
Tech Spec Combo



1st Quarter 2018

Hollard.

Content

CONTRACT DETAILS

DEATH

CRITICAL ILLNESS

DISABILITY

IMPAIRMENT

ADD-ON

Contract Details

Tech Spec



Payment of premiums	All premiums are payable in advance on the first day of the month. A grace period of 1 month is allowed for the payment of the premium. If a premium is not paid within the period of grace, the policy will lapse.
Non-disclosure practice	<p>If any information material to the underwriting decision has been withheld or misrepresented, this would constitute non-disclosure and any claim would be treated as follows:</p> <ul style="list-style-type: none">» If, in the opinion of Hollard Life, non-disclosure would not have changed the original underwriting decision, then the non-disclosure will not be taken into account in assessing the claim» Non-disclosure which would have changed the underwriting decision had the information been disclosed at underwriting stage, and which may or may not be relevant to the cause of the claim or the benefit being claimed for, will be treated as follows:<ul style="list-style-type: none">• The entire policy could be cancelled from inception and no claim will be admitted. In this instance premiums paid less costs will be refunded to the premium payer, or• The policy may be re-underwritten to reflect the terms that would have applied had the information been disclosed at underwriting stage <p>If the benefit being claimed on is re-underwritten an amount of 10% of the revised sum insured will be deducted as a non-disclosure penalty and the claim will then be assessed on the basis of the revised cover amount. If a benefit not being claimed on is re-underwritten Hollard will endorse the policy to apply the revised terms after consideration of previously non-disclosed information.</p> <p>Hollard life may recover any claim payments previously made where the non-disclosure was relevant to the cause of the claim.</p>
Proof of age	Proof of age is required before any benefit is payable. If the age or any other information used to determine the premium has been incorrectly stated, the benefits shall be adjusted accordingly.
Payment of claims	<p>In order to claim on the policy, Hollard Life must receive a signed and completed claim form, together with any additional information that Hollard Life may require in order to assess the claim.</p> <p>Hollard Life must be satisfied that the claim is valid, that the person making the claim is entitled to receive the amount payable. Hollard Life shall also be entitled to access all medical and hospital records of the Life Insured.</p>

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Free cover period	<p>Free cover will be provided for the benefits in the policy schedule from:</p> <ul style="list-style-type: none"> » The original date of issue of this policy to the commencement date or » 30 days prior to the commencement date, whichever is the shorter. This free cover will cease immediately on a request to redate the policy
Beneficiary	<p>The policy owner may nominate one or more beneficiaries who are to receive the benefits in terms of this policy in the event that the policy owner is deceased at the time of the claim event. The beneficiaries shall have no interests or rights in the policy during the lifetime of the owner.</p> <p>The policy owner may at any time cancel the nomination of a beneficiary and appoint another beneficiary. Any appointment or change must be made by written notice to Hollard Life and is not valid until Hollard Life accepts the beneficiary nomination by issuing a revised policy schedule.</p> <p>No beneficiary nomination can be accepted if there is more than one policy owner on the policy.</p> <p>In the event of the policy being ceded, the rights of any beneficiary shall become subordinate to those of the cessionary.</p>
Cession	<p>The policy may only be ceded through the execution of a cession form approved by Hollard Life. A cession shall be noted when received by Hollard Life, without Hollard Life expressing any opinion as to the validity thereof.</p>
Benefit escalations	<p>0% - 10% voluntary premium escalations 0% - 10% voluntary benefit escalations</p> <p>Any voluntary premium increase that you have selected will be used to purchase additional cover at the premium rate applicable at the time of the increase.</p> <p>Any voluntary benefit increase will be purchased at the premium rate applicable at the time of the increase.</p> <p>If three consecutive voluntary increases are declined, then future voluntary increases will cease. Reinstatement of the voluntary increases may be subject to evidence of health at the policy owner's expense.</p>
Guarantee periods	<p>Guaranteed</p> <p>The premium is guaranteed for the guarantee period as shown in the policy schedule (15-year initial guarantee period for Life Cover, stand alones and accelerators, 10-year initial guarantee period for Income Replacement Plan). Please refer to Premium Guarantee Review Practice.</p> <p>Experience-rated</p> <p>On each policy anniversary Hollard Life will review the level of premiums in relation to the benefits provided. Should a change in circumstances warrant it, the premium then payable may be reduced or increased, with any increased limited to a maximum of 15%. Premium Guarantee Review Practice does not apply.</p>
Premium guarantee review practice	<p>The benefits provided by Hollard Life are priced for the term of the policy based on best estimates of future experience, and consequently the premium should be sufficient to provide for the selected benefits for the duration of the policy. However, as future experience is uncertain, it may be necessary to adjust the premium payable at a later date.</p> <p>At the expiry of the initial guarantee period and each subsequent guarantee period, the premium then payable may be reduced or increased by up to a maximum of 25%. This revised premium rate may then be guaranteed for up to a further 10 years.</p> <p>Should the premium payable be increased following a premium review, the owner will have the option of increasing the premium to the required level in order to maintain full benefits. If the required premium increase is not accepted, Hollard Life may reduce the benefits proportionately on expiry of the premium guarantee term.</p>

Premium patterns	<p>Level</p> <p>No compulsory escalation, however voluntary escalations may be added.</p> <p>5% compulsory</p> <p>A compulsory premium escalation of 5% per annum is required to maintain the benefits. This means that the premium starts off significantly cheaper than the level premium option. The 5% compulsory premium escalation does not purchase additional cover on anniversary of the policy; however, voluntary escalations may be added for this purpose.</p> <p>Age-rated</p> <p>Includes a premium escalation to reflect the increasing cost of providing the risk benefits as the life insured gets older. The compulsory escalation is based on the age next birthday of the insured (on the policy anniversary) and is as follows:</p> <ul style="list-style-type: none"> » Up to age 34 2.5% p.a. » Age 35 to 44 5.0% p.a. » Age 45 to 54 7.5% p.a. » Age 55 and older 8.25% p.a. <p>Decreasing</p> <ul style="list-style-type: none"> » Available on Term Cover benefits. » The premium and benefit amount will reduce from the 5th policy anniversary based on the interest rate selected by the policy owner. The premium and benefit amount will be level for the first 5 years.
Unclaimed Benefit	<p>Where Hollard Life becomes aware of an event that would result in a claim payment being due to the policyholder or beneficiary (as applicable) and the policyholder or beneficiary has not notified Hollard Life of the claim event then:</p> <ul style="list-style-type: none"> » Hollard Life will attempt to contact the policyholder or beneficiary » If Hollard Life is unable to contact the policyholder or beneficiary, <ul style="list-style-type: none"> • we will make an enquiry to an external database and/or make use of an external tracing company to establish contact and • repeat this process three years from the date that we accepted the claim, and again ten years from the date that we accepted the claim » If after ten years from the date that Hollard Life accepted the claim we have been unsuccessful in tracing the policyholder or beneficiary, we will not make any further attempts to contact the policyholder or beneficiary » Hollard Life will deduct any administrative, tracing and management fees that are incurred as a result of the tracing process, from the value of any claim payment » made on the policy » Hollard Life will not trace the policyholder or beneficiary where the value of the claim payable is less than R10 000 (in aggregate or otherwise) <p>If a claim payment has remained unpaid for more than 180 days from the date the claim was accepted as valid by Hollard Life then the claim payment will accumulate interest at:</p> <ul style="list-style-type: none"> » 0% for the first 180 days from the date the claim is accepted to the date of payment of the claim, and » the daily rate earned on the 90 day treasury bill issued by the South African Government for any period after the first 180 days from the date the claim is accepted to the date of payment of the claim. <p>It is the responsibility of the policyholder to ensure that their contact details and the contact details of the insured and the names and identity numbers of the beneficiaries are correct at all times.</p>



The Life Cover benefit pays out the full benefit amount as a lump sum on the death of a life insured.

Type of benefit	Standalone	
Benefit variation	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	70 ANB	
Premium patterns	Level 5% compulsory escalation age-rated	
Benefit cover term	For life	
Minimum premium per policy	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Maximum benefit amount	No limit but subject to financial justification and availability of re-insurance	
Minimum benefit amount	R250 000	
Premium guarantee term	Guaranteed (15 years) or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Automatically included benefits	<p>Interim Accident Benefit Cover is provided to a life insured in the event of accidental death from the date of receipt of the original application by Hollard Life to the date of acceptance of the policy or declinature of the policy, subject to a maximum of 30 days and limited to R500 000, or the sum assured if lower.</p> <p>Family Funeral Benefit for each life insured Each life insured: R40 000 Spouse: R20 000 Child: R10 000 (max 4 children)</p> <ul style="list-style-type: none"> » Each life insured's funeral benefit amount is accelerated from the death benefit amount. » Cover for the spouse and children for the first 12 months are as a result of accidental causes only » Cover for the nominated spouse ceases on their 65th birthday » No payment will be made where the policy owner and the life insured are different people or institutions or where there is a collateral cession against the policy » Not available if there is no valid life cover benefit claim <p>Terminal Illness Benefit If a life insured contracts a terminal illness which, in the opinion of Hollard Life, results in the life insured having 12 months or less to live, then 100% of the death benefit may be claimed in before death.</p>	

General exclusions

Suicide Limitation

If any of the life insureds dies by his or her own act (and in the opinion of Hollard Life the life insured committed suicide within two years of:

- » the commencement date of the policy or any subsequent reinstatement date of the policy, the policy shall be terminated and no benefit shall be payable
- » any voluntary Life Cover increase, such increases shall be cancelled with no benefit payable in respect of such increase

Recognition of prior insurance

In determining the above two-year period, recognition will be taken of prior insurance, as detailed below.

Where life cover has been transferred to or replaced with a new Hollard Life policy, Hollard Life will recognise the period of life cover under the replaced policy in applying the Suicide Limitation Clause, provided that:

- » the replaced policy was issued by a South African registered insurer
- » the life insured and policy owner are the same under the replacement policy as they were under the replaced policy
- » the insured has enjoyed uninterrupted life cover under both the replaced and the replacement policies

and that in the circumstances referred to above, the sum insured payable by the replacement policy does not exceed an amount equivalent to the sum insured under the replaced policy.

Term – Life Cover Tech Spec



Term – Life Cover benefit pays out the full sum insured as a lump sum to the policy owner on the death of the life insured provided death occurs before the end of the specified term.

Type of benefit	Standalone	
Benefit variation	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	70 ANB	
Premium patterns	Level 5% compulsory escalation age-rated	
Benefit cover term	Min 5 years Max 30 years, increments of 1 year allowed, subject to an expiry age of 75	
Minimum premium	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Minimum benefit amount	R250 000	
Maximum benefit amount	No limit but subject to financial justification and availability of re-insurance	
Premium guarantee term	The premium is guaranteed for the term of the benefit to a max of 15 years or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Automatically included benefits	<p>Interim Accident benefit</p> <p>Cover is provided to a life insured in the event of accidental death from the date of receipt of the original application by Hollard Life to the date of acceptance of the policy or declinature of the policy, subject to a maximum of 30 days and limited to R500 000, or the sum assured if lower.</p> <p>Family Funeral benefit for each life insured</p> <p>Life insured: R40 000 Spouse: R20 000 Child: R10 000 (max 4 children)</p> <ul style="list-style-type: none"> » Each life insured's funeral benefit amount is accelerated from the death benefit amount » Cover for the spouse and children for the first 12 months are as a result of accidental causes only » Cover for the nominated spouse ceases on their 65th birthday » No payment will be made where the policy owner and the life insured are different people or institutions or where there is a collateral cession against the policy » Not available if there is no valid life cover benefit claim 	

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Automatically included benefits (continued)	<p>Terminal Illness Benefit</p> <p>If a life insured contracts a terminal illness prior to 2 years before the expiry of the Term Life benefit that, in the opinion of Hollard Life, results in the life insured having 12 months or less to live, then 100% of the death benefit may be claimed before death.</p>
General exclusions	<p>Suicide limitation</p> <p>If any of the life insureds dies by his or her own act (and in the opinion of Hollard Life the life insured committed suicide) within two years of:</p> <ul style="list-style-type: none"> » the commencement date of the policy or any subsequent reinstatement date of the policy, the policy shall be terminated and no benefit shall be payable » any voluntary life cover increase, such increases shall be cancelled with no benefit payable in respect of such increase <p>Recognition of prior insurance</p> <p>In determining the above two-year period, recognition will be taken of prior insurance, as detailed below.</p> <p>Where life cover has been transferred to or replaced with a new Hollard Life policy, Hollard Life will recognise the period of life cover under the replaced policy in applying the Suicide Limitation Clause, provided that:</p> <ul style="list-style-type: none"> » the replaced policy was issued by a South African registered insurer » the life insured and policy owner are the same under the replacement policy as they were under the replaced policy » the insured has enjoyed uninterrupted life cover under both the replaced and the replacement policies <p>and that in the circumstances referred to above, the sum insured payable by the replacement policy does not exceed an amount equivalent to the sum insured under the replaced policy.</p>

Death Income Tech Spec

Death Income pays a monthly income to the policy owner or nominated beneficiary on the death of the life insured.

Type of benefit	Stand-alone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	55 ANB – for benefits with expiry age 60 60 ANB – for benefits with expiry age 65 65 ANB – for benefits with expiry age 70	
Maximum benefit amount	No limit but subject to financial justification and availability of reinsurance	
Premium patterns	Level 5% compulsory Escalation age-rated	
Benefit cover term	To age 60 To age 65 To age 70 Benefit expiring on the policy anniversary before the life insureds 60 th , 65 th , or 70 th birthday as selected by the applicant on the application form	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee term	Guaranteed (10 years) or experience-rated (Nil)	
Voluntary increase options	0% - 10% Voluntary Premium Escalations or 0% - 10% Voluntary Cover Escalations	
Escalation in claim	Optional benefit. If claim escalation has been selected on this benefit (as shown in the schedule), then on each anniversary of the initial claim payment on this benefit, while a claim is in payment, the benefit payment shall be increased by the lesser of the Consumer Price Inflation Rate and 10%.	
Benefit payment term	The policy owner may select one of the following benefit payment terms: 1. Basic Death Income benefit – Either 12- or 24- monthly benefit payments 2. Extended Death Income benefit – Expiry of benefit cover term	
General exclusions	Suicide Limitation If the life insured dies by his or her own act and in the opinion of Hollard Life the life insured committed suicide within two years of: <ul style="list-style-type: none"> » the commencement date of the policy or any subsequent reinstatement date of the policy, the policy shall be terminated and no benefit shall be payable » any voluntary life cover increase, such increases shall be cancelled with no benefit payable in respect of such increase 	

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	<p>Recognition of prior insurance</p> <p>In determining the 2-year period, recognition will be taken of prior insurance, as detailed below.</p> <p>Where life cover has been transferred to or replaced with a new Hollard Life policy, Hollard Life will recognise the period of life cover under the replaced policy in applying the suicide limitation clause, provided that:</p> <ul style="list-style-type: none"> » the replaced policy was issued by a South African registered insurer; and » the life insured and policy owner are the same under the replacement policy as they were under the replaced policy; and » the insured has enjoyed uninterrupted life cover under both the replaced and the replacement policies. <p>and that in the circumstances referred to above, the sum insured payable by the replacement policy does not exceed an amount equivalent to the sum insured under the replaced policy.</p>
Basic death income benefit	<p>The benefit amount as specified in the schedule, together with any benefit increases, shall be payable on a monthly basis on the death of the life insured while the Basic Death Income benefit is in force.</p> <p>The Basic Death Income benefit will cease once either 12- or 24- monthly payments have been made.</p>
Extended death income benefit	<p>The benefit amount as specified in the schedule, together with any benefit increases, shall be payable on a monthly basis, following the expiry of a 24-month waiting period, on the death of the life insured while the Extended Death Income benefit is in force.</p> <p>Claim payments under the Extended Death Income benefit will cease on the benefit cease date as shown in the schedule.</p> <p>The Extended Death Income benefit is not available for business purposes.</p>
Benefit cover cease	<p>This benefit shall terminate at:</p> <ul style="list-style-type: none"> » death » benefit cover term expiring » cancellation of the benefit by the policy owner » non-payment of premiums, subject to 30-day grace period.

Accidental Death Tech Spec

The Accidental Death Benefit provides additional cover on the death of the life insured as a result of an accident. 'Accidental Death' shall mean death resulting directly and independently of all other causes from bodily injury caused solely by external, violent and accidental means. Death must occur within 90 days of the accident having occurred, and must be solely the result of the accident.

Type of benefit	Standalone or Ancillary	
Benefit variation	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	70 ANB	
Maximum cover amount	R5 000 000	
Premium patterns	Level	
Benefit term	For life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% Voluntary Premium Escalations 0% - 10% Voluntary Cover Escalations	
Change in circumstances	Hazardous Pursuits The owner undertakes that Hollard Life be advised in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.	
General exclusions	Self-Inflicted Injuries No payments shall be made if death was directly or indirectly occasioned by or accelerated by self-inflicted injuries.	

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Accident Plus

Tech Spec



The Accident Plus benefit provides a lump sum benefit on the death, disability or impairment of the life insured as a result of an accident. 'Accident' shall mean an external, unexpected and violent event.

For the death component, death must occur within 90 days of the accident having occurred, and must be solely the result of the accident.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB at commencement date	
Maximum entry age	65 ANB at commencement date	
Maximum sum insured	R5 million	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month on R1 800 per annum
Benefit cover term	For life	
Premium patterns	Level or 5% compulsory escalation or age-rated	
Premium guarantee period	Guaranteed (15 years) or experience-rated (nil)	
Voluntary increase options	0% - 10% premium escalations 0% - 10% cover escalations	
Effect of a claim on this benefit	<p>All disability and impairment claims are an acceleration of the benefit payable on the death component of Accident Plus. If the claim payment is less than 100% of the benefit amount, the remaining percentage will be available on death.</p> <p>This benefit will cease on payment of a death claim or once 100% of the benefit amount has been paid, whichever occurs first.</p>	
Effect of a claim on other policy benefits	None	
Waiting period on disability claim	There is no waiting period. The benefit will be payable once Hollard Life is satisfied that the life insured is permanently disabled or impaired.	
Survival period	There is no survival period required for the payment of a disability or impairment benefit.	

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Change in circumstances	<p>Occupation</p> <ul style="list-style-type: none"> » The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <ul style="list-style-type: none"> » The owner undertakes to advise Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.
General exclusions	<p>Self-inflicted injuries</p> <p>No payments shall be made if death, disability or impairment was directly or indirectly caused by or accelerated by self-inflicted injuries or an attempt, successful or otherwise to commit suicide.</p>

Events covered by Accident Plus															
Death	<p>Provides for a benefit payment on the death of the life insured as a result of an accident.</p> <p>100% of benefit amount</p>														
Occupational disability	<p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to accidental injury, to perform his/her own occupation or any other occupation for which he/she is suited in terms of ability, training, education and experience.</p> <p>This occupational disability benefit is only payable provided that the life insured has been gainfully employed for a period of not less than six months before the onset of the disability.</p> <p>The table below shows the percentage of the benefit amount that is payable depending on the age of the life insured.</p> <table> <tr> <th>ANB at the policy anniversary before the claim</th><th>% of benefit amount</th></tr> <tr> <td>Less than or equal to 65</td><td>100%</td></tr> <tr> <td>66</td><td>80%</td></tr> <tr> <td>67</td><td>60%</td></tr> <tr> <td>68</td><td>40%</td></tr> <tr> <td>69</td><td>20%</td></tr> <tr> <td>Greater than or equal to 70</td><td>0%</td></tr> </table> <p>If they qualify for less than 100% of the benefit amount, the remaining percentage will be assessed on the life insured's inability to perform three or more Activities of Daily Living (ADL), as defined below.</p> <p>If they do not qualify for a claim under the ADL definitions, the remaining percentage will be available for accidental death.</p>	ANB at the policy anniversary before the claim	% of benefit amount	Less than or equal to 65	100%	66	80%	67	60%	68	40%	69	20%	Greater than or equal to 70	0%
ANB at the policy anniversary before the claim	% of benefit amount														
Less than or equal to 65	100%														
66	80%														
67	60%														
68	40%														
69	20%														
Greater than or equal to 70	0%														

Daily activity disability

The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to accidental injury, after the life insured's 65th birthday to perform three or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.

- » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower)
- » Dressing: The ability to put on, take off, secure and unfasten all garments
- » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils
- » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel
- » Mobility: The ability to move indoors from room to room on level surfaces
- » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa
- » Communicating: The ability to answer the telephone and take a message

The table below shows the percentage of the benefit amount that is payable depending on the age of the life insured.

ANB at the policy anniversary before the claim	% of benefit amount
Less than or equal to 65	0%
66	20%
67	40%
68	60%
69	80%
Greater than or equal to 70	100%

Impairment events

Provides for a benefit payment on total and irreversible (not correctable by treatment or operation) impairment, as defined below, of the life insured where this impairment is solely as a result of an accident.

Below is a list of impairment events covered by this benefit. All of these events pay out at 100% of the benefit amount.

- » **Loss of two or more limbs:** Loss of use of any two limbs, where a limb is defined as an arm including the elbow or a leg including the knee.
- » **Loss of both hands/both feet/one hand and one foot:** Loss of use of both hands, both feet or one hand and one foot. Radiological evidence of irreversible joint destruction must be provided.
- » **Loss of dominant hand:** Loss or loss of use of dominant hand.
- » **Impairment of upper limbs:** 80% impairment of dominant upper limbs as measured using the American Medical Association's *Guidelines to the Evaluation of Permanent Impairment*.
- » **Spine:** Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:
 - Cauda equina syndrome
 - Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment
 - Paraplegia, quadriplegia
 - Inability to perform three or more daily activities

<p>Impairment events (continued)</p>	<ul style="list-style-type: none"> » Hemiplegia: Persistent disabling hemiplegia resulting in the inability to perform three or more daily activities. » Loss of sight in both eyes: Loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an Ophthalmologist's report and cataracts are specifically excluded. » Loss of hearing: Total loss of hearing in both ears means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided. » Loss of speech/aphasia: Aphasia or the inability to speak. » Traumatic head injury: A traumatic injury to the brain, caused by an external physical force, resulting in total and irreversible impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution. The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist. » Permanent mental or cognitive impairment: The cognitive deterioration or loss of cognitive capacity which is evidenced by Mini Mental Test scores of less than 18 in tests conducted at least two months apart. » Impairment of consciousness and awareness/coma: Irreversible unconsciousness/coma not amenable to therapy. » Soft tissue: 25% body surface burns.
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Deferred Life Tech Spec



Deferred Life is an underwriting tool used to assess cases that would traditionally be declined. A waiting period of three years plus an extra mortality is applied. During the waiting period only accidental death is covered. Should a claim occur from natural causes during the waiting period, no sum assured is payable, but all premiums will be refunded.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	70 ANB	
Maximum cover amount	R4 000 000	
Premium patterns	Level	
Benefit term	For life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee term	Guaranteed (5 years) or experience-rated	
Voluntary increase options	None	
Available ancillary benefits	None	
Additional information	<p>The rates on the Deferred Life already include health loadings.</p> <ul style="list-style-type: none"> » The Deferred Life can be quoted on LifeQuote, but is only recommended for applicants with medical impairments » Should an applicant be declined on the Hollard Life range, a Deferred Life will automatically be quoted on the final offer, subject to financial capacity with the relevant reinsurance company » Commission payable is 50% of standard commission » After the waiting period has expired, all causes of death are covered » A negative HIV test is to be submitted before this policy can be issued 	
General exclusions	<p>During Waiting Period</p> <p>Only accidental death is covered. Should a claim occur from natural causes during this period, no sum assured is payable, but all premiums will be refunded.</p> <p>Suicide Limitation</p> <p>If the life insured dies by his or her own act within 2 years of the commencement or reinstatement date of the policy, the policy shall be terminated and no benefit shall be payable. If the life insured dies by his or her own act within 2 years of any cover increase, such increase shall be terminated with no benefit payable in respect of such increase.</p>	

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Joint Life – Last Death Tech Spec

On the death of the last of the lives insured covered under the policy, Joint Life – Last Death pays out the full benefit amount together with any benefit increases as a lump sum.

