

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.

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Why dread disease and injury benefits?

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

Core dread disease and Whole life core dread disease benefits

Serious diseases, like falling victim to cancer or suffering a heart attack, usually strike without warning. You may perhaps still be medically able to continue working and therefore unable to claim under disability cover, but it is at times like these that extra cash will be needed.

In which ways will a cash payout be essential if you were to suffer a severe illness?

- Additional expenses may have to be covered when you are hospitalised, such as taking care of your children, organising transport, homecare duties, etc.
- Travel expenses may have to be incurred to go for your treatment in major centres, or for your relatives to visit you in your hour of need.
- Delaying your return to work in favour of a speedier recovery might mean a reduction in income, for which you might not have sufficient savings set aside.
- Some severe illnesses may leave you uninsurable. Getting a payment after being diagnosed with a severe illness can make up for not being able to obtain additional insurance in future.
- A severe illness may shorten your life expectancy, in which case a benefit payout may enable you to reprioritise your life, like scaling down on business activities or taking more holidays with your family.
- Etc.

Accidental injury benefit

The alarming number of injuries and deaths on South African roads as well as the risk of injury due to violent crime make accident cover something to consider. Accidents can also happen at home or at work, possibly resulting in the loss of an arm or a leg, or the ability to see or hear. Apart from the personal loss and trauma associated with an accident, the financial consequences can be crippling.

Which expenses could be incurred if you were to suffer an accidental injury?

- The cost of therapy to learn new physical skills to compensate for loss.
- The cost of structural changes to your home or car.
- The cost of a prosthesis, like an artificial limb.
- Etc.

If an injury is suffered as a result of an accident, a lump sum will be paid out. Even if the loss is not completely devastating, for example, if you lose your hearing in one ear, you will still receive a percentage of the sum insured.

Child: Illness and injury benefit

If your child were to suffer a severe illness, injury, impairment or infection, it could place significant financial strain on you as parent.

In such an instance a cash payout could be essential, in order to cover the following kind of expenses:

- Additional expenses may have to be covered when your child is hospitalised, such as making arrangements for the care of your other children, and your homecare duties, while you are at the hospital with your child.
- Travel expenses may have to be incurred to take your child for treatment in major centres, or for your relatives to visit you in your hour of need.
- Taking time off work to care for your child might mean a reduction in income, for which you might not have sufficient savings set aside.
- The cost of therapy to teach your child new physical skills to compensate for loss.
- The cost of structural changes to your home or car.
- The cost of a prosthesis, like an artificial limb.
- Etc.

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.

Core dread disease (TAC, TSC) & Whole life core dread disease (TAC2, TSC2)

- The **Core dread disease** 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.
- The **Whole life core dread disease** benefit is available under the Express, Classic and Premier product options of our Topcover products.

Benefit description

These benefits provide cover for dread disease claim events. If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event as set out under "Claim events" for these benefits. The amount will be paid as a lump sum.

SCIDEP

The table below indicates the percentage of the cover amount we will pay for a claim for the severity levels of the following claim events as identified by the Standardised Critical Illness Definitions Project (SCIDEP) of the Association for Savings and Investment South Africa (ASISA).

Claim event	% of the cover amount for a severity level			
	Level A Most severe	Level B	Level C	Level D Least severe
Cancer, except the cancers excluded by SCIDEP	100	100	100	100
Myocardial infarction (Heart attack)	100	100	100	100
Stroke resulting in permanent impairment	100	100	100	100
Coronary artery bypass graft (CABG)	100	100	100	100

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

Benefit	Type of benefit	
	Accelerator	Standalone
Core dread disease (TAC)	√	
Core dread disease (TSC)		√
Whole life core dread disease (TAC2)	√	
Whole life core dread disease (TSC2)		√

When will cover for this benefit end?**Core dread disease**

- Accelerator benefit: Cover will end
 - at midnight before the cover end date set out in the plan overview, or
 - if the plan ends for any reason before the cover end date, or
 - when the full cover amount has been paid.
- Standalone benefit: Cover will end
 - at midnight before the cover end date set out in the plan overview, or
 - if the plan ends for any reason before the cover end date, or
 - when the full cover amount has been paid for claims involving each organ, system or body part, or related group of organs, systems or body parts.

Whole life core dread disease

- Accelerator benefit: Cover is provided for whole of life. However, the cover will end earlier:
 - if the plan ends for any reason before the cover end date, or
 - when the full cover amount has been paid.
- Standalone benefit: Cover is provided for whole of life. However, the cover will end earlier:
 - if the plan ends for any reason before the cover end date, or
 - when the full cover amount has been paid for claims involving each organ, system or body part, or related group of organs, systems or body parts.

Cover limits per life insured

Housewives/house husbands, scholars, students, pensioners and unemployed persons (unemployed only under Classic/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:

- Express product option: R5 000 000*
- Classic and Premier product options: R6 000 000*

*Subject to financial underwriting

The sum of the cover amounts of all **accelerator dread disease/severe illness benefits** on a plan for a life insured may **not** exceed the cover amount 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 for the Express product option
 - 15 next birthday otherwise
 - Fixed compulsory growth: 30 next birthday
- Maximum:
 - 5 years before the benefit cease age for Core dread disease
 - 65 next birthday for Whole life core dread disease

Benefit cease age

- 65 next birthday for Core dread disease
Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.
- At death for Whole life core dread disease

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.

Claim events

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event as set out below. The cover amount is set out in the plan overview.

