or passage of food through the nasal passages. This must be confirmed by a specialist (neurologist).</i></p>	-	25	25	25
<p>Contractual definition: Cranial nerves IX, X or XII paralysis or dysarthria or dysphagia, with severe functional inability to swallow without choking and with the need for assistance and suctioning. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>This claim event covers paralysis of cranial nerves 9, 10 or 12, with severe inability to swallow without choking with the need for assistance and suctioning. This must be confirmed by a specialist (neurologist).</i></p>	-	75	100	75
Neurologic impairment of respiration				
<p>Contractual definition: Neurologic impairment of respiration, where the life insured is capable of spontaneous respiration, but is restricted to sitting, standing or limited ambulation. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>This claim event covers impairment of breathing due to neurological cause or reason, where the life insured is capable of spontaneous breathing, but is restricted to sitting or standing with limited ambulation. This must be confirmed by a specialist (neurologist).</i></p>	-	50	100	50
<p>Contractual definition: Neurologic impairment of respiration with severe functional impairment where the life insured is capable of spontaneous respiration, but to such a limited degree that he or she is permanently confined to a bed. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>This claim event covers impairment of breathing due to neurological cause or reason, where the life insured is capable of spontaneous breathing, but is limited to such a degree that he or she is permanently confined to a bed. This must be confirmed by a specialist (neurologist).</i></p>	-	75	100	75
<p>Contractual definition: Neurologic impairment of respiration to such an extent that there is no spontaneous respiration. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>This claim event covers impairment of breathing due to neurological cause or reason, where the life insured is incapable of spontaneous breathing. This must be confirmed by a specialist (neurologist).</i></p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Gastro-intestinal system				
Gastro-intestinal tract disease				
<p>Contractual definition: Gastro-intestinal tract disease, meeting the following criteria: Anatomic loss or alteration in gastro-intestinal tract, as a result of an organic cause, with any of the following:</p> <ul style="list-style-type: none"> Symptoms uncontrolled by adequate treatment and 15% weight loss below accepted desirable weight for a period exceeding a year, or Permanent stoma, or Anatomic loss or alteration in gastro-intestinal tract, with persistent, irreducible and irreparable protrusion of a hernia after surgery, with bowel dysfunction and limitation in activities of daily living. <p>This must be confirmed by a surgeon, physician or gastroenterologist.</p> <p><i>Layman's explanation:</i> The gastro-intestinal tract is an organ system within humans which takes in food, digests it to extract and absorb energy and nutrients, and expels the remaining waste as faeces. This claim event covers loss of a part of this system, or disease of this system, not due to a psychological cause.</p> <p><i>The following criteria must be met:</i></p> <ul style="list-style-type: none"> Loss due to trauma or surgery of a part of this system with evidence of disease and symptoms uncontrolled by adequate treatment with weight loss, as specified in the contractual definition above, despite optimal medical treatment, or Permanent stoma (artificial opening in the gut), or Persistent, irreducible and irreparable part of the bowel that protrudes through a weakness in the abdominal wall (hernia) after surgery, with bowel dysfunction and limitation in activities of daily living. <p><i>This must be confirmed by a specialist (surgeon, physician or gastroenterologist).</i></p>	-	50	100	50
<p>Contractual definition: Gastro-intestinal tract disease, meeting the following criteria: Anatomic loss or alteration in gastro-intestinal tract, as a result of an organic cause, with symptoms uncontrolled by adequate treatment, and 25% weight loss below accepted desirable weight. This must be confirmed by a surgeon, physician or gastroenterologist.</p> <p><i>Layman's explanation:</i> The gastro-intestinal tract is an organ system within humans which takes in food, digests it to extract and absorb energy and nutrients, and expels the remaining waste as faeces. This claim event covers loss of a part of this system, or disease of this system, not due to a psychological cause.</p> <p><i>The following criteria must be met:</i> Loss due to trauma or surgery of a part of this system with evidence of disease and symptoms uncontrolled by adequate treatment with weight loss, as specified in the contractual definition above, despite optimal medical treatment. This must be confirmed by a specialist (surgeon, physician or gastroenterologist).</p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Loss of bowel function				
<p>Contractual definition: Permanent colostomy as a result of loss of bowel function, as a result of traumatic or medical conditions and confirmed by a specialist.</p> <p><i>Layman's explanation:</i> A surgical operation in which the colon is shortened to remove a damaged or diseased part and the cut end diverted to create a permanent opening in the abdominal wall. This must be confirmed by a specialist.</p>	-	50	100	50
<p>Contractual definition: Complete and permanent faecal incontinence not amenable to medical treatment, as a result of an organic cause, confirmed by a specialist.</p> <p><i>Layman's explanation:</i> Faecal incontinence is the inability to control bowel movements, causing stool (faeces) to leak unexpectedly from the rectum.</p> <p><i>This claim event covers faecal incontinence when the condition is permanent with a total loss of control (thus complete). It must not be amenable to medical treatment and not due to a psychological cause. This must be confirmed by a specialist.</i></p>	100	100	100	100
Chronic liver disease				
<p>Contractual definition: Severe chronic liver disease despite optimal medical treatment and confirmed by a gastroenterologist, with abnormal liver function tests, as evidenced by at least two of the following:</p> <ul style="list-style-type: none"> • Albumin 28-35 mg/L • INR 1.71-2.20 • Bilirubin 34-50 umol/l • Ascites. <p><i>Layman's explanation:</i> This claim event covers severe chronic liver disease despite optimal medical treatment, meeting the criteria as described in the contractual definition above. This must be confirmed by a specialist (gastroenterologist).</p> <p><i>Ascites is the abnormal accumulation of fluid in the abdominal cavity.</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition: Severe progressive chronic liver disease despite optimal medical treatment, confirmed by a gastroenterologist and meeting the following criteria:</p> <ul style="list-style-type: none"> • Objective evidence of jaundice, and • Ascites or bleeding oesophageal varices within the last year, and • 25% weight loss below accepted desirable weight. <p>Layman's explanation: <i>This claim event covers severe worsening chronic liver disease despite optimal medical treatment, meeting the following criteria:</i></p> <ul style="list-style-type: none"> • <i>Objective evidence of a medical condition with yellowing of the skin or whites of the eyes, arising from excess of the pigment bilirubin (jaundice), and</i> • <i>Abnormal accumulation of fluid in the abdominal cavity (ascites) or bleeding enlarged veins in the food pipe (oesophagus) within the last year, and</i> • <i>25% weight loss below accepted desirable weight.</i> <p><i>This must be confirmed by a specialist (gastroenterologist).</i></p> <p><i>The oesophagus (food pipe) is a muscular tube that moves food and liquids from the throat to the stomach.</i></p>	100	100	100	100
Liver transplant				
<p>Contractual definition:</p> <ul style="list-style-type: none"> • The undergoing of a complete liver transplant as a recipient, or • Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete liver transplant. <p>This must be confirmed by a specialist with supporting evidence.</p> <p>Layman's explanation: <i>This claim event covers:</i></p> <ul style="list-style-type: none"> • <i>The undergoing of a complete liver transplant as a recipient, to replace a diseased liver, or</i> • <i>Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete liver transplant.</i> <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	100	100	100	100
Biliary tract disease				
<p>Contractual definition: Irreparable biliary tract obstruction with persistent jaundice despite optimal medical treatment, confirmed by a gastroenterologist.</p> <p>Layman's explanation: <i>This claim event covers irreparable biliary tract obstruction with persistent jaundice. This must be confirmed by a specialist (gastroenterologist).</i></p> <p><i>Biliary obstruction is when one of the ducts that carry bile from the liver to the intestine via the gallbladder becomes blocked. Irreparable biliary tract obstruction with persistent jaundice is when the obstruction is irreparable and jaundice persists despite optimal medical treatment.</i></p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Pancreas transplant				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The undergoing of a complete pancreas transplant as a recipient, or Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete pancreas transplant. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> <i>The undergoing of a complete pancreas transplant as a recipient, to replace a diseased pancreas, or</i> <i>Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete pancreas transplant.</i> <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	100	100	100	100
Endocrine system				
Disorders of the hypothalamic pituitary axis				
<p>Contractual definition:</p> <p>Disorders of the hypothalamic pituitary axis, with permanent whole person impairment (WPI) exceeding 26% despite optimal medical treatment. This must be confirmed by an endocrinologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers disorders of the hypothalamic pituitary axis, with permanent whole person impairment exceeding 26% despite optimal medical treatment. This must be confirmed by a specialist (endocrinologist).</i></p> <p><i>The hypothalamic pituitary axis plays key roles in controlling hormone secretion that has an effect on other organs in the body.</i></p>	-	50	100	50
Hypoadrenalism				
<p>Contractual definition:</p> <p>Hypoadrenalism, with permanent whole person impairment (WPI) exceeding 30% despite optimal medical treatment. This must be confirmed by an endocrinologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers hypoadrenalism, with permanent whole person impairment exceeding 30% despite optimal medical treatment. This must be confirmed by a specialist (endocrinologist).</i></p> <p><i>Hypoadrenalism is a condition in which the adrenal glands do not produce adequate amounts of steroid hormones. The adrenal glands are small glands located on the top end of the kidney that produce important hormones in the body.</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Hyperadrenocorticism				
<p>Contractual definition: Hyperadrenocorticism, with permanent whole person impairment (WPI) exceeding 30% despite optimal medical treatment. This must be confirmed by an endocrinologist.</p> <p><i>Layman's explanation:</i> This claim event covers hyperadrenocorticism, with permanent whole person impairment exceeding 30% despite optimal medical treatment. This must be confirmed by a specialist (endocrinologist).</p> <p><i>Hyperadrenocorticism, which is often called Cushing's syndrome, is an extremely complex condition that involves many areas of the body. It results from an excess of a hormone called cortisol and its effects on the human body.</i></p>	-	50	100	50
Phaeochromocytoma				
<p>Contractual definition: Phaeochromocytoma, with permanent whole person impairment (WPI) exceeding 30% despite optimal medical treatment. This must be confirmed by an endocrinologist.</p> <p><i>Layman's explanation:</i> This claim event covers phaeochromocytoma, with permanent whole person impairment exceeding 30% despite optimal medical treatment. This must be confirmed by a specialist (endocrinologist).</p> <p><i>Pheochromocytoma is a rare tumour of adrenal gland tissue. It results in the release of too many of the hormones that control heart rate, metabolism, and blood pressure.</i></p> <p><i>The adrenal glands are small glands located on the top end of the kidney that produce important hormones in the body.</i></p>	-	50	100	50
Diabetes mellitus: type I or II				
<p>Contractual definition: Diabetes mellitus: type I or II with moderate to severe organ impairment, confirmed by a specialist and meeting the following criteria:</p> <ul style="list-style-type: none"> • Kidney functions impaired, which will be assessed under kidney failure events • Retinopathy with visual impairment, which will be assessed under visual impairment events • Ischaemic heart disease, which will be assessed under ischaemic heart disease with cardiac failure. <p><i>Layman's explanation:</i> Diabetes mellitus is a disorder in which blood sugar (glucose) levels are abnormally high because the body does not produce enough insulin to meet its needs.</p> <p><i>This claim event covers type I or II with moderate to severe organ impairment, meeting the criteria described in the contractual definition above. This must be confirmed by a specialist.</i></p> <p><i>Diabetic retinopathy is caused by damage to the blood vessels in the tissue at the back of the eye (retina). Poorly controlled blood sugar is a risk factor.</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition: Diabetes mellitus: type I or II with severe organ impairment, confirmed by a specialist and meeting the following criteria:</p> <ul style="list-style-type: none"> Kidney functions impaired, which will be assessed under kidney failure events Retinopathy with visual impairment, which will be assessed under visual impairment events Ischaemic heart disease, which will be assessed under ischaemic heart disease with cardiac failure. <p><i>Layman's explanation:</i> <i>Diabetes mellitus is a disorder in which blood sugar (glucose) levels are abnormally high because the body does not produce enough insulin to meet its needs.</i></p> <p><i>This claim event covers type I or II with severe organ impairment, meeting the criteria in the contractual definition above. This must be confirmed by a specialist.</i></p> <p><i>Diabetic retinopathy is caused by damage to the blood vessels in the tissue at the back of the eye (retina). Poorly controlled blood sugar is a risk factor.</i></p>	100	100	100	100
Catch-all for other disorders of the endocrine system				
<p>Contractual definition: Any disorder of the endocrine system not specified in the other listed events for the endocrine system, that is confirmed by an endocrinologist, with permanent whole person impairment (WPI) exceeding 30% despite optimal medical treatment.</p> <p><i>Layman's explanation:</i> <i>The endocrine system has eight major glands, which make hormones. Hormones affect the functions of the entire body. Any disease of a gland can cause imbalances in the body which can be from mild to serious.</i></p> <p><i>This claim event covers any disorder of any of these glands not specified in the listed events that is confirmed by a specialist (endocrinologist), with permanent whole person impairment exceeding 30% despite optimal medical treatment.</i></p>	-	50	100	50
<p>Contractual definition: Any disorder of the endocrine system not specified in the listed events for the endocrine system, that is confirmed by an endocrinologist, with permanent whole person impairment (WPI) exceeding 40% despite optimal medical treatment.</p> <p><i>Layman's explanation:</i> <i>The endocrine system has eight major glands, which make hormones. Hormones affect the functions of the entire body. Any disease of a gland can cause imbalances in the body which can be from mild to serious.</i></p> <p><i>This claim event covers any disorder of any of these glands not specified in the listed events that is confirmed by a specialist (endocrinologist), with permanent whole person impairment exceeding 40% despite optimal medical treatment.</i></p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Renal system				
Kidney failure				
<p>Contractual definition: Kidney failure with moderate impairment, meeting the following criteria: The diagnosis of permanent kidney failure by a nephrologist or urologist, with evidence of a creatinine clearance of 28 to 42 ml per minute despite adequate medical treatment.</p> <p><i>Layman's explanation:</i> <i>Kidney failure refers to failure of the kidneys to function properly.</i></p> <p><i>This claim event covers kidney failure with moderate impairment, meeting the criteria in the contractual definition above. This must be confirmed by a specialist (nephrologist or urologist).</i></p>	-	50	100	50
<p>Contractual definition: Kidney failure with severe impairment, meeting the following criteria: The diagnosis of permanent kidney failure by a nephrologist or urologist, with evidence of a creatinine clearance of less than 28 ml per minute, or the need for more than 8 hours of dialysis per week.</p> <p><i>Layman's explanation:</i> <i>Kidney failure refers to failure of the kidneys to function properly.</i></p> <p><i>This claim event covers kidney failure with severe impairment, meeting the criteria in the contractual definition above. This must be confirmed by a specialist (nephrologist or urologist).</i></p>	100	100	100	100
Kidney transplant				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The undergoing of a complete kidney transplant as a recipient, or Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete kidney transplant. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> <i>The undergoing of a complete kidney transplant as a recipient, to replace a diseased kidney, or</i> <i>Confirmation of being on a recognised national South African transplant waiting list, awaiting a complete kidney transplant.</i> <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	100	100	100	100
Loss of bladder function				
<p>Contractual definition: Loss of bladder function due to organic cause, which despite optimal medical treatment requires frequent catheterisation (at least weekly). This must be confirmed by an urologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers loss of bladder function, not due to a psychological cause. The life insured must require frequent catheterisation (at least weekly) despite optimal medical treatment. This must be confirmed by a specialist (urologist).</i></p> <p><i>Catheterisation is when a plastic tube (a catheter) is inserted into the bladder to provide urinary drainage.</i></p>	-	45	45	45