Type of benefit	Standalone	
Minimum entry age	19 ANB	
Maximum entry age	70 ANB	
Premium patterns	Level 5% compulsory escalation age-rated	
Benefit cover term	For life	
Minimum premium	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Minimum benefit amount	R250 000	
Maximum benefit amount	No limit but subject to financial justification and availability of reinsurance	
Premium guarantee term	Guaranteed (15 years) or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Automatically included benefits	<p>Interim Accident Benefit Cover is provided in the event of accidental death of both of the life insureds from the date of receipt of the original application by Hollard Life to the date of acceptance of the policy or declinature of the policy, subject to a maximum of 30 days and limited to R500 000, or the sum assured if lower.</p> <p>Terminal Illness Benefit If the surviving life insured contracts a terminal illness which, in the opinion of Hollard Life, results in the life insured having 12 months or less to live, then 100% of the death benefit may be claimed before death.</p>	
General exclusions	<p>Suicide limitation If the surviving life insured dies by his or her own act (and in the opinion of Hollard Life the life insured committed suicide) within 2 years of:</p> <ul style="list-style-type: none"> » the commencement date of the policy or any subsequent reinstatement date of the policy, the policy shall be terminated and no benefit shall be payable » any voluntary life cover increase, such increases shall be cancelled with no benefit payable in respect of such increase 	

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General exclusions (continued)	<p>Recognition of prior insurance</p> <p>In determining the above 2-year period, recognition will be taken of prior insurance, as detailed below.</p> <p>Where life cover has been transferred to or replaced with a new Hollard Life policy, Hollard Life will recognise the period of life cover under the replaced policy in applying the Suicide Limitation Clause, provided that:</p> <ul style="list-style-type: none"> » the replaced policy was issued by a South African registered insurer; and » the life insured and policy owner are the same under the replacement policy as they were under the replaced policy; and » the insured has enjoyed uninterrupted life cover under both the replaced and the replacement policies. <p>and that in the circumstances referred to above, the sum insured payable by the replacement policy does not exceed an amount equivalent to the sum insured under the replaced policy.</p>
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Choosing a critical illness benefit

Tech Spec

You need to make the following decisions when choosing the most appropriate critical illness benefit. The critical illness benefit will be chosen based on **price** (what the client can afford) and **benefit** required (how comprehensive the cover should be).

Price		Benefit
Accelerator benefit Can only be taken together with life cover. The benefit is an acceleration of the benefit payable on death.	OR	Standalone benefit Can be taken with life cover or without. Life cover and unclaimed benefit groups are unaffected.
Term To age 65	OR	Term Whole of life
Basic Critical Illness 4 conditions		Core Critical Illness 33 conditions
		Comprehensive Critical Illness 57 conditions
Severity based Benefits are paid on a tiered basis	OR	Maximum cover 100% of the benefit amount is payable on all major events including: <ul style="list-style-type: none"> » Heart attack » Coronary artery disease » Cancer » Stroke

	Max	Severity			
		Severity A	Severity B	Severity C	Severity D
Heart attack	100%	100%	75%	50%	25%
Stroke	100%	100%	75%	50%	50%
Cancer	100%	100%	100%	50%	25%
CABG	100%	100%	75%	50%	50%

This document is a summary for the selected benefit and is not exhaustive. Please consult the Hollard Life policy document for the complete benefit information. (E&OE)

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Basic Critical Illness Tech Spec

Basic Critical Illness provides the life insured with cover in the event of being diagnosed with a specific illness, suffering from a specific condition or undergoing a specific procedure.

Type of benefit	Standalone or Accelerator	
Benefit variation	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	65 ANB	
Maximum cover amount	Max - R5 000 000 Severity based - R7 500 000	
Premium patterns	Level 5% Compulsory Escalation Age-rated	
Benefit term	To age 65 or for life	
Minimum premium	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% Voluntary Premium Escalations 0% - 10% Voluntary Cover Escalations	
Effect of claim on critical illness (accelerator)	Where a partial payment has been made, the benefit amount will reduce by the amount of the payment made. The remaining benefit amount will be available for further claims. Once 100% of the benefit amount has been paid out, the Critical Illness benefit will be reduced to zero and cannot be reinstated.	
Effect of claim on critical illness (standalone)	The benefit amount will reduce by the amount of any payment made. The remaining Critical Illness benefit amount (if any) will be available for further claims.	
Effect of a claim on other benefits (accelerator)	On payment of a claim under this benefit: » The amount payable on death will be reduced by the claimed amount » The sum assured on other ancillary benefits will be reduced to the extent that they would otherwise exceed the reduced life cover amount	
Effect of a claim on other benefits (standalone)	On payment of a claim under this benefit: » The amount payable on death will not be altered unless a claim has been paid before the expiry of the 14-day survival period » No other benefits will be affected	
Basic critical illness cover reinstatement option (standalone)	After the 14-day survival period following a claim event, the benefit amount for conditions that are totally unrelated, in the opinion of Hollard Life, to the condition or event for which the claim had been paid will automatically reinstate to the benefit amount immediately prior to the claim payment.	

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Basic critical illness cover reinstatement option (standalone) (continued)	<p>The benefit amount for conditions or events related to the condition or event claimed for will NOT reinstate.</p> <p>No claim will be paid under the reinstated cover where, in the opinion of Hollard Life, the claim is a direct consequence of the event for which a 100% payment was made before reinstatement.</p>
Survival period (Standalone)	<p>A 14-day survival period will be imposed before a critical illness claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 14-day survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Basic Critical Illness benefit for the remainder of the 14-day period.</p>
Change in circumstances	<p>Hazardous Pursuits</p> <p>The owner undertakes that Hollard Life be advised in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and onceoff casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>

Basic Critical Illness claim events

Only one payment will be made per cardiovascular event. A single event is defined as all cardiovascular conditions or procedures that occur within a 30-day period.

Heart attack	<p>Mild</p> <p>This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all three of the following criteria:</p> <ol style="list-style-type: none"> 1. Compatible clinical symptoms, and 2. Characteristic ECG changes, e.g. ST-segment and T-wave changes indicative of myocardial ischaemia or myocardial infarction, and 3. Raised cardiac markers: <ul style="list-style-type: none"> » Trop T > 0,5 ng/ml, or » Trop I > 0,25 ng/ml, or » Raised CK-MB mass <ul style="list-style-type: none"> • Up to 2x normal values in acute presentation phase, or • Up to 4x normal values post-intervention. » Total CPK elevation of up to 2x normal values, with at least 6% being CK-MB. <p>The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered by this definition.</p> <p>Moderate</p> <p>This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by two of the following three criteria:</p> <ol style="list-style-type: none"> 1. Compatible clinical symptoms 2. Characteristic ECG changes, which can be either of the following: <ul style="list-style-type: none"> » New pathological Q-waves, or » ST-segment and T-wave changes indicative of myocardial injury, but only when accompanied by raised cardiac markers as described hereafter 3. Raised cardiac markers: <ul style="list-style-type: none"> » Trop T > 1,0 ng/ml, or » Trop I > 0,5 ng/ml, or » Raised CK-MB mass <ul style="list-style-type: none"> • More than 2x normal values in acute presentation phase, or • More than 4x normal values post-intervention » Total CPK elevation of more than 2x normal values, with at least 6% being CK-MB
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Heart attack (continued)	<p>Max 100% of benefit amount</p> <p>Severity based Meeting the mild heart attack definition</p> <p>25% of benefit amount Meeting the moderate heart attack definition</p> <p>50% of benefit amount Meeting the moderate heart attack definition with irreversible functional impairment measured 6 weeks post-infarction: Ejection Fraction < 50%</p> <p>75% of benefit amount Ejection Fraction < 30%</p> <p>100% of benefit amount</p>
Coronary artery disease with surgery	<p>The undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary arteries by means of a bypass graft.</p> <p>Max 100% of benefit amount</p> <p>Severity based Bypass graft in 1 coronary artery, including the left main or proximal left anterior descending coronary artery</p> <p>50% of benefit amount Bypass grafts in 2 coronary arteries</p> <p>75% of benefit amount Bypass grafts in 3 or more coronary arteries</p> <p>100% of benefit amount</p>

Nervous System Benefit Group

Only one payment will be made per nervous system event. A single event is defined as all nervous system conditions that occur within a 30-day period.

Stroke	<p>Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in motor deficit or neurological deficit lasting at least 24 hours consistent with the area of the brain affected, and confirmed with appropriate clinical findings by a specialist neurologist.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> » Transient ischaemic attack » Vascular disease affecting the eye or optic nerve » Migraine and vestibular disorders » Traumatic injury to brain tissue or blood vessels <p>Severity levels will be assessed by a full neurological examination by a specialist neurologist any time after three months.</p>
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Stroke (continued)	<p>Max Temporary neurological or motor deficit</p> <p>25% of benefit amount Irreversible neurological or motor deficit</p> <p>100% of benefit amount</p> <p>Severity based Temporary motor or neurological deficit</p> <p>25% of benefit amount Irreversible motor or neurological deficit</p> <p>50% of benefit amount The inability to perform 6 or more Advanced Activities of daily living</p> <p>75% of benefit amount The inability to perform 3 or more Basic Activities of daily living</p> <p>100% of benefit amount</p>
Daily activities	<p>The basic activities of daily living are:</p> <ul style="list-style-type: none"> » Bowel status » Bladder status » Grooming » Toileting » Feeding » Transfer from chair to bed » Indoor mobility » Dressing » Stairs » Bathing <p>The advanced activities of daily living are:</p> <ul style="list-style-type: none"> » Driving a car » Medical care: prepares and takes correct medications » Money management » Communicative activities: use of phone, writing cheques, writing letters » Shopping: lifting or carrying groceries » Food preparation » Housework » Community ambulation with or without assistive device, but not requiring a mobility device » Moderate activities: moving table, pushing vacuum cleaner, bowling, golf » Vigorous activities: running, heavy lifting, sports

Cancer Benefit Group	
Cancer	<p>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, multiple myeloma and sarcoma.</p> <p>Unless stated otherwise, the levels are correlated to the general classification used by the American Joint Committee for Cancer for the type of cancer involved.</p>

Cancer (continued)	<p>The following conditions are excluded from this definition:</p> <ul style="list-style-type: none"> » All cancers in situ and all pre-malignant conditions » All tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2N0M0 » All skin cancers, other than malignant melanoma that have been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) <p>Max 100% of benefit amount</p> <p>Severity based</p> <p>25% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate Cancer T2N0M0 » Chronic Lymphocytic Leukaemia (Stage 0 or I on the Rai classification) » Hairy cell leukaemia » Hodgkins/Non Hodgkins lymphoma Stage I on Ann Arbor classification » Any other Stage I cancer not covered above <p>50% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate Cancer T3N0M0 » Chronic Lymphocytic Leukaemia (Stage II on the Rai classification) » Acute Lymphocytic Leukaemia (children) » Chronic Myeloid Leukaemia (no bone marrow transplantation) » Hodgkins/Non Hodgkins lymphoma Stage II on Ann Arbor classification system » Multiple myeloma Stage I and II on the Durie-Salmon scale » Any other Stage II cancer not covered above <p>100% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate Cancer T4N0M0 » Hodgkins and Non Hodgkins lymphoma Stage III on Ann Arbor classification system » Any other Stage III cancer not covered above <p>100% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate Cancer any T, N1-3, M0 » Acute Myeloid Leukaemia » Chronic Lymphocytic Leukaemia, stage III or IV on the Rai classification » Chronic Myeloid Leukaemia (with bone marrow transplant) » Acute Lymphocytic Leukaemia (adults) » Hodgkins/Non Hodgkins lymphoma Stage IV on Ann Arbor classification system » Multiple Myeloma Stage III on the Durie-Salmon Scale » Any other Stage IV cancer not covered above
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ASISA CRITICAL ILLNESS DISCLOSURE GRID

MAX		SEVERITY			
		Severity A	Severity B	Severity C	Severity D
Heart attack	100%	100%	75%	50%	25%
Stroke	100%	100%	75%	50%	50%
Cancer	100%	100%	100%	50%	25%
CABG	100%	100%	75%	50%	50%

Core Critical Illness Tech Spec

Core Critical Illness provides the life insured with cover in the event of being diagnosed with a specific illness, suffering from a specific condition or undergoing a specific procedure.

Type of benefit	Standalone or Accelerator	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	65 ANB	
Maximum cover amount	Max - R5 000 000 Severity based - R7 500 000	
Premium patterns	Level 5% Compulsory Escalation Age-rated	
Benefit term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% Voluntary Premium Escalations 0% - 10% Voluntary Cover Escalations	
Effect of claim on critical illness (accelerator)	<p>Where a partial payment has been made, the benefit amount will reduce by the amount of the payment made. The remaining benefit amount will be available for further claims.</p> <p>Once 100% of the benefit amount has been paid out, the Critical Illness benefit will be reduced to zero and cannot be reinstated.</p>	
Effect of claim on critical illness (standalone)	The benefit amount will reduce by the amount of any payment made. The remaining Critical Illness benefit amount (if any) will be available for further claims.	
Effect of a claim on other benefits (accelerator)	<p>On payment of a claim under this benefit:</p> <ul style="list-style-type: none"> » The amount payable on death will be reduced by the claimed amount » The sum assured on other ancillary benefits will be reduced to the extent that they would otherwise exceed the reduced life cover amount 	
Effect of a claim on other benefits (standalone)	<p>On payment of a claim under this benefit:</p> <ul style="list-style-type: none"> » The amount payable on death will not be altered unless a claim has been paid before the expiry of the 14-day survival period » No other benefits will be affected 	
Core critical illness cover reinstatement option (standalone)	<p>After the 14-day survival period following a claim event, the benefit amount for conditions that are totally unrelated, in the opinion of Hollard Life, to the condition or event for which the claim had been paid will automatically reinstate to the benefit amount immediately prior to the claim payment.</p> <p>The benefit amount for conditions or events related to the condition or event claimed for will NOT reinstate.</p>	

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Core critical illness cover Reinstatement option (stand-alone) (continued)	No claim will be paid under the reinstated cover where, in the opinion of Hollard Life, the claim is a direct consequence of the event for which a 100% payment was made before reinstatement.
Survival period (stand-alone)	A 14-day survival period will be imposed before a critical illness claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 14-day survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Core Critical Illness benefit for the remainder of the 14-day period.
Change in circumstances	Hazardous Pursuits The owner undertakes that Hollard Life be advised in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.
General exclusions	Self-inflicted injuries No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.

Core Critical Illness claim events

Cardiovascular benefit group

Only one payment will be made per cardiovascular event. A single event is defined as all cardiovascular conditions or procedures that occur within a 30-day period.

Heart attack

Mild

This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all three of the following criteria:

1. Compatible clinical symptoms and
2. Characteristic ECG changes, e.g. ST-segment and T-wave changes indicative of myocardial ischaemia or myocardial infarction, and
3. Raised cardiac markers:
 - » Trop T > 0,5 ng/ml, or
 - » Trop I > 0,25 ng/ml, or
 - » Raised CK-MB mass
 - Up to 2x normal values in acute presentation phase, or
 - Up to 4x normal values post intervention.
 - » Total CPK elevation of up to 2x normal values, with at least 6% being CK-MB.

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered by this definition.

Moderate

This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by two of the following three criteria:

1. Compatible clinical symptoms
2. Characteristic ECG changes, which can be either of the following:
 - » New pathological Q-waves, or
 - » ST-segment and T-wave changes indicative of myocardial injury, but only when accompanied by raised cardiac markers as described hereafter.
3. Raised cardiac markers:
 - » Trop T > 1,0 ng/ml, or
 - » Trop I > 0,5 ng/ml, or
 - » Raised CK-MB mass
 - More than 2x normal values in acute presentation phase, or
 - More than 4x normal values postintervention.
 - » Total CPK elevation of more than 2x normal values, with at least 6% being CK-MB

Heart attack (Continued)	<p>Max 100% of benefit amount</p> <p>Severity based Meeting the mild heart attack definition</p> <p>25% of benefit amount Meeting the moderate heart attack definition</p> <p>50% of benefit amount Meeting the moderate heart attack definition with irreversible functional impairment measured 6 weeks post-infarction: Ejection Fraction < 50%</p> <p>75% of benefit amount Ejection Fraction < 30%</p> <p>100% of benefit amount</p>
Coronary artery disease with surgery	<p>The undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary arteries by means of a bypass graft.</p> <p>Max 100% of benefit amount</p> <p>Severity based Bypass graft in 1 coronary artery, including the left main or proximal left anterior descending coronary artery</p> <p>50% of benefit amount Bypass grafts in 2 coronary arteries</p> <p>75% of benefit amount Bypass grafts in 3 or more coronary arteries</p> <p>100% of benefit amount</p>
Heart valve surgery	<p>The undergoing of heart valve surgery, performed to replace or repair one or more heart valves</p> <ul style="list-style-type: none"> » Via intra-arterial catheterisation - 10% » Via keyhole surgery - 25% » Via open-chest surgery - 100% <p>of the benefit amount</p>
Surgery of the aorta	<p>The undergoing of surgery to the thoracic or abdominal aorta involving excision of a portion of the aorta and replacement with a graft.</p> <p>100% of benefit amount</p>
Endovascular procedures to the aorta or its immediate branches	<p>Endovascular repair of established disease, including aorta or its immediate branches atheroma, aneurysm and dissection, by means of keyhole or catheter techniques or any other minimally invasive surgical procedure.</p> <p>To the aorta</p> <p>25% of benefit amount To the immediate branches of the aorta</p> <p>10% of benefit amount</p>

Heart transplant	The actual undergoing of a transplant as a recipient of a complete heart. 100% of benefit amount
Carotid arterial disease (only one payment under each category of this condition will be considered)	Carotid artery stenosis in one or both carotid arteries, having undergone angioplasty and/or stenting. 25% of benefit amount
	Carotid artery stenosis in one or both carotid arteries, having undergone open endarterectomy. 75% of benefit amount
Cardio-pulmonary dysfunction	On confirmed diagnosis of cardio-pulmonary dysfunction, including <ul style="list-style-type: none"> » Confirmed diagnosis of irreversible Cor Pulmonale » Confirmed diagnosis of primary pulmonary hypertension 50% of benefit amount
	On confirmed diagnosis of cardio-pulmonary dysfunction, including <ul style="list-style-type: none"> » Confirmed diagnosis of irreversible Cor Pulmonale with ECHO evidence of right ventricular dilatation » Confirmed diagnosis of primary pulmonary hypertension with peak pulmonary artery pressure > 45 mm Hg 100% of benefit amount

Nervous system benefit group

Only one payment will be made per nervous system event. A single event is defined as all nervous system conditions that occur within a 30-day period.

Stroke	<p>Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in motor deficit or neurological deficit lasting at least 24 hours consistent with the area of the brain affected, and confirmed with appropriate clinical findings by a specialist neurologist. For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> » Transient ischaemic attack » Vascular disease affecting the eye or optic nerve » Migraine and vestibular disorders » Traumatic injury to brain tissue or blood vessels <p>Severity levels will be assessed by a full neurological examination by a specialist neurologist any time after 3 months.</p> <p>Max Temporary neurological or motor deficit</p> <p>25% of benefit amount Irreversible neurological or motor deficit</p> <p>100% of benefit amount</p> <p>Severity based Temporary motor or neurological deficit</p> <p>25% of benefit amount Irreversible motor or neurological deficit</p> <p>50% of benefit amount The inability to perform 6 or more Advanced Activities of Daily Living</p> <p>75% of benefit amount The inability to perform 3 or more Basic Activities of Daily Living</p> <p>100% of benefit amount</p>
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Stroke (continued)	<p>The Basic Activities of Daily Living are:</p> <ul style="list-style-type: none"> » Bowel status » Bladder status » Grooming » Toileting » Feeding » Transfer from chair to bed » Indoor mobility » Bathing » Dressing » Stairs <p>The Advanced Activities of Daily Living are:</p> <ul style="list-style-type: none"> » Driving a car » Medical care: prepares and takes correct medications » Money management » Communicative activities: use of phone, writing cheques, writing letters » Shopping: lifting or carrying groceries » Food preparation » Housework » Community ambulation with or without assistive device, but not requiring a mobility device » Moderate activities: moving table, pushing vacuum cleaner, bowling, golf » Vigorous activities: running, heavy lifting, sports
Permanent mental or cognitive impairment	<p>The mental deterioration in or loss of mental capacity which is evidenced by:</p> <ul style="list-style-type: none"> » Deterioration of the life insured's ability to think, perceive, reason and remember and results in a need for continual care or supervision within an institution, and » An irreversibly reduced serial MMSE score of <24 over a period of 6 months <p>50% of benefit amount</p>
Multiple sclerosis	<p>The diagnosis of multiple sclerosis confirmed by a specialist neurologist. This means:</p> <ul style="list-style-type: none"> » Two separate events must have occurred resulting in irreversible neurological deficit, and » This neurological deficit must involve at least two of the following three functions: <ul style="list-style-type: none"> • sensory, motor and autonomic <p>100% of benefit amount</p>
Parkinson's disease	<p>The diagnosis of Parkinson's disease by a neurologist. The disease must be irreversible in nature and significant symptoms must be present for at least six months despite optimal treatment.</p> <p>100% of benefit amount</p>
Alzheimer's disease	<p>The unequivocal diagnosis of Alzheimer's disease confirmed by a neurologist.</p> <p>25% of benefit amount</p> <p>The unequivocal diagnosis of Alzheimer's disease confirmed by a neurologist where dementia due to failure of brain function has occurred with significant memory and cognitive impairment for which no other recognisable cause has been identified. Memory and cognitive impairment must be to such a degree that the life insured requires continual supervision.</p> <p>100% of benefit amount</p>
Cancer benefit group	
Cancer	<p>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, multiple myeloma and sarcoma. Unless stated otherwise, the levels are correlated to the general classification used by the American Joint Committee for Cancer for the type of cancer involved.</p>

Cancer (continued)	<p>The following conditions are excluded from this definition:</p> <ul style="list-style-type: none"> » All cancers in situ and all pre-malignant conditions » All tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2N0M0 » All skin cancers, other than malignant melanoma that have been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) <p>Max 100% of benefit amount</p> <p>Severity based 25% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate cancer T2N0M0 » Chronic Lymphocytic Leukaemia (stage 0 or I on the Rai classification) » Hairy cell leukaemia » Hodgkin's/Non-Hodgkin's lymphoma (stage I on Ann Arbor classification) » Any other stage I cancer not covered above <p>50% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate cancer T3N0M0 » Chronic Lymphocytic Leukaemia (stage II on the Rai classification) » Acute Lymphocytic Leukaemia (children) » Chronic Myeloid Leukaemia (no bone marrow transplantation) » Hodgkin's/Non-Hodgkin's lymphoma (stage II on Ann Arbor classification system) » Multiple myeloma (stage I and II on the Durie-Salmon scale) » Any other stage II cancer not covered above <p>100% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate cancer T4N0M0 » Hodgkin's and Non-Hodgkin's lymphoma (stage III on Ann Arbor classification system) » Any other Stage III cancer not covered above <p>100% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate cancer – any T, N1-3, M0 » Acute Myeloid Leukaemia » Chronic Lymphocytic Leukaemia, (stage III or IV on the Rai classification) » Chronic Myeloid Leukaemia (with bone marrow transplant) » Acute Lymphocytic Leukaemia (adults) » Hodgkin's/Non-Hodgkin's lymphoma (stage IV on Ann Arbor classification system) » Multiple Myeloma (stage III on the Durie-Salmon Scale) » Any other stage IV cancer not covered above
Aplastic anaemia	<p>Aplastic anaemia with total aplasia of the bone marrow as confirmed by a haematologist, with either blood transfusion or a bone marrow transplant.</p> <p>100% of benefit amount</p>
Bone marrow transplant	<p>The actual undergoing of a transplant as a recipient of bone marrow.</p> <p>100% of benefit amount</p>
Mastectomy and prophylactic mastectomy	<p>A condition including any of the following: Unilateral or bilateral mastectomy for carcinoma-in-situ, or prophylactic unilateral or bilateral mastectomy performed upon clinical recommendation by the attending specialist, where any of the following apply for the prophylactic mastectomy:</p> <ul style="list-style-type: none"> » Breast and/or ovarian cancer in either mother or sister before the age of 50 years » Bilateral breast cancer in either mother or sister » Confirmed BRCA 1 or 2 carrier status <p>25% of benefit amount</p>

Kidney and liver benefit group

For this benefit group no benefit will be paid where a claim is, in the opinion of Hollard Life, directly or indirectly occasioned by or accelerated by alcohol or substance abuse.

Kidney failure	End stage irreversible failure of both kidneys to function, as a result of which regular dialysis is necessary. 100% of benefit amount
Liver failure	Chronic and irreversible liver failure resulting in irreversible jaundice, decompensation of the liver and ascites (collection of fluid in the abdominal cavity due to liver failure). The diagnosis must be confirmed by a specialist physician. 100% of benefit amount
Liver or kidney transplant	The actual undergoing of a transplant as a recipient of a complete liver or kidney. 100% of benefit amount

Respiratory benefit group

Lung transplant	The actual undergoing of a transplant as a recipient of a complete lung. 100% of benefit amount
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Gastro-Intestinal benefit group

For this benefit group no benefit will be paid where a claim is, in the opinion of Hollard Life, directly or indirectly occasioned by or accelerated by alcohol or substance abuse.