Claim event	% of the cover amount
Cancer	
• Cancer in situ of the breast, that according to best medical practice at the time requires a total unilateral or bilateral mastectomy	30
• All other cancers, except the cancers excluded under "Exclusions"	100
Premalignant condition	
Fibrocystic disease of the breasts in the presence of a strong family history, that according to best medical practice at the time requires a total unilateral or bilateral mastectomy	30
Myocardial infarction (Heart attack)	100
Stroke	
• Stroke resulting in permanent impairment	100
• Stroke with full recovery	25
Coronary artery bypass graft (CABG)	100

Admittance of a claim for an accelerator benefit

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

- the life insured survived the diagnosis of the claim event, or the incident causing the claim event, by more than 14 days;
- we have not previously admitted a claim for the same claim event, except if the claim event is one of the following:
 - stroke with full recovery, which is limited to two claims per life insured.
 - mastectomy* for cancer in situ of the breast;
 - mastectomy* for fibrocystic disease of the breasts in the presence of a strong family history.

*Claims for mastectomy will be limited to two claims per life insured.

If we have admitted a claim, we will reduce the cover amount of this benefit for the life insured by the claim amount. We will reduce the payment to reflect any reduction in the cover amount. Cover for this benefit will end once the full cover amount has been paid.

Admittance of a claim for a standalone benefit

Besides the conditions for admittance of a claim set out in the *General information* chapter, we will admit a claim only if the life insured survived the diagnosis of the claim event, or the incident causing the claim event, by more than 14 days.

If we have admitted a claim, we will not reduce the cover amount of this benefit for the life insured by the claim amount. However, we will not allow claims involving any one organ, system or body part, or related group of organs, systems or body parts, to exceed 100% of the cover amount, except if the causes for the claims are totally unrelated according to the opinion of our Chief Medical Officer. The table below indicates which organ, system or body part, or related group of organs, systems or body parts, are involved for each specific claim event.

Claim event	Organ, system or body part involved
Cancer	Organ, system or body part where it originated, and organs, systems or body parts to which it subsequently spreads
Premalignant condition	Any organ, system or body part where the premalignant condition originated
Myocardial infarction	Cardiovascular system
Stroke	Cardiovascular system
Coronary artery bypass graft (CABG)	Cardiovascular system

Exclusions

We will not admit a claim for

- cancer if it is
 - any cancer in situ, except cancer in situ of the breast, that according to best medical practice at the time requires a total unilateral or bilateral mastectomy, 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 classified as borderline malignancy, except fibrocystic disease of the breasts in the presence of a strong family history, that according to best medical practice at the time requires a total unilateral or bilateral mastectomy;
- acute coronary syndromes, including but not limited to angina;
- 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;
- coronary artery bypass graft if it is only an insertion of a stent.

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.

Explanations

Cancer

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.

Cardiovascular system

Only applicable to standalone benefits.

The cardiovascular system includes the heart and its structural components, and the arterial and venous blood system, including the blood supply system of the brain, where a stroke is usually caused.

Myocardial infarction (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 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 the 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, described as one of 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 AccuTnI or equivalent threshold with other Troponin I methods	TnI	> 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

Stroke resulting in permanent impairment

The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit, 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.

Stroke with full recovery

The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist.

A full neurological examination by a neurologist after the event must confirm the diagnosis of a stroke and not a transient ischaemic attack (TIA), and that the life insured has recovered fully.

Coronary artery bypass graft (CABG)

The undergoing of surgery, regardless of the surgical method, to correct the narrowing of, or blockage to, any one coronary artery by means of a bypass graft.

Child: Illness and injury (TSK)

This benefit is available under the Premier product option of our Topcover and Term cover products.

Benefit description	This benefit provides cover for a child life insured for dread disease, injury, impairment and infection-type claim events. If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event as set out under "Claim events" for this benefit. The amount will be paid as a lump sum.
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SCIDEP

The table below indicates the percentage of the cover amount we will pay for a claim for the severity levels of the following claim events as identified by the Standardised Critical Illness Definitions Project (SCIDEP) of the Association for Savings and Investment South Africa (ASISA).

Claim event	% of the cover amount for a severity level			
	Level A Most severe	Level B	Level C	Level D Least severe
Cancer, except the cancers excluded by SCIDEP	100	100	100	100
Myocardial infarction (Heart attack)	100	100	100	100
Stroke resulting in permanent impairment	100	100	100	100
Coronary artery bypass graft (CABG)	100	100	100	100

The claim event "Coronary artery bypass graft (CABG)" in the table above is covered under the claim event "Surgery to major blood vessel: aorta, carotid, pulmonary, coronary or femoral artery" as described under "Explanations".

Additional features	<p>Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:</p> <ul style="list-style-type: none"> Free cover <p>Refer to the chapter <i>Payments, payment patterns, guarantees and cover</i> for more information about Free cover.</p>
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Type of benefit	Standalone
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When will cover for this benefit end?	<p>It will end</p> <ul style="list-style-type: none"> at midnight before the cover end date set out in the plan overview, or if the plan ends for any reason before the cover end date, or when the full cover amount has been paid.
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Cover limits per life insured	<p>Minimum: R50 000</p> <p>Maximum: The maximum cover amount will depend on the rate group of the planholder, subject to the maximum rate group for this benefit*:</p> <ul style="list-style-type: none"> R500 000** for rate groups 1 and 2 R1 000 000** for rate groups 3 and 4 <p>*The maximum rate group for this benefit is 4.</p> <p>**Subject to financial underwriting</p>
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Age limits**Benefit start age**

- Minimum: 2 next birthday
- Maximum: 18 next birthday

Benefit cease age

20 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

Subject to age limits and underwriting, and the following applies:

- The planholder must be the parent or legal guardian of the life insured (child).
- The life insured must be financially dependent on the planholder, including where the obligation for support was determined in accordance with a custom, indigenous law, or court of law.
- Biological children, legally adopted children and step children may be insured.

Guarantee period

The maximum initial guarantee period that is may be chosen for a plan with a Child: Illness and injury benefit is 10 years.

If the planholder wants to take other benefits in combination with the Child: Illness and injury 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.

Payment pattern

All payment patterns as allowed for a specific product are available, with the following exception:

If the benefit start age is greater than 15 next birthday and this benefit is the only benefit on a Whole life plan, only yearly-rated growth is allowed.