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Bladder or urethral disease				
<p>Contractual definition: Bladder or urethral disease of organic cause resulting in complete urinary incontinence, which despite optimal medical treatment requires indwelling catheterisation. This must be confirmed by an urologist.</p> <p>Layman's explanation: This claim event covers bladder or urethral disease, not due to a psychological cause. The following criteria must be met:</p> <ul style="list-style-type: none"> The disease must result in uncontrolled leakage of urine despite optimal medical treatment, and It must require permanent catheterisation to provide continuous urinary drainage. <p>This must be confirmed by a specialist (urologist).</p> <p>Catheterisation is when a plastic tube (a catheter) is inserted into the bladder to provide urinary drainage.</p>	100	100	100	100
Surgical removal of the bladder				
<p>Contractual definition: The surgical excision of the bladder by a surgeon, confirmed with a surgical report by an urologist or surgeon.</p> <p>Layman's explanation: This claim event covers the removal of the entire bladder by surgery. A surgical report from a specialist (urologist or surgeon) needs to confirm this.</p>	100	100	100	100
Musculoskeletal system				
Amputation of a thumb				
<p>Contractual definition: The amputation of a thumb, at the interphalangeal level and proximal to the joint, by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p>Layman's explanation: The surgical or traumatic removal or severance of a thumb at the first joint. This must be confirmed by a specialist with supporting evidence.</p>	-	30**	30**	30**
Amputation of three fingers other than thumb				
<p>Contractual definition: The amputation of 3 fingers other than the thumb on the same hand, at the proximal interphalangeal joint or more proximal than this joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p>Layman's explanation: The surgical or traumatic removal or severance of 3 fingers, excluding the thumb on the same hand, at the level of the middle knuckles. This must be confirmed by a specialist with supporting evidence.</p>	-	15*	15*	15*
Amputation of three fingers, including the thumb				
<p>Contractual definition: The amputation of 3 fingers, including the thumb, on the same hand, at the proximal interphalangeal joint or more proximal than this joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p>Layman's explanation: The surgical or traumatic removal or severance of 3 fingers including the thumb on the same hand – the thumb at the first joint and the other fingers at the level of the middle knuckles. This must be confirmed by a specialist with supporting evidence.</p>	-	45**	45**	45**

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Amputation of four fingers other than thumb				
<p>Contractual definition: The amputation of 4 fingers other than the thumb on the same hand, at the proximal interphalangeal joint or more proximal than this joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of 4 fingers excluding the thumb on the same hand, at the level of the middle knuckles. This must be confirmed by a specialist with supporting evidence.</i></p>	-	45**	45**	45**
Amputation of a hand				
<p>Contractual definition: The amputation of a hand at the wrist by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a hand at the wrist. This must be confirmed by a specialist with supporting evidence.</i></p>	-	70	100	70
Loss of use of a hand				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire hand from the wrist (distal to the wrist), or The permanent loss of function of an upper limb, with at least 60% impairment of the limb according to the latest American Medical Association (AMA) guidelines. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> <i>The permanent loss of function of an entire hand from the wrist, or</i> <i>The permanent loss of use of an arm (upper limb), meeting the criteria in the contractual definition above.</i> <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	-	70	100	70
Amputation of an arm below the elbow				
<p>Contractual definition: The amputation of an arm distal to the elbow by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of an arm below the elbow. This must be confirmed by a specialist with supporting evidence.</i></p>	-	75	100	75

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Loss of use of an arm				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire arm from the shoulder (distal to the shoulder), or The permanent loss of function of an upper limb, with at least 90% impairment of the limb according to the latest American Medical Association (AMA) guidelines. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> The permanent loss of use of an entire arm from the shoulder, or The permanent loss of use of an arm (upper limb), meeting the criteria in the contractual definition above. <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	-	75	100	75
Amputation of an arm above the elbow				
<p>Contractual definition:</p> <p>The amputation of an arm proximal to the elbow by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of an arm above the elbow. This must be confirmed by a specialist with supporting evidence.</i></p>	-	80	100	80
Amputation of a foot				
<p>Contractual definition:</p> <p>The amputation of a foot at the level of the ankle joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a foot at the ankle joint. This must be confirmed by a specialist with supporting evidence.</i></p>	-	30	30	30
Loss of use of a foot				
<p>Contractual definition:</p> <p>The permanent loss of function of an entire foot from the ankle (distal to the ankle). This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The permanent loss of use of an entire foot from the ankle. This must be confirmed by a specialist with supporting evidence.</i></p>	-	30	30	30
Amputation of a leg below the knee				
<p>Contractual definition:</p> <p>The amputation of a leg distal to the knee joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a leg below the knee. This must be confirmed by a specialist with supporting evidence.</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Loss of use of a lower leg				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire leg from below the knee (below and distal to the knee joint), or The permanent loss of function of a lower limb, with at least 60% impairment of the limb according to the latest American Medical Association (AMA) guidelines. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> The permanent loss of use of an entire leg from below the knee, or The permanent loss of use of a leg (lower limb), meeting the criteria in the contractual definition above. <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	-	50	100	50
Loss of use of a leg				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire leg (proximal and distal to the knee joint), or The permanent loss of function of a lower limb, with at least 90% impairment of the limb according to the latest American Medical Association (AMA) guidelines. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> The permanent loss of use of an entire leg, or The permanent loss of use of a leg (lower limb), meeting the criteria in the contractual definition above. <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	-	75	100	75
Amputation of a leg above the knee				
<p>Contractual definition:</p> <p>The amputation of a leg proximal to the knee joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a leg above the knee. This must be confirmed by a specialist with supporting evidence.</i></p>	-	75	100	75