Pancreas transplant	The actual undergoing of a transplant as a recipient of a complete pancreas. 100% of benefit amount
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Connective tissue diseases benefit group

Severe rheumatoid arthritis	Poly-arthritis resulting in joint deformity or significant and irreversible impairment of function despite optimal treatment where diagnosis has been confirmed by a rheumatologist or specialist physician. With major organ involvement (e.g. the lungs): 100% of benefit amount Without major organ involvement: 25% of benefit amount
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Sensory benefit group

Blindness	Total and irreversible (not correctable by treatment or operation) loss of sight in one eye. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded. 25% of benefit amount Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded. 100% of benefit amount
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Deafness	Total and irreversible loss of hearing in both ears as a result of an accident or critical sickness. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies is more than 90 decibels. Medical evidence in the form of audiometric and sound threshold tests must be provided. 100% of benefit amount
Loss of speech	Total, permanent and irreversible loss of the ability to speak as a result of physical injury or disease. Loss of speech due to any psychological disorder is excluded. 100% of benefit amount

Trauma and musculoskeletal benefit group

For this benefit group, no payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries whether the life insured is of sound mind or not.

Coma	A state of unconsciousness defined by a Glasgow scale score of 12 or less that necessitates the use of a ventilator for a continuous period of at least 96 hours. A coma which is medically induced or results directly from alcohol or drug abuse is excluded. Benefit: Glasgow Coma score of 6 to 12 50% of benefit amount Glasgow Coma score of less than 6 100% of benefit amount
Paralysis	Paralysis of both legs or arms or one leg and one arm, resulting in the total and irreversible loss of the use of these limbs. 100% of benefit amount
Major burns	Full thickness burns covering at least 20% of the body surface area. 100% of benefit amount
Motor neurone disease	A definite diagnosis of motor neurone disease by a specialist neurologist. There must be total and irreversible, objective clinical impairment of motor functions. 100% of benefit amount
Loss or loss of use of two limbs	The amputation, or the total and irreversible loss, of motor function of: <ul style="list-style-type: none"> » both arms, or » both legs, or » one arm and one leg For amputation, arm is defined as any loss from the wrist and higher, and leg is defined as any loss from the ankle joint and higher. 100% of benefit amount

HIV benefit group

Accidental HIV infection	The contraction of HIV as a result of: <ul style="list-style-type: none"> » Accidental needle-stick injury acquired in the course of professional duties as a medical or dental practitioner or registered nurse. The practitioner must be registered with the appropriate professional council. A negative HIV test must be performed within 24 hours to confirm an HIV-negative status at the time of the needle-stick injury. Proof should also be supplied that the person has been started on a course of anti-retroviral drugs, or;
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Accidental HIV infection (continued)	<ul style="list-style-type: none"> » Rape or indecent assault. The offence must have been reported to the South African Police Service (SAPS) and a criminal case opened. An HIV test must have been performed within 24 hours of the assault to confirm an HIV-negative status at the time of the assault. A medical examination of the victim must have been performed within 24 hours after the incident. Proof should also be supplied that the patient has been started on a course of antiretroviral drugs, or; » Undergoing an organ transplant at an institution recognised by Hollard Life where the transplanted organ was infected with the HIV virus. The organ donor service must admit liability for the incident, or; » The transfusion of infected blood or blood products from a transfusion service recognised by Hollard Life, occurring after the starting date of the policy. The transfusion service must admit liability for the incident, or; » Involvement in a road traffic accident. The incident must have been reported to the South African Police Service (SAPS). An HIV test must have been performed within 24 hours of the incident to confirm an HIV-negative status at the time of the incident. Proof should also be supplied that the patient has been started on a course of antiretroviral drugs, or; » Being the victim of a violent crime. The incident must have been reported to the South African Police Service (SAPS) and a criminal case opened. An HIV test must have been performed within 24 hours of the incident to confirm an HIV-negative status at the time of the incident. Proof should also be supplied that the patient has been started on a course of antiretroviral drugs.
100% of benefit amount	

Endocrine conditions benefit group (one payout per distinct endocrine disorder)

Endocrine	<p>Benign endocrine tumour(s) or glandular hyperplasia presenting with established clinical syndromes as confirmed by an endocrinologist with evidence of supporting investigations, which have undergone surgical resection OR hormonal deficiency syndrome(s), as confirmed by an endocrinologist with evidence of supporting investigations, which has resulted in admission to an intensive care unit for more than 48 hours.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> » Addisonian crisis » Sheehan's syndrome » Diabetic coma
10% of benefit amount	

ASISA CRITICAL ILLNESS DISCLOSURE GRID

MAX		SEVERITY			
		Severity A	Severity B	Severity C	Severity D
Heart attack	100%	100%	75%	50%	25%
Stroke	100%	100%	75%	50%	50%
Cancer	100%	100%	100%	50%	25%
CABG	100%	100%	75%	50%	50%

Comprehensive Critical Illness Tech Spec

Comprehensive Critical Illness provides the life insured and his/her children with cover for all major body systems in the event of being diagnosed with a specific illness, suffering from a specific condition or undergoing a specific procedure.

Type of benefit	Standalone or accelerator	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	65 ANB	
Maximum cover amount	Max - R5 000 000 Severity based - R7 500 000	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Effect of claim on critical illness (accelerator)	Where a partial payment has been made, the benefit amount will reduce by the amount of the payment made. The remaining benefit amount will be available for further claims. Once 100% of the benefit amount has been paid out, the critical illness benefit will be reduced to zero and cannot be reinstated.	
Effect of claim on critical illness (standalone)	The benefit amount will reduce by the amount of any payment made. The remaining critical illness benefit amount (if any) will be available for further claims.	
Effect of a claim on other benefits (accelerator)	On payment of a claim under this benefit: <ul style="list-style-type: none"> » The amount payable on death will be reduced by the claimed amount » The sum assured on other ancillary benefits will be reduced to the extent that they would otherwise exceed the reduced life cover amount 	
Effect of a claim on other benefits (standalone)	On payment of a claim under this benefit: <ul style="list-style-type: none"> » The amount payable on death will not be altered unless a claim has been paid before the expiry of the 14-day survival period » No other benefits will be affected 	

Hollard.

Comprehensive critical illness cover reinstatement option (standalone)	<p>After the 14-day survival period following a claim event, the benefit amount for events that are totally unrelated, in the opinion of Hollard Life, to the condition or event for which the claim had been paid will automatically reinstate to the benefit amount immediately prior to the claim payment.</p> <p>After 100% of the benefit amount has been paid in respect of a condition or event, the benefit amount for events that are related to that event will automatically reinstate 90 days after the claim event on the following basis:</p> <ul style="list-style-type: none"> » Claim prior to 75th birthday: 25% of the original benefit amount plus any benefit increases » Claims on or after 75th birthday: 15% of the original benefit amount plus any benefit increases <p>No claim will be paid under the reinstated cover where, in the opinion of Hollard Life, the claim is a direct consequence of the event for which a 100% payment was made before reinstatement.</p>
Survival period (standalone)	<p>A 14-day survival period will be imposed before a critical illness claim is admitted.</p> <p>If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 14-day survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Comprehensive Critical Illness Benefit for the remainder of the 14-day period.</p>
Change in circumstances	<p>Hazardous Pursuits</p> <p>The owner undertakes that Hollard Life be advised in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>

Comprehensive Critical Illness claim events

Cardiovascular Benefit Group

Only one payment will be made per cardiovascular event. A single event is defined as all cardiovascular conditions or procedures that occur within a 30-day period.

Heart attack	<p>Mild</p> <p>This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all 3 of the following criteria:</p> <ol style="list-style-type: none"> 1. Compatible clinical symptoms, and 2. Characteristic ECG changes, e.g. ST-segment and T-wave changes indicative of myocardial ischaemia or myocardial infarction, and 3. Raised cardiac markers: <ul style="list-style-type: none"> » Trop T > 0,5 ng/ml, or » Trop I > 0,25 ng/ml, or » Raised CK-MB mass <ul style="list-style-type: none"> • Up to 2x normal values in acute presentation phase, or • Up to 4x normal values post-intervention » Total CPK elevation of up to 2x normal values, with at least 6% being CK-MB. <p>The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered by this definition.</p>
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Heart attack (continued)	<p>Moderate</p> <p>This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by 2 of the following three criteria:</p> <ol style="list-style-type: none"> 1. Compatible clinical symptoms 2. Characteristic ECG changes, which can be either of the following: <ul style="list-style-type: none"> » New pathological Q-waves, or » ST-segment and T-wave changes indicative of myocardial injury, but only when accompanied by raised cardiac markers as described hereafter. 3. Raised cardiac markers: <ul style="list-style-type: none"> » Trop T > 1,0 ng/ml, or » Trop I > 0,5 ng/ml, or » Raised CK-MB mass <ul style="list-style-type: none"> • More than 2x normal values in acute presentation phase, or • More than 4x normal values post-intervention. » Total CPK elevation of more than 2x normal values, with at least 6% being CK-MB. <p>Max</p> <p>100% of benefit amount</p> <p>Severity based</p> <p>Meeting the mild heart attack definition</p> <p>25% of benefit amount</p> <p>Meeting the moderate heart attack definition</p> <p>50% of benefit amount</p> <p>Meeting the moderate heart attack definition with irreversible functional impairment measured 6 weeks post-infarction:</p> <p>Ejection Fraction < 50%</p> <p>75% of benefit amount</p> <p>Ejection Fraction < 30%</p> <p>100% of benefit amount</p>
Coronary artery disease with surgery	<p>The undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary arteries by means of a bypass graft.</p> <p>Max</p> <p>100% of benefit amount</p> <p>Severity based</p> <p>Bypass graft in 1 coronary artery, including the left main or proximal left anterior descending coronary artery</p> <p>50% of benefit amount</p> <p>Bypass grafts in 2 coronary arteries</p> <p>75% of benefit amount</p> <p>Bypass grafts in 3 or more coronary arteries</p> <p>100% of benefit amount</p>
Cardiomyopathy	<p>Confirmed diagnosis of dilated, restrictive or hypertrophic obstructive cardiomyopathy with ongoing treatment and with the following irreversible functional impairment criteria as confirmed by a cardiologist with two measurements done 6 weeks apart.</p> <p>Ejection Fraction <50%</p> <p>75% of benefit amount</p> <p>Ejection Fraction <30%</p> <p>100% of benefit amount</p>

Heart Valve Surgery, valvuloplasty, valvotomy	<p>The undergoing of heart valve surgery, performed to replace or repair 1 or more heart valves</p> <ul style="list-style-type: none"> » Via intra-arterial catheterization - 10% » Via keyhole surgery - 25% » Via open-chest surgery - 100% <p>of the benefit amount</p>
Surgery of the Aorta	<p>The undergoing of surgery to the thoracic or abdominal aorta involving excision of a portion of the aorta and replacement with a graft.</p> <p>100% of benefit amount</p>
Endovascular procedures to the aorta or its immediate branches	<p>Endovascular repair of established disease, atheroma, aneurysm and dissection, by means of keyhole or catheter techniques or any other minimally invasive surgical procedure.</p> <p>To the aorta</p> <p>25% of benefit amount</p> <p>To the immediate branches of the aorta</p> <p>10% of benefit amount</p>
Heart Transplant	<p>The actual undergoing of a transplant as a recipient of a complete heart.</p> <p>100% of benefit amount</p>
Coronary angioplasty/stent	<p>Coronary angioplasty is a medical procedure used to open narrowed or clogged blood vessels of the heart. This procedure sometimes also involves the use of devices known as “stents” to help keep the arteries open. It must be confirmed by a report from a cardiologist. This benefit covers an unlimited number of procedures.</p> <p>10% of benefit amount</p>
Carotid arterial disease (only one payment under each category of this condition will be considered)	<p>Carotid artery stenosis in one or both carotid arteries, having undergone angioplasty and/or stenting.</p> <p>25% of benefit amount</p> <p>Carotid artery stenosis in one or both carotid arteries, having undergone open endarterectomy.</p> <p>75% of benefit amount</p>
Cardio-pulmonary dysfunction	<p>On confirmed diagnosis of cardio-pulmonary dysfunction, including</p> <ul style="list-style-type: none"> » confirmed diagnosis of irreversible Cor Pulmonale » confirmed diagnosis of primary pulmonary hypertension <p>50% of benefit amount</p> <p>On confirmed diagnosis of cardio-pulmonary dysfunction, including</p> <ul style="list-style-type: none"> » confirmed diagnosis of irreversible Cor Pulmonale with ECHO evidence of right ventricular dilatation » confirmed diagnosis of primary pulmonary hypertension with peak pulmonary artery pressure > 45 mm Hg <p>100% of benefit amount</p>
Arrhythmia	<p>This is defined as abnormal electrical activity in the heart, with the life insured having undergone pathway ablation, permanent pacemaker insertion or defibrillator insertion.</p> <p>Arrhythmia with pathway ablation or a permanent pacemaker insertion (one payment only)</p> <p>25% of benefit amount</p> <p>Arrhythmia with defibrillator insertion (one payment only)</p> <p>50% of benefit amount</p>

Nervous system benefit group

Only one payment will be made per nervous system event. A single event is defined as all nervous system conditions that occur within a 30-day period.

Stroke

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in motor deficit or neurological deficit lasting at least 24 hours consistent with the area of the brain affected, and confirmed with appropriate clinical findings by a specialist neurologist. For the above definition, the following are not covered:

- » Transient ischaemic attack
- » Vascular disease affecting the eye or optic nerve
- » Migraine and vestibular disorders
- » Traumatic injury to brain tissue or blood vessels

Severity levels will be assessed by a full neurological examination by a specialist neurologist any time after 3 months.

Max

Temporary neurological or motor deficit

25% of benefit amount

Irreversible neurological or motor deficit

100% of benefit amount

Severity based

Temporary motor or neurological deficit

25% of benefit amount

Irreversible motor or neurological deficit

50% of benefit amount

The inability to perform 6 or more advanced activities of daily living

75% of benefit amount

The inability to perform 3 or more basic activities of daily living

100% of benefit amount

The basic activities of daily living are as follows:

- » Bowel status
- » Indoor mobility
- » Toileting
- » Bathing
- » Grooming
- » Stairs
- » Transfer from chair to bed
- » Feeding
- » Bladder status
- » Dressing

The basic activities of daily living are as follows:

- » Driving a car
- » Medical care: prepares and takes correct medications
- » Money management
- » Communicative activities: use of phone, writing cheques, writing letters
- » Shopping: lifting or carrying groceries
- » Food preparation
- » Housework
- » Community ambulation with or without assistive device, but not requiring a mobility device
- » Moderate activities: moving table, pushing vacuum cleaner, bowling, golf
- » Vigorous activities: running, heavy lifting, sports

Multiple sclerosis

The diagnosis of multiple sclerosis confirmed by a specialist neurologist. This means:

- » Two separate events must have occurred resulting in irreversible neurological deficit, and
- » This neurological deficit must involve at least two of the following three functions: sensory, motor and autonomic

100% of benefit amount

Parkinson's disease	<p>The diagnosis of Parkinson's disease by a neurologist. The disease must be irreversible in nature and significant symptoms must be present for at least 6 months despite optimal treatment.</p> <p>100% of benefit amount</p>
Alzheimer's disease	<p>The unequivocal diagnosis of Alzheimer's disease confirmed by a neurologist.</p> <p>25% of benefit amount</p> <p>The unequivocal diagnosis of Alzheimer's disease confirmed by a neurologist where dementia due to failure of brain function has occurred with significant memory and cognitive impairment for which no other recognisable cause has been identified. Memory and cognitive impairment must be to such a degree that the life insured requires continual supervision.</p> <p>100% of benefit amount</p>
Benign brain tumour	<p>The diagnosis of a symptomatic non-cancerous tumour of the brain or meninges confirmed by a neurologist: Having undergone treatment in the form of surgical resection, radiotherapy or other treatment to reduce intra-cranial pressure.</p> <p>50% of benefit amount</p> <p>Resulting in failure of 3 or more basic activities of daily living</p> <p>100% of benefit amount</p>
Permanent mental or cognitive impairment	<p>The mental deterioration in, or loss of, mental capacity which is evidenced by:</p> <ul style="list-style-type: none"> » Deterioration of the life insured's ability to think, perceive, reason and remember which results in a need for continual care or supervision within an institution, and » An irreversibly reduced serial MMSE score of <24 over a period of 6 months <p>50% of benefit amount</p>
Bacterial meningitis	<p>The diagnosis of bacterial meningitis confirmed by a neurologist with supporting medical evidence.</p> <p>25% of benefit amount</p>
Cerebral malaria	<p>The diagnosis of cerebral malaria confirmed by a specialist physician.</p> <p>25% of benefit amount</p>
Status epilepticus	<p>Generalised epilepsy refractory to treatment where seizures follow one another with no intervening periods of consciousness. The diagnosis must be confirmed by a neurologist and this benefit will cease once a payout has been made on it.</p> <p>25% of benefit amount</p>
Myasthenia gravis	<p>Myasthenia Gravis is a neuromuscular disease characterised by weakness and fatigability of the skeletal muscles. The diagnosis must be confirmed by a neurologist.</p> <p>A positive antiacetylcholine receptor antibody test must support the diagnosis.</p> <p>If the life insured experiences difficulty in swallowing or the disease affects speech</p> <p>25% of benefit amount</p> <p>If the life insured requires continuous respiratory assistance</p> <p>100% of benefit amount</p>

Guillain-Barré syndrome	<p>Guillain-Barré syndrome is an acute, inflammatory, postinfectious polyneuropathy resulting in progressive and ascending paralysis. The diagnosis must be confirmed by a neurologist, have been treated with plasma exchange or intravenous immunoglobulin, and must be of a severity to have documented evidence of persistent neurological symptoms lasting for a period of at least six months from the time of diagnosis. Cases of Guillain-Barré syndrome that present with or progress to bulbar weakness and respiratory dysfunction with resultant ventilation or tracheostomy will be paid on diagnosis.</p> <p>Guillain-Barré syndrome that present with respiratory dysfunction treated with tracheostomy and/or ventilation, or with persistent neurological symptoms lasting at least 6 months</p> <p>25% of benefit amount</p> <p>Guillain-Barre syndrome with persistent total and irreversible neurological symptoms lasting at least 12 months, with the inability to perform 3 or more Basic Activities of Daily Living or the inability to perform 6 or more Advanced Activities of Daily Living.</p> <p>100% of benefit amount</p>
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Cancer benefit group	
Cancer	<p>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, multiple myeloma and sarcoma. Unless stated otherwise, the levels are correlated to the general classification used by the American Joint Committee for Cancer for the type of cancer involved.</p> <p>The following conditions are excluded from this definition:</p> <ul style="list-style-type: none"> » All cancers in situ and all pre-malignant conditions » All tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2N0M0 » All skin cancers, other than malignant melanoma that have been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) <p>Max</p> <p>100% of benefit amount</p> <p>Severity based</p> <p>25% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate Cancer T2N0M0 » Chronic Lymphocytic Leukaemia (Stage 0 or I on the Rai classification) » Hairy cell leukaemia » Hodgkins/Non Hodgkins lymphoma Stage I on Ann Arbor classification » Any other Stage I cancer not covered above <p>50% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate Cancer T3N0M0 » Chronic Lymphocytic Leukaemia (Stage II on the Rai classification) » Acute Lymphocytic Leukaemia (children) » Chronic Myeloid Leukaemia (no bone marrow transplantation) » Hodgkins/Non Hodgkins lymphoma Stage II on Ann Arbor classification system » Multiple myeloma Stage I and II on the Durie-Salmon scale » Any other Stage II cancer not covered above <p>100% of benefit amount is payable for the following:</p> <ul style="list-style-type: none"> » Prostate Cancer T4N0M0 » Hodgkins and Non Hodgkins lymphoma Stage III on Ann Arbor classification system » Any other Stage III cancer not covered above

Cancer (continued)	100% of benefit amount is payable for the following: <ul style="list-style-type: none"> » Prostate Cancer any T, N1-3, M0 » Acute Myeloid Leukaemia » Chronic Lymphocytic Leukaemia, Stage III or IV on the Rai classification » Chronic Myeloid Leukaemia (with bone marrow transplant) » Acute Lymphocytic Leukaemia (adults) » Hodgkins/Non Hodgkins lymphoma Stage IV on Ann Arbor classification system » Multiple Myeloma Stage III on the Durie-Salmon Scale » Any other Stage 4 cancer not covered above
Aplastic anaemia	Aplastic anaemia with total aplasia of the bone marrow as confirmed by a haematologist, with either blood transfusion or a bone marrow transplant. 100% of benefit amount
Bone marrow transplant	The actual undergoing of a transplant as a recipient of bone marrow. 100% of benefit amount
Mastectomy and prophylactic mastectomy	A condition including any of the following: Unilateral or bilateral mastectomy for carcinoma-in-situ, or prophylactic unilateral or bilateral mastectomy performed upon clinical recommendation by the attending specialist, where any of the following apply for the prophylactic mastectomy: <ul style="list-style-type: none"> » Breast and/or ovarian cancer in either mother or sister before the age of 50 years » Bilateral breast cancer in either mother or sister » Confirmed BRCA 1 or 2 carrier status 25% of benefit amount

Kidney and liver benefit group

For this benefit group no benefit will be paid where a claim is, in the opinion of Hollard Life, directly or indirectly occasioned by or accelerated by alcohol or substance abuse.

Kidney failure	End stage irreversible failure of both kidneys to function, as a result of which regular dialysis is necessary. 100% of benefit amount
Liver failure	Chronic and irreversible liver failure resulting in irreversible jaundice, decompensation of the liver and ascites (collection of fluid in the abdominal cavity due to liver failure). The diagnosis must be confirmed by a specialist physician. 100% of benefit amount
Liver or kidney transplant	The actual undergoing of a transplant as a recipient of a complete liver or kidney. 100% of benefit amount
Nephrectomy	The actual undergoing of a complete nephrectomy due to illness, disease or accident. Nephrectomy for the purpose of organ donation is specifically excluded. 25% of benefit amount

Respiratory benefit group

Lung transplant	The actual undergoing of a transplant as a recipient of a complete lung. 100% of benefit amount
Respiratory failure	Chronic and irreversible respiratory failure as confirmed by a pulmonologist of a severity where the lung function as measured by an FEV1 test, FVC test or a Dco test is below 40% of the expected value in measurements taken at least a month apart. 100% of benefit amount

Pulmonary embolism	<p>Pulmonary embolism which must be confirmed by a CT angiography or to the satisfaction of Hollard Life. This benefit will cease once two payments have been made on it.</p> <p>25% of benefit amount</p>
Status asthmaticus	<p>Status asthmaticus with hospitalisation and ventilation, as confirmed by a specialist physician. Hospitalisation shall mean being continuously hospitalised for a period of 24 hours or longer from the time of admission. This benefit will cease once a payout has been made on it.</p> <p>25% of benefit amount</p>

Gasto-intestinal benefit group

For this benefit group no benefit will be paid where a claim is, in the opinion of Hollard Life, directly or indirectly occasioned by or accelerated by alcohol or substance abuse.

Pancreas transplant	<p>The actual undergoing of a transplant as a recipient of a complete pancreas.</p> <p>100% of benefit amount</p>
Chronic pancreatitis	<p>Chronic pancreatitis where the diagnosis must be confirmed by ERCP or abdominal MRI scan in conjunction with clinical and laboratory investigations and the disease must be of a severity to cause diabetes, weight loss and diarrhoea or jaundice.</p> <p>50% of benefit amount</p>
Crohn's disease	<p>Crohn's disease is a chronic auto-immune disease that can affect any part of the gastrointestinal tract but most commonly occurs in the ileum. The diagnosis must be confirmed by a gastroenterologist and the disease must be treated with either steroids or immunomodulatory medication for a period of at least 6 months.</p> <p>25% of benefit amount</p> <p>Should the disease require a colostomy or ileostomy:</p> <p>50% of benefit amount</p>
Ulcerative colitis	<p>Ulcerative Colitis is a chronic inflammation of the large intestine, not caused by bacteria, which results in ulceration and bleeding. The diagnosis must be confirmed by a gastro-enterologist and the disease must be treated with either steroids or immunomodulatory medication for a period of at least 6 months.</p> <p>25% of benefit amount</p> <p>Should the disease require a colostomy or ileostomy:</p> <p>50% of benefit amount</p>

Connective Tissue Diseases benefit group

Severe rheumatoid arthritis	<p>Poly-arthritis resulting in joint deformity or significant irreversible impairment of function despite optimal treatment where diagnosis has been confirmed by a rheumatologist or specialist physician.</p> <p>Without major organ involvement:</p> <p>» 25% of benefit amount</p> <p>With major organ involvement (e.g. the lungs):</p> <p>100% of benefit amount</p>
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Connective Tissue Diseases benefit group

Systemic lupus erythematosus

The confirmed diagnosis of systemic lupus erythematosus by a specialist physician. The condition must have resulted in one or more of the following:

- » neuropathy
- » seizures or a stroke
- » a movement disorder
- » confirmed lung or kidney involvement.

Discoid lupus is specifically excluded from this cover.

50% of benefit amount

Sensory benefit group

Blindness

Total and irreversible (not correctable by treatment or operation) loss of sight in one eye. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.

25% of benefit amount

Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.

100% of benefit amount

Deafness

Total and irreversible loss of hearing in both ears as a result of an accident or chronic sickness. Total loss of hearing means the average hearing levels; tested with hearing aids when applicable, at audible frequencies is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.