Claim events

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event as set out below. The cover amount is set out in the plan overview.

Claim Event	Claim event explained in layman's terms*	% of the cover amount
Vascular system		
Surgery to major blood vessel: aorta, carotid, pulmonary, coronary or femoral artery	Fixing a damaged section of a major blood vessel.	100
Cardiomyopathy	An enlarged heart with very poor function.	100
Stroke resulting in permanent impairment	Paralysis of one side of the body due to a blood clot or bleeding on the brain.	100
Open-heart surgery	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.	100
Heart attack	Heart attack.	100
Primary pulmonary hypertension (PPH)	Abnormal blood flow and abnormal pressure in the lungs.	100
Heart valve surgery by endoscopic procedures (keyhole surgery)	Replacing a heart valve through a small hole in the chest, in other words, the chest is not cut open.	75
Arrhythmia requiring pacemaker or ablation	An irregular heartbeat requiring a pacemaker or the destruction of an abnormal electric pathway by a cardiologist.	25
Pulmonary embolism	Blood clot in the lungs.	30

Claim Event	Claim event explained in layman's terms*	% of the cover amount
Organ failure		
Renal failure	Chronic kidney failure.	100
Liver failure	Chronic failure of the liver with yellow jaundice.	100
End-stage lung disease	End-stage lung disease that requires the use of oxygen at home.	100
Bone marrow failure (aplastic anaemia)	A disease that permanently damages the bone marrow. This will require regular blood transfusions, chemotherapy or a bone marrow transplant.	100
Organ transplant	Applies if the life insured receives a transplanted kidney, heart, liver, lung, pancreas or bone marrow, or is on a waiting list for a kidney, heart, liver, lung or pancreas transplant.	100
Cancer		
Cancer in situ of the breast requiring a mastectomy	A very early stage of breast cancer without any spreading, for which the breast is removed as a precautionary measure.	30
Any other cancer, except the cancers excluded under "Exclusions"	Any other type of cancer, excluding most skin cancers and very early stages of some cancers that recover completely with minimal treatment.	100
Premalignant conditions		
Fibrocystic disease of the breasts requiring a mastectomy	Lumps in the breasts diagnosed as fibro-adenosis. This is not a cancer, but in the presence of a family history of breast cancer, one or both breasts are sometimes removed as precaution. This benefit only pays if the latter has been performed.	30
Tumours		
Benign brain tumour that is inoperable or recurrent or results in permanent neurological impairment	A brain tumour that is not cancerous, but impossible to operate or keeps coming back after surgery or results in permanent brain damage.	100
Benign brain tumour that is only partially removable or treated with chemotherapy or radiotherapy	A brain tumour that is not cancerous, but only partially removable or treated with chemotherapy or radiotherapy.	50
Nervous system		
Motor neuron disease	A disease that affects the muscles in the body, including the ability to speak, walk and swallow.	100
Multiple sclerosis	A disease that damages the nerves in the brain and spinal cord. Also known as MS.	100
Guillain-Barre with permanent impairment	A disease that affects the nervous system and causes paralysis. Some patients recover fully. Those that do not recover, may qualify for this benefit.	75
Hydrocephalus	Accumulation of water on the brain, requiring an operation to drain the fluid.	50
Coma	Being in a coma in the intensive care unit (ICU), for example, as a result of a head injury, near drowning, accidental poisoning, bleeding on the brain, blood clot in the brain.	50
Uncontrolled epilepsy	Epilepsy that is uncontrolled with frequent attacks, even with the best treatment.	25
Psychiatric conditions		
Anorexia	Anorexia with severe weight loss for more than 6 months, requiring hospitalisation.	25
Schizophrenia	A split personality mental disorder.	25

Claim Event	Claim event explained in layman's terms*	% of the cover amount
Senses		
Loss of vision in both eyes	Total and permanent blindness in both eyes.	100
Loss of vision in one eye	Total and permanent blindness in one eye.	50
Hearing loss	Total and permanent deafness in both ears.	100
Loss of speech	Permanently losing the ability to speak; muteness. Not due to psychiatric reasons.	100
Locomotor system		
Total loss of function of one arm	Losing the total use of an arm permanently, usually caused by an injury.	40
Total loss of function of one leg	Losing the total use of a leg permanently, usually caused by an injury.	25
Muscular dystrophy	A disease that causes the muscles to waste away. Also known as MD.	50
Perthe's disease	A disease of the hips.	30
Septic arthritis	An abscess or infection in a major joint.	25
Osteomyelitis	An abscess or infection of the bone or bone marrow.	25
Gastro-intestinal system		
Permanent colostomy or ileostomy	The need to permanently wear a bag for stools.	100
Loss of control of bladder or rectum	Incontinence of urine or stool due to an anal or rectal injury, tumour or spine injury.	50
Crohn's disease	A disease affecting the digestive tract that is serious enough to cause weight loss and growth failure.	25
Ulcerative colitis	A disease of the colon that is serious enough to cause weight loss and growth failure.	25
Injuries		
Head injury	Serious head injury, requiring surgery.	100
Paraplegia	Permanently lame in both legs, requiring the use of a wheelchair.	100
Quadriplegia	Permanently lame in both legs and both arms.	100
Fracture dislocation of the spine	Fracture and dislocation of the bodies of two spinal vertebrae.	75
Near drowning	Near drowning, requiring care in ICU for at least 48 hours. The near drowning event must be confirmed by the attending doctor or paramedical personnel.	50
Choking or suffocation	Choking or suffocation, requiring care in ICU.	50
Amputation of one hand	Amputation of a hand at the wrist.	40
Amputation of one arm	Amputation of an arm above the elbow.	50
Amputation of one foot	Amputation of a foot at the ankle joint.	25
Amputation of one leg	Amputation of a leg above the knee.	30
Amputation of one thumb	Amputation of a thumb as a whole.	20
Skull fracture requiring reconstruction	A skull fracture that needs to be operated.	50
Gunshot wound	A wound to the skull, chest or abdomen, caused by a bullet, that needs emergency surgery.	50
Penetrating stab wound	A wound to the skull, chest or abdomen, caused by a knife, that needs emergency surgery.	50
Major burns	Serious burn wounds requiring skin grafts over at least 20% of the body.	50