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Amputation or loss of a combination of two limbs or an eye				
<p>Contractual definition:</p> <p>The amputation or loss of any 2 of the following, as described in this table, resulting from the same cause, provided they are not part of the same limb:</p> <ul style="list-style-type: none"> • Amputation of a hand • Amputation of an arm below the elbow • Amputation of an arm above the elbow • Amputation of a foot • Amputation of a leg below the knee • Amputation of a leg above the knee • Loss of an eye. <p>This must be confirmed by a specialist with supporting evidence.</p>	100	100	100	100
Loss of use of a combination of two limbs or an eye				
<p>Contractual definition:</p> <p>The permanent loss of function of any 2 of the following, as described in this table, resulting from the same cause, provided they are not part of the same limb:</p> <ul style="list-style-type: none"> • Loss of use of a hand • Loss of use of an arm • Loss of use of a foot • Loss of use of a lower leg • Loss of use of a leg • Total loss of vision of one eye or hemianopia of one eye. <p>This must be confirmed by a specialist with supporting evidence.</p>	100	100	100	100
Total hip replacement***				
<p>Contractual definition:</p> <p>Total surgical replacement of the hip joint with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.</p> <p><i>Layman's explanation:</i> <i>Surgical total hip joint replacement with an artificial joint, called a prosthesis. This must be confirmed by a specialist (orthopaedic surgeon) with supporting evidence.</i></p>	-	20**	20**	20**
Hip fracture surgery				
<p>Contractual definition:</p> <p>Open surgical repair with internal fixation or prosthesis of a fracture of the femur neck, femur head or acetabulum. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>Hip repair involving the stabilising of broken bones with surgical screws, nails, rods or plates, or alternatively with artificial joints of the broken part – femur neck, femur head or acetabulum (all parts forming the hip). This must be confirmed by a specialist with supporting evidence.</i></p>	-	10*	10*	10*
Total knee replacement***				
<p>Contractual definition:</p> <p>Total surgical replacement of the knee joint with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.</p> <p><i>Layman's explanation:</i> <i>Surgical total knee joint replacement with an artificial joint, called a prosthesis. This must be confirmed by a specialist (orthopaedic surgeon) with supporting evidence.</i></p>	-	10*	10*	10*

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Total shoulder replacement***				
Contractual definition: Total surgical replacement of the shoulder joint with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports. <i>Layman's explanation:</i> <i>Surgical total shoulder joint replacement with an artificial joint, called a prosthesis. This must be confirmed by a specialist (orthopaedic surgeon) with supporting evidence.</i>	-	10*	10*	10*
Total ankle replacement***				
Contractual definition: Total surgical replacement of the ankle joint with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports. <i>Layman's explanation:</i> <i>Surgical total ankle joint replacement with artificial parts, called a prosthesis. This must be confirmed by a specialist (orthopaedic surgeon) with supporting evidence.</i>	-	10*	10*	10*

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Chronic back and neck pain				
<p>Contractual definition: Chronic back or neck pain, where the neck and back are both part of the spine. Only one claim for spinal pain will be allowed per spinal region.</p> <p>The spinal regions are the following:</p> <ul style="list-style-type: none"> • The cervical region (C1 to C7), and • The thoracic region (T1 to T12), and • The lumbosacral region (L1 to S1). <p>The C7 to T1 joint will be classified in the cervical region, and the T12 to L1 joint in the lumbosacral region.</p> <p>One of the following four diagnoses must be made as the cause of chronic pain:</p> <ul style="list-style-type: none"> • 50% compression of a vertebral body, or • Clinically significant radiculopathy, verified by an imaging study that confirms a herniated disc at the level and side as found clinically, and verified by electrodiagnostic testing, or • Alteration of motion segment integrity (instability), using flexion and extension radiographs, or • A back or cervical operation comprising laminectomy, discectomy or fusion, or a combination thereof. <p>In all four of the above diagnoses the clinical findings, pain distribution and findings on special examinations must make pathophysiological sense. The chronic pain will be evaluated by the following criteria:</p> <ul style="list-style-type: none"> • pain questionnaires, and • pain diagrams, and • analgesic medication usage. <p>This must be confirmed by an orthopaedic specialist or neurosurgeon with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>Long-standing back and neck pain (where the neck and the back are both part of the spine). Only one claim for spinal pain will be allowed per spinal section.</i></p> <p><i>The spinal sections are:</i></p> <ul style="list-style-type: none"> • Cervical – holds up the head • Thoracic – ribs are attached • Lumbar – lower back. <p><i>The pain must be due to one of the following causes:</i></p> <ul style="list-style-type: none"> • A back bone (vertebra) having lost half of its height due to compression. Compression of a vertebral body is when one or more back bones (vertebrae) collapse into itself and become squashed (compressed), or • Significant signs of a pinched nerve, which is confirmed by specialised testing (MRI and electrodiagnostic testing), or • Proven instability of vertebrae on x-rays, or • A back or neck operation as stipulated in the contractual definition above. <p><i>This must be confirmed by a specialist (orthopaedic specialist or neurosurgeon), with the evidence provided as stipulated in the contractual definition above.</i></p>	-	25	25	25

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Cancer				
Malignant tumours of the spinal cord and vertebral column				
<p>Contractual definition: The incontrovertible presence of uncontrolled growth and spread of malignant cells, the invasion of normal tissue, and the definite histological evidence of a malignant growth in the spinal cord and vertebral column. This must be confirmed by an oncologist with supporting objective evidence.</p> <p>Layman's explanation: Cancer of the spinal cord or vertebral column, confirmed by taking a sample of tissue of the area and confirming the presence of cancerous cells in these areas. A clinical report is required from a specialist (oncologist).</p>	-	50	100	50
Stage III cancer				
<p>Contractual definition: Any stage III cancer, where the expected time off work due to active treatment exceeds more than 3 months in total, irrespective of whether this period is interrupted or uninterrupted. The expected time off work must be confirmed by the relevant specialist.</p>	-	-	10	-
<p>Contractual definition: Any stage III cancer, confirmed by an oncologist with supporting objective evidence, with the permanent inability to do 2 or more basic activities of daily living (ADLs) and 2 or more advanced activities of daily living (ADLs), as indicated in the tables "Basic activities of daily living for disability and impairment benefits" and "Advanced activities of daily living for disability and impairment benefits" later in this chapter.</p> <p>Layman's explanation: This claim event covers stage III cancer, meeting the criteria in the contractual definition above. A clinical report is required from a specialist (oncologist).</p> <p>Cancer prevents cells from dying when they should and causes new cells to form when the body does not need them. These cells are able to invade other tissues and spread to other parts of the body through the blood and lymph systems.</p> <p>Stage III cancer is cancer with regional spread – the cancer has spread within the general region in which it first began, and into the lymph nodes but not to other parts of the body.</p>	100	100	100	100
Stage IV cancer				
<p>Contractual definition: Any stage IV cancer, confirmed by an oncologist with supporting objective evidence.</p> <p>Layman's explanation: Cancer prevents cells from dying when they should and causes new cells to form when the body does not need them. These cells are able to invade other tissues and spread to other parts of the body through the blood and lymph systems.</p> <p>This claim event covers stage IV cancer, which is cancer with distant spread (cancer that has spread to other parts of the body). A clinical report is required from a specialist (oncologist).</p>	100	100	100	100
Visual system				
Total loss of vision of one eye or hemianopia of one eye				
<p>Contractual definition: Total and permanent loss of vision of one eye or permanent hemianopia of one eye as a result of an organic cause, confirmed by an ophthalmologist with supporting evidence.</p> <p>Layman's explanation: This claim event covers the total and permanent loss of vision of one eye or permanent loss of either the left or right half of the visual field of one eye, not due to a psychological cause. This must be confirmed by a specialist (ophthalmologist) with supporting documents.</p>	-	25	25	25