100% of benefit amount

Loss of speech

Total, permanent and irreversible loss of the ability to speak as a result of physical injury or disease. Loss of speech due to any psychological disorder is excluded.

100% of benefit amount

Trauma and Musculoskeletal Benefit Group

For this benefit group, no payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries whether the life insured is of sound mind or not.

Coma

A state of unconsciousness defined by a Glasgow scale score of 12 or less that necessitates the use of a ventilator for a continuous period of at least 96 hours. A coma which is medically induced or results directly from alcohol or drug abuse is excluded.

Glasgow Coma score of 6 to 12

50% of benefit amount

Glasgow Coma score of less than 6

100% of benefit amount

Major head trauma

A traumatic injury to the brain, caused by an external physical force, resulting in significant irreversible neurological deficit measured by the inability to perform Activities of Daily Living. Severity levels will be assessed by a full neurological examination by a specialist neurologist any time after three months.

The inability to perform 6 or more advanced activities of daily living.

75% of benefit amount

Major head trauma (continued)	<p>The inability to perform 3 or more basic activities of daily living</p> <p>100% of benefit amount</p> <p>The basic activities of daily living are as follows:</p> <ul style="list-style-type: none"> » Bowel status » Grooming » Feeding » Indoor mobility » Stairs » Bladder status » Toileting » Transfer from chair to bed » Dressing » Bathing <p>The advanced activities of daily living are as follows:</p> <ul style="list-style-type: none"> » Driving a car » Medical care: prepares and takes correct medications » Money management » Communicative activities: use of phone, writing cheques, writing letters » Shopping: lifting or carrying groceries » Food preparation » Housework » Community ambulation with or without assistive device, but not requiring a mobility device » Moderate activities: moving table, pushing vacuum cleaner, bowling, golf » Vigorous activities: running, heavy lifting, sports
Paralysis	<p>Paralysis of both legs or arms or one leg and one arm, resulting in the total and irreversible loss of the use of these limbs.</p> <p>100% of benefit amount</p>
Major burns	<p>Full thickness burns covering at least 20% of the body surface area.</p> <p>100% of benefit amount</p>
Muscular dystrophy	<p>Confirmation by a neurologist of a definite diagnosis of muscular dystrophy with the use of walking aids or a wheelchair. The disease must be progressive in nature and cause significant and irreversible impairment of function.</p> <p>100% of benefit amount</p>
Motor neurone disease	<p>A definite diagnosis of motor neurone disease by a specialist neurologist. There must be irreversible, objective clinical impairment of motor functions.</p> <p>100% of benefit amount</p>
Loss or loss of use of two limbs	<p>The amputation of, or the total and irreversible loss of motor function of:</p> <ul style="list-style-type: none"> » one arm or » one leg <p>50% of benefit amount</p> <p>The amputation of, or the total and irreversible loss of motor function of:</p> <ul style="list-style-type: none"> » both arms, or » both legs, or » one arm and one leg <p>100% of benefit amount</p> <p>For amputation, arm is defined as any loss from the wrist and higher, and leg is defined as any loss from the ankle joint and higher.</p>

Pregnancy complications	<p>For this benefit there is a 12-month waiting period from the policy commencement date until the benefits are available.</p> <p>This benefit covers a female life insured against the following:</p> <ul style="list-style-type: none"> » Stillbirth in the third trimester » Pregnancy complications where the female life insured: <ul style="list-style-type: none"> • Spends two or more days in ICU; or • Spends one day in ICU and 3 or more consecutive days in a general hospital ward/high care ward; or • Spends more than five consecutive days in a general hospital ward/high care ward » Birth defect or congenital anomaly in the newborn baby of the female life insured with surgery in the 90 days following birth » Birth weight of less than 1.5 kg with 2 or more days in ICU for the newborn baby of the female Life Insured <p>2.5% of benefit amount</p>
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AIDS/HIV benefit group	
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 while on antiretroviral treatment and the diagnosis of at least one of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma » Pneumocystis carinii pneumonia » Progressive multifocal leukoencephalopathy » Tuberculosis or » Pulmonary cryptococcus. <p>100% of benefit amount</p>
Accidental HIV infection	<p>The contraction of HIV as a result of:</p> <ul style="list-style-type: none"> » Accidental needle-stick injury acquired in the course of professional duties as a medical or dental practitioner or registered nurse. The practitioner must be registered with the appropriate professional council. A negative HIV test must be performed within 24 hours to confirm an HIV negative status at the time of the needle-stick injury. Proof should also be supplied that the person has been started on a course of anti-retroviral drugs, or; » Rape or indecent assault. The offence must have been reported to the South African Police Service (SAPS) and a criminal case opened. An HIV test must have been performed within 24 hours of the assault to confirm an HIV negative status at the time of the assault. A medical examination of the victim must have been performed within 24 hours after the incident. Proof should also be supplied that the patient has been started on a course of anti-retroviral drugs, or; » Undergoing an organ transplant at an institution recognised by Hollard Life where the transplanted organ was infected with the HIV virus. The organ donor service must admit liability for the incident, or; » The transfusion of infected blood or blood products from a transfusion service recognised by Hollard Life, occurring after the starting date of the policy. The transfusion service must admit liability for the incident, or; » Involvement in a road traffic accident. The incident must have been reported to the South African Police Service (SAPS). An HIV test must have been performed within 24 hours of the incident to confirm an HIV negative status at the time of the incident. Proof should also be supplied that the patient has been started on a course of anti-retroviral drugs, or; » Being the victim of a violent crime. The incident must have been reported to the South African Police Service (SAPS) and a criminal case opened. An HIV test must have been performed within 24 hours of the accident to confirm an HIV negative status at the time of the accident. Proof should also be supplied that the patient has been started on a course of antiretroviral drugs. <p>100% of benefit amount</p>

Children's benefit group

Children's benefit

All children of the life insured are covered in terms of the children's benefit for the conditions defined in this policy wording. A child is defined as a natural or legal child of the life insured. The cover will start when each child is six months old and ends on their 21st birthday (24 if the child is a full-time student at a recognised tertiary educational institution). The benefit amount for each child will be 15% of the benefit amount payable to the life insured for that event or condition, subject to a maximum of R300 000. Where a child could claim under two or more Hollard Life policies with a children's benefit, then the benefit amount shall be restricted to the greater of the amount on any individual policy. This benefit is only payable once for each child and once 2 claims have been paid under the children's benefit, the children's benefit cover will end. A survival period of 14 days will be imposed before a claim is admitted. Should the child die within the survival period, then no claim will be payable under the children's benefit. Hollard Life may, at its discretion, waive the survival period. Congenital, familial and pre-existing conditions are specifically excluded from this benefit and on the Status Epilepticus benefit, febrile seizures are excluded. Any payments made under the children's benefit will not reduce the benefit amount for the life insured.

Endocrine conditions benefit group (one payout per distinct endocrine disorder)

Endocrine conditions

Benign endocrine tumour(s) or glandular hyperplasia presenting with established clinical syndromes as confirmed by an endocrinologist with evidence of supporting investigations, which have undergone surgical resection, OR Hormonal deficiency syndrome(s), as confirmed by an endocrinologist with evidence of supporting investigations, which has resulted in admission to an intensive care unit for more than 48 hours. This includes, but is not limited to:

- » Addisonian crisis
- » Sheehan's syndrome
- » Diabetic coma

10% of benefit amount

Catch-all benefit group

For this benefit group, payment shall be made if the incident or illness giving rise to such claim meets one of the definitions below but not any other definition covered under the Comprehensive Critical Illness benefit.

Pre-existing medical conditions and injuries suffered by the life insured will be specifically excluded from this benefit. Pre-existing conditions are defined as medical conditions, injuries and events suffered by the life insured prior to the commencement date of the policy, as well as any event related to these medical conditions, injuries or events that occur after the policy commencement date.

Catch-all

Life Saving Emergency Surgical Procedure

Emergency, open surgical procedure, performed in response to and within 24 hours of a life threatening event, confirmed by clinical and laboratory or radiological evidence. Appendectomies and tonsillectomies are specifically excluded from this definition.
The lesser of R500 000 and 20% of the benefit amount

Intensive Care Unit Stay

Continuous ICU stay for longer than 96 hours. The benefit amount is paid out per day with a day being a completed period of 24 hours from admittance to an Intensive Care Unit. All psychiatric admissions and elective stays are specifically excluded from this definition.

4% of benefit amount per day, subject to a maximum of the lesser of R500 000 and 20% of the benefit amount

Catch-all (continued)	<p>Hospitalisation Benefit</p> <p>Continuous hospitalisation for more than 10 days. This includes back traction, spinal fusion and spinal/back surgery, but excludes elective cosmetic surgery. The benefit amount is paid out per day with a day being a completed period of 24 hours from admittance to hospital. All psychiatric admissions and elective stays are specifically excluded from this definition.</p> <p>2% of benefit amount per day, subject to a maximum of the lesser of R500 000 and 20% of the benefit amount</p>
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ASISA CRITICAL ILLNESS DISCLOSURE GRID

MAX		SEVERITY			
		Severity A	Severity B	Severity C	Severity D
Heart attack	100%	100%	75%	50%	25%
Stroke	100%	100%	75%	50%	50%
Cancer	100%	100%	100%	50%	25%
CABG	100%	100%	75%	50%	50%

Critical illness: related and unrelated conditions Tech Spec

Related and unrelated conditions for **CRITICAL ILLNESS BENEFITS**

For the purpose of the reinstatement under our Critical Illness benefits, an illness, condition, procedure or event is related to another illness, condition, procedure or event for which a claim has been paid if:

- » It is a consequence or complication of the illness, condition, procedure or event for which a claim has been paid, or
- » It is a consequence of the treatment for the illness or condition for which a claim has been paid, or
- » It is a result of the same underlying disease process as the illness, condition or the causative condition resulting in a procedure for which a claim has been paid.

No claim will be paid under the reinstated cover where, in the opinion of Hollard Life, the claim is related to an illness, condition, procedure or event for which a 100% payment was made before reinstatement.

Every effort has been made to ensure the relevance and correctness of the related conditions listed below, however as there are relationships that don't appear on this list that are not commonly seen and as such are not likely to be frequently encountered, these related conditions will be treated on a case-by-case consideration. The final decision will be that of Hollard Life.

Conditions suffered	Related condition/event
Heart attack	CABG, heart valve surgery, surgery of the aorta, cardiomyopathy, coronary angioplasty/stent, keyhole surgery, systemic lupus, cardio-pulmonary dysfunction
CABG	Heart attack, heart valve surgery, surgery of the aorta, heart transplant, cardiomyopathy, coronary angioplasty/stent, keyhole surgery, systemic lupus, cardio-pulmonary dysfunction
Heart valve surgery	Heart attack, CABG, heart transplant, cardiomyopathy, coronary angioplasty/stent, keyhole surgery, stroke, systemic lupus, cardio-pulmonary dysfunction, pregnancy complications
Carotid arterial disease	Stroke, systemic lupus, blindness, loss of speech, coma, paralysis, loss or loss of use of limbs, permanent mental/cognitive impairment
Cardio-pulmonary dysfunction	Heart attack, CABG, heart valve surgery, surgery of the aorta, heart transplant, cardiomyopathy, coronary angioplasty, keyhole surgery, stroke, respiratory failure, lung transplant, pulmonary embolism, severe rheumatoid arthritis, systemic lupus, permanent mental/cognitive impairment, pregnancy complications
Surgery of the aorta	CABG, surgery of the aorta, heart transplant, cardiomyopathy, systemic lupus, cardio-pulmonary dysfunction

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Conditions suffered	Related condition/event
Heart transplant	Heart attack, CABG, heart valve surgery, surgery of the aorta, heart transplant, cardiomyopathy, coronary angioplasty/stent, keyhole surgery, respiratory failure, lung transplant, systemic lupus, cardio-pulmonary dysfunction, pregnancy complications
Cardiomyopathy	Heart attack, CABG, heart valve surgery, surgery of the aorta, heart transplant, coronary angioplasty/stent, keyhole surgery, respiratory failure, lung transplant, chronic pancreatitis, systemic lupus, muscular dystrophy, loss or loss of use of limbs, accidental HIV, advanced AIDS, pregnancy complications, cardio-pulmonary dysfunction, endocrine conditions
Coronary angioplasty/stent	Heart attack, CABG, heart valve surgery, heart transplant, cardiomyopathy, keyhole surgery, systemic lupus, cardio-pulmonary dysfunction
Keyhole surgery	Heart attack, CABG, heart valve surgery, heart transplant, cardiomyopathy, coronary angioplasty/stent, systemic lupus, pregnancy complications, cardio-pulmonary dysfunction
Stroke	Heart valve surgery, benign brain tumour, bacterial meningitis, status epilepticus, systemic lupus, blindness, deafness, loss of speech, major head trauma, coma, paralysis, loss or loss of use of limbs, accidental HIV, advanced AIDS, carotid arterial disease, cardio-pulmonary dysfunction, permanent mental/cognitive impairment, pregnancy complications
Permanent mental/cognitive impairment	Stroke, benign brain tumour, multiple sclerosis, Parkinson's disease, Alzheimer's disease, bacterial meningitis, cerebral malaria, status epilepticus, cancer, kidney failure, liver failure, kidney or liver transplant, respiratory failure, systemic lupus, blindness, deafness, loss of speech, major head trauma, coma, paralysis, muscular dystrophy, motor neurone disease, loss or loss of use of limbs, advanced AIDS, carotid arterial disease, pregnancy complications, endocrine conditions
Benign brain tumour	Stroke, status epilepticus, blindness, deafness, loss of speech, coma, paralysis, loss or loss of use of limbs, permanent mental/cognitive impairment, endocrine conditions
Multiple sclerosis	Loss of speech, paralysis, loss or loss of use of limbs, permanent mental/cognitive impairment
Parkinson's disease	Respiratory failure, loss of speech, loss or loss of use of limbs, permanent mental/cognitive impairment
Alzheimer's disease	Permanent mental/cognitive impairment
Bacterial meningitis	Stroke, status epilepticus, blindness, deafness, loss of speech, coma, paralysis, loss or loss of use of limbs, accidental HIV, advanced AIDS, permanent mental/cognitive impairment
Cerebral malaria	Status epilepticus, coma, permanent mental/cognitive impairment
Status epilepticus	Stroke, benign brain tumour, bacterial meningitis, cerebral malaria, cancer, permanent mental/cognitive impairment, pregnancy complications, endocrine conditions
Myasthenia gravis	Cancer, status asthmaticus, loss of speech, endocrine conditions
Cancer	Status epilepticus, myasthenia gravis, pulmonary embolism (DVT), blindness, loss of speech, coma, accidental HIV, advanced AIDS, permanent mental/cognitive impairment, prophylactic mastectomy, pregnancy complications, endocrine conditions
Prophylactic mastectomy	Cancer
Aplastic anaemia	Bone marrow transplant, accidental HIV, advanced AIDS

Conditions suffered	Related condition/event
Bone marrow transplant	Aplastic anaemia
Kidney failure	Liver failure, liver or kidney transplant, pancreas transplant, systemic lupus, deafness, coma, accidental HIV, advanced AIDS, permanent mental/cognitive impairment, pregnancy complications, endocrine conditions
Liver failure	Kidney failure, kidney or liver transplant, chronic pancreatitis, systemic lupus, coma, accidental HIV, advanced AIDS, permanent mental/cognitive impairment, pregnancy complications
Kidney or liver transplant	Kidney failure, liver failure, pancreas transplant, systemic lupus, accidental HIV, advanced AIDS, pregnancy complications, endocrine conditions, permanent mental/cognitive impairment
Respiratory failure	Heart transplant, cardiomyopathy, Parkinson's disease, respiratory failure, lung transplant, pulmonary embolism (DVT), status asthmaticus, severe rheumatoid arthritis, systemic lupus, major head trauma, coma, major burns, muscular dystrophy, motor neurone disease, accidental HIV, advanced AIDS, cardio-pulmonary dysfunction, permanent mental/cognitive impairment, pregnancy complications
Lung transplant	Heart transplant, cardiomyopathy, respiratory failure, lung transplant, pulmonary embolism (DVT), severe rheumatoid arthritis, systemic lupus, cardio-pulmonary dysfunction
Pulmonary embolism (DVT)	Cancer, respiratory failure, lung transplant, systemic lupus, cardio-pulmonary dysfunction, pregnancy complications
Status asthmaticus	Myasthenia gravis, respiratory failure, systemic lupus
Pancreas transplant	Kidney failure, kidney or liver transplant, endocrine conditions
Chronic pancreatitis	Cardiomyopathy, liver failure, accidental HIV, advanced AIDS, endocrine conditions
Crohn's disease	Ulcerative colitis
Ulcerative colitis	Crohn's disease
Severe rheumatoid arthritis	Respiratory failure, lung transplant, cardio-pulmonary dysfunction
Systemic lupus	Heart attack, CABG, heart valve surgery, heart transplant, surgery of the aorta, cardiomyopathy, coronary angioplasty/stent, keyhole surgery, stroke, kidney failure, liver failure, liver or kidney transplant, respiratory failure, lung transplant, pulmonary embolism (DVT), status asthmaticus, carotid arterial disease, cardio-pulmonary dysfunction, permanent mental/cognitive impairment, endocrine conditions
Blindness	Stroke, benign brain tumour, bacterial meningitis, cancer, major head trauma, coma, major burns, paralysis, accidental HIV, advanced AIDS, carotid arterial disease, permanent mental/cognitive impairment, endocrine conditions
Deafness	Stroke, benign brain tumour, bacterial meningitis, kidney failure, loss of speech, major head trauma, coma, permanent mental/cognitive impairment
Loss of speech	Stroke, benign brain tumour, multiple sclerosis, Parkinson's disease, bacterial meningitis, myasthenia gravis, cancer, deafness, major head trauma, coma, paralysis, muscular dystrophy, motor neurone disease, loss or loss of use of limbs, accidental HIV, advanced AIDS, carotid arterial disease, permanent mental/cognitive impairment, pregnancy complications
Major head trauma	Stroke, status epilepticus, respiratory failure, blindness, deafness, loss of speech, paralysis, loss or loss of use of limbs, permanent mental/cognitive impairment

Conditions suffered	Related condition/event
Coma	Stroke, benign brain tumour, bacterial meningitis, cerebral malaria, status epilepticus, cancer, kidney failure, liver failure, respiratory failure, blindness, deafness, loss of speech, major head trauma, major burns, paralysis, muscular dystrophy, motor neurone disease, loss or loss of use of limbs, accidental HIV, advanced AIDS, carotid arterial disease, permanent mental/cognitive impairment, pregnancy complications, endocrine conditions
Major burns	Status epilepticus, respiratory failure, blindness, coma, loss or loss of use of limbs
Paralysis	Stroke, benign brain tumour, multiple sclerosis, bacterial meningitis, blindness, loss of speech, major head trauma, coma, muscular dystrophy, motor neurone disease, loss or loss of use of limbs, accidental HIV, advanced AIDS, carotid arterial disease, permanent mental/cognitive impairment, pregnancy complications
Muscular dystrophy	Heart transplant, cardiomyopathy, respiratory failure, loss of speech, coma, paralysis, loss or loss of use of limbs, permanent mental/cognitive impairment
Motor neurone disease	Respiratory failure, loss of speech, paralysis, loss or loss of use of limbs, permanent mental/cognitive impairment
Loss or loss of use of limbs	Cardiomyopathy, stroke, benign brain tumour, multiple sclerosis, Parkinson's disease, bacterial meningitis, loss of speech, major head trauma, coma, major burns, paralysis, muscular dystrophy, motor neurone disease, accidental HIV, advanced AIDS, carotid arterial disease, permanent mental/cognitive impairment, pregnancy complications
Pregnancy complications	Heart valve surgery, heart transplant, cardiomyopathy, keyhole surgery, stroke, status epilepticus, cancer, kidney failure, liver failure, kidney or liver transplant, respiratory failure, pulmonary embolism, loss of speech, coma, paralysis, loss or loss of use of limbs, accidental HIV, advanced AIDS, cardio-pulmonary dysfunction, permanent mental/cognitive impairment, endocrine conditions
Accidental HIV	Cardiomyopathy, stroke, bacterial meningitis, status epilepticus, cancer, aplastic anaemia, kidney failure, liver failure, respiratory failure, chronic pancreatitis, blindness, loss of speech, coma, paralysis, loss or loss of use of limbs, advanced AIDS, pregnancy complications
Advanced AIDS	Cardiomyopathy, stroke, bacterial meningitis, status epilepticus, cancer, aplastic anaemia, kidney failure, liver failure, kidney or liver transplant, respiratory failure, chronic pancreatitis, blindness, loss of speech, coma, paralysis, loss or loss of use of limbs, accidental HIV, permanent mental/cognitive impairment, pregnancy complications, endocrine conditions
Endocrine conditions	Cardiomyopathy, benign brain tumour, status epilepticus, myasthenia gravis, cancer, kidney failure, kidney or liver transplant, pancreas transplant, chronic pancreatitis, systemic lupus, blindness, coma, advanced AIDS, permanent mental/cognitive impairment, pregnancy complications

Critical illness: condition and benefit matrix Tech Spec



Condition and benefit matrix									
				Basic (4)		Core (33)		Comprehensive (57)	
Group	Condition	Severity	SCIDEP LEVEL	Max	Severity	Max	Severity	Max	Severity
Cardiovascular	Heart attack	Mild	D	100%	25%	100%	25%	100%	25%
		Moderate	C	100%	50%	100%	50%	100%	50%
		Moderate; EF<50%	B	100%	75%	100%	75%	100%	75%
		Moderate; EF<30%	A	100%	100%	100%	100%	100%	100%
	Coronary artery disease with 2 arteries	1 artery	D	100%	50%	100%	50%	100%	50%
		2 arteries	B	100%	75%	100%	75%	100%	75%
		3 arteries	A	100%	100%	100%	100%	100%	100%
	Heart valve surgery (incl valvuloplasty & valvotomy)	Intra-arterial				10%	10%	10%	10%
		Keyhole				25%	25%	25%	25%
		Open				100%	100%	100%	100%
	Surgery of aorta					100%	100%	100%	100%
	Heart transplant					100%	100%	100%	100%
	Endovascular procedure	To aorta				25%	25%	25%	25%
		Immediate branches				10%	10%	10%	10%
	Arrhythmia	Pathway ablation/ perm pacemaker						25%	25%
		Defibrillator insertion						50%	50%
	Cardiomyopathy	EF <50%						75%	75%
		EF <30%						100%	100%
	Angioplasty/stent							10%	10%
	Keyhole cardiac surgery							25%	25%
	Carotid arterial disease	Angioplasty/stenting				25%	25%	25%	25%
		Endarterectomy				75%	75%	75%	75%
	Cardio-pulmonary dysfunction	Cor pulmonale & hypertension				50%	50%	50%	50%
		ECHO evidence & ap > 45 mm Hg				100%	100%	100%	100%

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Condition and benefit matrix									
				Basic (4)		Core (33)		Comprehensive (57)	
Group	Condition	Severity	SCIDEP LEVEL	Max	Severity	Max	Severity	Max	Severity
Nervous system	Stroke	Temporary		25%	25%	25%	25%	25%	25%
		Permanent	D	100%	50%	100%	50%	100%	50%
		Inability on 6 AADLs	B	100%	75%	100%	75%	100%	75%
		Inability on 3 BADLs	A	100%	100%	100%	100%	100%	100%
	Multiple sclerosis					100%	100%	100%	100%
	Parkinson's disease					100%	100%	100%	100%
	Alzheimer's disease	No supervision				25%	25%	25%	25%
		Under supervision				100%	100%	100%	100%
	Permanent mental or cognitive impairment					50%	50%	50%	50%
	Benign brain tumour	Treatment						50%	50%
		Inability on 3 BADLs						100%	100%
	Bacterial meningitis							25%	25%
	Cerebral malaria							25%	25%
	Myasthenia gravis	Swallow & speech						25%	25%
		Continuous respiration						100%	100%
	Guillain-Barré syndrome	Respiratory dysfunction						25%	25%
		Persistent neurological symptoms						100%	100%
Cancer	Cancer	Stage 1	D	100%	25%	100%	25%	100%	25%
		Stage 2	C	100%	50%	100%	50%	100%	50%
		Stage 3	B	100%	100%	100%	100%	100%	100%
		Stage 4	A	100%	100%	100%	100%	100%	100%
	Aplastic anaemia					100%	100%	100%	100%
	Bone marrow transplant					100%	100%	100%	100%
	Mastectomy & prophylactic mastectomy	Unilateral or bilateral				25%	25%	25%	25%
Kidney & Liver	Kidney failure					100%	100%	100%	100%
	Liver failure					100%	100%	100%	100%
	Kidney or liver transplant					100%	100%	100%	100%
	Nephrectomy							25%	25%

Condition and benefit matrix									
				Basic (4)		Core (33)		Comprehensive (57)	
Group	Condition	Severity	SCIDEP LEVEL	Max	Severity	Max	Severity	Max	Severity
Respiratory	Lung transplant					100%	100%	100%	100%
	Respiratory failure							100%	100%
	Pulmonary embolism	Confirmed by a CT angiograph						25%	25%
	Status asthmaticus							25%	25%
Gastrointestinal	Pancreas transplant					100%	100%	100%	100%
	Chronic pancreatitis							50%	50%
	Crohn's disease	Without colostomy						25%	25%
		With colostomy						50%	50%
	Ulcerative colitis	Without colostomy						25%	25%
		With colostomy						50%	50%
Connective Tissue	Severe rheumatoid arthritis	Excl major organs				25%	25%	25%	25%
		Incl major organs				100%	100%	100%	100%
	Systemic lupus							50%	50%
Sensory	Blindness	One eye				25%	25%	25%	25%
		Both eyes				100%	100%	100%	100%
	Deafness					100%	100%	100%	100%
	Loss of speech					100%	100%	100%	100%
	Coma	Glasgow 6–12				50%	50%	50%	50%
		Glasgow <6				100%	100%	100%	100%
	Major burns					100%	100%	100%	100%
	Paralysis					100%	100%	100%	100%
	Motor neurone disease					100%	100%	100%	100%
	Head trauma	Inability on 6 AADLs						75%	75%
		Inability on 3 BADLs						100%	100%
	Muscular dystrophy							100%	100%
	Loss or loss of use of limbs	One limb						50%	50%
		Two limbs				100%	100%	100%	100%
	Pregnancy complications							2.5%	2.5%
HIV & AIDS	Accidental infection					100%	100%	100%	100%
	Advanced AIDS							100%	100%
Children's	Children's benefit							*15%	*15%
Endocrine	Endocrine conditions					10%	10%	10%	10%

Condition and benefit matrix									
				Basic (4)		Core (33)		Comprehensive (57)	
Group	Condition	Severity	SCIDEP LEVEL	Max	Severity	Max	Severity	Max	Severity
Catch-all	Catch-all	Emergency						20% **	20% **
		ICU stay						4% pd *** (20% max)	4% pd *** (20% max)
		Hospitalisation						2% pd *** (20% max)	2% pd *** (20% max)

* 15% of condition benefit limited to R300 000.