Claim Event	Claim event explained in layman's terms*	% of the cover amount
Fracture of the facial bones requiring reconstructive surgery	Severe fractures of the face that needs to be operated.	25
Unstable pelvis fracture	A pelvis fracture that needs to be operated.	25
Multiple rib fractures with unstable ribcage	Breaking several ribs, requiring care in ICU.	25
Abdominal injury with liver rupture, spleen rupture or kidney damage requiring emergency surgical repair	Liver, spleen or kidney injury that needs emergency surgery.	25
Bilateral orchidectomy	An operation to remove both testes, mostly due to cancer or injury.	25
Dog bite to the face requiring plastic surgery	Dog bite to the face requiring a single session of plastic surgery under general anaesthesia.	10
	Dog bite to the face requiring multiple sessions of plastic surgery under general anaesthesia.	25
Infections		
Accidental HIV infection	HIV infection / AIDS that is acquired accidentally through one of the events described in the explanation.	100
Bacterial meningitis or encephalitis with permanent impairment	A severe and contagious form of meningitis that results in permanent damage to the brain or nerves.	100
Cerebral malaria	Malaria affecting the brain, and resulting in permanent damage to the brain or nerves.	100
Rabies	A deadly infection after being bitten by a dog or other animal with mad dog disease.	100
Polio with permanent impairment	Polio with permanent lameness or weakness of a limb.	75
Rheumatic fever with heart valve-involvement	Rheumatic fever resulting in damage to a heart valve.	75
Tetanus	A disease that results in muscle spasms, usually obtained from a wound, for example, stepping into a rusty nail. Also known as lock-jaw.	75
Haemorrhagic fever	An infectious disease that causes bleeding disorders, like Congo fever, or other infections caused by the Ebola, Marburg, Lassa, Nairo or yellow fever viruses.	50
Rheumatology		
Juvenile rheumatoid arthritis	An autoimmune disease that affects the joints in children younger than 16 causing pain and deformity in large joints, not only the hands.	100
Polymyositis	A disease that affects the muscles, to the extent that it is difficult to do normal daily activities.	50
Systemic illnesses		
Cystic fibrosis	A genetic disorder affecting multiple organs including the lungs. Also known as Mucoviscidosis.	100
Polycystic kidneys	A familial disease of the kidneys that ultimately leads to kidney failure.	50
Addison's disease	A disease of the glands causing abnormal hormone production.	30

Claim Event	Claim event explained in layman's terms*	% of the cover amount
Hirschsprung's disease	A genetic deficiency of the nerve supply of the oesophagus, stomach or large bowel, leading to severe constipation or obstruction of the bowels. It is treated by removing the affected part by surgery.	30
Amino acid disorders	A genetic disorder of protein building blocks called amino acids, which may lead to a wide spectrum of symptoms including delay in development of the child, epileptic seizures, rash, hyperactivity, aggressive behaviour, abnormalities of the bones, poor vision.	30
Diabetes	Sugar disease in children that requires the use of insulin injections.	10
Other		
Admission into an intensive care unit (ICU) with ventilation for at least 48 hours	Any serious condition that needs care in ICU for at least 48 hours, for example as a result of a snake bite, scorpion bite, electric shock, smoke inhalation, accidental poisoning.	50
Catch all	Any other disease or injury not specifically listed, but severe enough to warrant a payment. Specific criteria are used as published in a Guideline to determine the severity.	100

*The explanations provided in this column are intended only to give a better understanding of the claim events in the first column. They are not to be used in the legal interpretation of the claim events. The definitions of the claim events as described under "Explanations" are the only contractual definitions applicable.

Waiting period for anorexia

A waiting period of 12 months will apply for the above-mentioned claim event from the cover start date of the benefit or the date the plan has been reinstated after an earlier lapse. If the cover amount is increased, other than through benefit growth, this period will also apply to the increase in the cover amount from the effective date.

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 life insured meets the definition of a child, as described under "Explanations";
- the life insured survived the diagnosis of the claim event, or the incident causing the claim event, by more than 96 hours, except if the claim event is for bacterial meningitis or encephalitis with permanent impairment, rabies or tetanus. For these claim events the life insured must have survived the diagnosis or the incident by more than 48 hours;
- we have not previously admitted a claim for the same claim event, except if the claim event is one of the following, which is limited to two claims per life insured:
 - heart valve surgery by endoscopic procedures (keyhole surgery);
 - arrhythmia requiring pacemaker or ablation;
 - pulmonary embolism;
 - cancer in situ of the breast;
 - fibrocystic disease of the breasts in the presence of a strong family history;
 - coma;
 - loss of vision in one eye;
 - total loss of function of one arm;
 - total loss of function of one leg;
 - fracture dislocation of the spine;
 - near drowning;
 - choking or suffocation;
 - amputation of one hand;
 - amputation of one arm;
 - amputation of one foot;
 - amputation of one leg;
 - amputation of one thumb;

- skull fracture requiring reconstruction;
- gunshot wound;
- penetrating stab wound;
- major burns;
- fracture of the facial bones requiring reconstructive surgery;
- unstable pelvis fracture;
- multiple rib fractures with unstable ribcage;
- abdominal injury with liver rupture, spleen rupture or kidney damage requiring emergency surgical repair;
- dog bite to the face requiring plastic surgery;
- rheumatic fever with heart valve involvement;
- haemorrhagic fever;
- admission into an intensive care unit (ICU) with ventilation for at least 48 hours. This claim event will not be limited to two claims per life insured.