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Loss of an eye				
Contractual definition: Complete enucleation of one eye due to injury or disease, confirmed by an ophthalmologist with supporting evidence. <i>Layman's explanation:</i> <i>The complete removal of one eye from its socket as a result of trauma or surgery, confirmed by a specialist (ophthalmologist) with supporting documents.</i>	-	50	100	50
Partial loss of vision of both eyes				
Contractual definition: Permanent bilateral visual impairment of 50% as a result of an organic cause, confirmed by an ophthalmologist with supporting evidence and meeting the following criteria: <ul style="list-style-type: none"> • A reading of at least 20/125 (or equivalent measure) in each eye, or • Diabetic retinopathy grade III or grade III retinopathy as a result of a chronic disease in each eye, or • A visual field loss to a 20° radius of each eye. <i>Layman's explanation:</i> <i>This claim event covers permanent decreased vision of 50%, not due to a psychological cause. It must meet the criteria described in the contractual definition above and must be confirmed by a specialist (ophthalmologist).</i>	-	50	100	50
Total loss of vision of both eyes or blindness of both eyes				
Contractual definition: Total and permanent loss of vision of both eyes or blindness of both eyes by visual acuity or retinal pathology or visual field measurements, as a result of an organic cause, confirmed by an ophthalmologist with supporting evidence and meeting the following criteria: Bilateral visual impairment of 70%, with evidence of 1 of the following: <ul style="list-style-type: none"> • A reading of at least 20/200 (or equivalent measure) in each eye, or • Diabetic retinopathy grade IV or grade IV retinopathy as a result of a chronic disease in each eye, or • Permanent hemianopia of both eyes, or • A visual field loss to a 10° radius of each eye. <i>Layman's explanation:</i> <i>This claim event covers the total and permanent loss of vision of both eyes or blindness of both eyes, not due to a psychological cause. It must meet the criteria described in the contractual definition above, and must be confirmed by a specialist (ophthalmologist).</i>	100	100	100	100
Hearing				
Total loss of hearing in one ear				
Contractual definition: The total and permanent loss of hearing in one ear as confirmed by an ear, nose and throat surgeon, with objective audiometry evidence, recording an average loss of at least 70dB across all measured frequencies.	-	25	25	25
Partial loss of hearing in both ears				
Contractual definition: The permanent loss of hearing of 60% or more in both ears as confirmed by an ear, nose and throat surgeon, with objective audiometry evidence, recording an average loss of 70-87dB across all measured frequencies.	-	50	100	50
Total loss of hearing in both ears				
Contractual definition: The total and permanent loss of hearing in both ears as confirmed by an ear, nose and throat surgeon, with objective audiometry evidence, recording an average loss of greater than 87dB across all measured frequencies.	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Speech				
Aphasia				
<p>Contractual definition: Total and permanent loss of the ability to speak as a result of an organic brain disease, confirmed by a neurosurgeon or neurologist.</p> <p><i>Layman's explanation:</i> This claim event covers the total and permanent loss of the ability to speak, not due to a psychological cause. This must be confirmed by a specialist (neurosurgeon or neurologist).</p>	100	100	100	100
Partial loss of speech				
<p>Contractual definition: Partial and permanent loss of the ability to speak as a result of organic ear, nose and throat (ENT) disease, affecting daily activity, confirmed by an ear, nose and throat specialist.</p> <p><i>Layman's explanation:</i> This claim event covers the partial and permanent loss of the ability to speak as a result of confirmed disease of the ear, nose and throat organ, not due to a psychological cause. This must be confirmed by a specialist (ear, nose and throat specialist).</p>	-	50	100	50
Total loss of speech				
<p>Contractual definition: Total and permanent loss of the ability to speak as a result of organic ear, nose and throat (ENT) disease, confirmed by an ear, nose and throat specialist.</p> <p><i>Layman's explanation:</i> This claim event covers the total and permanent loss of the ability to speak as a result of confirmed disease of the ear, nose and throat organ, not due to a psychological cause. This must be confirmed by a specialist (ear, nose and throat specialist).</p>	100	100	100	100
Psychiatric conditions				
Psychiatric condition				
<p>Contractual definition: Psychiatric condition with frequent, extended admissions, meeting the following criteria:</p> <ul style="list-style-type: none"> • Institutionalised in a registered psychiatric facility at least 3 times during the last 12 months, with each admission lasting for longer than 6 weeks, and • Global Assessment Function (GAF) score of less than 40, and • Must be confirmed by a specialist. <p>OR</p> <p>Psychiatric condition with one prolonged admission: The diagnosis of a psychiatric disorder, according to the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) classification, meeting the following criteria:</p> <ul style="list-style-type: none"> • Institutionalised in a registered psychiatric facility for more than 6 consecutive months, and • Undergoing of constant supervision with a permanent caregiver, and • Global Assessment Function (GAF) score of 30 or less, and • Must be confirmed by at least 2 independent psychiatric reports by the relevant specialists. 	-	50	100	50

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition:</p> <p>Psychiatric condition with permanent institutionalisation:</p> <p>The diagnosis of a psychiatric disorder, according to the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) classification, meeting the following criteria:</p> <ul style="list-style-type: none"> • Permanent institutionalisation in a registered psychiatric facility, and • Undergoing of constant supervision with a permanent caregiver, and • Global Assessment Function (GAF) score of 30 or less, and • Must be confirmed by at least 2 independent psychiatric reports by the relevant specialists. 	100	100	100	100
Face and skin				
Facial disfigurement				
<p>Contractual definition:</p> <p>Severe facial disfigurement despite more than two corrective facial surgical procedures by a registered plastic or maxillo facial surgeon, resulting in social withdrawal. The severity of the disfigurement and the social withdrawal must be confirmed by the relevant specialists.</p>	-	50	100	50
Combination burns				
<p>Contractual definition:</p> <p>A combination of 2nd and 3rd degree burns that covers more than 80% of the face or hands or feet, confirmed by a surgeon.</p> <p><i>Layman's explanation:</i> <i>A combination of less severe (2nd degree) and severe (3rd degree) burns that covers more than 80% of the face or hands or feet. This must be confirmed by a specialist (surgeon).</i></p> <p><i>2nd degree burns are burn wounds to the outer skin layer and the layer directly under this.</i></p> <p><i>3rd degree burns are burn wounds to all three layers of the skin.</i></p>	-	10	10	10
Third degree burns				
<p>Contractual definition:</p> <p>Third degree burns, full thickness of the skin, covering at least 20% of the total body surface, confirmed by a surgeon.</p> <p><i>Layman's explanation:</i> <i>Burn wounds to all three layers of the skin which affect at least 20% of the body's surface, as measured with a Lund and Browder chart, or a similar chart. This must be confirmed by a specialist (surgeon).</i></p>	-	50	100	50
<p>Contractual definition:</p> <p>Third degree burns, full thickness of the skin, covering at least 30% of the total body surface, confirmed by a surgeon.</p> <p><i>Layman's explanation:</i> <i>Burn wounds to all three layers of the skin which affect at least 30% of the body's surface, as measured with a Lund and Browder chart, or a similar chart. This must be confirmed by a specialist (surgeon).</i></p>	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Trauma				
Gunshot wounds or penetrating stab wounds				
<p>Contractual definition: Gunshot or penetrating stab wound resulting in theatre debridement, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation:</i> Gunshot or penetrating stab wound, with removal of dead, damaged or infected tissue in theatre to improve the healing potential of the remaining healthy tissue. An operation report must be provided by a specialist (surgeon or trauma surgeon).</p>	-	5*	5*	5*
<p>Contractual definition: Penetration by a bullet or a sharp object through the skull, resulting in surgical exploration of the skull under general anaesthetic, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation:</i> Penetration by a bullet or a sharp object through the skull, resulting in an operation opening up the skull to determine and repair damage caused by the penetrating injury of the skull (surgical exploration of the skull) under general anaesthetic. An operation report must be provided by a specialist (surgeon or trauma surgeon).</p>	-	10**	10**	10**
<p>Contractual definition: Penetration by a bullet or a sharp object through the chest, resulting in an underwater drain, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation:</i> Penetration by a bullet or a sharp object through the chest, resulting in the placement of a tube into the chest (underwater drain) to drain air, fluid or blood from the space around the lung and thus allowing the lung to expand. An operation report must be provided by a specialist (surgeon or trauma surgeon).</p>	-	10**	10**	10**
<p>Contractual definition: Penetration by a bullet or a sharp object through the chest, resulting in a thoracotomy, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation:</i> Penetration by a bullet or a sharp object through the chest, resulting in an operation with an incision into the chest wall (a thoracotomy). An operation report must be provided by a specialist (surgeon or trauma surgeon).</p>	-	20**	20**	20**
<p>Contractual definition: Penetration by a bullet or a sharp object through the abdomen, resulting in surgical exploration of the cavity under general anaesthetic, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation:</i> Penetration by a bullet or a sharp object through the abdomen, resulting in an operation of the belly to assess damage caused by the injury to internal organs or blood vessels (surgical exploration of the cavity) under general anaesthetic. An operation report must be provided by a specialist (surgeon or trauma surgeon).</p>	-	10**	10**	10**

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
<p>Contractual definition: Penetration by a bullet or a sharp object through the neck, with damage to one or more of the following: subclavian or carotid artery, oesophagus or trachea, with an operation report provided by a surgeon or trauma surgeon.</p> <p>Layman's explanation: Penetration by a bullet or a sharp object through the neck, with damage to one or more of the following blood vessels or organs:</p> <ul style="list-style-type: none"> The subclavian arteries, which are a pair of large arteries in the chest that supply blood to the chest, head, neck, shoulder and arms, or The carotid arteries, which are major blood vessels in the neck that supply blood to the brain, neck, and face, or The food pipe (oesophagus), which is a muscular tube that moves food and liquids from the throat to the stomach, or The windpipe (trachea). <p>An operation report must be provided by a specialist (surgeon or trauma surgeon).</p>	-	10**	10**	10**
Multiple rib fractures				
<p>Contractual definition: Multiple rib fractures with ICU admission: Numerous rib fractures, requiring admission to an intensive care unit (ICU), confirmed by a specialist.</p>	-	5	5	5
<p>Contractual definition: Multiple rib fractures with ICU admission: Numerous rib fractures, requiring ventilation in an intensive care unit in order to sustain a stable blood-gas profile, confirmed by a specialist.</p>	-	20	20	20
Pelvis fracture				
<p>Contractual definition: More than one fracture of different bones of the pelvic framework, resulting in instability, confirmed by an orthopaedic specialist or surgeon.</p> <p>Layman's explanation: A pelvic fracture is a break of the bony structure of the pelvis. For this claim event there must be more than one fracture of different bones of the pelvic framework, resulting in instability of the pelvic ring. This must be confirmed by a specialist (orthopaedic specialist or surgeon).</p>	-	5	5	5
Unstable pelvis fracture				
<p>Contractual definition: More than one fracture of the pelvic framework, resulting in instability, and requiring surgical intervention, confirmed by an orthopaedic specialist or surgeon.</p> <p>Layman's explanation: A pelvic fracture is a break of the bony structure of the pelvis. For this claim event there must be more than one fracture of the pelvic framework, resulting in instability of the pelvic ring, and requiring surgical intervention. This must be confirmed by a specialist (orthopaedic specialist or surgeon).</p>	-	20	20	20

