



## FUNERAL COVER POLICY WORDING



### **WHAT YOU ARE COVERED FOR:**

1Life Insurance Limited, a licensed life insurer and authorised Financial Services Provider (FSP 24769) will provide cover under the 1Life Funeral Cover, as described in this document, subject to the continued payment of the premium and adherence to the terms and conditions of this Policy. The Policy commences on the same day as the successful payment of premium and the acceptance of these terms and conditions. Cover remains in force as long as the monthly premium is paid. Non-payment of the premiums will lead to the cancellation of the policy subject to Rule 15A of the Policyholder Protection Rules.

The cover provided by this Policy will apply to a maximum of **12 (twelve) assured lives, where an insurable interest exists**, per the following categories:

- the Principal Insured;
- the Spouse/s of the Principal Insured (legal or common law marriage Spouse/s);
- the parents of the Principal Insured and/or the Spouse/s;
- the Children of the Principal Insured (including biological, adopted and fostered children of the Principal Insured).

To be eligible for cover under the Policy the following conditions must be met at **entry date**:

- The Principal Insured must be between the ages of 18 and 80 years (i.e. younger than age 81 next birthday);
- The Beneficiary of the Principal Insured must be 18 years or older, (the Principal Insured is the beneficiary of any other life on cover under this policy);
- Any parents of the Principal Insured or his/her Spouse/s must be between 21 – 80 years of age (i.e. younger than age 81 next birthday);
- Children aged between 0 – 6 years are eligible for cover to a Maximum of R20 000;
- Children aged between 6 – 14 years are eligible for cover to a Maximum of R50 000;
- No family member may hold cover higher than that of the Principal Insured.
- A stillborn child of the Principal Insured or his Spouse, aged from 26 weeks pregnancy until birth, is eligible for complimentary cover of R5 000. Only one stillbirth will be accepted during the term of this Policy.

### **SPECIFIC TERMS AND CONDITIONS APPLICABLE TO THE FUNERAL COVER**

- The Policy is based on the information provided during the application process and will be assumed to be correct. The application process can only be completed once all required information and/or data has been provided.
- A total of 12 (twelve) members may be on cover at any one time, this being the Principal Insured and 11 (eleven) family members.
- All members on cover must be below 80 years of age at entry date to the policy and cover ceases for a member when he/she reaches Cessation Age of 85 years (86 years at the next birthday).
- Once the Principal Insured's cover ceases (Principal Insured dies or Cessation age is reached, or the Policy is cancelled or lapsed), the funeral benefit for Spouse, Children and Parents cease immediately. No continuation option is available, i.e for example, on the death of the Principal Insured, and the deceased Principal Insured's Spouse and/or Children and/or Parents wish to maintain the funeral benefit cover, a new Policy must be taken out or accepted.
- Cover under this policy can no longer be provided once the Principal Insured reaches Cessation Age of 85 years (86 years at the next birthday) has been reached.
- A 31 (thirty-one) day grace period is allowed in respect of payment of premiums.
- Should premiums not be paid which leads to the Policy lapsing or premiums not being received within the grace period, cover will cease. Should the policy be reinstated within two months from lapsing, only the portion of the waiting period which was not completed will apply. Should the policy be reinstated after two months of lapsing, all waiting periods will apply.
- If the Principal Insured dies, the person loaded as the nominated Beneficiary will receive the benefit, subject to the terms and conditions of the Policy.
- Should a policy lapse, cover will cease and there will be no benefits payable under the policy. Reasonable attempts will be made to notify the Principal Insured by SMS.
- **The premium rate shall be recalculated on an annual basis in accordance with the natural ageing of the Principal Insured and all of his/her family members included in this policy. You have the option to reduce benefits should you be not be able to pay the increased premium.**
- **The premium rate shall be recalculated at any point where there is a change in membership (either adding or removing members).**
- The premium is also subject to review by the Insurer at any time with 31 (thirty-one) days written notice provided to Principal Insured.