If we admit a claim, we will reduce the cover amount of this benefit for the life insured by the claim amount paid. If the claim amount paid is less than 100% of the cover amount, the benefit will continue until the full cover amount has been paid. Any subsequent claim will be based on the reduced cover amount. The total claim amount for the life insured may not exceed 100% of the cover amount.

If the same cause results in more than one claim simultaneously, and we admit a claim, we will, despite anything to the contrary in the plan, only pay for the claim event with the highest percentage of the cover amount in the table above.

Exclusions

We will not admit a claim for

- any condition that existed before the cover start date of the benefit;
- cancer if it is
 - any cancer in situ, except cancer in situ of the breast that, according to best medical practice at the time, requires a total unilateral or bilateral mastectomy, 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, except fibrocystic disease of the breasts in the presence of a strong family history that, according to best medical practice at the time, requires a total unilateral or bilateral mastectomy;
- 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;
- surgery for sex changes;
- surgery for cosmetic reasons;
- septic arthritis if it is only in the hands, fingers and feet;
- juvenile rheumatoid arthritis if it is only in the hands, fingers and feet.

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.

Explanations

Child

A biological, legally adopted or step child.

Surgery to major blood vessel: aorta, carotid, pulmonary, coronary or femoral artery

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.

Coronary artery bypass graft (CABG)

The undergoing of surgery, regardless of the surgical method, to correct the narrowing of, or blockage to, any one coronary artery by means of a bypass graft.

Cardiomyopathy

Signs and symptoms of cardiomyopathy with functional impairment resulting in symptoms of heart failure at rest despite optimal treatment, as confirmed by a cardiologist.

Stroke resulting in permanent impairment

The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit, 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.

Open-heart surgery

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.

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 AccuTnI or equivalent threshold with other Troponin I methods	TnI	> 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

Primary pulmonary hypertension (PPH)

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.

Heart valve surgery by endoscopic procedures (keyhole surgery)

Surgery to replace or repair a diseased heart valve by endoscopic procedures or minimally invasive procedures.

Arrhythmia requiring pacemaker or ablation

Documented arrhythmia with the undergoing of

- the insertion of a permanent pacemaker or defibrillator, or
- ablation surgery by a cardiothoracic surgeon or cardiologist.

Pulmonary embolism

A blood clot in the lung, confirmed by a ventilation-perfusion (VQ) scan.

Renal failure

Chronic irreversible end-stage renal failure, as a result of which regular peritoneal dialysis or haemodialysis is required on a long-term basis.

Liver failure

End-stage liver failure due to cirrhosis or chronic progressive liver disease, with objective evidence of jaundice, esophageal varices and ascites.

End-stage lung disease

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:

- 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

- 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.

Bone marrow failure (aplastic anaemia)

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:

- 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.

Organ transplant

Any of the following:

- receiving a heart transplant, human or mechanical, or confirmation of being on a recognised national South African transplant waiting list, awaiting a heart transplantation;
- receiving a kidney, lung, liver or pancreas transplantation, or confirmation of being on a recognised national South African transplant waiting list, awaiting a kidney, lung, liver or pancreas transplantation;
- receiving a bone marrow transplantation where the bone marrow transplantation is preceded by total bone marrow ablation.

The above must be confirmed by a specialist with supporting evidence.

Cancer in situ of the breast requiring a mastectomy

Cancer in situ of the breast that, according to best medical practice at the time, requires a total unilateral or bilateral mastectomy.

Cancer

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.

Fibrocystic disease of the breasts requiring a mastectomy

Fibrocystic disease in the presence of a strong family history that, according to best medical practice at the time, requires a total unilateral or bilateral mastectomy.

Benign brain tumour that is inoperable or recurrent or results in permanent neurological impairment

A benign brain tumour that is inoperable or recurrent, or which causes permanent neurological impairment, excluding cognitive impairment.

Benign brain tumour that is only partially removable or treated with chemotherapy or radiotherapy

A benign brain tumour that is only partially removable or that is treated with chemotherapy or radiotherapy.

Motor neurone disease

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.

Multiple sclerosis

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.

Guillain-Barre with permanent impairment

An acute autoimmune polyradiculopathy manifesting with motor, sensory and/or autonomic demyelinating or axonal neuropathy. The diagnosis must be confirmed by a neurologist and permanent neurological impairment must be documented.

Hydrocephalus

Raised intracranial pressure requiring a surgical shunt procedure.

Coma

A condition of unconsciousness not induced by sedation where the life insured

- presents with a Glasgow Coma Scale of 8 or less, and
- is dependent on life-sustaining aids, such as a ventilator and intravenous infusion, for an uninterrupted period of at least 96 hours.

Uncontrolled epilepsy

Documented epileptic attacks confirmed by an abnormal electro-encephalogram (EEG) reading. Attacks must be observed to be more than three per week, and be resistant to optimal therapy as confirmed by serum drug-level testing and specialist confirmation.

Anorexia

Anorexia nervosa as defined by the DSM 5 criteria and diagnosed and treated by a psychiatrist, with a body mass index (BMI) of less than 16 kg/m² for longer than 6 months. There must be at least one in-patient admission during this period.

Schizophrenia

Any form of schizophrenia as diagnosed by a psychiatrist according to DSM 5 criteria, and that warrants admission as an inpatient into hospital for at least 1 week, followed by long term treatment with antipsychotic drugs by a psychiatrist.

Loss of vision in both eyes

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.

Loss of vision in one eye

Permanent, irreversible and total loss of vision in one eye with sharpness of vision of 3/60 or worse when measured with the use of visual aids.

Hearing loss

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.

Loss of speech

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.

Total loss of function of one arm

Total, permanent and irrecoverable loss of function of an upper limb. Maximum medical improvement must have been reached with little or no chance of significant further improvement. The loss of function will be estimated after all medical, surgical and rehabilitation measures have been applied. All percentages of loss of function are calculated per limb according to principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.