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Compression fracture				
<p>Contractual definition: A compression fracture of more than 50% of a spinal vertebra with documented spinal cord injury or myelopathy, confirmed by a neurosurgeon or orthopaedic specialist.</p> <p>Layman's explanation: When the bone of a vertebral body collapses it is called a compression fracture. For this claim event there must be a compression fracture of more than 50% of a spinal vertebra leading to collapse of the vertebra with documented spinal cord injury or compression of the nerves of the spinal cord. This must be confirmed by a specialist (neurosurgeon or orthopaedic specialist).</p>	-	10	10	10
Fracture dislocation of the spine				
<p>Contractual definition: A fracture dislocation of the spine, without neurological deficit, confirmed with supporting evidence by a neurosurgeon or orthopaedic specialist.</p> <p>Layman's explanation: A fracture is a break or crack in the bone. A dislocation occurs when 2 bones are out of place at the joint that connects them. A fracture dislocation of the spine, without neurological deficit, is when this occurs in the vertebral column, but the life insured has no signs of altered function due to the weaker function of the spinal cord. There must be objective evidence of the dislocation on the imaging of the spine. This must be confirmed with supporting evidence by a specialist (neurosurgeon or orthopaedic specialist).</p>	-	5	5	5
<p>Contractual definition: A fracture dislocation of the spine, with neurological deficit, confirmed with supporting evidence by a neurosurgeon or orthopaedic specialist.</p> <p>Layman's explanation: A fracture is a break or crack in the bone. A dislocation occurs when 2 bones are out of place at the joint that connects them. A fracture dislocation of the spine, with neurological deficit, is when this occurs in the vertebral column and the life insured has signs of altered function due to the weaker function of the spinal cord. There must be objective evidence of the dislocation on the imaging of the spine. This must be confirmed with supporting evidence by a specialist (neurosurgeon or orthopaedic specialist).</p>	-	10	10	10
Compression or avulsion fractures				
<p>Contractual definition: Compression or avulsion fractures without joint dislocation on two or more vertebrae, confirmed with supporting evidence by a neurosurgeon or orthopaedic specialist.</p> <p>Layman's explanation: When the bone of a back bone (vertebra) collapses it is called a compression fracture. An avulsion fracture is an injury to the bone in a location where a ligament attaches to the bone. When an avulsion fracture occurs, the tendon or ligament pulls off a piece of the bone. This claim event covers compression or avulsion fractures without dislocation (the movement of the joints on two or more of the bones of the spine (vertebrae)) of two or more vertebrae. This must be confirmed with supporting evidence by a specialist (neurosurgeon or orthopaedic specialist).</p>	-	5	5	5
Liver rupture				
<p>Contractual definition: Rupture of the liver, necessitating emergency laparotomy and surgical repair, with an operation report provided by a surgeon.</p> <p>Layman's explanation: Bursting of the liver due to an accident or injury to the belly by a blunt object or surface, which leads to an emergency operation to repair the liver. An operation report must be provided by a specialist (surgeon).</p>	-	10	10	10

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Spleen rupture				
<p>Contractual definition: Rupture of the spleen, necessitating emergency laparotomy and surgical repair or splenectomy, with an operation report provided by a surgeon.</p> <p>Layman's explanation: <i>Bursting of the spleen due to an accident or injury to the belly by a blunt object or surface, which leads to an emergency operation to repair or remove the spleen. An operation report must be provided by a specialist (surgeon).</i></p>	-	10	10	10
Post-traumatic fat-embolism of the lungs				
<p>Contractual definition: Fat-embolism of the lungs, confirmed by a ventilation-perfusion (VQ) scan. This must be confirmed by a pulmonologist, physician or anaesthetist.</p> <p>Layman's explanation: <i>This claim event covers fat-embolism of the lungs.</i></p> <p><i>An embolism is when a lump of material, in this case fat material, is dislodged and travels into the bloodstream, which then blocks blood vessels and leads to catastrophic events in the body. This must be confirmed by a specialist (pulmonologist, physician or anaesthetist).</i></p>	-	10	10	10
Compartment syndrome				
<p>Contractual definition: Definitive history of compartment syndrome as a result of an acute injury, with permanent motor nerve damage, confirmed by a specialist. This must be confirmed with all of the following supporting evidence:</p> <ul style="list-style-type: none"> History and clinical signs of compartment syndrome, and Nerve conduction studies. <p>Layman's explanation: <i>Compartment syndrome is a condition of severe tissue compression, which has resulted from an acute injury. This compression in a closed muscle compartment results in permanent damage to the nerves of the affected muscles.</i></p> <p><i>This claim event covers a definitive history of compartment syndrome as a result of an acute injury, with permanent motor nerve damage, confirmed by a specialist. The evidence required for this claim event is specified in the contractual definition above.</i></p>	-	5	5	5

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
HIV				
Advanced HIV				
<p>Contractual definition:</p> <ul style="list-style-type: none"> Advanced HIV despite optimal treatment by a relevant HIV medical practitioner and full adherence to prescribed antiretroviral therapy for more than 3 years, a permanent CD4 cell count of less than 50 measured 6 months apart and a positive PCR, or Advanced HIV despite optimal treatment by a relevant HIV medical practitioner and full adherence to prescribed antiretroviral therapy for more than 3 years, a persistent CD4 cell count of less than 200 measured 6 months or more apart and a positive PCR; <p>AND</p> <p>At least one of the following diseases must be diagnosed:</p> <ul style="list-style-type: none"> Kaposi's sarcoma, or Pneumocystis jirovecii pneumonia (PJP), or Confirmed progressive multifocal leukoencephalopathy, or Active extra-pulmonary tuberculosis, or Cryptococcosis, or Disseminated non-tuberculous mycobacteria infection, or Confirmed diagnosis of any other condition as defined as stage 4 on the World Health Organisation (WHO) clinical criteria list. <p>Layman's explanation:</p> <ul style="list-style-type: none"> Human immune virus (HIV) infection optimally treated by a doctor who manages patients with HIV. Despite the life insured's compliance to treatment for more than 3 years, the CD4 test (blood test for immune cells) remains below 50 continuously when measured every 6 months, and the PCR test (a specialised HIV detection blood test) remains positive, or HIV infection optimally treated by a doctor who manages patients with HIV. Despite the life insured's compliance to treatment for more than 3 years, the CD4 test (blood test for immune cells) remains below 200 continuously when measured every 6 months, and the PCR test (a specialised HIV detection blood test) remains positive; <p>AND</p> <p>One of the following diseases must be diagnosed:</p> <ul style="list-style-type: none"> Kaposi sarcoma (KS), which is a cancer that causes patches of abnormal tissue to grow under the skin, in the lining of the mouth, nose and throat, in lymph nodes, or in other organs, or Pneumocystis jirovecii pneumonia (PJP), which is a type of pneumonia caused by a fungal infection, or Progressive multiple leukoencephalopathy, which is a serious disease of the brain that causes progressive damage or inflammation of the white matter of the brain in many areas, or Active extra-pulmonary tuberculosis, which is active tuberculosis in organs of the body other than the lungs, or Cryptococcosis, which is a disease caused by fungus which is inhaled and spreads to the brain, or Disseminated non-tuberculous mycobacteria infection, which is a widespread infection in the body by organisms which are related to the tuberculosis family, but which does not cause tuberculosis, or Confirmed diagnosis of any other condition, with a World Health Organisation classification of severe stage of HIV infection (stage IV). 	100	100	100	100

Claim event	Percentage of cover amount %			
	Comprehensive Disability	Comprehensive Disability Plus	Elite Disability	Comprehensive Impairment
Activities of daily living / Catch-all / Frail care				
Activities of daily living				
Contractual definition: The permanent inability to perform independently 2 or more basic activities of daily living (ADLs) and 2 or more advanced activities of daily living (ADLs), as indicated in the tables "Basic activities of daily living for disability and impairment benefits" and "Advanced activities of daily living for disability and impairment benefits" later in this chapter. This must be confirmed by the treating health professional.	-	50	100	50
Contractual definition: The permanent inability to perform independently 3 or more basic activities of daily living (ADLs), as indicated in the table "Basic activities of daily living for disability and impairment benefits" later in this chapter. This must be confirmed by the treating health professional.	100	100	100	100

*This claim event is limited to a maximum amount of R500 000. This maximum amount may change from time to time.

**This claim event is limited to a maximum amount of R1 million. This maximum amount may change from time to time.

***A waiting period applies to this claim event.

Claim events: List 2 (for accidental disability and impairment benefits)

The claim events with their contractual definitions, layman's explanations, where applicable, and percentages of the cover amount are indicated in the table below for the following benefits:

- Accidental Comprehensive Disability
- Accidental Comprehensive Disability Plus
- Accidental Elite Disability
- Accidental Comprehensive Impairment.

The contractual definitions will apply when we consider a claim. The layman's explanations are provided for a better understanding of the claim events but will not be used in the legal interpretation of the claim events.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event. For claim events where a maximum rand amount is indicated, we will not pay more than the indicated rand amount. The cover amount is indicated in the plan overview and may change over time as a result of benefit growth, alterations requested by the planholder, and claims.