## **EXCLUSIONS & WAITING PERIODS APPLICABLE TO THE FUNERAL COVER**

### **Payment of benefits is subject to:**

- There is no waiting period for Accidental Death provided the first premium is received. The Principal Insured is covered upon the successful collection of the first premium and will remain covered provided the monthly premium is paid, consecutively.
- A 6 (six) month Waiting Period of monthly premium payments, 6 months and 6 paid premiums, applies from date of receipt of the first month's premium for claims due to natural causes. This Waiting Period may be Waivered if the Principal Insured can provide sufficient proof of previous Funeral Cover by another provider, not older than 31 (thirty one) days.
- A 12 month and 12 paid premium exclusion applies from the original commencement date for death directly or indirectly related to, accelerated by, or attributed to suicide or attempted suicide irrespective of whether such suicide or attempted suicide is the result of temporary or permanent insanity, mental illness, the influence of drugs or intoxication of the member.
- Benefits will not be paid in respect of an assured life which is permanently resident in a foreign country and who does not have a South African identity document.
- Life will not honour a claim which is directly or indirectly caused by:
  - Wilful exposure to danger or participation in a criminal act.
  - War, riots, terrorist activities, radioactivity or nuclear activities
  - Other conditions like non-payment of premiums, policy lapse, cancellation, waiting periods not being met.
- The number of policies that can be purchased per individual is limited by the maximum amount payable by the Insurer of R100 000 under all active policies, subject to a maximum of R50 000 per policy.
- There are no surrender values to this policy, the benefits may not be ceded or pledged in any way and no loans will be accepted against this policy.

## **GENERAL POLICY DEFINITIONS**

### **Accidental Death**

An unforeseen event which could not reasonably have been expected to occur. The event must result in death caused directly and independently of all other causes by some external and visible means arising from this event, and excludes death by natural causes.

### **Beneficiary**

The person/s as nominated by the Principal Insured to receive the benefit, subject to the terms and conditions as set out in the policy wording, on the death of the Principal Insured. The Beneficiary is not necessarily a member whose life is covered by this Policy. Beneficiaries must be nominated at time of sale and may be amended any time prior to the Principal Insured's death.

### **Cancellation**

The Insurer as well as the Insured may cancel the policy upon providing 31 days' written notice to the Insurer or the Insured at its last known recorded contact details on its system.

### **Cessation Age**

The age at which cover can no longer be provided to the Principal Insured or any assured lives on cover under the policy, this being 85 years of age (86 at the next birthday).

### **Children**

The Principal Insured's biological and/or legally adopted or foster children.

### **Cooling Off Period**

An opportunity for the Principal Insured to cancel the Policy, provided no benefit has been paid or claimed within a period of 31 days after confirmation of cover or any variation of such policy initiated by the Principal Insured. All premiums already paid may be refunded in accordance with the Policyholder Protection Rules.

### **Family member**

The Spouse/s, children and/or Parents of the Principal Insured.

### **Parents**

The natural or adoptive parents of the Principal Insured and/or his/her Spouse/s.

### **Period of Insurance**

A Principal Insured is covered for as long as the premium is received and the Principal Insured remains alive. Upon the death of a Principal Insured, cover ceases.

### **Premium**

The monthly amount payable to the Insurer for the Funeral Cover.

### **Principal Insured or Policy Holder**

A person who qualifies for funeral cover (by being between the ages of 18 - 85 years inclusive) and who pays the premium.

### **Spouse**

The legal or common law husband/wife of a Principal Insured or such person residing with the Principal Insured for a period of longer than 6 calendar months, who is normally regarded by the community as the Principal Insured's husband/wife.

### **Stillborn child**

A stillborn child not breathing at birth, born to the Principal Insured or Spouse after a minimum of 26 weeks of pregnancy.

### **Suicide**

The act or an instance of taking one's own life.

### **Waiting Period/s**

The period, subject to the provisions of the Policyholder Protection Rules, during which a policyholder and/ or insured is not entitled to policy benefits.