Total loss of function of one leg

Total, permanent and irrecoverable loss of function of a lower limb. Maximum medical improvement must have been reached with little or no chance of significant further improvement. The loss of function will be estimated after all medical, surgical and rehabilitation measures have been applied. All percentages of loss of function are calculated per limb according to principles and ratings of the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.

Muscular dystrophy

Diagnosis of a recognised muscular dystrophy, which is progressive in nature, by a consultant neurologist. This must cause the irreversible inability to perform, without assistance, three or more of the following activities of daily living:

- The permanent inability to get into and out of a bath or shower and to wash oneself independently;
- The permanent inability to put on or take off clothes or shoes independently, including doing buttons, fastenings and shoelaces independently;
- The permanent inability to use the toilet independently, including cleaning and washing of hands after using the toilet;
- The permanent inability to eat food independently after it has been served;
- The permanent inability to independently move in and out of bed or a chair, even with the use of walking aids.

The inability to perform activities of daily living (ADL's) will be assessed with supervision from an adult for children from 6 to 9 years old and without supervision by an adult for older children.

Perthe's disease

Perthe's disease of the hips requiring traction, splinting or surgery to correct the defect.

Septic arthritis

Septic arthritis of a synovial joint, requiring surgical drainage and immobilisation.

Osteomyelitis

Osteomyelitis of the bone or bone marrow, requiring surgical drainage and immobilisation.

Permanent colostomy or ileostomy

The presence of a permanent colostomy or ileostomy with a stoma bag.

Loss of control of bladder or rectum

Total, permanent and irrecoverable loss of function of the bowel or bladder, resulting in a permanent stoma or indwelling catheter.

Crohn's disease

Crohn's disease of the small or large bowel confirmed by a medical specialist through an endoscopy and biopsy, resulting in a history of weight loss and confirmed growth failure that is inappropriate for age.

Ulcerative colitis

Ulcerative colitis of the large bowel treated by a medical specialist and confirmed by an endoscopy and biopsy, resulting in a history of weight loss and confirmed growth failure that is inappropriate for age.

Head injury

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.

Paraplegia

Total, permanent and irrecoverable loss of function of both lower extremities, with or without loss of bowel or bladder function.

Quadriplegia

Total, permanent and irrecoverable loss of function of all four limbs.

Fracture dislocation of the spine

Objective radiological evidence of a fracture dislocation of the spine, involving dislocation of the facet joints, with or without neurological deficit.

Near drowning

Near drowning is the survival from a drowning event which involves

- emergency resuscitation, and
- impaired consciousness due to water inhalation as assessed by a medical practitioner or paramedical personnel, and
- care in ICU required for at least 48 hours.

Choking or suffocation

A choking or suffocation incident necessitating emergency resuscitation and care in an intensive care unit for at least 48 hours.

Amputation of one hand

Complete physical severance of one hand at the level of the wrist. Surgical reconstruction after amputation will not affect this benefit.

Amputation of one arm

Complete physical severance of one arm above the level of the elbow. Surgical reconstruction after amputation will not affect this benefit.

Amputation of one foot

Complete physical severance of one foot at the level of the ankle joint. Surgical reconstruction after amputation will not affect this benefit.

Amputation of one leg

Complete physical severance of one leg above the level of the knee. Surgical reconstruction after amputation will not affect this benefit.

Amputation of one thumb

Complete physical severance of a thumb at the level of the metacarpo-phalangeal (MP) joint.

Skull fracture requiring reconstruction

Depressed or displaced skull fracture of the frontal, parietal, temporal, sphenoid or occipital bones requiring surgical correction.

Gunshot wound

Penetration by a bullet through the skull or into the chest or abdominal cavities, resulting in surgical exploration of the skull or cavity concerned under general anaesthetic.

Penetrating stab wound

Penetration by a sharp object through the skull or into the chest or abdominal cavities, resulting in surgical exploration of the skull or cavity concerned under general anaesthetic.

Major burns

Third-degree burn wounds, full thickness of the skin, that cover at least 20% of the body surface area, as determined by the Lund and Browder chart or equivalent.

Fracture of the facial bones requiring reconstructive surgery

Fractures of the frontal bones, orbital bones, zygoma, and/or maxilla resulting in maxillofacial reconstructive surgery.

Unstable pelvis fractures

More than one fracture of the pelvic framework, resulting in instability, and requiring surgical intervention.

Multiple rib fractures with unstable ribcage

Multiple rib fractures, resulting in artificial ventilation in an intensive care unit to sustain a stable blood-gas profile.

Abdominal injury with liver rupture, spleen rupture or kidney damage requiring emergency surgical repair

Blunt injury to the abdomen resulting in rupture of the liver or spleen, or injury to the kidney, necessitating emergency laparotomy and surgical repair, splenectomy or nephrectomy.

Bilateral orchidectomy

The surgical removal of both testes for medically necessary reasons.

Dog bite to the face requiring plastic surgery

A dog bite to the face requiring primary suturing under general anaesthetic by a plastic surgeon.

Dog bite to the face requiring multiple sessions of plastic surgery

A dog bite to the face requiring primary suturing, followed by multiple sessions of repair by a plastic and reconstructive surgeon under general anaesthetic.

Accidental HIV infection

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.

Bacterial meningitis or encephalitis with permanent impairment

Bacterial meningitis or encephalitis confirmed by a medical specialist, supported by appropriate cerebrospinal fluid investigations that results in permanent neurological deficit.

Cerebral malaria

Cerebral malaria as confirmed by a medical specialist in the presence of Plasmodium falciparum parasites on peripheral blood smears, resulting in permanent neurological deficit.

Rabies

Confirmation by a medical specialist that the insured has presented with the clinical manifestations of rabies contracted from an infected animal.

Polio with permanent impairment

The confirmation of the diagnosis of polio by a medical specialist, with permanent paralysis or paresis of a limb.

