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 life cover?

No one wants to think about death – especially when you're young and healthy. But think about what would happen if you were to die unexpectedly. Would your family be able to cope without your income? Would there be enough money to:

- Pay for a funeral?
- · Pay executor's fees, estate duty and other costs involved in the administration of an estate?
- Repay any debts?
- Pay for the daily needs of your dependants?

Our life cover allows you to structure a plan to ensure that your death does not mean financial hardship, or even ruin, for your family.

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.

Death (DS)

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

A benefit may be claimed at the death of the life insured. If we admit a claim, we will pay the cover amount set out in the plan overview as a lump sum.

The conditions for admittance of a claim are set out in the General information chapter.

Additional features

The following additional features apply:

- Terminal illness
- Immediate life cover
- Free cover

Terminal illness and Immediate life cover are discussed below for this benefit. Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

Standalone

If a Death benefit with whole life cover is taken in combination with a Death benefit with term cover, the two benefits must be taken on separate Topcover and Term cover plans.

When will cover for this benefit end?

Topcover products

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
- if we admit a claim.

Term cover products

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
- if we admit a claim.

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.

Individual insurance

Minimum: R150 000

Maximum: • Express product option: R5 000 000*

Classic and Premier product options: None*

Business insurance under Classic and Premier product options

Minimum: R50 000 Maximum: None*

*Subject to financial underwriting.

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: • 80 next birthday

60 next birthday for Express

Benefit cease age

At death

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

Qualifying lives

Express product option

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

Classic and Premier product options Subject to age limits and underwriting.

Guarantee period

Express product option

5 years

Classic and Premier product options

As selected for the plan.

Exclusions

We will not admit a claim if death is caused by suicide, also during insanity, committed before or within 24 months 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 waiting period will also apply to the increase in the cover amount from the effective date of the increase. The claimant must prove that the life insured did not commit suicide.

Other general exclusions, if applicable, 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.

What if the life insured is diagnosed with a terminal illness?

If the life insured is diagnosed with a medical condition that, according to our Chief Medical Officer, will result in death within 12 months, the planholder may apply for an early payment of this benefit. We may then pay an early death benefit. The amount of the early payment will be equal to the cover amount of this benefit set out in the plan overview.

We will also consider a claim for a terminal illness payment if the plan has lapsed and the life insured qualified for a claim at the time of the lapse.

After we have made this payment, this benefit as well as all other benefits on the life of the insured will end. However, if the life insured has a waiver of payment at death benefit, we will consider a claim for that benefit as well.

Immediate life cover

Immediate life cover will be given under this benefit at death, provided that:

- the life insured is not yet aged 60 on the application date; and
- the first payment has been made with the application, or, but for the death of the applicant, a debit order or stop order payment for the first payment would have been honoured.

Immediate life cover will apply from the date we receive the application form, with all questions fully and correctly answered and signed by, if different parties, the life insured and the applicant, until the earliest of:

- the final underwriting decision being made that the application is accepted, declined, or deferred for the life insured;
- 30 days after the signing of the application form;
- us cancelling the cover in writing.

The immediate life cover will apply only in respect of death from unnatural causes. The normal contractual exclusions will apply. No immediate life cover will be payable if death is directly or indirectly caused by:

- the life insured participating in any dangerous pursuits;
- exposure to risks beyond the borders of South Africa and which are, in our opinion, not generally found in South Africa, or are more severe than corresponding risks in South Africa.

The consideration of a claim will be subject to the then prevailing terms of the type of plan applied for, and our usual practices.

The amount payable will be limited to the smaller of the initial cover amount and R500 000. The amount will be payable to the beneficiary, if any, nominated in the application form.

Death income (DI3)

This benefit is available under the Premier product option of our Income protector products.

Benefit description

A benefit may be claimed at the death of the life insured.

If we admit a claim, we will make an income payment equal to the cover amount. We will continue making income payments for as long as the appointed beneficiary has the right to claim payment.

Refer to the *Income protection* chapter for more information.

First death (DS80)

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

Benefit description

This benefit is linked to more than one life insured. A benefit may be claimed at the death of the life insured linked to this benefit, who dies first. If we admit a claim, we will pay the cover amount set out in the plan overview as a lump sum.