### **Waiver**

Specific instances whereby the Insurer at their discretion, may choose not to enforce Waiting Periods or Exclusions.

## **HOW DO I CLAIM?**

For any claim event, there is a 6 (six) month period in which to lodge a claim from the date that the event occurred. The claimant must complete all relevant documentation required within 30 days. All outstanding premiums on the policy shall be offset against the claim amount.

The following documents/photographs must be provided for consideration of a claim:

- Completed claim form;
- Certified ID copy of the Principal Insured and person lodging the claim, such as the Beneficiary;
- Certified copy of death certificate;
- Certified ID copy of the deceased;
- Proof of banking details;
- Proof of relation to the Principal Insured, such as:
  - Certificate to prove legal or customary marriage.
  - Birth or adoption certificate of proof of financial dependence of children.
  - Birth certificate of Principal insured or Spouse in respect of their parent.
- For a stillborn death, ID document of the mother and an unabridged death certificate from the hospital; and
- For an unnatural death, a copy of the police report from SAPS or accident report.

Further evidence/documentation may be requested in support of your claim. The Insurer undertakes to finalise a claim within 2 business days of all claim documentation been received. Payment of the benefits provided in the event of a valid claim in terms of the policy will be full and effective, discharging the insurer and the administrator of its liability and obligations in terms of the policy. All payments will be in South African Rands into a South African bank account, and no benefit payable under this policy shall carry interest.

**For ALL CLAIMS contact: Tel 031 812 2053**

**Email: [icreditclaims@monitorsa.co.za](mailto:icreditclaims@monitorsa.co.za)**

## **REPUDIATION OF A CLAIM**

Should you, as the insured party, wish to dispute the rejection of your claim, you have 90 (ninety) days to submit a dispute to **Tel: 031 818 0000** or [complaints@monitorsa.co.za](mailto:complaints@monitorsa.co.za). Should you remain unsatisfied you have 180 (one hundred and eighty) days from the date of the initial rejection letter to institute legal action by way of the service of Summons against the Insurer, failing which you will forfeit your claim and no liability will arise in terms of such claim. Details of the Long Term Insurance Ombudsman are detailed in the disclosure notice should you not be satisfied with the outcome of your claim.

## **GENERAL CONDITIONS**

- If you do not abide by the terms and conditions of this Policy, you will not be entitled to any benefit under this Policy.
- If you provided us with false, fraudulent or misleading information when you applied for cover under this Policy, and this information would have affected the decision to insure you, your cover under this Policy will end. If a claimant gives false or misleading information when making a claim, no benefit will be received/paid under this Policy and the cover under this Policy will end.
- If any benefit is paid as a result of a false claim, the claimant will have to repay any benefits they have received and the Insurer may take legal action against them.
- The rights under this Policy cannot be transferred to anyone else and this Policy cannot be used to protect any person other than you.
- When your cover under this Policy ends it will not have a cash value nor will any cash backs be payable in terms of this Policy.
- This Policy may be cancelled at any time by either party giving 31 (thirty-one) days' notice in writing.

- You MUST notify the Administrator or Intermediary FSP within 31 (thirty-one) days of any changes to any personal information that may affect the Insurer's liability under your Policy.
- The laws of the Republic of South Africa govern this Policy.
- Your premium may be collected on a different date due to a public holiday or weekend.

### **REMUNERATION**

Remuneration is payable to third parties that render services to you as the policyholder and to 1Life. This may include commission and other fees. For further information refer to the disclosure notice below.

### **TREATING CUSTOMERS FAIRLY**

This product has been created to meet the needs of our clients. Treating Customers Fairly ("TCF") framework Principals are viewed seriously by the Insurer and all 6 (six) outcomes, as stated below, are practiced at all times. We will, in all our interactions with any customer, endeavour to deliver excellent customer experiences which we will achieve through the ongoing review of all our business practices and analysis of complaints. It is our objective to be fair in our treatment of all customers and partners and being compliant, in all aspects, of the 6 (six) outcomes of the TCF framework.