** The lesser of R500 000 and 20% of the benefit amount.

*** Subject to a maximum of the lesser of R500 000 and 20% of the benefit amount.

Early Cancer Cover Tech Spec

The Early Cancer Cover benefit provides the life insured with cover in the event of being diagnosed with and treated for a defined malignant tumour without the invasion of surrounding tissue (in situ).

Type of benefit	Ancillary to Critical Illness	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	65 ANB	
Maximum sum assured	R100 000	
Premium pattern	Level	
Benefit term	To age 65 or for life	
Premium term	Same as benefit term	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee term	Experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Effect of a claim on early cancer cover benefit	<p>Only one claim will be paid under any specific definition below. Where less than 100% of the benefit amount is paid for a claim, the balance is available for future claims on claim events not previously claimed for. Once 100% of the benefit amount has been paid the benefit will cease to provide cover.</p> <p>Where claims for two or more of the contingent events are made simultaneously, only one payment will be made. This will be the highest payment that would have been made for any one of the individual claims.</p>	
Effect of a claim on other benefits	No payment will be made under this benefit if an amount is payable for the same event on the Critical Illness benefit to which this Early Cancer Cover benefit is an ancillary or the event does not meet the definitions covered under this Early Cancer Cover benefit.	
Waiting period	No claims will be payable for any diagnosis in the first 6 months following the commencement of the Early Cancer Cover benefit.	

Early Cancer Cover claim events

Early cancer cover	A malignant tumour positively diagnosed with histological confirmation and characterised by the growth of malignant cells without the invasion of surrounding tissue. Unless otherwise specified the tumour must be classified as tumour in situ (Tis) according to the TNM classification system.
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Uterus	<p>Carcinoma in situ of the uterus with excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the uterus with total hysterectomy » 100% of the benefit amount</p>
Fallopian tubes	<p>Carcinoma in situ of the fallopian tubes with excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the fallopian tubes with total unilateral or bilateral salpingectomy or total hysterectomy » 100% of the benefit amount</p>
Vagina or vulva	<p>Carcinoma in situ of the vagina or vulva with excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the vagina or vulva with vaginal vault or vulval surgery with skin flap or skin graft, or total hysterectomy » 100% of the benefit amount</p>
Cervix	<p>Carcinoma in situ of the cervix (cervical intraepithelial neoplasia grade II or III) with excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the cervix (cervical intraepithelial neoplasia grade II or III) with total hysterectomy » 100% of the benefit amount</p>
Ovary	<p>Carcinoma in situ of the ovary or borderline/low malignant potential ovarian tumours with excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the ovary or borderline/low malignant potential ovarian tumours with total removal of one or both ovaries » 100% of the benefit amount</p>
Kidney	<p>Carcinoma in situ of the kidney with excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the kidney with total nephrectomy » 100% of the benefit amount</p>
Penis	<p>Carcinoma in situ of the penis with excision of the lesion » 50% of the benefit amount</p> <p>Carcinoma in situ of the penis with partial penectomy with skin graft or skin flap. » 100% of the benefit amount</p> <p>This excludes standard circumcision</p>
Testis	<p>Carcinoma in situ of the testis (intratubular germ cell neoplasia) with radiotherapy or excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the testis (intratubular germ cell neoplasia) with total unilateral or bilateral orchidectomy » 100% of the benefit amount</p>
Larynx	<p>Carcinoma in situ of the larynx with radiotherapy or excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the larynx with total laryngectomy » 100% of the benefit amount</p>
Thyroid	<p>Carcinoma in situ of the thyroid with radiotherapy or excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the thyroid with total thyroid lobectomy » 100% of the benefit amount</p>
Pharynx	<p>Carcinoma in situ of the pharynx with radiotherapy or mucosal excision » 50% of the benefit amount</p> <p>Carcinoma in situ of the pharynx with surgical excision (other than the mucosal membrane) of any of the anatomical structures of the nasopharynx, oropharynx or hypopharynx » 100% of the benefit amount</p>
Nasal cavity	<p>Carcinoma in situ of the nasal cavity with radiotherapy or excision » 50% of the benefit amount</p>

Nasal cavity (continued)	<p>Carcinoma in situ of the nasal cavity with surgical resection where there has been resection of the underlying bone</p> <p>» 100% of the benefit amount</p>
Lung	<p>Carcinoma in situ of the lung with excision</p> <p>» 50% of the benefit amount</p> <p>Carcinoma in situ of the lung with total lobectomy</p> <p>» 100% of the benefit amount</p>
Bladder	<p>Carcinoma in situ of the bladder with intravesical bacillus Calmette-Guerin treatment, or excision</p> <p>» 50% of the benefit amount</p> <p>Carcinoma in situ of the bladder with total cystectomy</p> <p>» 100% of the benefit amount</p>
Stomach	<p>Carcinoma in situ of the stomach (intraepithelial tumour without invasion of the lamina propria) with radiotherapy, chemotherapy or excision of the lesion</p> <p>» 50% of the benefit amount</p> <p>Carcinoma in situ of the stomach (intraepithelial tumour without invasion of the lamina propria) with total or partial gastrectomy</p> <p>» 100% of the benefit amount</p>
Prostate	<p>Prostate carcinoma T1N0M0 with external beam radiotherapy, brachytherapy or excision</p> <p>» 50% of the benefit amount</p> <p>Prostate carcinoma T1N0M0 with total prostatectomy</p> <p>» 100% of the benefit amount</p>
Breast	<p>Lobular and ductal carcinoma in situ with chemotherapy, lumpectomy or breast conserving surgery</p> <p>» 50% of the benefit amount</p> <p>Lobular and ductal carcinoma in situ with total unilateral or bilateral mastectomy</p> <p>» 100% of the benefit amount</p>
Colon	<p>Colon adenoma with increasing polyp size >1cm or high grade dysplasia treated with polypectomy (removal of the polyp)</p> <p>» 50% of the benefit amount</p> <p>Colon adenoma with increasing polyp size >1cm or high grade dysplasia with total or partial colectomy (excluding polypectomy)</p> <p>» 100% of the benefit amount</p>
Skin	<p>T1N0M0 melanoma (lentigo maligna melanoma, nodular melanoma, superficial spreading melanoma or acral lentiginous melanoma) with excision</p> <p>» 50% of the benefit amount</p> <p>T1N0M0 melanoma (lentigo maligna melanoma, nodular melanoma, superficial spreading melanoma or acral lentiginous melanoma) with excision of the tumour with a skin flap or skin graft</p> <p>» 100% of the benefit amount</p> <p>Stage I or II basal cell carcinoma, squamous cell carcinoma, keratoacanthom, epidermoid carcinoma, malignant epithelioma or verrucous carcinoma with excision</p> <p>» 50% of the benefit amount</p> <p>Stage I or II basal cell carcinoma, squamous cell carcinoma, keratoacanthom, epidermoid carcinoma, malignant epithelioma or verrucous carcinoma with excision of the tumour with a skin flap or skin graft</p> <p>» 100% of the benefit amount</p> <p>Trichilemmal carcinoma, pilomatrix carcinoma, sebaceous carcinoma, apocrine carcinoma, eccrine gland carcinoma, adenoid cystic carcinoma or Merkel cell carcinoma with excision</p> <p>» 50% of the benefit amount</p> <p>Trichilemmal carcinoma, pilomatrix carcinoma, sebaceous carcinoma, apocrine carcinoma, eccrine gland carcinoma, adenoid cystic carcinoma or Merkel cell carcinoma with excision of the tumour with a skin flap or skin graft</p> <p>» 100% of the benefit amount</p>

Comprehensive Cancer Cover Tech Spec

Comprehensive Cancer Cover provides the life insured with cover for the diagnosis and treatment of defined malignant tumours. These tumours must be characterised either by the uncontrolled growth of malignant cells and invasion of the surrounding tissue or by a specified malignant tumour that has not invaded the surrounding tissue (in situ).

Type of benefit	Standalone or ancillary	
Benefit variation	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	65 ANB	
Maximum sum assured	R1 000 000	
Premium pattern	Level 5% compulsory escalation Age-rated	
Benefit term	To age 65 or for life	
Premium term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee term	Experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Effect of a claim on the comprehensive cancer cover	After a successful claim, the amount for future claim events will be reduced by the benefit amount paid out. The remaining Comprehensive Cancer Cover amount will be available for further claims. The premium will be reduced accordingly. Once a claim of 100% of the benefit amount has been paid the benefit will cease. Where claims for two or more of the contingent events are made simultaneously, only one payment will be made. This will be the highest payment that would have been made for any one of the individual claims.	
Waiting period	No claim will be payable for any early cancer contingent event listed below that is diagnosed in the first 6 months following the commencement of this benefit.	
Effect of a claim on the early cancer cover	Only one claim will be paid per specific definition. Where less than R100 000 is paid for a claim, the balance is available for future claims on claim events not previously claimed for. Once R100 000 has been paid the benefit will cease for early cancer cover.	
Change in circumstances	None	
Exclusions	None	

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Early cancer cover	A malignant tumour positively diagnosed with histological confirmation and characterised by the growth of malignant cells without the invasion of surrounding tissue. Unless otherwise specified the tumour must be classified as tumour in situ (Tis) according to the TNM classification system.
Uterus	<p>Carcinoma in situ of the uterus with excision » 25% of the benefit amount (max R50 000)</p> <p>Carcinoma in situ of the uterus with total hysterectomy » 25% of the benefit amount (max R100 000)</p>
Fallopian tubes	<p>Carcinoma in situ of the fallopian tubes with excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the fallopian tubes with total unilateral or bilateral salpingectomy or total hysterectomy » 25% of the benefit amount (Max R100 000)</p>
Vagina or vulva	<p>Carcinoma in situ of the vagina or vulva with excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the vagina or vulva with vaginal vault or vulval surgery with skin flap or skin graft, or total hysterectomy » 25% of the benefit amount (Max R100 000)</p>
Cervix	<p>Carcinoma in situ of the cervix (cervical intraepithelial neoplasia grade II or III) with excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the cervix (cervical intraepithelial neoplasia grade II or III) with total hysterectomy » 25% of the benefit amount (Max R100 000)</p>
Ovary	<p>Carcinoma in situ of the ovary or borderline/low malignant potential ovarian tumours with excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the ovary or borderline/low malignant potential ovarian tumours with total removal of one or both ovaries » 25% of the benefit amount (Max R100 000)</p>
Kidney	<p>Carcinoma in situ of the kidney with excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the kidney with total nephrectomy » 25% of the benefit amount (Max R100 000)</p>
Penis	<p>Carcinoma in situ of the penis with excision of the lesion » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the penis with partial penectomy with skin graft or skin flap. » 25% of the benefit amount (Max R100 000)</p> <p>This excludes standard circumcision</p>
Testis	<p>Carcinoma in situ of the testis (intratubular germ cell neoplasia) with radiotherapy or excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the testis (intratubular germ cell neoplasia) with total unilateral or bilateral orchidectomy » 25% of the benefit amount (Max R100 000)</p>
Larynx	<p>Carcinoma in situ of the larynx with radiotherapy or excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the larynx with total laryngectomy » 25% of the benefit amount (Max R100 000)</p>
Thyroid	<p>Carcinoma in situ of the thyroid with radiotherapy or excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the thyroid with total thyroid lobectomy » 25% of the benefit amount (Max R100 000)</p>

Pharynx	<p>Carcinoma in situ of the pharynx with radiotherapy or mucosal excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the pharynx with surgical excision (other than the mucosal membrane) of any of the anatomical structures of the nasopharynx, oropharynx or hypopharynx » 25% of the benefit amount (Max R100 000)</p>
Nasal cavity	<p>Carcinoma in situ of the nasal cavity with radiotherapy or excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the nasal cavity with surgical resection where there has been resection of the underlying bone » 25% of the benefit amount (Max R100 000)</p>
Lung	<p>Carcinoma in situ of the lung with excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the lung with total lobectomy » 25% of the benefit amount (Max R100 000)</p>
Bladder	<p>Carcinoma in situ of the bladder with intravesical bacillus Calmette-Guerin treatment, or excision » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the bladder with total cystectomy » 25% of the benefit amount (Max R100 000)</p>
Stomach	<p>Carcinoma in situ of the stomach (intraepithelial tumour without invasion of the lamina propria) with radiotherapy, chemotherapy or excision of the lesion » 25% of the benefit amount (Max R50 000)</p> <p>Carcinoma in situ of the stomach (intraepithelial tumour without invasion of the lamina propria) with total or partial gastrectomy » 25% of the benefit amount (Max R100 000)</p>
Prostate	<p>Prostate carcinoma TINOMO with external beam radiotherapy, brachytherapy or excision » 25% of the benefit amount (Max R50 000)</p> <p>Prostate carcinoma TINOMO with total prostatectomy » 25% of the benefit amount (Max R100 000)</p>
Breast	<p>Lobular and ductal carcinoma in situ with chemotherapy, lumpectomy or breast conserving surgery » 25% of the benefit amount (Max R50 000)</p> <p>Lobular and ductal carcinoma in situ with total unilateral or bilateral mastectomy » 25% of the benefit amount (Max R100 000)</p>
Colon	<p>Colon adenoma with increasing polyp size >1cm or high grade dysplasia treated with polypectomy (removal of the polyp) » 25% of the benefit amount (Max R50 000)</p> <p>Colon adenoma with increasing polyp size >1cm or high grade dysplasia with total or partial colectomy (excluding polypectomy) » 25% of the benefit amount (Max R100 000)</p>
Skin	<p>TINOMO melanoma (lentigo maligna melanoma, nodular melanoma, superficial spreading melanoma or acral lentiginous melanoma) with excision » 25% of the benefit amount (Max R50 000)</p> <p>TINOMO melanoma (lentigo maligna melanoma, nodular melanoma, superficial spreading melanoma or acral lentiginous melanoma) with excision of the tumour with a skin flap or skin graft » 25% of the benefit amount (Max R100 000)</p> <p>Stage I or II basal cell carcinoma, squamous cell carcinoma, keratoacanthom, epidermoid carcinoma, malignant epithelioma or verrucous carcinoma with excision » 25% (Max R50 000)</p> <p>Stage I or II basal cell carcinoma, squamous cell carcinoma, keratoacanthom, epidermoid carcinoma, malignant epithelioma or verrucous carcinoma with excision of the tumour with a skin flap or skin graft » 25% of the benefit amount (Max R100 000)</p>

Skin (continued)	<p>Trichilemmal carcinoma, pilomatrix carcinoma, sebaceous carcinoma, apocrine carcinoma, eccrine gland carcinoma, adenoid cystic carcinoma or Merkel cell carcinoma with excision</p> <p>» 25% of the benefit amount (Max R50 000)</p> <p>Trichilemmal carcinoma, pilomatrix carcinoma, sebaceous carcinoma, apocrine carcinoma, eccrine gland carcinoma, adenoid cystic carcinoma or Merkel cell carcinoma with excision of the tumour with a skin flap or skin graft</p> <p>» 25% of the benefit amount (Max R100 000)</p>
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Claim events

Cancer

A malignant tumour diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma, multiple myeloma and sarcoma. Unless stated otherwise, the levels are correlated to the general classification used by the American Joint Committee for Cancer for the type of cancer involved.

The following conditions are considered under the Early Cancer events only:

- » Carcinoma-in-situ
- » All tumours of the prostate that have not progressed to at least TNM classification T2NOMO
- » All skin cancers, other than malignant melanoma that have been histologically classified as having caused invasion beyond the epidermis (outer layer of skin)

Cancer Stage I

A condition including any of the following:

- » Prostate cancer T2NOMO
- » Chronic lymphocytic leukaemia (Stage 0 or I on the Rai classification)
- » Hairy cell leukaemia
- » Hodgkins/non Hodgkins lymphoma Stage I on Ann Arbor classification
- » Any other Stage I cancer not covered above

Benefit: 25% of benefit amount

Cancer Stage II

A condition including any of the following:

- » Prostate Cancer T3NOMO
- » Chronic Lymphocytic Leukaemia (Stage II on the Rai classification)
- » Acute Lymphocytic Leukaemia
- » Chronic Myeloid Leukaemia (no bone marrow transplantation)
- » Hodgkins/Non Hodgkins lymphoma Stage II on Ann Arbor classification system
- » Multiple myeloma Stage I and II on the Durie-Salmon scale
- » Any other Stage II cancer not covered above

Benefit: 50% of benefit amount

Cancer Stage III

A condition including any of the following:

- » Prostate Cancer T4NOMO
- » Hodgkins and Non Hodgkins lymphoma Stage III on Ann Arbor classification system
- » Any other Stage III cancer not covered above

Benefit: 100% of benefit amount

Cancer (continued)	Cancer Stage IV A condition including any of the following: <ul style="list-style-type: none"> » Prostate Cancer Any T, N1-3, M0 » Acute Myeloid Leukaemia » Chronic Lymphocytic Leukaemia, Stage III or IV on the Rai classification » Chronic Myeloid Leukaemia (with bone marrow transplant) » Acute Lymphocytic Leukaemia (adults) » Hodgkins/Non Hodgkins lymphoma Stage IV on Ann Arbor classification system » Multiple Myeloma Stage III on the Durie-Salmon Scale » Any other Stage IV cancer not covered above Benefit: 100% of benefit amount
Aplastic anaemia	Aplastic anaemia with total aplasia of the bone marrow as confirmed by a Haematologist, with either blood transfusion or a bone marrow transplant. Benefit: 100% of benefit amount
Bone marrow transplant	The actual undergoing of a transplant as a recipient of bone marrow. Benefit: 100% of benefit amount
Mastectomy & prophylactic mastectomy	A condition including any of the following: Unilateral or bilateral mastectomy for carcinoma in situ, or prophylactic unilateral or bilateral mastectomy performed upon clinical recommendation by the attending specialist, where any of the following apply for the prophylactic mastectomy: <ul style="list-style-type: none"> » Breast and/or ovarian cancer in either mother or sister before the age of 50 years » Bilateral breast cancer in either mother or sister » Confirmed BRCA 1 or 2 carrier status Benefit: 25% of benefit amount

ASISA CRITICAL ILLNESS DISCLOSURE GRID

	Severity A	Severity B	Severity C	Severity D
Cancer	100%	100%	50%	25%

Basic Disability Tech Spec



The Basic Disability benefit pays out a lump sum to the policy owner in the event of total and irreversible occupational disablement of the life insured.

Type of benefit	Standalone or accelerator	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB	
Maximum benefit amount	R10 000 000	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit cover term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Effect of claim on Basic Disability	Once 100% of the benefit amount has been paid the benefit will cease. No part of this benefit can be reinstated.	
Effect of a claim on other benefits (accelerator)	<p>This benefit is an acceleration of the benefit payable on death. On payment of a claim under this benefit</p> <ul style="list-style-type: none"> » The amount payable on death will be reduced by the amount of the Basic Disability claim; » Any other benefit that is an accelerator benefit shall be reduced to an amount that does not exceed the reduced death benefit. 	
Effect of a claim on other benefits (standalone)	On payment of a claim under this benefit, the amount payable on death will not be altered unless a claim has been paid before the expiry of the three month survival period.	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently disabled.	
Survival period (standalone)	A 3-month survival period will be imposed before a Basic Disability claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 3-month survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Basic Disability benefit for the remainder of the 3-month survival period.	

Hollard.

Notifiable events	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the Basic Disability benefit	<ul style="list-style-type: none"> » Occupational Disability <p>** If the benefit is selected for life, the occupational disability benefit amount will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday. The amount by which the benefit amount is reduced will be paid if the life insured cannot perform 3 or more daily activities (ADLs – washing, dressing, feeding, toileting, mobility, transferring, communicating).</p>

Claim event	
Occupational disability definition	<p>Own occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation.</p> <p>OR</p> <p>Own/similar occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation or any other occupation for which they are suited in terms of their ability, training, education and experience.</p> <p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.</p> <p>100% of benefit amount**</p>

**Daily activities
(after the policy anniversary
after the life insured's 65th
birthday)**

Totally unable, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.

- » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower)
- » Dressing: The ability to put on, take off, secure and unfasten all garments
- » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils
- » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel
- » Mobility: The ability to move indoors from room to room on level surfaces
- » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa
- » Communicating: The ability to answer the telephone and take a message

100% of benefit amount

Core Disability Tech Spec

The Core Disability benefit pays out a lump sum to the policy owner in the event of total and irreversible occupational disablement or impairment of the life insured.

Type of benefit	Standalone or accelerator	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB	
Maximum benefit amount	R10 000 000	
Premium policy patterns	Level 5% compulsory escalation Age-rated	
Benefit cover term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Effect of claim on Core Disability	Once 100% of the benefit amount has been paid the benefit will cease. No part of this benefit can be reinstated.	
Effect of a claim on other benefits (accelerator)	<p>This benefit is an acceleration of the benefit payable on death. On payment of a claim under this benefit</p> <ul style="list-style-type: none"> » The amount payable on death will be reduced by the amount of the Core Disability claim; » Any other benefit that is an accelerator benefit shall be reduced to an amount that does not exceed the reduced death benefit. 	
Effect of a claim on other benefits (standalone)	On payment of a claim under this benefit, the amount payable on death will not be altered unless a claim has been paid before the expiry of the 3-month survival period.	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently disabled or impaired.	
Survival period (standalone)	A 3-month survival period will be imposed before a Core Disability claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the three month survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Core Disability Benefit for the remainder of the 3-month survival period.	

Hollard.

Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the Core Disability benefit	<ul style="list-style-type: none"> » Occupational Disability » Core Impairment <p>Impairment events paid out at 100% of benefit amount</p> <p>** If the benefit is in force for life, these are the events that taper after the insured's 65th birthday. These benefit amounts will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday, and then cease altogether thereafter. The amount by which the benefit amount is reduced will be paid if the life insured cannot perform three or more daily activities (ADLs – washing, dressing, feeding, toileting, mobility, transferring, communicating).</p>

Claim events	
Occupational disability definition	<p>Own occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation.</p> <p>OR</p> <p>Own/similar occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation or any other occupation for which they are suited in terms of their ability, training, education and experience.</p>

Occupational disability definition (continued)	<p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.</p> <p>100% of benefit amount**</p>
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>100% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>100% of benefit amount</p>
Impairment of upper limbs	<p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>100% of benefit amount</p> <p>*American Medical Association's <i>Guidelines to the Evaluation of Permanent Impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>100% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>100% of benefit amount</p>
Loss of hearing	<p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>100% of benefit amount</p>

Loss of speech/aphasia	<p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain, caused by an external physical force, resulting in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which, results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>100% of benefit amount **</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and/or hearing impairment resulting in the inability to perform 3 or more daily activities » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>100% of benefit amount **</p>
Daily activities	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 65th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 65th birthday</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel

Daily activities (continued)	<ul style="list-style-type: none"> » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>100% of benefit amount**</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>100% of benefit amount**</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>100% of benefit amount**</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than six months <p>100% of benefit amount**</p>
Haemopoietic System/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>100% of benefit amount**</p>

Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either ongoing peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>100% of benefit amount**</p>
Soft tissue	<ul style="list-style-type: none"> » 25% body surface burns <p>100% of benefit amount**</p>
Ischaemic heart disease/ myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/ congenital heart disease/ cardiomyopathy	<ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>100% of benefit amount**</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least 2 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>100% of benefit amount**</p>
Peripheral artery/ venous disease	<ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>100% of benefit amount**</p>
Pericardial heart disease	<p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>100% of benefit amount**</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>100% of benefit amount**</p>

Comprehensive Disability Tech Spec



The Comprehensive Disability benefit covers the life insured for the total and irreversible inability to engage in an occupation, as well as specific impairment events of a permanent nature. This benefit pays out in the form of a lump sum and includes cover for events where the impairment is total and partial.

