

MR PRICE GROUP LTD
MEDINET CRITICAL ILLNESS & HOSPITALISATION POLICY

Administered by V & A Risk Management (Pty) Limited
VM Centre, 356 Pretoria Avenue, Randburg, 2001.
Tel: 011 789 5885

Underwritten by Guardrisk Life Ltd

Group Policy Number : MPGFS 842

In return for You paying the premium and continuing to meet all the conditions for cover, if Guardrisk Life Ltd (Guardrisk) accepts the premium it will provide insurance cover under the Mr Price Group Ltd Medinet Critical Illness & Hospitalization Plan, as described in this document.

SECTION 1 : DEFINITIONS

Administrator

V & A Risk Management (Pty) Ltd.

Agreement

The agreement with Mr Price Group Ltd with which You have arranged insurance cover under the policy, and if so, through which you have elected to pay your premium.

Cancer

Malignant tumours characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. This includes leukaemia and Hodgkin's Disease but excludes non-invasive cancers in situ and skin cancer other than malignant melanoma

Coronary Artery Disease Requiring Bypass Surgery

A condition for which you undergo open-heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts. No cover will be provided in respect of non-surgical techniques such as balloon angioplasty or laser relief.

Credit and Financial Services Provider

The Credit Provider is registered in terms of the National Credit Act 34 of 2005 ("National Credit Act") under number NCRCP46. Mr Price Group Limited (FSP Licence No 31450) has been licensed by the Financial Services Board in terms of the FAIS Act to render intermediary Services in respect of Long Term Category A and B as well as Short Term Category 1 Personal and Commercial Lines. A copy of our FSP licence and the conditions of the licence are available on request.

Critical Illness

One or more of the following conditions: heart attack, cancer, stroke, major organ transplant, coronary artery disease requiring bypass surgery and kidney failure. Critical illness must be confirmed by a doctor with the applicable specialist knowledge.

Doctor

A medical practitioner registered with the South African Medical and Dental Council. The doctor who confirms your condition when you are making a claim cannot be you, a relative or a close friend.

End Date

The last day of Your insurance cover as defined in Section 7 "WHEN THE COVER ENDS".

Full-time Employment

When **You** are working for at least 20 hours a week and receiving a salary or wages under a contract of employment that does not have a known or implied finish date.

Hazardous Pursuit

Flying other than as a fare paying passenger, hang gliding, ballooning, land and water-based motor sports, winter sports, sub aqua diving, mountain climbing, and any other activity which would reasonably be expected to enhance the chance of a claim under the policy.

Heart Attack

The death of a portion of the heart muscle as a result of inadequate blood supply as evidenced by an episode of chest pains, new electro-cardio graphic changes and elevation of cardiac enzyme levels.

Hospitalisation

Being admitted to hospital and registered as an in-patient because of an accident or illness.

Insurer / We / Us / Our

Guardrisk Life Limited.

Kidney Failure

End stage renal failure resulting in chronic irreversible failure of both kidneys, as a result of which regular renal dialysis or a renal transplant is required.

Major Organ Transplant

The receipt of a heart, liver, lung, kidney, pancreas or bone marrow by means of a transplant.

Monthly Premium

The premium You must pay to the Insurer each month for cover under the policy.

Period of Insurance

The period between the start date and the end date for which You have paid the premium and We have agreed to accept it. The first period of insurance begins at the start date and all periods of insurance must be consecutive.

Policy

The Mr Price Group Ltd Medinet Critical Illness & Hospitalisation Plan

Policyholder

Mr Price Group Ltd.

Start Date

The date we accept your application for cover under the policy, or the date your agreement starts, whichever is the later.

Stroke

A cerebrovascular incident lasting more than 24 hours and resulting in permanent neurological damage. Evidence of permanent neurological deficit must be produced.

Work / Working

Full-time employment or self-employment.

You / Your

A person who is eligible for cover under the policy, who has applied for and been accepted for insurance cover and is named as the person insured in the application form.

SECTION 2 – ELIGIBILITY

To be eligible for cover under the policy You must meet the following conditions at the start date:

- You must be the first named borrower on the agreement, or be specified as the Partner of the first named borrower, in respect of a MrPricemoney account;
- You must be at least 18 and less than 60 years of age on the date of application for cover;
- You must be in good health;
- You must have been working continuously for 6 months immediately before the start date;
- You must work, live and have the right to reside permanently in South Africa;
- You must apply for cover and pay the premium;
- You must agree to abide by the terms and conditions of the policy

SECTION 3 - CRITICAL ILLNESS COVER**WHAT WE WILL PAY**

If You should suffer from a critical illness during the period of insurance, We will pay You a benefit of R70,000

WHAT WE DO NOT PAY FOR

We will not pay any benefit if Your critical illness arises directly or indirectly from any of the following:

- A self-inflicted injury, suicide or a suicide attempt;
- Any condition You had at the start date;
- Any condition for which You have received treatment or advice during the 12 months immediately before the Start Date and for which You make a claim 12 months after the Start Date
- War, riot, radioactive contamination, nuclear accidents and similar risks;
- Your participation in a criminal act;
- Your participation in a hazardous pursuit;
- You being under the influence or above the legal limit of alcohol intake or drug abuse;
- Refusing medical treatment as recommended by Your own medical practitioner.
- Any condition which arises within 90 days of the start date;
- Pregnancy, childbirth, the ending of pregnancy or any related complication;
- A medical procedure undertaken at your request which is in the opinion of a doctor not necessary to maintain the quality of your life
- Unreasonable failure to obtain or follow medical advice;
- A critical illness arising while you are working outside of South Africa.