Additional features

The following additional features apply:

- Terminal illness
- Immediate life cover
- Free cover

Terminal illness and Immediate life cover are discussed below for this benefit. Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

Standalone

If a First death benefit with whole life cover is taken in combination with a First death benefit with term cover, the two benefits must be taken on separate Topcover and Termcover plans.

When will cover for this benefit end?

Topcover products

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
- if we admit a claim.

Term cover products

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
- if we admit a claim.

Cover limits per life insured

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

Individual insurance

Minimum: R150 000 Maximum: None*

Business insurance

Minimum: R50 000 Maximum: None*

*Subject to financial underwriting

Age limits	Benefit start age		
	Minimum: • Payment patterns other than Fixed compulsory growth: 15 next birthday	t	
	 Fixed compulsory growth: 30 next birthday 		
	Maximum: • 80 next birthday		
	Benefit cease age At the death of the life insured who dies first		
	Under Term cover products the term of a benefit is also limited to a maximum of the selected term of the plan.	!	
Qualifying lives	Subject to age limits and underwriting.		
Guarantee period	As selected for the plan.		

Admittance of a claim

The conditions for admittance of a claim are set out in the *General information* chapter.

We will admit a claim only once for this benefit.

If we admit a claim, this benefit as well as all accelerator benefits for the remaining lives insured linked to this benefit, will end. However, the remaining lives insured linked to this benefit have the option, for only 2 months after we admitted the claim, to take out death cover and accelerator benefits not exceeding the respective cover amounts as at the time of the claim, without proof of good health but subject to our new business requirements.

How a claim for an accelerator benefit affects this benefit

If we admit a claim for an accelerator benefit for a life insured linked to this benefit, we will, despite anything to the contrary in the plan, reduce the cover amount of this benefit for all the lives insured linked to this benefit by the claim amount

Where the cover amount of an accelerator benefit for any life insured linked to this benefit exceeds the reduced cover amount of this benefit, we will reduce the cover amount of that accelerator benefit so that it is equal to the reduced cover amount of this benefit.

Exclusions

We will not admit a claim if death is caused by suicide, also during insanity, committed before or within 24 months 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 waiting period will also apply to the increase in the cover amount from the effective date of the increase. The claimant must prove that the life insured did not commit suicide.

Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

What if a life insured linked to this benefit is diagnosed with a terminal illness?

If a life insured is diagnosed with a medical condition that, according to our Chief Medical Officer, will result in death within 12 months, the planholder may apply for an early payment of this benefit. We may then pay an early death benefit. The amount of the early payment will be equal to the cover amount of this benefit set out in the plan overview.

We will also consider a claim for a terminal illness payment if the plan has lapsed and the life insured qualified for a claim at the time of the lapse.

After we have made this payment, this benefit as well as all other benefits on the life of the insured with a terminal illness will end. However, if the life insured with a terminal illness has a waiver of payment at death benefit, we will consider a claim for that benefit as well.

For the remaining lives insured linked to this benefit, this benefit as well as all accelerator benefits will end.

Immediate life cover

Immediate life cover will be given under this benefit at death, provided that:

- the life insured is not yet aged 60 on the application date; and
- the first payment has been made with the application, or, but for the death of the applicant, a debit order or stop
 order payment for the first payment would have been honoured.

Immediate life cover will apply from the date we receive the application form, with all questions fully and correctly answered and signed by, if different parties, the life insured and the applicant, until the earliest of:

- the final underwriting decision being made that the application is accepted, declined, or deferred for the life insured;
- 30 days after the signing of the application form;
- us cancelling the cover in writing.

The immediate life cover will apply only in respect of death from unnatural causes. The normal contractual exclusions will apply. No immediate life cover will be payable if death is directly or indirectly caused by:

- the life insured participating in any dangerous pursuits;
- exposure to risks beyond the borders of South Africa and which are, in our opinion, not generally found in South Africa, or are more severe than corresponding risks in South Africa.

The consideration of a claim will be subject to the then prevailing terms of the type of plan applied for, and our usual practices.

The amount payable will be limited to the smaller of the initial cover amount and R500 000. The amount will be payable to the beneficiary, if any, nominated in the application form.