Type of benefit	Standalone or accelerator	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB	
Maximum cover amount	R10 000 000	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Effect of claim on Comprehensive Disability	Where a partial payment has been made, the benefit amount will reduce by the amount of the payment made. The remaining benefit amount will be available for further claims. The premium will be reduced accordingly. Once 100% of the benefit amount has been paid the Benefit will cease. No Comprehensive Disability benefit can be reinstated.	
Effect of a claim on other benefits (accelerator)	This benefit is an acceleration of the benefit payable on death. On payment of a claim under this benefit <ul style="list-style-type: none"> » The amount payable on death will be reduced by the amount of the Comprehensive Disability claim; » Any other benefit that is an accelerator benefit shall be reduced to an amount that does not exceed the reduced death benefit. 	
Effect of a claim on other benefits (standalone)	On payment of a claim under this benefit, the amount payable on death will not be altered unless a claim has been paid before the expiry of the 3-month survival period.	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently disabled or impaired.	
Survival period (standalone)	A 3-month survival period will be imposed before a Comprehensive Disability claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 3-month survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Comprehensive Disability Benefit for the remainder of the 3-month survival period.	

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Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the comprehensive disability benefit	<ul style="list-style-type: none"> » Occupational Disability » Comprehensive Impairment <p>Covers impairment events that are total and partial.</p> <p>**If the benefit is selected for life, these are the events that taper after the insured's 65th birthday. These benefit amounts will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday, and then cease altogether thereafter.</p>

Claim events

Occupational disability definition	<p>Own occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation.</p> <p>OR</p> <p>Own/similar occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation or any other occupation for which he/she is suited in terms of ability, training, education and experience.</p> <p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.</p> <p>Benefit: 100% of benefit amount**</p>
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Loss of one limb	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a limb, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 50% of benefit amount</p>
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 100% of benefit amount</p>
Loss of one foot or one hand	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a foot or a hand, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 50% of benefit amount</p>
Loss of both hands/both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>Benefit: 100% of benefit amount</p>
Loss of fingers	<p>Loss or loss of use of more than 3 fingers on the dominant hand (must include the thumb or index finger)</p> <p>Benefit: 50% of benefit amount</p>
Impairment of upper limbs	<p>» 60% impairment of dominant upper limb as measured using the AMA guidelines*; or » 90% impairment of non-dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 50% of benefit amount</p> <p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 100% of benefit amount</p> <p><i>*American Medical Association's Guidelines to the Evaluation of Permanent Impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <p>» Atrophy » Loss of reflexes » Numbness on an anatomical basis » Loss of spine motion integrity as documented by neurological or motor compromise (AMA guidelines*) » Inability to perform 2 daily activities</p> <p>Benefit: 50% of benefit amount</p> <p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <p>» Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>

Hemiplegia	<p>Persistent disabling hemiplegia or monoplegia resulting in the inability to perform 2 daily activities.</p> <p>Benefit: 50% of benefit amount</p> <p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>Benefit: 100% of benefit amount</p>
Loss of sight in one eye	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in 1 eye. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse. The blindness must be certified through an Ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 50% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 100% of benefit amount</p>
Loss of hearing	<p>Greater than 75% total and irreversible (not correctable by treatment or operation) binaural hearing loss.</p> <p>Benefit: 50% of benefit amount</p> <p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of speech/aphasia	<p>Failure of the communication daily activity.</p> <p>Benefit: 50% of benefit amount</p> <p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>Benefit: 100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain caused by an external physical force, with a Glasgow Coma Scale score of less than or equal to 8 on admission and persisting for more than 96 hours. This must result in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning.</p> <p>Benefit: 50% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p> <p>A traumatic injury to the brain, caused by an external physical force, resulting in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>Benefit: 100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>

Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least two months apart.</p> <p>Benefit: 100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>Benefit: 100% of benefit amount**</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities; or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>Benefit: 100% of benefit amount**</p>
Daily activities	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of illness or accidental injury, to perform 2 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 65th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 65th birthday</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefits:</p> <p>Inability to perform 2 daily activities</p> <p>50% of benefit amount</p> <p>Inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>

Respiratory system	<ul style="list-style-type: none"> » FEV1 40% - 49% of expected value, or » FVC 40% - 49% of expected value, or » Dco 40% - 49% of expected value <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>Benefit: 100% of benefit amount**</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 15% weight loss below desirable weight with minimal response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 16 despite optimal treatment, or » Partial faecal incontinence, or » Irreparable hernia with ongoing bowel dysfunction <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>Benefit: 100% of benefit amount**</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin in the range 34-51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin in the range 30-35 g/dl » Prothrombin time: 4 to 6 seconds prolonged » Irreparable biliary tract obstruction with recurrent cholangitis and S-bilirubin in the range 34-51 micromol/dl <p>Benefit: 50% of benefit amount**</p> <p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>Benefit: 100% of benefit amount**</p>

Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>Benefit: 100% of benefit amount**</p>
Haemopoietic System/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 2 daily activities, or » Institutionalisation for a period longer than 6 months <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>Benefit: 100% of benefit amount**</p>
Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » Renal disease with a creatinine clearance of 30-42ml/min <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either ongoing peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>Benefit: 100% of benefit amount**</p>
Soft tissue	<ul style="list-style-type: none"> » 15% body surface burns <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » 25% body surface burns <p>Benefit: 100% of benefit amount**</p>
Ischaemic heart disease/ myocardial infarction/ coronary artery disease/ cardiac arrhythmias/ valvular heart disease/ congenital heart disease/cardiomyopathy	<ul style="list-style-type: none"> » At least 1 sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification II or III, with ejection fraction less than 45% or METS less than 3 <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>Benefit: 100% of benefit amount**</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3

Hypertension	<p>Diastolic pressure higher than 100 mm/Hg on optimal treatment and complicated by at least 1 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>12mmol/l, SCR>200mmol/l) » CVA » Grade III retinopathy » Congestive heart failure (at least 1 symptom) <p>Benefit: 50% of benefit amount**</p> <p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least 2 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>Benefit: 100% of benefit amount**</p>
Peripheral artery/ venous disease	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) abnormal, diminished pulse on Doppler readings, cold leg, dependent rubor and pain on exercise, or » Severe and deep widespread vascular ulceration. <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>Benefit: 100% of benefit amount**</p>
Pericardial heart disease	<p>At least 1 sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with significant pericardial thickening/calcification.</p> <p>Benefit: 50% of benefit amount**</p> <p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>Benefit: 100% of benefit amount**</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>Benefit: 100% of benefit amount**</p>

Term – Basic Disability Tech Spec



Term – Basic Disability benefit pays out a lump sum to the policy owner in the event of total and irreversible occupational disablement of the life insured occurring within the specified period selected.

Type of benefit	Accelerator only	
Benefit variation	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	65 ANB	
Maximum benefit amount	R20 000 000	
Premium patterns	Level 5% compulsory escalation age-rated	
Benefit cover term	Min 5 years Max 30 years, increments of 1 year allowed, subject to an expiry age of 70	
Minimum premium	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Minimum benefit amount	R250 000	
Premium guarantee period	The premium is guaranteed for the term of the benefit to a max of 15 years or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Effect of claim on Term – Basic Disability	Once 100% of the benefit amount has been paid the benefit will cease. No part of this benefit can be reinstated.	
Effect of a claim on other benefits	<p>This benefit is an acceleration of the benefit payable on death. On payment of a claim under this benefit</p> <ul style="list-style-type: none"> » The amount payable on death will be reduced by the amount of the Term – Basic Disability claim; » Any other benefit that is an accelerator benefit shall be reduced to an amount that does not exceed the reduced death benefit. 	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently disabled.	

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Notifiable events	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the Term – Basic Disability Benefit	<ul style="list-style-type: none"> » Occupational Disability <p>** If the benefit is in force on or after the life insured's 65th birthday, the occupational disability benefit amount will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday. The amount by which the benefit amount is reduced will be paid if the life insured cannot perform three or more daily activities (ADLs – washing, dressing, feeding, toileting, mobility, transferring, communicating).</p>

Claim event	
Occupational disability definition	<p>Own occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation.</p> <p>OR</p> <p>Own/similar occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation or any other occupation for which they are suited in terms of their ability, training, education and experience.</p> <p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.</p> <p>100% of benefit amount**</p>

**Daily activities
(policy anniversary after the life
insured's 65th birthday)**

Totally unable, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.

- » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower)
- » Dressing: The ability to put on, take off, secure and unfasten all garments
- » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils
- » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel
- » Mobility: The ability to move indoors from room to room on level surfaces
- » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa
- » Communicating: The ability to answer the telephone and take a message

100% of benefit amount

Term – Core Disability Tech Spec



Term – Core Disability pays out a lump sum to the policy owner in the event of total and irreversible occupational disablement or impairment of the life insured. The claim event must occur before the end of the specified term.

Type of benefit	Accelerator only	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	65 ANB	
Maximum benefit amount	R20 000 000	
Premium patterns	Level 5% compulsory escalation age-rated	
Benefit cover term	Min 5 years Max 30 years, increments of 1 year allowed	
Minimum premium	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Minimum benefit amount	R250 000	
Premium guarantee period	The premium is guaranteed for the term of the benefit to a max of 15 years or experience-rated (Nil)	
Voluntary increase options	0% – 10% voluntary premium escalations or 0% – 10% voluntary cover escalations	
Effect of claim on Term – Core Disability	Once 100% of the benefit amount has been paid the benefit will cease. No part of this benefit can be reinstated.	
Effect of a claim on other benefits	<p>This benefit is an acceleration of the benefit payable on death. On payment of a claim under this benefit</p> <ul style="list-style-type: none"> » The amount payable on death will be reduced by the amount of the Term – Core Disability claim; » Any other benefit that is an accelerator benefit shall be reduced to an amount that does not exceed the reduced death benefit. 	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently disabled or impaired.	

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Notifiable events	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly.</p> <p>Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the Term – Core Disability Benefit	<ul style="list-style-type: none"> » Occupational Disability » Core Impairment <p>Impairment events paid out at 100% of benefit amount.</p> <p>** If the benefit is in force on or after the life insured's 65th birthday, certain events taper after the insured's 65th birthday. These benefit amounts will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday, and then cease altogether thereafter. The amount by which the benefit amount is reduced will be paid if the life insured cannot perform three or more daily activities (ADLs – washing, dressing, feeding, toileting, mobility, transferring, communicating).</p>

Claim events	
Occupational disability definition	<p>Own occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation.</p> <p>OR</p> <p>Own/similar occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation or any other occupation for which they are suited in terms of their ability, training, education and experience.</p> <p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.</p> <p>100% of benefit amount**</p>

Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>100% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or one hand and one foot, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand.</p> <p>100% of benefit amount</p>
Impairment of upper limbs	<p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>100% of benefit amount</p> <p>* American Medical Association's <i>Guidelines to the Evaluation of Permanent impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>100% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an Ophthalmologist's report and cataracts are specifically excluded.</p> <p>100% of benefit amount</p>
Loss of hearing	<p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>100% of benefit amount</p>
Loss of speech/aphasia	<p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>100% of benefit amount</p>

Traumatic head injury	<p>A traumatic injury to the brain, caused by an external physical force, resulting in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>100% of benefit amount **</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>100% of benefit amount **</p>
Daily activities	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 65th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 65th birthday</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces

Daily activities (continued)	<ul style="list-style-type: none"> » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>100% of benefit amount**</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>100% of benefit amount**</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and one of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>100% of benefit amount**</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>100% of benefit amount**</p>
Haemopoietic system/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>100% of benefit amount**</p>

Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either on-going peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>100% of benefit amount**</p>
Soft tissue	<ul style="list-style-type: none"> » 25% body surface burns <p>100% of benefit amount**</p>
Ischaemic heart disease/ myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/ congenital heart disease/ cardiomyopathy	<ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>100% of benefit amount**</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least 2 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>100% of benefit amount**</p>
Peripheral artery/ venous disease	<ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>100% of benefit amount**</p>
Pericardial heart disease	<p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>100% of benefit amount**</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>100% of benefit amount**</p>

Disability Plus

Tech Spec

Disability Plus covers the life insured for specific events of a permanent nature and the inability to engage in an occupation. The benefit also includes an income benefit. The amount payable in the event of a claim will be a percentage (as shown below for the contingent events) of the benefit amount, subject to the maximum amount payable for that contingent event.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB	
Maximum cover amount	R10 000 000	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Effect of claim on Disability Plus	In the case of lump sum benefits, where a partial payment has been made, the benefit amount will reduce by the amount of the payment made. The remaining benefit amount will be available for further claims. The premium will be reduced accordingly. Once 100% of the benefit amount has been paid the benefit will cease. No Disability Plus benefit can be reinstated.	
Effect of a claim on other benefits	On payment of a claim under this benefit, the amount payable on death will not be altered unless a claim has been paid before the expiry of the 3-month survival period.	
Waiting period on lump sum benefits	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently disabled or impaired.	
Waiting period on income benefit	<ul style="list-style-type: none"> » 7 days (self-employed individuals only) » 1 month » 3 months 	

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Waiting period on income benefit (continued)	A waiting period as shown on the policy schedule will be imposed before a claim is admitted. The waiting period is the period of time at the beginning of any incapacity during which no benefit is payable. If a new claim arises from a cause or event unrelated to any previous claim payments and within three months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim. If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim.
Survival period for lump sum claims	A 3-month survival period will be imposed before a Disability Plus claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the three month survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Disability Plus benefit for the remainder of the 3-month survival period.
Definition of replacement ratio	The replacement ratio is the ratio of the insured benefit amount at the time to previous earnings.
Income benefit definition	<p>After the expiry of the waiting period and while the life insured is disabled and unable to perform his/her nominated occupation, or meets the definition of an impairment event, 1% of the lump sum benefit amount shall be payable on a monthly basis.</p> <p>The 1% benefit amount shall only be payable on the occupational disability provided the life insured had been gainfully employed for a period of not less than 6 months prior to the onset of the disability. Where the life insured does not meet this requirement or where the life insured's occupation has changed and no longer qualifies for occupational disability, impairment benefits as defined will be used to assess an income claim. Payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for. Premiums must be paid until admission of a claim. The premium for Disability Plus will be waived from the end of the waiting period until benefit payments cease.</p>
When do income payments cease	<p>Income payments shall cease on the earliest date, as determined by Hollard Life, on which one of the following conditions is met:</p> <ul style="list-style-type: none"> » 24-monthly payments have been made as a result of a specific claim event or cause » The life insured becomes able to perform the normal duties of his/her occupation » The life insured ceases to suffer a reduction in income attributable solely to the injury or disease which gave rise to the claim » The life insured refuses to follow medical advice and treatment as reasonably recommended by his own medical practitioner or Hollard Life's Chief Medical Officer » The life insured fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of continuance of incapacity justifying the continuance of the claim. The life insured shall as often as may be reasonably required submit to physical examinations and tests at the request of and at the expense of Hollard Life <p>A maximum of 24-monthly payments will be made in respect of disablement or impairment from any 1 cause or event.</p>
Proof of earnings for claims	<p>If proof of income is received when the benefit is purchased or increased, no proof of income will be required during the first 24 months after a claim occurs.</p> <p>If no proof of income is received upfront, then in the first 3 months following the expiry of the waiting period, previous earnings shall be as declared by the life insured. After expiry of the 3-month period, the life insured will be required to prove previous earnings to the satisfaction of Hollard Life. In the event that the declared previous earnings have been overstated, Hollard Life will have the right to recoup any overpayment against future benefit payments.</p>

Proof of earnings for claims (continued)	<p>If, after being considered disabled, the Life Insured at any stage:</p> <ul style="list-style-type: none"> » engages in his/her own occupation with reduced remuneration or duties, or » is considered by Hollard Life to be capable of engaging in his/her own occupation, the life insured's benefit amount will be reduced by applying the replacement ratio to the remuneration currently being earned.
Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with 1 for which the life insured qualifies for, or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Specific exclusions (7-day waiting period)	<p>If the benefit has a 7-day waiting period, benefit payments will be made from the first day of disability provided the life insured has been disabled for the full 7-day waiting period and the life insured meets 1 or more of the following criteria:</p> <ul style="list-style-type: none"> » Having undergone outpatient treatment preventing the claimant from working; or » Having been admitted to a hospital or medical institution for at least 1 night; or » Having an infectious disease such as chicken pox or measles (common colds, influenza, bronchitis, laryngitis, sinusitis, gastro-enteritis, gastritis and constipation or diarrhoea are excluded from the backdating of the benefit payment); or » Having suffered a pregnancy complication; or » Having undergone chemotherapy, radiotherapy or target therapy. <p>The following are specifically excluded for the backdating of the benefit payment:</p> <ul style="list-style-type: none"> » Anxiety, stress, depression, chronic fatigue syndrome or any mental or psychiatric disorder, unless the life insured has been institutionalised » Back disorders, unless there is identifiable pathology on an MRI scan » Surgical procedures for infertility conditions » Abortions
Benefits included in the Disability Plus benefit	<ul style="list-style-type: none"> » Occupational Disability » Occupational Disability Income benefit » Comprehensive Impairment Covers impairment events that are also total and partial. » Impairment Income benefit <p>**If the benefit is selected for life, these are the benefits that taper after the insured's 65th birthday. These benefit amounts will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday, and then cease altogether thereafter.</p>

Guaranteed payment period for income benefits

For the following conditions, the minimum benefit payment period is guaranteed. These payments will be made irrespective of the life insured's ability to perform his/her occupation, or whether or not they are permanently impaired.

Claim event	Waiting periods		
	7 days	1 month	Other
Hernia	14 days	N/A	N/A
Rotator cuff repair	3 weeks	N/A	N/A
Single mastectomy	3 weeks	N/A	N/A
Fracture of collar bone	6 weeks	2 weeks	N/A
Fracture of facial bones – le Fort II	6 weeks	2 weeks	N/A
Fracture of forearm	6 weeks	2 weeks	N/A
Fracture of hand requiring plaster or surgery	6 weeks	2 weeks	N/A
Fracture of foot	6 weeks	2 weeks	N/A
Fracture of skull	6 weeks	2 weeks	N/A
Compression fracture of a vertebral body < 10%	6 weeks	2 weeks	N/A
Knee replacement	6 weeks	2 weeks	N/A
Hysterectomy	6 weeks	2 weeks	N/A
Double mastectomy	6 weeks	2 weeks	N/A
Fracture of knee cap	2 months	1 month	N/A
Fracture of leg between knee and foot	2 months	1 month	N/A
Fracture of shoulder blade	2 months	1 month	N/A
Fracture of upper arm	2 months	1 month	N/A
Fractures of spinous processes or transverse processes of the spine	2 months	1 month	N/A
Fracture of facial bones – le Fort III	3 months	2 months	N/A
Fracture of pelvis	3 months	2 months	N/A
Fracture of spine	3 months	2 months	N/A
Fracture of thigh	3 months	2 months	N/A
Compression fracture of a vertebral body	3 months	2 months	N/A
Hip replacement	3 months	2 months	N/A

Claim events

Occupational disability definition

Own occupational disability

The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation.

OR

Own/similar occupational disability

The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation or any other occupation for which he/she is suited in terms of ability, training, education and experience.

The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.

Benefit: 100% of benefit amount**

Loss of one limb	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a limb, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 50% of benefit amount</p>
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 100% of benefit amount</p>
Loss of one foot or one hand	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a foot or a hand, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 50% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>Benefit: 100% of benefit amount</p>
Loss of fingers	<p>Loss or loss of use of more than 3 fingers on the dominant hand (must include the thumb or index finger)</p> <p>Benefit: 50% of benefit amount</p>
Impairment of upper limbs	<p>» 60% impairment of dominant upper limb as measured using the AMA guidelines*; or</p> <p>» 90% impairment of non-dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 50% of benefit amount</p> <p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 100% of benefit amount</p> <p><i>*American Medical Association's Guidelines to the Evaluation of Permanent Impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <p>» Atrophy</p> <p>» Loss of reflexes</p> <p>» Numbness on an anatomical basis</p> <p>» Loss of spine motion integrity as documented by neurological or motor compromise (AMA guidelines*)</p> <p>» Inability to perform 2 daily activities</p> <p>Benefit: 50% of benefit amount</p> <p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <p>» Cauda equina syndrome</p> <p>» Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment</p> <p>» Paraplegia, quadriplegia</p> <p>» Inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>

Hemiplegia	<p>Persistent disabling hemiplegia or monoplegia resulting in the inability to perform 2 daily activities.</p> <p>Benefit: 50% of benefit amount</p> <p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>Benefit: 100% of benefit amount</p>
Loss of sight in one eye	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in one eye. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 50% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 100% of benefit amount</p>
Loss of hearing	<p>Greater than 75% total and irreversible (not correctable by treatment or operation) binaural hearing loss.</p> <p>Benefit: 50% of benefit amount</p> <p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of speech/aphasia	<p>Failure of the communication daily activity.</p> <p>Benefit: 50% of benefit amount</p> <p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>Benefit: 100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain caused by an external physical force, with a Glasgow Coma Scale score of less than or equal to 8 on admission and persisting for more than 96 hours. This must result in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning.</p> <p>Benefit: 50% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p> <p>A traumatic injury to the brain, caused by an external physical force, resulting in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>Benefit: 100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>

Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>Benefit: 100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>Benefit: 100% of benefit amount**</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities; or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>Benefit: 100% of benefit amount**</p>
Daily activities	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of illness or accidental injury, to perform 2 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 65th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 65th birthday</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefits:</p> <p>Inability to perform 2 daily activities</p> <p>50% of benefit amount</p> <p>Inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>

Respiratory system	<ul style="list-style-type: none"> » FEV1 40% - 49% of expected value, or » FVC 40% - 49% of expected value, or » Dco 40% - 49% of expected value <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>Benefit: 100% of benefit amount**</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 15% weight loss below desirable weight with minimal response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 16 despite optimal treatment, or » Partial faecal incontinence, or » Irreparable hernia with ongoing bowel dysfunction <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>Benefit: 100% of benefit amount**</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin in the range 34-51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin in the range 30-35 g/dl » Prothrombin time: 4 to 6 seconds prolonged » Irreparable biliary tract obstruction with recurrent cholangitis and S-bilirubin in the range 34-51 micromol/dl <p>Benefit: 50% of benefit amount**</p> <p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>Benefit: 100% of benefit amount**</p>

Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>Benefit: 100% of benefit amount**</p>
Haemopoietic System/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 2 daily activities, or » Institutionalisation for a period longer than 6 months <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>Benefit: 100% of benefit amount**</p>
Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » Renal disease with a creatinine clearance of 30-42ml/min <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either ongoing peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>Benefit: 100% of benefit amount**</p>
Soft tissue	<p>15% body surface burns.</p> <p>Benefit: 50% of benefit amount**</p> <p>25% body surface burns.</p> <p>Benefit: 100% of benefit amount**</p>
Ischaemic heart disease/ myocardial infarction/ coronary artery disease/ cardiac arrhythmias/ valvular heart disease/ congenital heart disease/cardiomyopathy	<ul style="list-style-type: none"> » At least 1 sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification II or III, with ejection fraction less than 45% or METS less than 3 <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>Benefit: 100% of benefit amount**</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3

Hypertension	<p>Diastolic pressure higher than 100 mm/HG on optimal treatment and complicated by at least 1 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>12mmol/l, SCR>200mmol/l) » CVA » Grade III retinopathy » Congestive heart failure (at least 1 symptom) <p>Benefit: 50% of benefit amount**</p> <p>Diastolic pressure higher than 105 mm/HG on optimal treatment and complicated by at least 2 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>Benefit: 100% of benefit amount**</p>
Peripheral artery/venous disease	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) abnormal, diminished pulse on Doppler readings, cold leg, dependent rubor and pain on exercise, or » Severe and deep widespread vascular ulceration <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>Benefit: 100% of benefit amount**</p>
Pericardial heart disease	<p>At least 1 sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with significant pericardial thickening/calcification.</p> <p>Benefit: 50% of benefit amount**</p> <p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>Benefit: 100% of benefit amount**</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>Benefit: 100% of benefit amount**</p>

Accidental Disability Tech Spec

The Accidental Disability benefit provides a lump sum benefit to the policy owner if the life insured becomes occupationally disabled or is unable to perform activities of daily living (after age 65) solely as a result of an accident. "Accident" shall be defined as an external, unexpected and violent event.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB	
Maximum cover amount	R5 000 000	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month on R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Effect of claim on accidental disability	Once 100% of the benefit amount has been paid the benefit will cease. No Accidental Disability benefit can be reinstated.	
Effect of a claim on other benefits	On payment of a claim under this benefit, the amount payable on death will not be altered unless a claim has been paid before the expiry of the 3-month survival period.	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently disabled.	
Survival period	A 3-month survival period will be imposed before an Accidental Disability claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 3-month survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Accidental Disability benefit for the remainder of the 3-month survival period.	
Change in circumstances	Occupation The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly.	