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Occupational disability				
Contractual definition: Disability to the extent that the life insured <ul style="list-style-type: none"> • is totally, permanently and continuously unable to fulfil the occupational demands of the occupation he or she practised for income immediately before the disability, or • will be, if he or she is a full-time student when he or she becomes disabled, totally, permanently and continuously unable to fulfil the occupational demands of an occupation we may reasonably expect him or her to practise, taking into account his or her education, training and experience. 	100	100	100	-
Central nervous system				
Coma				
Contractual definition: A condition of unconsciousness not induced by sedation where the life insured presents with a Glasgow Coma Scale reading of 8 or less for an uninterrupted period of at least 96 hours. This must be confirmed by a specialist. <i>Layman's explanation:</i> <i>This claim event covers coma, where there is a state of unconsciousness not induced by medication causing a state of sleep. Specific criteria must be met, as described in the contractual definition above. This must be confirmed by a specialist.</i>	100	100	100	100
Hemiplegia				
Contractual definition: The total and permanent loss of muscle function of one side of the body due to injury to the spinal cord or brain. The following is required: <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	100	100	100	100

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Diplegia				
<p>Contractual definition: The total and permanent loss of muscle function of both sides of the body due to injury to the spinal cord or brain.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence, such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. <p><i>Layman's explanation:</i> This claim event covers diplegia, meeting the criteria in the contractual definition above. This must be confirmed by a specialist (neurologist or neurosurgeon).</p> <p><i>Diplegia is a total and permanent weakness of the same part on both sides of the body, which can be as a result of an injury.</i></p>	100	100	100	100
Paraplegia				
<p>Contractual definition: The total and permanent loss of muscle function resulting in the loss of use of both legs due to injury to the spinal cord or brain.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	100	100	100	100
<p>Contractual definition: Paraplegia due to spinal cord severance, meeting the following criteria: The total and permanent loss of muscle function resulting in the loss of use of both legs due to complete severance of the spinal cord.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	125	125	125	125
Quadriplegia				
<p>Contractual definition: The total and permanent loss of muscle function resulting in the loss of use of both arms and both legs due injury to the spinal cord or brain.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	100	100	100	100

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
<p>Contractual definition:</p> <p>Quadriplegia due to spinal cord severance, meeting the following criteria:</p> <p>The total and permanent loss of muscle function resulting in the loss of use of both arms and both legs due to complete severance of the spinal cord.</p> <p>The following is required:</p> <ul style="list-style-type: none"> • Radiological evidence such as a computed tomography (CT) scan or magnetic resonance imaging (MRI), and • Must be confirmed by a neurologist or neurosurgeon. 	150	150	150	150
Cranial nerve V				
<p>Contractual definition:</p> <p>Cranial nerve V pathology with severe trigeminal neuralgia, meeting the following criteria:</p> <p>The diagnosis of treatment resistant, severe unilateral or bilateral facial neuralgic pain by a neurologist, with evidence of treatment resistance as well as the need for decompression surgery.</p> <p><i>Layman's explanation:</i></p> <p><i>The trigeminal nerve (the 5th cranial nerve) is a nerve responsible for sensation in the face and functions such as biting and chewing.</i></p> <p><i>This claim event covers severe chronic pain in this nerve area, meeting the following criteria: Diagnosis by a specialist (neurologist) of treatment resistant, severe one-sided or both-sided facial nerve pain, with evidence of treatment resistance as well as the need for decompression surgery.</i></p>	-	45	45	45
Cranial nerve VII				
<p>Contractual definition:</p> <p>Cranial nerve VII paralysis with severe unilateral upper motor neuron facial paralysis, involving more than 75% of the facial muscles, and inability to control eyelid closure. This must be confirmed by a neurologist.</p> <p><i>Layman's explanation:</i></p> <p><i>The facial nerve (the 7th cranial nerve) controls the muscles of facial expression, and functions in taste sensations of two-thirds of the tongue.</i></p> <p><i>This claim event covers paralysis of this nerve with upper motor neuron facial paralysis of more than 75% of the facial muscles and inability to close eyelids. This must be confirmed by a specialist (neurologist).</i></p>	-	50	100	50
Cranial nerve VIII				
<p>Contractual definition:</p> <p>Cranial nerve VIII paralysis or imbalance with moderately severe equilibrium impairment, with limitations of all activities of daily living (ADLs), and requiring permanent assistance with self-care. These ADLs are indicated in the tables "Basic activities of daily living for disability and impairment benefits" and "Advanced activities of daily living for disability and impairment benefits" later in this chapter. This must be confirmed by a neurologist or ear, nose and throat surgeon.</p> <p><i>Layman's explanation:</i></p> <p><i>The 8th cranial nerve transmits sound and balance information from the inner ear to the brain.</i></p> <p><i>This claim event covers paralysis of this nerve with moderate balance disturbance, with limitations in all activities of daily living (ADLs) and requiring permanent assistance with self-care. This must be confirmed by a specialist (neurologist or ear, nose and throat surgeon).</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
<p>Contractual definition: Cranial nerve VIII paralysis or imbalance with severe equilibrium impairment, with limitations of all activities of daily living (ADLs), requiring permanent assistance with self-care and permanent confinement to a bed or wheelchair. These ADLs are indicated in the tables "Basic activities of daily living for disability and impairment benefits" and "Advanced activities of daily living for disability and impairment benefits" later in this chapter,. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>The 8th cranial nerve transmits sound and balance information from the inner ear to the brain.</i></p> <p><i>This claim event covers paralysis of this nerve with severe balance disturbance, with limitations in all activities of daily living (ADLs) and requiring permanent assistance with self-care and permanent confinement to a bed or wheelchair. This must be confirmed by a specialist (neurologist).</i></p>	-	75	100	75
Cranial nerves IX, X or XII				
<p>Contractual definition: Cranial nerves IX, X or XII paralysis or dysarthria or dysphagia, with moderately severe dysarthria or dysphagia with hoarseness, nasal regurgitation and aspiration of fluids. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>This claim event covers paralysis of cranial nerves 9, 10 or 12, with moderate difficulty with swallowing, hoarseness, difficulty with speech, accidental inhalation of fluids into the lungs or airway or passage of food through the nasal passages. This must be confirmed by a specialist (neurologist).</i></p>	-	25	25	25
<p>Contractual definition: Cranial nerves IX, X or XII paralysis or dysarthria or dysphagia, with severe functional inability to swallow without choking and with the need for assistance and suctioning. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>This claim event covers paralysis of cranial nerves 9, 10 or 12, with severe inability to swallow without choking with the need for assistance and suctioning. This must be confirmed by a specialist (neurologist).</i></p>	-	75	100	75
Neurologic impairment of respiration				
<p>Contractual definition: Neurologic impairment of respiration, where the life insured is capable of spontaneous respiration, but is restricted to sitting, standing or limited ambulation. This must be confirmed by a neurologist.</p> <p>Layman's explanation: <i>This claim event covers impairment of breathing due to neurological cause or reason, where the life insured is capable of spontaneous breathing, but is restricted to sitting or standing with limited ambulation. This must be confirmed by a specialist (neurologist).</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
<p>Contractual definition: Neurologic impairment of respiration with severe functional impairment where the life insured is capable of spontaneous respiration, but to such a limited degree that he or she is permanently confined to a bed. This must be confirmed by a neurologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers impairment of breathing due to neurological cause or reason, where the life insured is capable of spontaneous breathing, but is limited to such a degree that he or she is permanently confined to a bed. This must be confirmed by a specialist (neurologist).</i></p>	-	75	100	75
<p>Contractual definition: Neurologic impairment of respiration to such an extent that there is no spontaneous respiration. This must be confirmed by a neurologist.</p> <p><i>Layman's explanation:</i> <i>This claim event covers impairment of breathing due to neurological cause or reason, where the life insured is incapable of spontaneous breathing. This must be confirmed by a specialist (neurologist).</i></p>	100	100	100	100
Renal system				
Surgical removal of the bladder				
<p>Contractual definition: The surgical excision of the bladder by a surgeon, confirmed with a surgical report by an urologist or surgeon.</p> <p><i>Layman's explanation:</i> <i>This claim event covers the removal of the entire bladder by surgery. A surgical report from a specialist (urologist or surgeon) needs to confirm this.</i></p>	100	100	100	100
Musculoskeletal system				
Amputation of a thumb				
<p>Contractual definition: The amputation of a thumb, at the interphalangeal level and proximal to the joint, by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a thumb at the first joint. This must be confirmed by a specialist with supporting evidence.</i></p>	-	30**	30**	30**
Amputation of three fingers other than thumb				
<p>Contractual definition: The amputation of 3 fingers other than the thumb on the same hand, at the proximal interphalangeal joint or more proximal than this joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of 3 fingers, excluding the thumb on the same hand, at the level of the middle knuckles. This must be confirmed by a specialist with supporting evidence.</i></p>	-	15*	15*	15*

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Amputation of three fingers, including the thumb				
<p>Contractual definition: The amputation of 3 fingers, including the thumb, on the same hand, at the proximal interphalangeal joint or more proximal than this joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> The surgical or traumatic removal or severance of 3 fingers including the thumb on the same hand – the thumb at the first joint and the other fingers at the level of the middle knuckles. This must be confirmed by a specialist with supporting evidence.</p>	-	45**	45**	45**
Amputation of four fingers other than thumb				
<p>Contractual definition: The amputation of 4 fingers other than the thumb on the same hand, at the proximal interphalangeal joint or more proximal than this joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> The surgical or traumatic removal or severance of 4 fingers excluding the thumb on the same hand, at the level of the middle knuckles. This must be confirmed by a specialist with supporting evidence.</p>	-	45**	45**	45**
Amputation of a hand				
<p>Contractual definition: The amputation of a hand at the wrist by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> The surgical or traumatic removal or severance of a hand at the wrist. This must be confirmed by a specialist with supporting evidence.</p>	-	70	100	70
Loss of use of a hand				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire hand from the wrist (distal to the wrist), or The permanent loss of function of an upper limb, with at least 60% impairment of the limb according to the latest American Medical Association (AMA) guidelines. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> This claim event covers:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire hand from the wrist, or The permanent loss of use of an arm (upper limb), meeting the criteria in the contractual definition above. <p>This must be confirmed by a specialist with supporting evidence.</p>	-	70	100	70
Amputation of an arm below the elbow				
<p>Contractual definition: The amputation of an arm distal to the elbow by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> The surgical or traumatic removal or severance of an arm below the elbow. This must be confirmed by a specialist with supporting evidence.</p>	-	75	100	75