SECTION 4 – HOSPITALISATION COVER

WHAT WE WILL PAY

If during a period of insurance You are hospitalised for more than 14 consecutive days, we shall pay a benefit of R7,000

To receive the hospitalisation benefit you must :

- be under the continuous care of a doctor in respect of the reason for hospitalisation;
- give us any evidence we may request to prove your claim is valid and continues to be so.

When paying your claim, we shall consider the first day of your hospitalisation to be the day you are registered as an in-patient.

WHAT WE DO NOT PAY FOR

We shall not pay any benefit if your hospitalisation arises directly or indirectly from any of the following : -

- If you are hospitalised as a result of a reason listed in Section 3 "What We Do Not Pay For";
- You being hospitalised within 6 months of the cover commencing in which case a return of all premiums will be made

SECTION 5 - BENEFITS PAYABLE

The benefit payable in the event of Your critical illness, hospitalization is as described in this policy. If the benefit does not reflect your requirements, please contact the administrator immediately.

SECTION 7 - CLAIMS

All claims must be notified as soon as possible and no later than 120 days after the insured event by contacting the scheme administrator on (011) 789 5885, or by writing to the administrator at:

V & A Risk Management (Pty) Limited, PO Box 983, Northlands, 2116

A claim form will be sent to You. You must return it to the administrator within 30 days of receipt. Please ensure that all sections of the claim form are fully completed and any relevant documents are enclosed and sent to the administrator.

Should You need any help in completing Your claim form please contact the administrator.

SETTLING A CLAIM

We will need proof of Your critical illness or hospitalisation and the circumstances leading to Your claim.

We will require a doctor's certificate confirming your condition. We may ask You to go for a medical examination with a doctor appointed by Us. We will pay the cost of the examination.

You must take all reasonable steps to keep the period of hospitalisation or unemployment as short as possible.

We may ask for other evidence in support of Your claim.

SECTION 8 - WHEN THE COVER ENDS

Your insurance cover under the policy will end and no further benefit will be payable, as soon as one of the following occurs:

- A benefit is paid in respect of critical illness or hospitalisation;
- You attain the age of 70;
- You fail to pay the monthly premium;
- You advise us that the policy should be cancelled;
- We advise You that Your insurance cover has ended.

SECTION 9 - GENERAL CONDITIONS

If You do not keep to the terms and conditions of the policy, You will not be entitled to any benefit under the policy.

If You gave false or misleading information when You applied for cover under the policy, and this information affected the decision to insure You, Your cover under the policy will end and We will not pay any benefit.

If You give false or misleading information when You make a claim, You will not receive any benefit under the policy and Your cover under the policy will end.

If any benefit is paid as a result of Your false claim, You will have to repay any benefit You have received and We will take legal action against You.

The contract between You and Us is made up of the policy, any endorsement, any written statement of Your medical conditions and any other information provided by You including that in Your credit application.

The rights under the policy cannot be transferred to anyone else and the policy cannot be used to protect any person other than You.

When Your cover under the policy ends it will not have a cash value.

We have the right to change your premium under the policy. You will be told at least 30 days before the change takes effect.

For the purposes of disclosure of private underwriting and claims information You consent and acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, and accordingly You waive any rights of privacy of insurance information in respect of any claim made.

You also acknowledge that the information provided by You may be verified against other legitimate sources or databases. You also Waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning You.

Should You wish to cancel Your cover under the policy, please do so in writing with one calendar month's notice to the following address:

V & A Risk Management (Pty) Ltd
P O Box 983
Northlands
2116

The law of South Africa governs this policy.

SIGNED ON BEHALF OF GUARDRISK LIFE LIMITED BY
HERMAN SCHOEMAN: MANAGING DIRECTOR.

**STATUTORY NOTICE TO LONG TERM INSURANCE POLICY HOLDERS
IMPORTANT – PLEASE READ CAREFULLY
DISCLOSURE AND OTHER LEGAL REQUIREMENTS**

(This Notice does not form part of the Insurance Contract nor any other document)

As a long term insurance policyholder, or prospective policyholder, you have the right to the following information