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Change in circumstances (continued)	<p>Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for, or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in accidental disability	<ul style="list-style-type: none"> » Occupational Disability <p>If the benefit is selected for life, the occupational disability benefit amount will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday. The amount by which the benefit amount is reduced will be paid if the life insured cannot perform 3 or more daily activities (ADL's – washing, dressing, feeding, toileting, mobility, transferring, communicating).</p>

Claim events

Occupational disability	<p>Own/similar occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to accidental injury, to perform his/her own occupation or any other occupation for which he/she is suited in terms of ability, training, education and experience.</p> <p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability. Benefit: 100% of benefit amount</p>
Daily activities (following the policy anniversary immediately after the life insured's 65th birthday)	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefits:</p> <p>Inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>

Disability: condition and benefit matrix

Tech Spec

	Accidental Impairment	Accidental Disability	Lump Sum and Income Benefits					Disability Plus
			Core Impairment	Comprehensive Impairment	Basic Disability	Core Disability	Comprehensive Disability	
Occupational disability (own or own/similar)		100			100	100	100	100
Daily activities (2 or more activities)	50			50			50	50
Daily activities (3 or more activities)	100	100	100	100	100	100	100	100
Loss of 1 limb	50			50			50	50
Loss of 2 or more limbs	100		100	100		100	100	100
Loss of 1 foot or 1 hand	50			50			50	50
Loss of both hands/both feet/1 hand and 1 foot	100		100	100		100	100	50/100
Loss of dominant hand	100		100	100		100	100	100
Loss of fingers	50			50			50	50
Impairment of upper limbs	50/100		100	50/100		100	50/100	50/100
Spine	50/100		100	50/100		100	50/100	50/100
Hemiplegia	50/100		100	50/100		100	50/100	50/100
Loss of sight in 1 eye	50			50			50	50
Loss of sight in both eyes	100		100	100		100	100	100
Loss of hearing	50/100		100	50/100		100	50/100	50/100
Loss of speech/aphasia	50/100		100	50/100		100	50/100	50/100
Traumatic head injury	50/100		100	50/100		100	50/100	50/100
Permanent mental and cognitive impairment	100		100	100		100	100	100

NOTE: Core = 100% payment of benefit amount
 Comprehensive = 50% or 100% payment of benefit amount
 Figures above are all expressed as a percentage (%)

** Whole Life Option – benefit reduces by 20% per annum after life insured's 65th birthday – for Lump Sum benefits only
 For Comprehensive Income benefits – 50% payments limited to 24 months
 Income replacement for Life option: available on Income Impairment and Disability benefits (Long-Term Care age 70)

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			Lump Sum and Income Benefits					
	Accidental Impairment	Accidental Disability	Core Impairment	Comprehensive Impairment	Basic Disability	Core Disability	Comprehensive Disability	Disability Plus
Impairment of consciousness and awareness/coma	100		**100	**100		**100	**100	**100
Soft tissue	50/100		**100	**50/100		**100	**50/100	**50/100
Cranial nerve impairments			**100	**100		**100	**100	**50/100
Respiratory system			**100	**50/100		**100	**50/100	**50/100
Diseases involving the upper and lower digestive tract			**100	**50/100		**100	**50/100	**50/100
Liver and biliary disease			**100	**50/100		**100	**50/100	**100
Cancer			**100	**100		**100	**100	**50/100
Haemopoietic system/Leukaemia			100	100		100	100	**50/100
Mental and behavioural disorders			**100	**50/100		**100	**50/100	**50/100
Endocrine system and renal disease			**100	**50/100		**100	**50/100	**50/100
Hypertension			**100	**50/100		**100	**50/100	**50/100
								**50/100
Peripheral artery/venous disease			**100	**50/100		**100	**50/100	**50/100
Pericardial heart disease			**100	**50/100		**100	**50/100	**100
Advanced AIDS			**100	**100		**100	**100	**50/100
Ischaemic heart disease/ myocardial infarction/ coronary artery disease/ cardiac arrhythmias/ valvular heart disease, congenital heart disease/ cardiomyopathy			**100	**50/100		**100	**50/100	**50/100
Monthly Income benefit (7-day/1-month/3-month waiting period) – own occupation/daily activities 1% of the sum assured (max 100% post tax income) 24 months								Yes

NOTE: Figures above are all expressed as a percentage (%)
 Core = 100% payment of benefit amount
 Comprehensive = 50% or 100% payment of benefit amount

** Whole Life Option – benefit reduces by 20% per annum after life insured's 65th birthday – for Lump Sum benefits only
 For Comprehensive Income benefits – 50% payments limited to 24 months
 Income replacement for Life option: available on Income Impairment and Disability benefits (Long-Term Care age 70)

Basic Disability Income Tech Spec



The Basic Disability Income benefit pays out a monthly income benefit if the life insured is temporarily or permanently disabled and unable to perform the duties of their occupation.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	56 ANB – for policies with expiry age 60 61 ANB – for policies with expiry age 65, expiry age 70, for life	
Maximum cover amount	R100 000 per month	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	Expiry (selected at application): To age 60 To age 65 To age 70 For life	
Payment period	24 months To benefit expiry age	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month on R1 800 per annum
Premium guarantee period	Guaranteed (10 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Waiting period (selected at application)	<ul style="list-style-type: none"> » 7 days (self-employed individuals only) » 1 month » 3 months » 24 months <p>A waiting period as shown on the policy schedule will be imposed before a claim is admitted. The waiting period is the period of time at the beginning of any incapacity during which no benefit is payable. If a new claim arises from a cause or event unrelated to any previous claim payments and within three months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim.</p> <p>If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim.</p>	
Benefit amount	If proof of income is received when the benefit is purchased or increased, no proof of income will be required during the first 24 months after a claim occurs.	

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Benefit amount (continued)	<p>If no proof of income is received upfront, then in the first 3 months following the expiry of the waiting period, previous earnings shall be as declared by the life insured. After expiry of the 3-month period, the life insured will be required to prove previous earnings to the satisfaction of Hollard Life. In the event that the declared previous earnings have been overstated, Hollard Life will have the right to recoup any overpayment against future benefit payments.</p> <p>If, after being considered disabled, the life insured at any stage:</p> <ul style="list-style-type: none"> » engages in his/her own occupation with reduced remuneration or duties, or » is considered by Hollard Life to be capable of engaging in his/her own occupation, the life insured's benefit amount will be reduced by applying the replacement ratio to the remuneration currently being earned.
Definition of replacement ratio	<p>The Replacement Ratio is the ratio of the insured benefit amount at any time to previous earnings at that time.</p>
Definition of previous earnings	<p>Previous earnings shall mean the average monthly earnings of the life insured from his/her occupation during the 12 months prior to incapacity less the income tax due on these earnings. If the life insured has fluctuating earnings, Hollard Life may at its discretion calculate the average monthly earnings over a period of up to 36 months prior to incapacity.</p> <p>For self-employed individuals, previous earnings shall be determined on a consistent approach, being the life insured's taxable income</p> <ul style="list-style-type: none"> » less deductible expenses permitted under the income tax regulations at the time, » less income tax due on taxable income less deductible expenses above » plus permitted deductible expenses that are directly for the benefit of the life insured as determined by Hollard Life such as medical aid premiums, pension and provident fund contributions and car payments. <p>During payment of a claim, previous earnings shall be increased annually in line with Consumer Price Inflation.</p>
Payment of benefit	<p>A claim will only be admitted once Hollard Life receives proof that the life insured has been continuously incapacitated, totally or partially, for the duration of the waiting period.</p> <p>Claim payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for.</p> <p>Hollard Life will pay for a driver if it enables the life insured to perform his/her own occupation where the life insured's own occupation meets one of the following requirements:</p> <ul style="list-style-type: none"> » Travel using a vehicle constitutes more than 25% of the life insured's occupational duties » Travel using a vehicle is an essential part of the life insured performing his/her own occupation <p>If the life insured is self-employed, Hollard life may at its discretion pay the salary of any person performing the life insured's duties in their absence.</p> <p>The benefit payment will be reduced to 75% of previous earnings where:</p> <ul style="list-style-type: none"> » the replacement ratio exceeds 75% » the benefit has been in payment for 24 months or more (including the waiting period) from the date of disability » the life insured is not permanently unable, due to sickness, injury, disease, illness or surgical operation, to perform their occupation or any other occupation for which they may be suited by virtue of their education, training or experience.

Payment of benefit (continued)	<p>Payment of a claim shall cease on the earliest date, as determined by Hollard Life, on which the life insured</p> <ul style="list-style-type: none"> » ceases to meet the definition of incapacity » ceases to suffer a reduction in income attributable solely to the injury or disease which gave rise to the claim » refuses to follow medical treatment as recommended by his/her own medical practitioner or Hollard Life's Chief Medical Officer » fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of the continuance of incapacity justifying the continuance of the claim. The life insured shall as often as may be reasonably required submit to physical examinations and tests at the request, and the expense, of Hollard Life » reaches the benefit cease date as shown in the schedule, or has been paid the maximum number of payments in the payment period » dies
Earnings that will reduce the benefit amount paid	<p>The benefit amount will also be reduced by any earnings after multiplying by the replacement ratio or other insured benefits the life insured receives after becoming disabled.</p> <p>The following earnings will not be taken into account:</p> <ul style="list-style-type: none"> » Lump sum disability benefits » In the first 3 months following incapacity, any income received from the life insured's own occupation, provided that Hollard Life believes the life insured to be totally unable to follow his/her own occupation as certified by the life insured and the life insured's medical practitioner » In the first 6 months following incapacity, residual income received in respect of work done prior to becoming disabled » Interest or rental income » Dividend income, unless these dividends were the life insured's main source of income prior to incapacity
Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions <p>Hazardous pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>

Specific exclusions (7-day waiting period)	<p>If the benefit has a 7-day waiting period, benefit payments will be made from the first day of disability provided the life insured has been disabled for the full 7-day waiting period and the life insured meets one or more of the following criteria:</p> <ul style="list-style-type: none"> » having undergone outpatient treatment preventing the claimant from working » having been admitted to a hospital or medical institution for at least 1 night » having an infectious disease such as chicken pox or measles (common colds, influenza, bronchitis, laryngitis, sinusitis, gastroenteritis, gastritis and constipation or diarrhoea are excluded from the backdating of the benefit payment) » having suffered a pregnancy complication » having undergone chemotherapy, radiotherapy or target therapy <p>The following are specifically excluded for the backdating of the benefit payment:</p> <ul style="list-style-type: none"> » anxiety, stress, depression, chronic fatigue syndrome or any mental or psychiatric disorder, unless the life insured has been institutionalised » back disorders, unless there is identifiable pathology on an MRI scan » surgical procedures for infertility conditions » abortions
Options on permanent disability/impairment	<p>Where the life insured is totally and permanently disabled, the owner has the option to either have the benefit paid out as a monthly income amount, or have the benefit amount commuted to a lump-sum payout.</p>
Escalation in claim	<p>Optional benefit. If claim escalation has been selected on a benefit (as shown in the schedule), then on each anniversary of a claim under that benefit (and while a claim is still in payment), the benefit amount shall be increased by the lesser of the Consumer Price Inflation rate and 10%. On the life insured's recovery, the benefit amount will revert to the amount which would have applied had no claim been admitted.</p>
Guaranteed insurability benefit	<p>Automatically included on all policies. On each policy anniversary the life insured has the option to increase the benefit amount by the lesser of the following:</p> <ul style="list-style-type: none"> » The actual percentage increase in the life insured's income since the previous policy anniversary » 10% <p>No additional underwriting will be required for the guaranteed insurability increase, but the following conditions must be met before Hollard Life will grant additional cover:</p> <ul style="list-style-type: none"> » The life insured must not have claimed under any disability benefit or be in the process of submitting a claim under any disability benefit » The life insured must be younger than 50 years on the date of the cover increase » Should the guaranteed insurability increase not be used for 3-consecutive policy anniversaries, any further increases will only be granted on the life insured providing an acceptable declaration of health <p>Increases in benefit amount will be subject to the terms and conditions at the time the increased cover is granted.</p>
Death benefit	<p>On the death of the life insured while the Basic Disability Income benefit is in claim, an additional once-off payment equivalent to the benefit amount specified in the schedule will be payable.</p>

For life option	<p>If the benefit is selected for life, the cover for all events will cease on the policy anniversary immediately after the life insured’s 70th birthday. The insured will thereafter be paid out in the event that he/she is totally unable to fulfil 3 or more activities of daily living, and is under the direct full-time care of a registered frail care, hospice or nursing home facility, or with a registered medical professional.</p> <p>Full-time care is defined as direct supervision and assistance for at least 25 hours a week. Partial benefit payments are allowed where care is less than 25 hours a week. Where care is less than 25 hours a week, but more than 5 hours a week a pro rata partial benefit is payable.</p>																																																																																																							
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Claim event

Occupational disability definition

Own occupational disability

Payable on a monthly basis following the expiry of the waiting period while the life insured is disabled and unable, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation

OR

Own/similar occupational disability

Payable on a monthly basis following the expiry of the waiting period while the life insured is disabled and unable, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation or any other occupation for which he/she is suited in terms of ability, training, education and experience.

The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.

Benefit: 100% of benefit amount

Daily activities

Totally and continuously unable, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.

In order to have the benefit paid out, the life insured must also be under the direct full-time care of a registered frail care, hospice or nursing home facility, or with a registered medical professional.

- » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower)
- » Dressing: The ability to put on, take off, secure and unfasten all garments
- » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils
- » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel
- » Mobility: The ability to move indoors from room to room on level surfaces
- » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa
- » Communicating: The ability to answer the telephone and take a message

Benefit: 100% of benefit amount

Core Disability Income Tech Spec

The Core Disability Income benefit pays out a monthly income benefit if the life insured is temporarily or permanently disabled or impaired in terms of the events covered.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	56 ANB – for policies with expiry age 60 61 ANB – for policies for expiry age 65, expiry age 70, for life	
Maximum cover amount	R100 000 per month	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	Expiry (selected at application): To age 60 To age 65 To age 70 For life	
Payment period	24 months To benefit expiry age	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (10 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Waiting period (selected at application)	<ul style="list-style-type: none"> » 7 days (self-employed individuals only) » 1 month » 3 months » 24 months <p>A waiting period as shown on the policy schedule will be imposed before a claim is admitted. The waiting period is the period of time at the beginning of any incapacity during which no benefit is payable. If a new claim arises from a cause or event unrelated to any previous claim payments and within three months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim. If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim.</p>	
Benefit amount	If proof of income is received when the benefit is purchased or increased, no proof of income will be required during the first 24 months after a claim occurs.	

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Benefit amount (continued)	<p>If no proof of income is received upfront, then in the first 3 months following the expiry of the waiting period, previous earnings shall be as declared by the Life Insured. After expiry of the 3-month period, the Life Insured will be required to prove previous earnings to the satisfaction of Hollard Life. In the event that the declared previous earnings have been overstated, Hollard Life will have the right to recoup any overpayment against future benefit payments.</p> <p>If, after being considered disabled, the life insured at any stage:</p> <ul style="list-style-type: none"> » Engages in his/her own occupation with reduced remuneration or duties, or » Is considered by Hollard Life to be capable of engaging in his/her own occupation, the life insured's Benefit Amount will be reduced by applying the replacement ratio to the remuneration currently being earned.
Definition of replacement ratio	<p>The replacement ratio is the ratio of the insured benefit amount at any time to previous earnings at that time.</p>
Definition of previous earnings	<p>Previous earnings shall mean the average monthly earnings of the life insured from his occupation during the 12 months prior to incapacity less the income tax due on these earnings. If the life insured has fluctuating earnings, Hollard Life may at its discretion calculate the average monthly earnings over a period of up to 36 months prior to incapacity.</p> <p>For self-employed individuals, previous earnings shall be determined on a consistent approach, being the life insured's taxable income</p> <ul style="list-style-type: none"> » Less deductible expenses permitted under the income tax regulations at the time, » Less income tax due on taxable income less deductible expenses above » Plus permitted deductible expenses that are directly for the benefit of the life insured as determined by Hollard Life such as medical aid premiums, pension and provident fund contributions and car payments <p>During payment of a claim, previous earnings shall be increased annually in line with Consumer Price Inflation.</p>
Payment of benefit	<p>A claim will only be admitted once Hollard Life receives proof that the life insured has been continuously incapacitated, totally or partially, for the duration of the waiting period.</p> <p>Claim payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for.</p> <p>Hollard Life will pay for a driver if it enables the life insured to perform his/her own occupation where the life insured's own occupation meets 1 of the following requirements:</p> <ul style="list-style-type: none"> » Travel using a vehicle constitutes more than 25% of the life insured's occupational duties » Travel using a vehicle is an essential part of the life insured performing his/her own occupation <p>If the life insured is self-employed, Hollard life may at its discretion pay the salary of any person performing the life insured's duties in their absence.</p> <p>The benefit payment will be reduced to 75% of previous earnings where</p> <ul style="list-style-type: none"> » The replacement ratio exceeds 75% and » The benefit has been in payment for 24 months or more, including the waiting period from the date of disability and » The life insured is not permanently unable due to sickness, injury, disease, illness or surgical operation to perform their occupation or any other occupation for which they may be suited by virtue of their education, training or experience. <p>Payment of a claim shall cease on the earliest date, as determined by Hollard Life, on which the life insured:</p> <ul style="list-style-type: none"> » Ceases to meet the definition of incapacity

Payment of benefit (continued)	<ul style="list-style-type: none"> » Refuses to follow medical treatment as recommended by his/her own medical practitioner or Hollard Life's Chief Medical Officer » Fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of the continuance of incapacity justifying the continuance of the claim. The life insured shall as often as may be reasonably required submit to physical examinations and tests at the request of and at the expense of Hollard Life » Reaches the benefit cease date as shown in the schedule, or has been paid the maximum number of payments in the payment period » Dies <p>Where the claim is as a result of occupational disability, or the inability to perform daily activities, the payment of a claim shall cease where the life insured no longer suffers a reduction in income attributable solely to the injury or disease which gave rise to the claim.</p>
Earnings that will reduce the benefit amount paid	<p>The benefit amount will also be reduced by any earnings after multiplying by the replacement ratio or other insured benefits the life insured receives after becoming disabled.</p> <p>The following earnings will not be taken into account:</p> <ul style="list-style-type: none"> » Lump sum disability benefits » In the first 3 months following incapacity, any income received from the life insured's own occupation, provided that Hollard Life believes the life insured to be totally unable to follow his/her own occupation as certified by the life insured and the life insured's medical practitioner » In the first 6 months following incapacity, residual income received in respect of work done prior to becoming disabled » Interest or rental income » Dividend income, unless these dividends were the life insured's main source of income prior to incapacity
Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Options on permanent disability/impairment	<p>Where the life insured is totally and permanently disabled, or qualifies for a claim payment under one of the impairment contingent events below, the owner has the option to either have the benefit paid out as a monthly income amount, or have the benefit amount commuted to a lump-sum payout.</p>

Specific exclusions (7-day waiting period)	<p>If the benefit has a 7-day waiting period, benefit payments will be made from the first day of disability provided the life insured has been disabled for the full 7-day waiting period and the life insured meets 1 or more of the following criteria:</p> <ul style="list-style-type: none"> » Having undergone outpatient treatment preventing the claimant from working; or » Having been admitted to a hospital or medical institution for at least 1 night; or » Having an infectious disease such as chicken pox or measles (common colds, influenza, bronchitis, laryngitis, sinusitis, gastroenteritis, gastritis and constipation or diarrhoea are excluded from the backdating of the benefit payment); or » Having suffered a pregnancy complication; or » Having undergone chemotherapy, radiotherapy or target therapy <p>The following are specifically excluded for the backdating of the benefit payment:</p> <ul style="list-style-type: none"> » Anxiety, stress, depression, chronic fatigue syndrome or any mental or psychiatric disorder, unless the life insured has been institutionalised » Back disorders, unless there is identifiable pathology on an MRI scan » Surgical procedures for infertility conditions » Abortions
Escalation in claim	<p>Optional benefit. If claim escalation has been selected on a benefit (as shown in the schedule), then on each anniversary of a claim under that benefit (and while a claim is still in payment), the benefit amount shall be increased by the lesser of the Consumer Price Inflation rate and 10%. On the life insured's recovery, the benefit amount will revert to the amount which would have applied had no claim been admitted.</p>
Guaranteed insurability benefit	<p>Automatically included on all policies. On each policy anniversary the life insured has the option to increase the benefit amount by the lesser of the following:</p> <ul style="list-style-type: none"> » The actual percentage increase in the life insured's income since the previous policy anniversary » 10% <p>No additional underwriting will be required for the guaranteed insurability increase, but the following conditions must be met before Hollard Life will grant additional cover:</p> <ul style="list-style-type: none"> » The life insured must not have claimed under any disability benefit or be in the process of submitting a claim under any disability benefit » The life insured must be younger than 50 years on the date of the cover increase » Should the guaranteed insurability increase not be used for 3-consecutive policy anniversaries, any further increases will only be granted on the life insured providing an acceptable declaration of health <p>Increases in benefit amount will be subject to the terms and conditions at the time the increased cover is granted.</p>
Death benefit	<p>On the death of the life insured while the Core Disability Income benefit is in claim, an additional once-off payment equivalent to the benefit amount specified in the schedule will be payable.</p>
For life option	<p>If the benefit is selected for life, the cover for all events will cease on the policy anniversary immediately after the life insured's 70th birthday. The insured will thereafter be paid out in the event that he/she is totally unable to fulfil 3 or more activities of daily living, and is under the direct full-time care of a registered frail care, hospice or nursing home facility, or with a registered medical professional.</p> <p>Full-time care is defined as direct supervision and assistance for at least 25 hours a week. Partial benefit payments are allowed where care is less than 25 hours a week. Where care is less than 25 hours a week, but more than 5 hours a week a pro rata partial benefit is payable.</p>

Benefits included in the Core Disability Benefit	» Occupational Disability » Core Impairment Impairment events paid out at 100% of benefit amount.																																																																																																									
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Claim event	
Occupational disability definition	Own occupational disability Payable on a monthly basis following the expiry of the waiting period while the life insured is disabled and unable, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation OR

Occupational disability definition (continued)	<p>Own/similar occupational disability</p> <p>Payable on a monthly basis following the expiry of the waiting period while the life insured is disabled and unable, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation or any other occupation for which he/she is suited in terms of ability, training, education and experience.</p> <p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.</p> <p>Benefit: 100% of benefit amount</p>
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 100% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>Benefit: 100% of benefit amount</p>
Impairment of upper limbs	<p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 100% of benefit amount</p> <p>*American Medical Association's <i>Guidelines to the Evaluation of Permanent Impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>Benefit: 100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>Benefit: 100% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an Ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 100% of benefit amount</p>
Loss of hearing	<p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>Benefit: 100% of benefit amount</p>

Loss of speech/aphasia	<p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>Benefit: 100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain, caused by an external physical force, resulting in total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>Benefit: 100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>Benefit: 100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>Benefit: 100% of benefit amount</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities, or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>Benefit: 100% of benefit amount</p>
Daily activities	<p>Totally and continuously unable for the duration of the waiting period, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 70th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper; » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 70th birthday (must be unable to perform 3 or more daily activities, and is under the direct full-time care)</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments

Daily activities (continued)	<ul style="list-style-type: none"> » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefit: Inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>Benefit: 100% of benefit amount</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>Benefit: 100% of benefit amount</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>Benefit: 100% of benefit amount</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>Benefit: 100% of benefit amount</p>
Haemopoietic System/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>Benefit: 100% of benefit amount</p>

Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either on-going peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>Benefit: 100% of benefit amount</p>
Soft tissue	<ul style="list-style-type: none"> » 25% body surface burns <p>Benefit: 100% of benefit amount</p>
Ischaemic heart disease/myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/congenital heart disease/cardiomyopathy	<ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>Benefit: 100% of benefit amount</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least 2 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>Benefit: 100% of benefit amount</p>
Peripheral artery/venous disease	<ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>Benefit: 100% of benefit amount</p>
Pericardial heart disease	<p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>Benefit: 100% of benefit amount</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>Benefit: 100% of benefit amount</p>