Rheumatic fever with heart valve involvement

Acute rheumatic fever with structural damage to a heart valve, severe enough to have haemodynamic consequences as confirmed by a cardiologist.

Tetanus

The confirmation of tetanus by a medical specialist, resulting in either parenteral feeding due to significant difficulty in swallowing or mechanical ventilation by ventilator to assist with breathing difficulty.

Haemorrhagic fever

Acute haemorrhagic fever as a result of the Ebola, Marburg, Lassa or yellow fever virus, necessitating hospitalisation and treatment in isolation.

Juvenile rheumatoid arthritis

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.

Polymyositis

Polymyositis as diagnosed by a medical specialist, confirmed by muscle biopsy. This must cause the irreversible inability to perform, without assistance, three or more of the following activities of daily living (ADL's):

- The permanent inability to get into and out of a bath or shower and to wash oneself independently;
- The permanent inability to put on or take off clothes or shoes independently, including doing buttons, fastenings and shoelaces independently;
- The permanent inability to use the toilet independently, including cleaning and washing of hands after using the toilet;
- The permanent inability to eat food independently after it has been served;
- The permanent inability to independently move in and out of bed or a chair, even with the use of walking aids.

The inability to perform activities of daily living (ADL's) will be assessed with supervision from an adult for children from 6 to 9 years old and without supervision by an adult for older children.

Cystic fibrosis

Clinical features of cystic fibrosis, diagnosed by a medical specialist and confirmed by a sweat test and/or genetic test.

Polycystic kidneys

Polycystic kidneys presenting with multiple cysts in both kidneys as demonstrated by CT or MRI scan, with a positive genetic test confirming Autosomal Recessive Polycystic Disease.

Addison's disease

Confirmation by a medical specialist of the diagnosis of Addison's disease, necessitating replacement corticosteroid therapy for life.

Hirschsprung's disease

The histological confirmation of a congenital aganglionic segment of the gastro-intestinal tract that needed surgery resection of the affected segment and re-anastomosis.

Amino acid disorders

The diagnosis of a recognised congenital amino acid disorder by a specialist paediatrician.

Diabetes

The diagnosis of juvenile insulin dependent diabetes in a child by a medical specialist.

Admission into an intensive care unit (ICU) with ventilation for at least 48 hours

Admission into a registered intensive care unit with mechanical ventilation continuously for at least 48 hours.

Catch-all

Any physical disease or injury that results in a permanent whole person impairment (WPI) of at least 45% and also meets the criteria of at least a class 4 impairment according to the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment. The functional impairment, and permanence thereof, will be evaluated 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.

Accidental injury (ASW)

This 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 accidental injury claim events. If we admit a claim, we will pay the claim amount as a lump sum.
Additional features	<p>Additional features are features that are automatically included for a benefit. These features are free of charge. The following additional feature applies:</p> <ul style="list-style-type: none"> Free cover <p>Refer to the chapter <i>Payments, payment patterns, guarantees and cover</i> for more information about Free cover.</p>
Type of benefit	Standalone
When will cover for this benefit end?	<p>Cover will end</p> <ul style="list-style-type: none"> at midnight before the cover end date set out in the plan overview, or if the plan ends for any reason before the cover end date, or when the full cover amount has been paid.
Cover limits per life insured	<p>Housewives/house husbands, scholars, students, pensioners and unemployed persons (unemployed only under Classic/Premier) may qualify for a limited amount of cover, as described under "Financial underwriting" in the underwriting chapters. Otherwise the limits below apply.</p> <p>Minimum: R50 000</p> <p>Maximum: <ul style="list-style-type: none"> Express product option: R5 000 000* Classic and Premier product options: R10 000 000* </p> <p>*Subject to financial underwriting</p>
Age limits	<p>Benefit start age</p> <p>Minimum: <ul style="list-style-type: none"> Payment patterns other than fixed compulsory growth <ul style="list-style-type: none"> 19 next birthday for the Express product option 15 next birthday otherwise Fixed compulsory growth: 30 next birthday </p> <p>Maximum: 5 years before the benefit cease age</p> <p>Benefit cease age</p> <p>65 next birthday</p> <p>Under Term cover products the term of a benefit is limited to a maximum of the selected term of the plan.</p>
Qualifying lives	<p>Express product option</p> <p>Only the planholder and his/her spouse may qualify, subject to age limits and underwriting.</p> <p>Classic and Premier product options</p> <p>Subject to age limits and underwriting.</p>

Guarantee period**Express product option**

5 years

Classic and Premier product options

As selected for the 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 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.

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	% of the cover amount
Central nervous system	
Coma	
<p>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.</p> <p><i>Layman's explanation:</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.</p>	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
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 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
Gastro-intestinal system/Renal system	
Loss of bowel or bladder function, with permanent stoma or indwelling catheter	
<p>Contractual definition: Total and permanent loss of function of the bowel or bladder, resulting in a permanent stoma or indwelling catheter.</p> <p><i>Layman's explanation:</i> Total and permanent loss of the function of the bladder (organ responsible for excretion of urine) requiring plastic tube (a catheter) inserted into the bladder that remains there to provide continuous urinary drainage, or loss of bowel function to an extent where a permanent artificial opening (stoma) is made into the bowel.</p>	50

Claim event	% of the cover amount
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*
Amputation of one finger other than thumb	
<p>Contractual definition: The amputation of one finger other than the thumb, 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 one finger, excluding the thumb, at the level of the middle knuckles. This must be confirmed by a specialist with supporting evidence.</i></p>	5****
Amputation of two fingers other than thumb	
<p>Contractual definition: The amputation of two 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 two 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>	10***
Amputation of three fingers other than thumb	
<p>Contractual definition: The amputation of three 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 three 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>	20**
Amputation of four fingers other than thumb	
<p>Contractual definition: The amputation of four 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 four 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>	40*
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
Amputation of an arm	
<p>Contractual definition: The amputation of an arm below or above 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 or above the elbow. This must be confirmed by a specialist with supporting evidence.</i></p>	80