1. YOUR INTERMEDIARY

Company name:	Mr Price Group Limited		
Physical Address:	65 Masabalala Yengwa Avenue (Formerly NMR Avenue), Durban, 4001	Postal Address:	PO Box, 912, Durban, 4000
Telephone Number:	031 310 8000	Facsimile Number:	031 304 3725
Legal status of the intermediary and the disclosure of any shareholding that the provider may have in excess of 10% in the insurer, any other equivalent substantial interest and if applicable disclosure of whether the intermediary has derived more than 30% of its total remuneration over the preceding 12 months from the insurer:			
We have a written mandate to act as Intermediary on behalf of the Insurer			
Mr Price Group Limited has Professional Indemnity Insurance Cover in force			
Mr Price Group Limited is in possession of the required written agreement to act as an intermediary of Guardrisk Life Limited			
Statutory commission is paid by Guardrisk Life Limited to 20%			
Financial Advisory and Intermediary Services (FAIS) Registration Number is 31450			
Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Mr Price Group Limited accepts responsibility for the lawful actions of their Representatives (as defined in the Financial Advisory and Intermediary Services Act) in rendering financial services within the course and scope of their employment.			
Claims Procedure:	Completed claims forms and all required documents to be submitted to V and A Risk Management, 356 Pretoria Avenue, Randburg, 2194		
Complaints Procedure:	Complaints relating to any advice given to you by your intermediary may be notified in writing to: V and A Risk Management: complaints@varisk.co.za		
Compliance Officer:	Not applicable		
Policy Wording:	A copy of the policy wording can be obtained from Mr. Price Group Limited or from the Administrator, V&A Risk Management (Pty) Ltd		

2. DETAILS OF THE ADMINISTRATOR

V and A Risk Management (Pty) Limited Registration number 2009/016248/07 is mandated by Guardrisk Life Limited to act as an administrator for all financial products that are sold to clients on its behalf.			
Company name:	V and A Risk Management (Pty) Limited		
Physical Address:	356 Pretoria Avenue, Randburg, 2194	Postal Address:	356 Pretoria Ave, Randburg, 2194
Telephone No:	011 789 5885	Facsimile No:	086 525 1785
FAIS Registration:	V and A Risk Management (Pty) Limited is a juristic representative of ISS Ltd in terms of FAIS Act, FSP No. 19015		
Claims Procedure:	Completed claims forms and all required documents to be submitted to V and A Risk Management (Pty) Limited, 356 Pretoria Avenue, Randburg, 2194		
Compliance Officer:	Not applicable		

3. DETAILS ABOUT THE PRODUCT SUPPLIER

Company Name	Guardrisk Life Limited Registration No. 1999/013922/06		
Postal Address	P O Box 786015, Sandton, 2146	Physical Address	Alexander Forbes, 4 th Floor Rivonia Road, Sandton
Telephone Number	+27-11-669-1000	Fax Number	+27-11-669-2792
FAIS Registration	Guardrisk Life Limited is an authorised financial services provider in terms of the FAIS Act, FSP No.76		
Compliance Officer	The Compliance Manager, Tel +27-11-669-1039, Fax +27-11-669-2792, e-mail compliance @guardrisk.co.za		
Type of Policy	Mr Price Group Ltd Medinet Critical Illness & Hospitalisation Plan		

4. PREMIUMS

(DETAILS OF THE PREMIUMS PAYABLE)

Due Date of Payment:	Your monthly premium will form part of your monthly account with Mr Price Group Limited
Consequence of Non-Payment:	If the premium is not received as aforesaid, you have further 15 days to pay failing which the policy will be cancelled and any claim will not be covered.
Method of Payment:	Your monthly premium will form part of your monthly account with Mr Price Group Limited

5. OTHER MATTERS OF IMPORTANCE

i	You will be informed of any material changes to the information about the intermediary and or insurer provided above.
ii	If any of the information reflected above was given to you orally, this disclosure notice serves to provide you with the information in writing. Should you not be satisfied with the policy, you are entitled a period up to 30 days within which you may cancel your policy in writing at no cost. Cover will cease upon cancellation of the policy.
iii	If we fail to resolve your complaint relating to an advice satisfactorily, you may submit your complaint to the FAIS Ombudsman at P.O. Box 74571 Lynwood Ridge 0040 or any other complaint to the Ombudsman of the Long Term Insurance.
iv	You will always be given a reason for the repudiation of your claim.
v	If the insurer wishes to cancel your policy, this will be done in writing, to your last known address.
vi	You will always be entitled to a copy of your policy at no extra charge.

6. WARNING

i	Do not sign any blank or partially completed application form.
ii	Complete all forms in ink.
iii	Keep notes of what is said to you and all documents handed to you.
iv	Don't be pressurised to buy the product.
v	If you fail to disclose facts relevant to your insurance, this may influence the assessment of a claim by the insurer.

For complaints on claims that are not satisfactorily resolved by the product supplier contact:

For complaints to the intermediary or insurer that are not resolved to your satisfaction, please contact:

7. PARTICULARS OF THE LONG TERM INSURANCE OMBUDSMAN	
Postal Address:	Private Bag X45 Claremont, 7735
Telephone Number:	021 657 5000
Facsimile Number:	021 674 0951

8. PARTICULARS OF THE REGISTRAR OF LONG TERM INSURANCE	
Postal Address:	Financial Services Board PO Box 35655, Menlo Park, 0102
Telephone Number:	012 428 8000
Facsimile Number:	012 347 0221