Immediate Expenses (DSF3)

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

A benefit may be claimed at the death of the life insured. If we admit a claim, we will pay the cover amount set out in the plan overview as a lump sum.

We aim to pay the cover amount within 48 hours after receiving the necessary requirements. These requirements are indicated below under "Admittance of a claim" for this benefit.

Additional features

The following additional feature applies:

Free cover

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

Type of benefit

Standalone

If an Immediate Expenses benefit with whole life cover is taken in combination with an Immediate Expenses benefit with term cover, the two benefits must be taken on separate Topcover and Term cover plans.

When will cover for this benefit end?

Topcover products

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
- if we admit a claim.

Term cover products

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
- if we admit a claim.

Cover limits per life insured

Minimum: R50 000 Maximum: R150 000*

*Subject to financial underwriting

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:

- 80 next birthday
- 60 next birthday for Express

Benefit cease age

At death

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

Conditions for availability of benefits

The below rules are also subject to age limits and underwriting.

Immediate Expenses benefit (DSF3) and/or Funeral Expenses (FSC3), with or without Cashback, may not be the only benefits on a plan.

In addition to this, the following applies:

Express product option

- The Immediate Expenses benefit is only available to the planholder and spouse.
- For the planholder and spouse the Immediate Expenses and Funeral Expenses benefits may be taken together on the same plan for the same life insured.

Classic and Premier product options

- The Immediate Expenses benefit is only available for a life insured if there is at least one fully medically underwritten benefit for the same life insured on the same plan, with at least 4 times as much cover as the Immediate Expenses benefit. The Funeral Expenses, Child: Illness and injury, accidental and Cashback benefits do not apply, as they are not fully medically underwritten.
- For lives that qualify for the Immediate Expenses benefit, the Immediate Expenses and Funeral Expenses benefits may be taken together on the same plan for the same life insured.

Guarantee period

Express product option

5 years

Classic and Premier product options

As selected for the plan.

Admittance of a claim

The conditions for admittance of a claim are set out in the *General information* chapter.

We aim to pay this benefit within 48 hours after the following requirements have been received at our head office:

- a certified copy of the death certificate of the deceased life insured, issued by the Department of Home Affairs;
- form BI1663, issued by the doctor who certified the death, that is held on record by the Department of Home Affairs, or any other form that may replace it in future;
- a certified copy of the identity document or passport of the deceased life insured;
- the death claim form, fully completed;
- a declaration by the South African Police Service (SAPS), if the cause of death is unnatural or unknown;
- a certified copy of the identity document or passport of the claimant requesting the payment.

In certain cases we may also require the following:

- a letter of executorship, if the planholder is deceased and no beneficiary has been appointed;
- the name of the guardian or trust and birth certificate of the beneficiary, if the planholder is deceased and the beneficiary is a minor;
- a medical certificate.

If the name, identity number or date of birth of a life insured contained in the above-mentioned requirements differs from the particulars as indicated in the plan overview for that life insured, we may refuse to pay the cover amount.

Exclusions

We will not admit a claim if death is caused by suicide, also during insanity, committed before or within 24 months 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 waiting period will also apply to the increase in the cover amount from the effective date of the increase. The claimant must prove that the life insured did not commit suicide.

Other general exclusions, if applicable, 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.

Estate Expenses (DEC)

This benefit is available under the Express, Classic and Premier product options of our Topcover and Termcover products.

Benefit description

The purpose of this benefit is to make provision for estate costs.

A benefit may be claimed at the death of the life insured. If we admit a claim, we will pay the cover amount into the estate of the deceased life insured.

Additional features

The following additional feature applies:

- Terminal illness
- Immediate cover
- Free cover

Terminal illness and Immediate life cover are discussed below for this benefit. Refer to the chapter *Payments, payment patterns, guarantees and cover* for more information about Free cover.

Type of benefit

Standalone

When will cover for this benefit end?

It 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
- if we admit a claim.

Cover limits per life insured

Minimum:

R100 000

Maximum:

None*
Express product option R5 000 000*

*Subject to financial underwriting

Age limits

Benefit start age

Minimum:

18 next birthday

19 next birthday for Express

Maximum:

80 next birthday

60 next birthday for Express

Benefit cease age

At death

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

Qualifying lives

This benefit is only available for the planholder.