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Loss of use of an arm				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire arm from the shoulder (distal to the shoulder), or The permanent loss of function of an upper limb, with at least 90% impairment of the limb according to the latest American Medical Association (AMA) guidelines. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> The permanent loss of use of an entire arm from the shoulder, or The permanent loss of use of an arm (upper limb), meeting the criteria in the contractual definition above. <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	-	75	100	75
Amputation of an arm above the elbow				
<p>Contractual definition:</p> <p>The amputation of an arm proximal to the elbow by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of an arm above the elbow. This must be confirmed by a specialist with supporting evidence.</i></p>	-	80	100	80
Amputation of a foot				
<p>Contractual definition:</p> <p>The amputation of a foot at the level of the ankle joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a foot at the ankle joint. This must be confirmed by a specialist with supporting evidence.</i></p>	-	30	30	30
Loss of use of a foot				
<p>Contractual definition:</p> <p>The permanent loss of function of an entire foot from the ankle (distal to the ankle). This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The permanent loss of use of an entire foot from the ankle. This must be confirmed by a specialist with supporting evidence.</i></p>	-	30	30	30
Amputation of a leg below the knee				
<p>Contractual definition:</p> <p>The amputation of a leg distal to the knee joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a leg below the knee. This must be confirmed by a specialist with supporting evidence.</i></p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Loss of use of a lower leg				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire leg from below the knee (below and distal to the knee joint), or The permanent loss of function of a lower limb, with at least 60% impairment of the limb according to the latest American Medical Association (AMA) guidelines. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> <i>The permanent loss of use of an entire leg from below the knee, or</i> <i>The permanent loss of use of a leg (lower limb), meeting the criteria in the contractual definition above.</i> <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	-	50	100	50
Loss of use of a leg				
<p>Contractual definition:</p> <ul style="list-style-type: none"> The permanent loss of function of an entire leg (proximal and distal to the knee joint), or The permanent loss of function of a lower limb, with at least 90% impairment of the limb according to the latest American Medical Association (AMA) guidelines. <p>This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>This claim event covers:</i></p> <ul style="list-style-type: none"> <i>The permanent loss of use of an entire leg, or</i> <i>The permanent loss of use of a leg (lower limb), meeting the criteria in the contractual definition above.</i> <p><i>This must be confirmed by a specialist with supporting evidence.</i></p>	-	75	100	75
Amputation of a leg above the knee				
<p>Contractual definition:</p> <p>The amputation of a leg proximal to the knee joint by traumatic or surgical means. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>The surgical or traumatic removal or severance of a leg above the knee. This must be confirmed by a specialist with supporting evidence.</i></p>	-	75	100	75

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Amputation or loss of a combination of two limbs or an eye				
<p>Contractual definition:</p> <p>The amputation or loss of any 2 of the following, as described in this table, resulting from the same cause, provided they are not part of the same limb:</p> <ul style="list-style-type: none"> • Amputation of a hand • Amputation of an arm below the elbow • Amputation of an arm above the elbow • Amputation of a foot • Amputation of a leg below the knee • Amputation of a leg above the knee • Loss of an eye. <p>This must be confirmed by a specialist with supporting evidence.</p>	100	100	100	100
Loss of use of a combination of two limbs or an eye				
<p>Contractual definition:</p> <p>The permanent loss of function of any 2 of the following, as described in this table, resulting from the same cause, provided they are not part of the same limb:</p> <ul style="list-style-type: none"> • Loss of use of a hand • Loss of use of an arm • Loss of use of a foot • Loss of use of a lower leg • Loss of use of a leg • Total loss of vision of one eye or hemianopia of one eye. <p>This must be confirmed by a specialist with supporting evidence.</p>	100	100	100	100
Total hip replacement				
<p>Contractual definition:</p> <p>Total surgical replacement of the hip joint with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.</p> <p><i>Layman's explanation:</i> Surgical total hip joint replacement with an artificial joint, called a prosthesis. This must be confirmed by a specialist (orthopaedic surgeon) with supporting evidence.</p>	-	20**	20**	20**
Hip fracture surgery				
<p>Contractual definition:</p> <p>Open surgical repair with internal fixation or prosthesis of a fracture of the femur neck, femur head or acetabulum. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> Hip repair involving the stabilising of broken bones with surgical screws, nails, rods or plates, or alternatively with artificial joints of the broken part – femur neck, femur head or acetabulum (all parts forming the hip). This must be confirmed by a specialist with supporting evidence.</p>	-	10*	10*	10*
Total knee replacement				
<p>Contractual definition:</p> <p>Total surgical replacement of the knee joint with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.</p> <p><i>Layman's explanation:</i> Surgical total knee joint replacement with an artificial joint, called a prosthesis. This must be confirmed by a specialist (orthopaedic surgeon) with supporting evidence.</p>	-	10*	10*	10*

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Total shoulder replacement				
<p>Contractual definition: Total surgical replacement of the shoulder joint with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.</p> <p><i>Layman's explanation:</i> Surgical total shoulder joint replacement with an artificial joint, called a prosthesis. This must be confirmed by a specialist (orthopaedic surgeon) with supporting evidence.</p>	-	10*	10*	10*
Total ankle replacement				
<p>Contractual definition: Total surgical replacement of the ankle joint with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.</p> <p><i>Layman's explanation:</i> Surgical total ankle joint replacement with artificial parts, called a prosthesis. This must be confirmed by a specialist (orthopaedic surgeon) with supporting evidence.</p>	-	10*	10*	10*
Visual system				
Total loss of vision of one eye or hemianopia of one eye				
<p>Contractual definition: Total and permanent loss of vision of one eye or permanent hemianopia of one eye, confirmed by an ophthalmologist with supporting evidence.</p> <p><i>Layman's explanation:</i> This claim event covers the total and permanent loss of vision of one eye or permanent loss of either the left or right half of the visual field of one eye. This must be confirmed by a specialist (ophthalmologist) with supporting documents.</p>	-	25	25	25
Loss of an eye				
<p>Contractual definition: Complete enucleation of one eye due to injury, confirmed by an ophthalmologist with supporting evidence.</p> <p><i>Layman's explanation:</i> The complete removal of one eye from its socket as a result of trauma or surgery, confirmed by a specialist (ophthalmologist) with supporting documents.</p>	-	50	100	50
Partial loss of vision of both eyes				
<p>Contractual definition: Permanent bilateral visual impairment of 50%, confirmed by an ophthalmologist with supporting evidence and meeting the following criteria:</p> <ul style="list-style-type: none"> • A reading of at least 20/125 (or equivalent measure) in each eye, or • A visual field loss to a 20° radius of each eye. <p><i>Layman's explanation:</i> This claim event covers permanent decreased vision of 50% in each eye. It must meet the criteria described in the contractual definition above and must be confirmed by a specialist (ophthalmologist).</p>	-	50	100	50

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Total loss of vision of both eyes or blindness of both eyes				
<p>Contractual definition:</p> <p>Total and permanent loss of vision of both eyes or blindness of both eyes by visual acuity or retinal pathology or visual field measurements, confirmed by an ophthalmologist with supporting evidence and meeting the following criteria:</p> <p>Bilateral visual impairment of 70%, with evidence of 1 of the following:</p> <ul style="list-style-type: none"> • A reading of at least 20/200 (or equivalent measure) in each eye, or • Permanent hemianopia of both eyes, or • A visual field loss to a 10° radius of each eye. <p><i>Layman's explanation:</i></p> <p><i>This claim event covers the total and permanent loss of vision of both eyes or blindness of both eyes. It must meet the criteria described in the contractual definition above, and must be confirmed by a specialist (ophthalmologist).</i></p>	100	100	100	100
Hearing				
Total loss of hearing in one ear				
<p>Contractual definition:</p> <p>The total and permanent loss of hearing in one ear as confirmed by an ear, nose and throat surgeon with objective audiometry evidence, recording an average loss of at least 70dB across all measured frequencies.</p>	-	25	25	25
Partial loss of hearing in both ears				
<p>Contractual definition:</p> <p>The permanent loss of hearing of 60% or more in both ears as confirmed by an ear, nose and throat surgeon with objective audiometry evidence, recording an average loss of 70-87dB across all measured frequencies.</p>	-	50	100	50
Total loss of hearing in both ears				
<p>Contractual definition:</p> <p>The total and permanent loss of hearing in both ears as confirmed by an ear, nose and throat surgeon, with objective audiometry evidence, recording an average loss of greater than 87dB across all measured frequencies.</p>	100	100	100	100
Face and skin				
Facial disfigurement				
<p>Contractual definition:</p> <p>Severe facial disfigurement despite more than two corrective facial surgical procedures by a registered plastic or maxillo facial surgeon, resulting in social withdrawal. The severity of the disfigurement and the social withdrawal must be confirmed by the relevant specialists.</p>	-	50	100	50
Combination burns				
<p>Contractual definition:</p> <p>A combination of 2nd and 3rd degree burns that covers more than 80% of the face or hands or feet, confirmed by a surgeon.</p> <p><i>Layman's explanation:</i></p> <p><i>A combination of less severe (2nd degree) and severe (3rd degree) burns that covers more than 80% of the face or hands or feet. This must be confirmed by a specialist (surgeon).</i></p> <p><i>2nd degree burns are burn wounds to the outer skin layer and the layer directly under this.</i></p> <p><i>3rd degree burns are burn wounds to all three layers of the skin.</i></p>	-	10	10	10

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Third degree burns				
<p>Contractual definition: Third degree burns, full thickness of the skin, covering at least 20% of the total body surface, confirmed by a surgeon.</p> <p><i>Layman's explanation: Burn wounds to all three layers of the skin which affect at least 20% of the body's surface, as measured with a Lund and Browder chart, or a similar chart. This must be confirmed by a specialist (surgeon).</i></p>	-	50	100	50
<p>Contractual definition: Third degree burns, full thickness of the skin, covering at least 30% of the total body surface, confirmed by a surgeon.</p> <p><i>Layman's explanation: Burn wounds to all three layers of the skin which affect at least 30% of the body's surface, as measured with a Lund and Browder chart, or a similar chart. This must be confirmed by a specialist (surgeon).</i></p>	100	100	100	100
Trauma				
Gunshot wounds or penetrating stab wounds				
<p>Contractual definition: Gunshot or penetrating stab wound resulting in theatre debridement, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation: Gunshot or penetrating stab wound, with removal of dead, damaged or infected tissue in theatre to improve the healing potential of the remaining healthy tissue. An operation report must be provided by a specialist (surgeon or trauma surgeon).</i></p>	-	5*	5*	5*
<p>Contractual definition: Penetration by a bullet or a sharp object through the skull, resulting in surgical exploration of the skull under general anaesthetic, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation: Penetration by a bullet or a sharp object through the skull, resulting in an operation opening up the skull to determine and repair damage caused by the penetrating injury of the skull (surgical exploration of the skull) under general anaesthetic. An operation report must be provided by a specialist (surgeon or trauma surgeon).</i></p>	-	10**	10**	10**
<p>Contractual definition: Penetration by a bullet or a sharp object through the chest, resulting in an underwater drain, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation: Penetration by a bullet or a sharp object through the chest, resulting in the placement of a tube into the chest (underwater drain) to drain air, fluid or blood from the space around the lung and thus allowing the lung to expand. An operation report must be provided by a specialist (surgeon or trauma surgeon).</i></p>	-	10**	10**	10**
<p>Contractual definition: Penetration by a bullet or a sharp object through the chest, resulting in a thoracotomy, with an operation report provided by a surgeon or trauma surgeon.</p> <p><i>Layman's explanation: Penetration by a bullet or a sharp object through the chest, resulting in an operation with an incision into the chest wall (a thoracotomy). An operation report must be provided by a specialist (surgeon or trauma surgeon).</i></p>	-	20**	20**	20**