Claim event	% 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>	50
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>	60
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>	70
Loss of function of an arm, excluding amputation	
<p>Contractual definition: Total and permanent loss of 50% of function of an arm according to the latest American Medical Association (AMA) guidelines. Maximum medical improvement must have been reached with little or no chance of significant further improvement. The loss of function will be estimated after all medical, surgical and rehabilitation measures have been applied. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>Total and permanent loss of 50% of function of arm from the level of the shoulder and lower as determined by the American Medical Association (AMA) guidelines. This must be confirmed by a specialist with supporting documentation after completion of all appropriate medical and surgical measures as well as optimum rehabilitation. The treatment must be deemed maximal with little chance for significant improvement.</i></p>	50
<p>Contractual definition: Total and permanent loss of 80% of function of an arm according to the latest American Medical Association (AMA) guidelines. Maximum medical improvement must have been reached with little or no chance of significant further improvement. The loss of function will be estimated after all medical, surgical and rehabilitation measures have been applied. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>Total and permanent loss of 80% of function of arm from the level of the shoulder and lower as determined by the American Medical Association (AMA) guidelines. This must be confirmed by a specialist with supporting documentation after completion of all appropriate medical and surgical measures as well as optimum rehabilitation. The treatment must be deemed maximal with little chance for significant improvement.</i></p>	80
Loss of function of a leg, excluding amputation	
<p>Contractual definition: Total and permanent loss of 50% of function of a leg according to the latest American Medical Association (AMA) guidelines. Maximum medical improvement must have been reached with little or no chance of significant further improvement. The loss of function will be estimated after all medical, surgical and rehabilitation measures have been applied. This must be confirmed by a specialist with supporting evidence.</p> <p><i>Layman's explanation:</i> <i>Total and permanent loss of 50% of function of a leg as determined by the American Medical Association (AMA) guidelines. This must be confirmed by a specialist with supporting documentation after completion of all appropriate medical and surgical measures as well as optimum rehabilitation. The treatment must be deemed maximal with little chance for significant improvement.</i></p>	40

Claim event	% of the cover amount
<p>Contractual definition: Total and permanent loss of 75% of function of a leg according to the latest American Medical Association (AMA) guidelines. Maximum medical improvement must have been reached with little or no chance of significant further improvement. The loss of function will be estimated after all medical, surgical and rehabilitation measures have been applied. This must be confirmed by a specialist with supporting evidence.</p> <p>Layman's explanation: Total and permanent loss of 75% of function of a leg as determined by the American Medical Association (AMA) guidelines. This must be confirmed by a specialist with supporting documentation after completion of all appropriate medical and surgical measures as well as optimum rehabilitation. The treatment must be deemed maximal with little chance for significant improvement.</p>	70
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>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. This must be confirmed by a specialist (ophthalmologist) with supporting documents.</p>	60
Total loss of vision of both eyes or blindness of both eyes	
<p>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, confirmed by an ophthalmologist with supporting evidence and meeting the following criteria: Bilateral visual impairment of 70%, with evidence of one 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>Layman's explanation: 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).</p>	100
Hearing	
Total loss of hearing in one ear	
<p>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.</p>	20
Total loss of hearing in both ears	
<p>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.</p>	75
Face and skin	
Combination burns	
<p>Contractual definition: 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>Layman's explanation: 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).</p> <p>2nd degree burns are burn wounds to the outer skin layer and the layer directly under this.</p> <p>3rd degree burns are burn wounds to all three layers of the skin.</p>	30

Claim event	% of the cover amount
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:</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).</p>	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:</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**
<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>	25*
<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>	50*
<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>	40*
<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><i>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:</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><i>An operation report must be provided by a specialist (surgeon or trauma surgeon).</i></p>	40*

Claim event	% of the cover amount
<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>	60*
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>	15
<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>	80
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><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 different bones of the pelvic framework, resulting in instability of the pelvic ring. This must be confirmed by a specialist (neurosurgeon or orthopaedic specialist).</p>	15
Unstable pelvis fractures	
<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 (neurosurgeon or orthopaedic specialist).</p>	60
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 an 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>	30
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 surgeon).</p>	50

Claim event	% of the cover amount
<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 surgeon).</p>	75
Compression or avulsion fractures	
<p>Contractual definition: Compression or avulsion fractures without joint dislocation on two or more vertebrae, confirmed with supporting evidence by an orthopaedic or neurosurgeon.</p> <p>Layman's explanation: When the bone of a back bone (vertebrae) 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 or 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>	15
Liver or spleen rupture	
<p>Contractual definition: Rupture of the liver or spleen, necessitating emergency laparotomy and surgical repair, with an operation report provided by a surgeon.</p> <p>Layman's explanation: Bursting of the liver or spleen 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 or spleen. An operation report must be provided by a specialist (surgeon).</p>	40
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: This claim event covers fat-embolism of the lungs. 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>	30
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: 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. 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.</p>	15

Claim event	% of the cover amount
HIV	
Accidental HIV infection	
Contractual definition: The contractual definition for this claim event is given below this table.	100
Layman's explanation: <i>HIV infection / AIDS that is acquired accidentally through one of the events described in the contractual definition.</i>	

*This claim event is limited to a maximum amount of R1 000 000.

**This claim event is limited to a maximum amount of R500 000.

***This claim event is limited to a maximum amount of R250 000.

****This claim event is limited to a maximum amount of R125 000.

The above maximum amounts may change from time to time.

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.

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
 - is caused directly and solely by a bodily injury due to an accident;
 - manifested within 12 months after the bodily injury;
- 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 event table above, 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 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 six months of such a bodily injury.

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.

If we admit a claim, we will pay the percentage of the cover amount linked to the particular claim event indicated in the claim event table above. The amount will be paid as a lump sum.

If the amount we pay is equal to 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

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 event table above.

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.

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.