Guarantee period

Express product option

5 years

Classic and Premier product options

As selected for the plan.

Admittance of a claim

The conditions for admittance of a claim are set out in the General information chapter.

Exclusions

We will not admit a claim if death is caused by suicide, also during insanity, committed before or within 24 months 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 waiting period will also apply to the increase in the cover amount from the effective date of the increase. The claimant must prove that the life insured did not commit suicide.

General exclusions, if applicable, are set out in the general plan provisions.

Specific exclusions, if any, are set out in the plan overview, in the special provisions for the life insured concerned.

What if the life insured is diagnosed with a terminal illness?

If the life insured is diagnosed with a medical condition that, according to our Chief Medical Officer, will result in death within 12 months, they may apply for an early payment of this benefit. We may then pay an early death benefit. The amount of the early payment will be equal to the cover amount of this benefit set out in the plan overview.

We will also consider a claim for a terminal illness payment if the plan has lapsed and the life insured qualified for a claim at the time of the lapse.

After we have made this payment, this benefit as well as all other benefits on the life of the insured will end. However, if the life insured has a waiver of payment at death benefit, we will consider a claim for that benefit as well.

Immediate life cover

Immediate life cover will be given under this benefit at death, provided that:

- the life insured is not yet aged 60 on the application date; and
- the first payment has been made with the application, or, but for the death of the applicant, a debit order or stop order payment for the first payment would have been honoured.

Immediate life cover will apply from the date we receive the application form, with all questions fully and correctly answered and signed by, if different parties, the life insured and the applicant, until the earliest of:

- the final underwriting decision being made that the application is accepted, declined, or deferred for the life insured;
- 30 days after the signing of the application form;

us cancelling the cover in writing.

The immediate life cover will apply only in respect of death from unnatural causes. The normal contractual exclusions will apply. No immediate life cover will be payable if death is directly or indirectly caused by:

- the life insured participating in any dangerous pursuits;
- exposure to risks beyond the borders of South Africa and which are, in our opinion, not generally found in South Africa, or are more severe than corresponding risks in South Africa.

The consideration of a claim will be subject to the then prevailing terms of the type of plan applied for, and our usual practices. The amount payable will be limited to the smaller of the initial cover amount and R500 000. The amount will be payable to the beneficiary, if any, nominated in the application form.

Funeral Expenses (FSC3)

This benefit is available under the Express, Classic and Premier product options of our Topcover products.

Benefit description

A benefit may be claimed at the death of the life insured. If we admit a claim, we will pay the cover amount set out in the plan overview as a lump sum, subject to legislative limitations

If a child dies, legislation limits the total amount we are allowed to pay at the death of the child to

- R20 000 for death before the child's 6th birthday, and
- R50 000 for death on or after the child's 6th birthday, but before that child's 14th birthday.

When applying the legislative limitations, we will consider all the benefits on which the child is a life insured with us and limit the total amount we pay at the death of the child according to the above-mentioned limits.

We aim to pay this benefit within 48 hours after receiving the necessary requirements. These requirements are indicated below under "Admittance of a claim" for this benefit.

Type of benefit

Standalone

When will cover for this benefit end?

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
- if we admit a claim.

Cover limits per life insured

Minimum: R5 000

Maximum:

- R15 000 before a life insured's 6th birthday*
- R30 000 on or after a life insured's 6th birthday, but before that life insured's 14th birthday*
- R60 000 on or after a life insured's 14th birthday*

Age limits

Benefit start age

Minimum: 2 next birthdayMaximum: 70 next birthday

Benefit cease age

At death

^{*}Subject to financial underwriting

Conditions for availability of benefit

The Funeral Expenses benefit is available for lives with the following relationship to the planholder, subject to age limits and underwriting:

- Planholder (on his/her own life)
- Spouse*
- Child*
- Parent*, including parent-in-law
- Grandparent*
- Other family*
- Fiancé*.

Immediate Expenses benefit (DSF3) and/or Funeral Expenses (FSC3), with or without Cashback, may not be the only benefits on a plan.