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
<p>Contractual definition: Penetration by a bullet or a sharp object through the abdomen, resulting in surgical exploration of the cavity under general anaesthetic, with an operation report provided by a surgeon or trauma surgeon.</p> <p>Layman's explanation: <i>Penetration by a bullet or a sharp object through the abdomen, resulting in an operation of the belly to assess damage caused by the injury to internal organs or blood vessels (surgical exploration of the cavity) under general anaesthetic. An operation report must be provided by a specialist (surgeon or trauma surgeon).</i></p>	-	10**	10**	10**
<p>Contractual definition: Penetration by a bullet or a sharp object through the neck, with damage to one or more of the following: subclavian or carotid artery, oesophagus or trachea, with an operation report provided by a surgeon or trauma surgeon.</p> <p>Layman's explanation: <i>Penetration by a bullet or a sharp object through the neck, with damage to one or more of the following blood vessels or organs:</i></p> <ul style="list-style-type: none"> <i>The subclavian arteries, which are a pair of large arteries in the chest that supply blood to the chest, head, neck, shoulder and arms, or</i> <i>The carotid arteries, which are major blood vessels in the neck that supply blood to the brain, neck, and face, or</i> <i>The food pipe (oesophagus), which is a muscular tube that moves food and liquids from the throat to the stomach, or</i> <i>The windpipe (trachea).</i> <p><i>An operation report must be provided by a specialist (surgeon or trauma surgeon).</i></p>	-	10**	10**	10**
Multiple rib fractures				
<p>Contractual definition: Multiple rib fractures with ICU admission: Numerous rib fractures, requiring admission to an intensive care unit (ICU), confirmed by a specialist.</p>	-	5	5	5
<p>Contractual definition: Multiple rib fractures with ICU admission: Numerous rib fractures, requiring ventilation in an intensive care unit in order to sustain a stable blood-gas profile, confirmed by a specialist.</p>	-	20	20	20
Pelvis fracture				
<p>Contractual definition: More than one fracture of different bones of the pelvic framework, resulting in instability, confirmed by an orthopaedic specialist or surgeon.</p> <p>Layman's explanation: <i>A pelvic fracture is a break of the bony structure of the pelvis. For this claim event there must be more than one fracture of different bones of the pelvic framework, resulting in instability of the pelvic ring. This must be confirmed by a specialist (orthopaedic specialist or surgeon).</i></p>	-	5	5	5

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Unstable pelvis fracture				
<p>Contractual definition: More than one fracture of the pelvic framework, resulting in instability, and requiring surgical intervention, confirmed by an orthopaedic specialist or surgeon.</p> <p><i>Layman's explanation:</i> A pelvic fracture is a break of the bony structure of the pelvis. For this claim event there must be more than one fracture of the pelvic framework, resulting in instability of the pelvic ring, and requiring surgical intervention. This must be confirmed by a specialist (orthopaedic specialist or surgeon).</p>	-	20	20	20
Compression fracture				
<p>Contractual definition: A compression fracture of more than 50% of a spinal vertebra with documented spinal cord injury or myelopathy, confirmed by a neurosurgeon or orthopaedic specialist.</p> <p><i>Layman's explanation:</i> When the bone of a vertebral body collapses it is called a compression fracture. For this claim event there must be a compression fracture of more than 50% of a spinal vertebra leading to collapse of the vertebra with documented spinal cord injury or compression of the nerves of the spinal cord. This must be confirmed by a specialist (neurosurgeon or orthopaedic specialist).</p>	-	10	10	10
Fracture dislocation of the spine				
<p>Contractual definition: A fracture dislocation of the spine, without neurological deficit, confirmed with supporting evidence by a neurosurgeon or orthopaedic specialist.</p> <p><i>Layman's explanation:</i> A fracture is a break or crack in the bone. A dislocation occurs when 2 bones are out of place at the joint that connects them. A fracture dislocation of the spine, without neurological deficit, is when this occurs in the vertebral column, but the life insured has no signs of altered function due to the weaker function of the spinal cord. There must be objective evidence of the dislocation on the imaging of the spine. This must be confirmed with supporting evidence by a specialist (neurosurgeon or orthopaedic specialist).</p>	-	5	5	5
<p>Contractual definition: A fracture dislocation of the spine, with neurological deficit, confirmed with supporting evidence by a neurosurgeon or orthopaedic specialist.</p> <p><i>Layman's explanation:</i> A fracture is a break or crack in the bone. A dislocation occurs when 2 bones are out of place at the joint that connects them. A fracture dislocation of the spine, with neurological deficit, is when this occurs in the vertebral column and the life insured has signs of altered function due to the weaker function of the spinal cord. There must be objective evidence of the dislocation on the imaging of the spine. This must be confirmed with supporting evidence by a specialist (neurosurgeon or orthopaedic specialist).</p>	-	10	10	10

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Compression or avulsion fractures				
<p>Contractual definition: Compression or avulsion fractures without joint dislocation on two or more vertebrae, confirmed with supporting evidence by a neurosurgeon or orthopaedic specialist.</p> <p><i>Layman's explanation:</i> When the bone of a back bone (vertebra) collapses it is called a compression fracture. An avulsion fracture is an injury to the bone in a location where a ligament attaches to the bone. When an avulsion fracture occurs, the tendon or ligament pulls off a piece of the bone. This claim event covers compression or avulsion fractures without dislocation (the movement of the joints on two or more of the bones of the spine (vertebrae)) of two or more vertebrae. This must be confirmed with supporting evidence by a specialist (neurosurgeon or orthopaedic specialist).</p>	-	5	5	5
Liver rupture				
<p>Contractual definition: Rupture of the liver, necessitating emergency laparotomy and surgical repair, with an operation report provided by a surgeon.</p> <p><i>Layman's explanation:</i> Bursting of the liver due to an accident or injury to the belly by a blunt object or surface, which leads to an emergency operation to repair the liver. An operation report must be provided by a specialist (surgeon).</p>	-	10	10	10
Spleen rupture				
<p>Contractual definition: Rupture of the spleen, necessitating emergency laparotomy and surgical repair or splenectomy, with an operation report provided by a surgeon.</p> <p><i>Layman's explanation:</i> Bursting of the spleen due to an accident or injury to the belly by a blunt object or surface, which leads to an emergency operation to repair or remove the spleen. An operation report must be provided by a specialist (surgeon).</p>	-	10	10	10
Post-traumatic fat-embolism of the lungs				
<p>Contractual definition: Fat-embolism of the lungs, confirmed by a ventilation-perfusion (VQ) scan. This must be confirmed by a pulmonologist, physician or anaesthetist.</p> <p><i>Layman's explanation:</i> This claim event covers fat-embolism of the lungs.</p> <p>An embolism is when a lump of material, in this case fat material, is dislodged and travels into the bloodstream, which then blocks blood vessels and leads to catastrophic events in the body. This must be confirmed by a specialist (pulmonologist, physician or anaesthetist).</p>	-	10	10	10

Claim event	Percentage of cover amount %			
	Accidental Comprehensive Disability	Accidental Comprehensive Disability Plus	Accidental Elite Disability	Accidental Comprehensive Impairment
Compartment syndrome				
<p>Contractual definition:</p> <p>Definitive history of compartment syndrome as a result of an acute injury, with permanent motor nerve damage, confirmed by a specialist. This must be confirmed with all of the following supporting evidence:</p> <ul style="list-style-type: none"> History and clinical signs of compartment syndrome, and Nerve conduction studies. <p><i>Layman's explanation:</i></p> <p>Compartment syndrome is a condition of severe tissue compression, which has resulted from an acute injury. This compression in a closed muscle compartment results in permanent damage to the nerves of the affected muscles.</p> <p><i>This claim event covers a definitive history of compartment syndrome as a result of an acute injury, with permanent motor nerve damage, confirmed by a specialist. The evidence required for this claim event is specified in the contractual definition above.</i></p>	-	5	5	5

*This claim event is limited to a maximum amount of R500 000. This maximum amount may change from time to time.

**This claim event is limited to a maximum amount of R1 million. This maximum amount may change from time to time.

Basic activities of daily living for disability and impairment benefits

Bathing	The ability to wash or bathe oneself independently
Transferring	The ability to move oneself from a bed to a chair or from a bed to a toilet independently
Dressing	The ability to take off and put on one's clothes independently
Eating	The ability to feed oneself independently. This does not include the making of food
Toileting	The ability to use a toilet and cleanse oneself thereafter, independently
Locomotion on a level surface	The ability to walk on a flat surface, independently

Advanced activities of daily living for disability and impairment benefits

Driving a car	The ability to open a car door, change gears or use a steering wheel
Medical care	The ability to prepare and take the correct medication
Money management	The ability to do one's own banking and to make rational financial decisions
Communicative activities	The ability to communicate either verbally or written
Shopping	The ability to choose and lift groceries from shelves as well as carry them in bags
Food preparation	The ability to prepare food for cooking as well as using kitchen utensils
Housework	The ability to clean a house or iron clothing
Community ambulation with or without assistive device, but not requiring a mobility device	The ability to walk around in public places using only a walking stick if necessary
Moderate activities	Activities like moving a table, pushing a vacuum cleaner, bowling, golf
Vigorous activities	Able to partake in running, heavy lifting, sports