These outcomes are:

- We are confident that your fair treatment is key to our culture;
- Products and services are designed to meet your needs;
- We will communicate clearly, appropriately and on time;
- We provide advice which is suitable to your needs and circumstances;
- Our products and services meet our clients standards and are of an acceptable level; and
- And there are no barriers to access our services or to lodge any complaints.

### **DATA PRIVACY STATEMENT**

In order to provide you with our services, we are required to process your personal information and will do so in accordance with our business requirements and legal obligations. You acknowledge that your personal information may be verified and/or processed for insurance, financial services and risk management purposes by the TIH Group of Companies and its associates against any other reasonable and legitimate sources or databases. This is to ensure the accuracy and completeness of any personal information provided on an ongoing basis.

We will process your personal information for the following purposes:

- Quoting, underwriting, pricing, servicing and executing of insurance and other financial services
- Assessing of financial and insurance risks.
- Assessing and processing of claims and complaints.
- Developing and improving of products and services
- Credit referencing and/or verifying of personal information.
- Fraud prevention and detection.
- Market research and statistical analysis.
- Auditing and record keeping.
- Compliance with legal and regulatory requirements.
- Sharing of information with service providers and other third parties with whom we engage or who render services to us, to process such information on our behalf.
- Sharing of insurance and claims information with other insurers and industry bodies for legitimate reasons, such as fraud prevention and claims validation.

We may transfer your personal information outside the borders of South Africa, if required, to provide any of the services.

You may access your personal information that we hold and may object to the processing of your personal information, or request us to correct any errors, or delete this information if there is no legitimate reason for us to maintain it. Please view our Privacy Policy and Access to Information Manual on our website for further information.

You have the right to complain to the Information Regulator if you feel we are unlawfully processing personal information. The Information Regulator's details can be found by visiting <https://info regulator.org.za/>



This funeral cover is:

underwritten by **1life insurance Limited**, a licensed life insurer and a Financial Services Provider, FSP No. 24769; brought to you by **Infinite Credit (Pty) Limited**, a registered Financial Services Provider, FSP No. 46366, and administrated by **Monitor Administrators (Pty) Limited**, a registered Financial Services Provider, FSP No. 17824

## **VALUE ADDED SERVICES**

### **FUNERAL ASSIST SERVICE (PROVIDED BY AAA RESPONSE INTERNATIONAL)**

The following Value Added Services will be provided in respect of a death of a policy member occurring within the borders of the Republic of South Africa:

- Coordinated assistance for a missing person for 3 (three) calendar days;
- Assistance with location of the deceased body and verification of death;
- Advice on how to apply for the Death Certificate;
- Overnight accommodation for 1 (one) person to identify the body (max. benefit of R500);
- Burial repatriation from the morgue to a funeral home within RSA (up to a maximum cost of R10 000 (ten thousand Rand)) and 1 (one) family member may accompany the body *en route* (transport costs to deceased location are for own account);
- Referral to a reputable funeral home for the onward assistance with funeral arrangements;
- Up to 60 (sixty) days telephonic guidance, emotional support and help for the family;
- Referral to a pathologist if an autopsy is required; and
- Referral to a crisis centre, psychologists or support groups where required.

#### **Notes:**

- **Repatriation must be requested within 7 (seven) days of death and only repatriation arranged through AAA Response Funeral Assist, will be covered.**
- **Any costs incurred as a result of a referral or expenses born outside of telephonic support, coordination and management, must be paid for by the Principal Insured or the Principal Insured's beneficiary.**
- **Any stated benefit can be claimed as a sum of money on the occurrence of an insured event.**

### **AAA RESPONSE INTERNATIONAL CONTACT DETAILS**

AAA Response International Call Centre offers access to the Funeral Assist Hotline 24 hours a day via:

Tel: **010 590 8422** (available 24 hours a day)

Website: <https://aaa-response.international/>