In addition to this, the following applies:

Express product option

- The planholder can have the Funeral Expenses benefit, with or without Cashback, only in combination with other benefits on his/her own life.
- The spouse can have the Funeral Expenses benefit on its own, or in combination with any of the other available benefits.
- The planholder's child, parent, grandparent, other family members and/or fiancé
 can only have the Funeral Expenses benefit, with or without the Cashback benefit no other benefits are allowed for them.
- For the planholder and spouse the Immediate Expenses and Funeral Expenses benefits may be taken together on the same plan for the same life insured.

Classic and Premier product options

- The Funeral Expenses benefit can only be added to a plan if the planholder is a life insured on the plan with at least one benefit other than Funeral Expenses and Cashback on his/her own life.
- The planholder can have the Funeral Expenses benefit, with or without Cashback, only in combination with other benefits on his/her own life. The other lives insured can have the Funeral Expenses benefit on its own or in combination with other benefits.
- For lives that qualify for the Immediate Expenses benefit, the Immediate Expenses and Funeral Expenses benefits may be taken together on the same plan for the same life insured.

Guarantee period

Express product option

5 years

Classic and Premier product options

The maximum initial guarantee period that may be selected for a plan with a Funeral Expenses benefit is 10 years.

If the planholder wants to take other benefits in combination with the Funeral Expenses 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.

^{*}This relationship is described under "Explanations" for this benefit.

Admittance of a claim

The conditions for admittance of a claim are set out in the General information chapter.

We aim to pay this benefit within 48 hours after the following requirements have been received at our head office:

- a certified copy of the death certificate of the deceased life insured, issued by the Department of Home Affairs;
- form BI1663, issued by the doctor who certified the death, that is held on record by the Department of Home Affairs, or any other form that may replace it in future;
- a certified copy of the identity document or passport of the deceased life insured;
- the death claim form, fully completed;
- a declaration by the South African Police Service (SAPS), if the cause of death is unnatural or unknown;
- a certified copy of the identity document or passport of the claimant requesting the payment.

In certain cases we may also require the following:

- a letter of executorship, if the planholder is deceased and no beneficiary has been appointed;
- the name of the guardian or trust and birth certificate of the beneficiary, if the planholder is deceased and the beneficiary is a minor;
- proof of replaced funeral cover, if this benefit has been taken or the cover amount of this benefit has been increased
 to replace funeral cover that the planholder previously had on the life of the insured. This proof must meet our
 requirements and be verified by the product provider of the replaced funeral cover.

If the name, identity number or date of birth of a life insured contained in the above-mentioned requirements differs from the particulars as indicated in the plan overview for that life insured, we may refuse to pay the cover amount.

Cover for accidental causes

Cover for death due to accidental causes will start on the "Funeral Expenses issue date" as indicated in the plan overview under the life insured's name. If the cover amount is increased, other than through benefit growth, cover for death due to accidental causes on the increased part of the cover amount will start on the effective date of the increase.

Under this cover, a benefit may be claimed if the life insured dies and the death resulted directly and solely from an accident. An accident is a sudden, unexpected event that occurs at a place and time that is identifiable. It must have been caused by visible, violent, physical and external means, independent of any other cause. Accidental causes exclude suicide.

Waiting period

Waiting period for claims due to natural causes

A waiting period of 6 months applies to claims due to natural causes from the "Funeral Expenses issue date" as indicated in the plan overview under the life insured's name. This means that we will not pay a claim if the life insured dies of natural causes during this period.

The waiting period for claims due to natural causes will however only apply from the "Funeral Expenses issue date" if the first payment for this benefit is paid on time as indicated in the plan overview under "When must the payments be made?". If this first payment is not made on time, the waiting period will apply from the day that the first payment is actually received.

If the cover amount is increased, other than through benefit growth, the waiting period for claims due to natural causes will also apply to the increase in the cover amount from the effective date of the increase.

Waiting period for claims due to suicide

A waiting period of 12 months applies to claims due to suicide, also during insanity, from the "Funeral Expenses issue date" as indicated in the plan overview under the life insured's name. This means that we will not pay a claim if the life insured commits suicide during this period.

The waiting period for claims due to suicide will however only apply from the "Funeral Expenses issue date" if the first payment for this benefit is paid on time as indicated in the plan overview under "When must the payments be made?". If this first payment is not made on time, the waiting period will apply from the day that the first payment is actually received.

If the cover amount is increased, other than through benefit growth, the waiting period for claims due to suicide will also apply to the increase in the cover amount from the effective date of the increase.

Waiting periods reduced or waived

If the planholder can provide us with proof that this benefit has been taken or that the cover amount of this benefit has been increased to replace funeral cover that the planholder previously had on the life of the insured, we may reduce or waive the above-mentioned waiting periods for that life insured. For us to consider such proof, the "Funeral Expenses issue date" as indicated in the plan overview under the life insured's name, or the effective date of the increase in the cover amount, must be before the last date of cover on the replaced funeral cover, or within 31 days from the last date of cover. The proof must meet our requirements and must be verified by the product provider of the replaced funeral cover. It is the planholder's responsibility to inform us of any such replaced funeral cover.

We will not reduce or waive any waiting period if the funeral cover that was planned to be replaced is still in force on the date that the life insured dies.

Exclusions

Countries where cover is excluded

We will not admit a claim for this benefit if a life insured dies in one of the following countries: Afghanistan, Angola: Cabinda Province, Burundi, Central African Republic, Chad, Democratic Republic of the Congo, Iran (Islamic Republic of Iran), Iraq, Lebanon, Libya (Lybian Arab Jamahiriya), Mali, Nigeria: Niger Delta, North Korea, Pakistan, Somalia, South Sudan, Sudan, the Syrian Arab Republic and Yemen. If a life insured lives or plans to live in one of these countries, it is the planholder's responsibility to request us in writing to end this benefit for that life insured. We will not refund any payments because of cover being excluded in these countries.

This list of countries may change in future and if another benefit version was applicable to a life insured in the past, this list of countries may differ from the countries in those list(s). If the cover amount of this benefit is increased, other than through benefit growth, the latest list of countries will apply to the increased part of the cover amount of the benefit. The list(s) of countries that applied to the cover amount before the increase will continue to apply to that part of the cover amount after the increase. Different lists of countries could therefore apply to different parts of the cover amount at the time of a claim.

Exclusion for foreigners

This benefit is not available to foreigners who do not live in South Africa or who live in South Africa without valid travelling documents.

This benefit is available to foreigners who live in South Africa with valid travelling documents, but is restricted to claim events in South Africa only. However, if a life insured at any stage obtains a permanent residence permit, or South African citizenship, this benefit will cover claim events both inside and outside South Africa, excluding those countries where cover for this benefit is excluded.

If a life insured no longer lives in South Africa, it is the planholder's responsibility to request us in writing to end this benefit for that life insured. We will not refund any payments because of cover being restricted to claim events in South Africa only.

For foreigners with citizenship in Lesotho or Namibia this benefit will cover claim events both inside and outside South Africa, excluding those countries where cover for this benefit is excluded.

Explanations

Spouse

A person to whom the planholder is legally married on the date of inclusion as a life insured, or with whom the planholder has concluded an agreement recognised as a marriage in accordance with any law or custom, provided that in the case of a marriage by law or custom, he or she lives with that person as if legally married.

Child

A biological, legally adopted or step child.

Parent

An adult who was a guardian of the planholder or spouse, including a biological, foster or step-parent, who was responsible for the upbringing of the planholder or spouse.

Grandparent

The parent of the "Parent" as described above.

Other family

A relative that is not a spouse, child, parent or grandparent, for example, a brother, sister, nephew, niece, cousin, uncle, aunt

Fiancé

A person to whom the planholder is engaged to be married.

Accidental death (ASC)

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

A benefit may be claimed if the life insured dies and the death resulted directly and solely from a bodily injury.

If we admit a claim, we will pay the cover amount set out in the plan overview as a lump sum.

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 dies within 12 months after the bodily injury.

Additional features

The following additional feature applies:

Free cover

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

Type of benefit

Standalone

When will cover for this benefit end?

Cover will end

- 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
- if we admit a claim.

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: R2 500 000*

*Subject to financial underwriting

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: 60 next birthday

Benefit cease age

65 next birthday

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

Qualifying lives Express product option

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

underwriting

Classic and Premier product options Subject to age limits and underwriting.

Guarantee period Express product option

5 years

Classic and Premier product options

As selected for the plan.

Exclusions

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.