Comprehensive Disability Income Tech Spec



The Comprehensive Disability Income benefit pays out a monthly income benefit if the life insured is temporarily or permanently disabled or impaired in terms of the events covered, and includes cover for events where the impairment is total and partial.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	56 ANB – for policies with expiry age 60 61 ANB – for policies for expiry age 65, expiry age 70, for life	
Maximum cover amount	R100 000 per month	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	Expiry (selected at application): To age 60 To age 65 To age 70 For life	
Payment period	24 months To benefit expiry age	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month on R1 800 per annum
Premium guarantee period	Guaranteed (10 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Waiting period (selected at application)	<ul style="list-style-type: none"> » 7 days (self-employed individuals only) » 1 month » 3 months » 24 months <p>A waiting period as shown on the policy schedule will be imposed before a claim is admitted. The waiting period is the period of time at the beginning of any incapacity during which no benefit is payable. If a new claim arises from a cause or event unrelated to any previous claim payments and within 3 months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim. If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim.</p>	

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Benefit amount	<p>If proof of income is received when the benefit is purchased or increased, no proof of income will be required during the first 24 months after a claim occurs.</p> <p>If no proof of income is received upfront, then in the first 3 months following the expiry of the waiting period, previous earnings shall be as declared by the life insured. After expiry of the 3-month period, the life insured will be required to prove previous earnings to the satisfaction of Hollard Life.</p> <p>In the event that the declared previous earnings have been overstated, Hollard Life will have the right to recoup any overpayment against future benefit payments.</p> <p>If, after being considered disabled, the life insured at any stage:</p> <ul style="list-style-type: none"> » engages in his/her own occupation with reduced remuneration or duties, or » is considered by Hollard Life to be capable of engaging in his/her own occupation, the life insured's benefit amount will be reduced by applying the replacement ratio to the remuneration currently being earned.
Definition of replacement ratio	<p>The replacement ratio is the ratio of the insured benefit amount at any time to previous earnings at that time.</p>
Definition of previous earnings	<p>Previous earnings shall mean the average monthly earnings of the life insured from his occupation during the 12 months prior to incapacity less the income tax due on these earnings. If the life insured has fluctuating earnings, Hollard Life may at its discretion calculate the average monthly earnings over a period of up to 36 months prior to incapacity.</p> <p>For self-employed individuals, previous earnings shall be determined on a consistent approach, being the life insured's taxable income</p> <ul style="list-style-type: none"> » less deductible expenses permitted under the income tax regulations at the time » less income tax due on taxable income less deductible expenses above » plus permitted deductible expenses that are directly for the benefit of the life insured as determined by Hollard Life such as medical aid premiums, pension and provident fund contributions and car payments <p>During payment of a claim, previous earnings shall be increased annually in line with Consumer Price Inflation.</p>
Payment of benefit	<p>A claim will only be admitted once Hollard Life receives proof that the life insured has been continuously incapacitated, totally or partially, for the duration of the waiting period.</p> <p>Claim payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for.</p> <p>Hollard Life will pay for a driver if it enables the life insured to perform his/her own occupation where the life insured's own occupation meets 1 of the following requirements:</p> <ul style="list-style-type: none"> » Travel using a vehicle constitutes more than 25% of the life insured's occupational duties » Travel using a vehicle is an essential part of the life insured performing his/her own occupation <p>If the life insured is self-employed, Hollard life may at its discretion pay the salary of any person performing the life insured's duties in their absence.</p> <p>The benefit payment will be reduced to 75% of previous earnings where</p> <ul style="list-style-type: none"> » The replacement ratio exceeds 75% and » The benefit has been in payment for 24 months or more (including the waiting period) from the date of disability and » The life insured is not permanently unable due to sickness, injury, disease, illness or surgical operation to perform their own occupation or any other occupation for which they may be suited by virtue of their education, training or experience

Payment of benefit (continued)	<p>Payment of a claim shall cease on the earliest date, as determined by Hollard Life, on which the life insured</p> <ul style="list-style-type: none"> » Ceases to meet the definition of incapacity; » Refuses to follow medical treatment as recommended by his/her own medical practitioner or Hollard Life's Chief Medical Officer; » Fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of the continuance of incapacity justifying the continuance of the claim. The life insured shall as often as may be reasonably required submit to physical examinations and tests at the request of and at the expense of Hollard Life; » Reaches the benefit cease date as shown in the schedule, or has been paid the maximum number of payments in the payment period; or » Dies <p>Where the claim is as a result of occupational disability, the payment of a claim shall cease where the life insured no longer suffers a reduction in income attributable solely to the injury or disease which gave rise to the claim.</p>
Earnings that will reduce the benefit amount paid	<p>The benefit amount will also be reduced by any earnings after multiplying by the replacement ratio or other insured benefits the life insured receives after becoming disabled.</p> <p>The following earnings will not be taken into account:</p> <ul style="list-style-type: none"> » Lump sum disability benefits » In the first 3 months following incapacity, any income received from the life insured's own occupation, provided that Hollard Life believes the life insured to be totally unable to follow his/her own occupation as certified by the life insured and the life insured's medical practitioner » In the first 6 months following incapacity, residual income received in respect of work done prior to becoming disabled » Interest or rental income » Dividend income, unless these dividends were the life insured's main source of income prior to incapacity
Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>

Specific exclusions (7-day waiting period)	<p>If the benefit has a 7-day waiting period, benefit payments will be made from the first day of disability provided the life insured has been disabled for the full 7-day waiting period and the life insured meets 1 or more of the following criteria:</p> <ul style="list-style-type: none"> » Having undergone outpatient treatment preventing the claimant from working; or » Having been admitted to a hospital or medical institution for at least one night; or » Having an infectious disease such as chicken pox or measles (common colds, influenza, bronchitis, laryngitis, sinusitis, gastroenteritis, gastritis and constipation or diarrhoea are excluded from the backdating of the benefit payment); or » Having suffered a pregnancy complication; or » Having undergone chemotherapy, radiotherapy or target therapy. <p>The following are specifically excluded for the backdating of the benefit payment:</p> <ul style="list-style-type: none"> » Anxiety, stress, depression, chronic fatigue syndrome or any mental or psychiatric disorder, unless the life insured has been institutionalised » Back disorders, unless there is identifiable pathology on an MRI scan » Surgical procedures for infertility conditions » Abortions
Option on permanent disability/impairment	<p>Where the life insured is totally and permanently disabled, or qualifies for a claim payment under one of the impairment contingent events below, the owner has the option to either have the benefit paid out as a monthly income amount, or have the benefit amount commuted to a lump sum payout.</p>
Escalation in claim	<p>Optional benefit. If claim escalation has been selected on a benefit (as shown in the schedule), then on each anniversary of a claim under that benefit (and while a claim is still in payment), the benefit amount shall be increased by the lesser of the Consumer Price Inflation rate and 10%. On the life insured's recovery, the benefit amount will revert to the amount which would have applied had no claim been admitted.</p>
Guaranteed insurability benefit	<p>Automatically included on all policies. On each policy anniversary the life insured has the option to increase the benefit amount by the lesser of the following:</p> <ul style="list-style-type: none"> » The actual percentage increase in the life insured's income since the previous policy anniversary » 10% <p>No additional underwriting will be required for the guaranteed insurability increase, but the following conditions must be met before Hollard Life will grant additional cover:</p> <ul style="list-style-type: none"> » The life insured must not have claimed under any disability benefit or be in the process of submitting a claim under any disability benefit » The life insured must be younger than 50 years on the date of the cover increase » Should the guaranteed insurability increase not be used for three consecutive policy anniversaries, any further increases will only be granted on the life insured providing an acceptable declaration of health <p>Increases in benefit amount will be subject to the terms and conditions at the time the increased cover is granted.</p>
Death benefit	<p>On the death of the life insured while the Comprehensive Disability Income benefit is in claim, an additional once-off payment equivalent to the benefit amount specified in the schedule will be payable.</p>

For life option	<p>If the benefit is selected for life, the cover for all events will cease on the policy anniversary immediately after the life insured's 70th birthday. The insured will thereafter be paid out in the event that he/she is totally unable to fulfil 3 or more activities of daily living, and is under the direct full-time care of a registered frail care, hospice or nursing home facility, or with a registered medical professional.</p> <p>Full time care is defined as direct supervision and assistance for at least 25 hours a week. Partial benefit payments are allowed where care is less than 25 hours a week. Where care is less than 25 hours a week, but more than 5 hours a week a pro rata partial benefit is payable.</p>
Benefits included in the Comprehensive Disability Income benefit	<ul style="list-style-type: none"> » Occupational Disability » Comprehensive Impairment <p>Covers impairment events that are total and also partial.</p>

Guaranteed payment period	For the following conditions, the minimum benefit payment period is guaranteed. These payments will be made irrespective of the life insured's ability to perform his/her occupation, or whether or not they are permanently impaired.			
	Claim event	Waiting periods		
		7 days	1 month	Other
	Hernia	14 days	N/A	N/A
	Rotator cuff repair	3 weeks	N/A	N/A
	Single mastectomy	3 weeks	N/A	N/A
	Fracture of collar bone	6 weeks	2 weeks	N/A
	Fracture of facial bones – le Fort II	6 weeks	2 weeks	N/A
	Fracture of forearm	6 weeks	2 weeks	N/A
	Fracture of hand requiring plaster or surgery	6 weeks	2 weeks	N/A
	Fracture of foot	6 weeks	2 weeks	N/A
	Fracture of skull	6 weeks	2 weeks	N/A
	Compression fracture of a vertebral body < 10%	6 weeks	2 weeks	N/A
	Knee replacement	6 weeks	2 weeks	N/A
	Hysterectomy	6 weeks	2 weeks	N/A
	Double mastectomy	6 weeks	2 weeks	N/A
	Fracture of knee cap	2 months	1 month	N/A
	Fracture of leg between knee and foot	2 months	1 month	N/A
	Fracture of shoulder blade	2 months	1 month	N/A
	Fracture of upper arm	2 months	1 month	N/A
	Fractures of spinous processes or transverse processes of the spine	2 months	1 month	N/A
	Fracture of facial bones – le Fort III	3 months	2 months	N/A
	Fracture of pelvis	3 months	2 months	N/A
	Fracture of spine	3 months	2 months	N/A
	Fracture of thigh	3 months	2 months	N/A
	Compression fracture of a vertebral body	3 months	2 months	N/A
	Hip replacement	3 months	2 months	N/A

Claim event

Occupational disability definition	<p>Own occupational disability</p> <p>Payable on a monthly basis following the expiry of the waiting period while the life insured is disabled and unable, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation</p> <p>OR</p> <p>Own/similar occupational disability</p> <p>Payable on a monthly basis following the expiry of the waiting period while the life insured is disabled and unable, due to sickness, injury, disease, illness or surgical operation, to perform his/her own occupation or any other occupation for which he/she is suited in terms of ability, training, education and experience.</p> <p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.</p> <p>Benefit: 100% of benefit amount</p>
Loss of one limb	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a limb, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any two limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 100% of benefit amount</p>
Loss of one foot or one hand	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a foot or a hand, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>
Loss of both hands/both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>Benefit: 100% of benefit amount</p>
Loss of fingers	<p>Loss or loss of use of more than 3 fingers on the dominant hand (must include the thumb or index finger)</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>
Impairment of upper limbs	<p>» 60% impairment of dominant upper limb as measured using the AMA guidelines*; or</p> <p>» 90% impairment of non-dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 100% of benefit amount</p> <p><i>*American Medical Association's Guidelines to the Evaluation of Permanent Impairment</i></p>

Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Atrophy » Loss of reflexes » Numbness on an anatomical basis » Loss of spine motion integrity as documented by neurological or motor compromise (AMA guidelines*) » Inability to perform 2 daily activities <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>Benefit: 100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia or monoplegia resulting in the inability to perform 2 daily activities.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>Benefit: 100% of benefit amount</p>
Loss of sight in one eye	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in one eye. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an Ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 100% of benefit amount</p>
Loss of hearing	<p>Greater than 75% total and irreversible (not correctable by treatment or operation) binaural hearing loss.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>Benefit: 100% of benefit amount</p>

Loss of speech/aphasia	<p>Failure of the communication daily activity.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>Benefit: 100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain caused by an external physical force, with a Glasgow Coma Scale score of less than or equal to 8 on admission and persisting for more than 96 hours. This must result in significant and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p> <p>A traumatic injury to the brain, caused by an external physical force, resulting in total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>Benefit: 100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>Benefit: 100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>Benefit: 100% of benefit amount</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>Benefit: 100% of benefit amount</p>
Daily activities	<p>Totally and continuously unable for the duration of the waiting period, because of illness or accidental injury, to perform 2 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 70th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery

Daily activities (continued)	<p>After the policy anniversary immediately after the life insured's 70th birthday (must be unable to perform 3 or more daily activities, and is under the direct full-time care)</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel. » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefits: Inability to perform 2 daily activities</p> <p>50% of benefit amount (maximum payment period of 24 months) Inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 40% - 49% of expected value, or » FVC 40% - 49% of expected value, or » Dco 40% - 49% of expected value <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>Benefit: 100% of benefit amount</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 15% weight loss below desirable weight with minimal response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 16 despite optimal treatment, or » Partial faecal incontinence, or » Irreparable hernia with ongoing bowel dysfunction <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>Benefit: 100% of benefit amount</p>

Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin in the range 34-51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin in the range 30-35 g/dl » Prothrombin time: 4 to 6 seconds prolonged » Irreparable biliary tract obstruction with recurrent cholangitis and S-bilirubin in the range 34-51 micromol/dl <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>Benefit: 100% of benefit amount</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>Benefit: 100% of benefit amount</p>
Haemopoietic System/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 2 daily activities, or » Institutionalisation for a period longer than 6 months <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>Benefit: 100% of benefit amount</p>
Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » Renal disease with a creatinine clearance of 30-42ml/min <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either ongoing peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>Benefit: 100% of benefit amount</p>
Soft tissue	<ul style="list-style-type: none"> » 15% body surface burns <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » 25% body surface burns <p>Benefit: 100% of benefit amount</p>

Ischaemic heart disease/myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/congenital heart disease/cardiomyopathy	<ul style="list-style-type: none"> » At least 1 sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification II or III, with ejection fraction less than 45% or METS less than 3 <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>Benefit: 100% of benefit amount</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 100 mm/Hg on optimal treatment and complicated by at least 1 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>12mmol/l, SCR>200mmol/l) » CVA » Grade III retinopathy » Congestive heart failure (at least 1 symptom) <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least 2 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>Benefit: 100% of benefit amount</p>
Peripheral artery/venous disease	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) abnormal, diminished pulse on Doppler readings, cold leg, dependent rubor and pain on exercise, or » Severe and deep widespread vascular ulceration. <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>Benefit: 100% of benefit amount</p>

Pericardial heart disease	<p>At least 1 sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with significant pericardial thickening/calcification.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>Benefit: 100% of benefit amount</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>Benefit: 100% of benefit amount</p>

Core Impairment Tech Spec

The Core Impairment benefit covers the lives insured for specific impairment events of a permanent nature. The benefit pays out in the form of a lump sum should an insured event take place, and pays out events where the benefit amount is 100%.

Type of benefit	Standalone or accelerator	
Benefit variation	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB for benefits to age 65 65 ANB for whole life benefits	
Maximum benefit amount	R10 000 000	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit cover term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Effect of claim on Core Impairment	Once 100% of the benefit amount has been paid the benefit will cease. No part of this benefit can be reinstated.	
Effect of a claim on other benefits (accelerator)	<p>This benefit is an acceleration of the benefit payable on death. On payment of a claim under this benefit</p> <ul style="list-style-type: none"> » The amount payable on death will be reduced by the amount of the Core Impairment claim; » Any other benefit that is an accelerator benefit shall be reduced to an amount that does not exceed the reduced death benefit. 	
Effect of a claim on other benefits (standalone)	On payment of a claim under this benefit, the amount payable on death will not be altered unless a claim has been paid before the expiry of the 3-month survival period.	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently impaired.	
Survival period (standalone)	A 3-month survival period will be imposed before a Core Impairment claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 3-month survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Core Impairment benefit for the remainder of the 3-month survival period.	

Hollard.

Notifiable events	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly.</p> <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the Core Impairment Benefit	<p>» Core Impairment</p> <p>Impairment events paid out at 100% of benefit amount.</p> <p>** If the benefit is selected for life, these are the events that will taper after the insured's 65th birthday. These benefit amounts will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday, and then cease altogether thereafter. The amount by which the benefit amount is reduced will be paid if the life insured cannot perform 3 or more daily activities (ADLs – washing, dressing, feeding, toileting, mobility, transferring, communicating).</p>

Claim event	
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>100% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>100% of benefit amount</p>
Impairment of upper limbs	<p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>100% of benefit amount</p> <p>* American Medical Association's <i>Guidelines to the Evaluation of Permanent impairment</i></p>

Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>100% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>100% of benefit amount</p>
Loss of hearing	<p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>100% of benefit amount</p>
Loss of speech/aphasia	<p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain, caused by an external physical force, resulting in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least two months apart.</p> <p>100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>100% of benefit amount**</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities; or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>100% of benefit amount**</p>

Daily activities	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 65th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop » suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 65th birthday</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>100% of benefit amount**</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>100% of benefit amount**</p>

Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and one of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>100% of benefit amount**</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>100% of benefit amount**</p>
Haemopoietic System/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>100% of benefit amount**</p>
Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either on-going peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>100% of benefit amount**</p>
Soft tissue	<ul style="list-style-type: none"> » 25% body surface burns <p>100% of benefit amount**</p>
Ischaemic heart disease/ myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/ congenital heart disease/ cardiomyopathy	<ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>100% of benefit amount**</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least 2 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>100% of benefit amount**</p>

Peripheral artery/ venous disease	<ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>100% of benefit amount**</p>
Pericardial heart disease	<p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>100% of benefit amount**</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>100% of benefit amount**</p>

Comprehensive Impairment Tech Spec

This benefit covers the life insured for specific impairment events of a permanent nature. This benefit pays out in the form of a lump sum and includes cover for events where the impairment is total and partial.

Type of benefit	Standalone or accelerator	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB for benefits to age 65 65 ANB for whole life benefits	
Maximum cover amount	R10 000 000	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Effect of claim on Comprehensive Impairment	Where a partial payment has been made, the benefit amount will reduce by the amount of the payment made. The remaining benefit amount will be available for further claims. The premium will be reduced accordingly. Once 100% of the benefit amount has been paid the benefit will cease. No Comprehensive Impairment benefit can be reinstated.	
Effect of a claim on other benefits (accelerator)	<p>This benefit is an acceleration of the benefit payable on death. On payment of a claim under this benefit</p> <ul style="list-style-type: none"> » The amount payable on death will be reduced by the amount of the Comprehensive Impairment claim; » Any other benefit that is an accelerator benefit shall be reduced to an amount that does not exceed the reduced death benefit. 	
Effect of a claim on other benefits (standalone)	On payment of a claim under this benefit, the amount payable on death will not be altered unless a claim has been paid before the expiry of the 3-month survival period.	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently impaired.	
Survival period (standalone)	A 3-month survival period will be imposed before a Comprehensive Impairment claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 3-month survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Comprehensive Impairment benefit for the remainder of the 3-month survival period.	

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Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the Comprehensive Impairment benefit	<ul style="list-style-type: none"> » Comprehensive Impairment <p>Covers impairment events that are total and partial.</p> <p>** If the benefit is selected for life, these are the benefits that will taper after the insured's 65th birthday. These benefit amounts will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday, and then cease altogether thereafter.</p>

Claim event	
Loss of one limb	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a limb, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 50% of benefit amount</p>
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any two limbs, where a limb is defined as an arm including the elbow or a leg above the knee.</p> <p>Benefit: 100% of benefit amount</p>
Loss of one foot or one hand	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a foot or a hand, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 50% of benefit amount</p>
Loss of both hands/both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 100% of benefit amount</p>

Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>Benefit: 100% of benefit amount</p>
Loss of fingers	<p>Loss or loss of use of more than 3 fingers on the dominant hand (must include the thumb or index finger)</p> <p>Benefit: 50% of benefit amount</p>
Impairment of upper limbs	<p>» 60% impairment of dominant upper limb as measured using the AMA guidelines*; or</p> <p>» 90% impairment of non-dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 50% of benefit amount</p> <p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 100% of benefit amount</p> <p>*American Medical Association's <i>Guidelines to the Evaluation of Permanent impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <p>» Atrophy</p> <p>» Loss of reflexes</p> <p>» Numbness on an anatomical basis</p> <p>» Loss of spine motion integrity as documented by neurological or motor compromise (AMA guidelines*)</p> <p>» Inability to perform 2 daily activities</p> <p>Benefit: 50% of benefit amount</p> <p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <p>» Cauda equina syndrome</p> <p>» Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment</p> <p>» Paraplegia, quadriplegia</p> <p>» Inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia or monoplegia resulting in the inability to perform 2 daily activities.</p> <p>Benefit: 50% of benefit amount</p> <p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>Benefit: 100% of benefit amount</p>
Loss of sight in one eye	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in 1 eye. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 50% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 100% of benefit amount</p>

Loss of hearing	<p>Greater than 75% total and irreversible (not correctable by treatment or operation) binaural hearing loss.</p> <p>Benefit: 50% of benefit amount</p> <p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of speech/aphasia	<p>Failure of the communication daily activity.</p> <p>Benefit: 50% of benefit amount</p> <p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>Benefit: 100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain caused by an external physical force, with a Glasgow Coma Scale score of less than or equal to 8 on admission and persisting for more than 96 hours. This must result in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning.</p> <p>Benefit: 50% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p> <p>A traumatic injury to the brain, caused by an external physical force, resulting in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>Benefit: 100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least two months apart.</p> <p>Benefit: 100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>Benefit: 100% of benefit amount**</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities; or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>Benefit: 100% of benefit amount**</p>
Daily activities	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of illness or accidental injury, to perform 2 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p>

Daily activities (continued)	<p>Before the policy anniversary immediately after the life insured's 65th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 65th birthday</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefits:</p> <p>Inability to perform 2 daily activities</p> <p>50% of benefit amount</p> <p>Inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 40% - 49% of expected value, or » FVC 40% - 49% of expected value, or » Dco 40% - 49% of expected value <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>Benefit: 100% of benefit amount**</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 15% weight loss below desirable weight with minimal response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 16 despite optimal treatment, or » Partial faecal incontinence, or » Irreparable hernia with ongoing bowel dysfunction <p>Benefit: 50% of benefit amount**</p>

Diseases involving the upper and lower digestive tract (continued)	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>Benefit: 100% of benefit amount**</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin in the range 34-51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin in the range 30-35 g/dl » Prothrombin time: 4 to 6 seconds prolonged » Irreparable biliary tract obstruction with recurrent cholangitis and S-bilirubin in the range 34-51 micromol/dl <p>Benefit: 50% of benefit amount**</p> <p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>Benefit: 100% of benefit amount**</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>Benefit: 100% of benefit amount**</p>
Haemopoietic System/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 2 daily activities, or » Institutionalisation for a period longer than 6 months <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>Benefit: 100% of benefit amount**</p>
Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » Renal disease with a creatinine clearance of 30-42ml/min <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either ongoing peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>Benefit: 100% of benefit amount**</p>

Soft tissue	<ul style="list-style-type: none"> » 15% body surface burns <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » 25% body surface burns <p>Benefit: 100% of benefit amount**</p>
<p>Ischaemic heart disease/ myocardial infarction/ coronary artery disease/ cardiac arrhythmias/ valvular heart disease/ congenital heart disease/cardiomyopathy</p>	<ul style="list-style-type: none"> » At least one sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification II or III, with ejection fraction less than 45% or METS less than 3 <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>Benefit: 100% of benefit amount**</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 100 mm/Hg on optimal treatment and complicated by at least one of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>12mmol/l, SCR>200mmol/l) » CVA » Grade III retinopathy » Congestive heart failure (at least 1 symptom) <p>Benefit: 50% of benefit amount**</p> <p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least two of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>Benefit: 100% of benefit amount**</p>
Peripheral artery/ venous disease	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) abnormal, diminished pulse on Doppler readings, cold leg, dependent rubor and pain on exercise » Severe and deep widespread vascular ulceration <p>Benefit: 50% of benefit amount**</p> <ul style="list-style-type: none"> » Severe vascular ulceration » Gangrene or amputation » Persistent ischaemia with no detectable pulse on Doppler <p>Benefit: 100% of benefit amount**</p>

Pericardial heart disease	<p>At least 1 sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with significant pericardial thickening/calcification.</p> <p>Benefit: 50% of benefit amount**</p> <p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>Benefit: 100% of benefit amount**</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>Benefit: 100% of benefit amount**</p>

Term – Core Impairment Tech Spec

Term – Core Impairment covers the life insured for specific impairment events of a permanent nature. The benefit pays out to the policy owner in the form of a lump sum should an insured event take place within the specified term, and pays out for events where the benefit amount is 100%.

Type of benefit	Accelerator only	
Benefit variation	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	65 ANB	
Maximum benefit amount	R20 000 000	
Premium patterns	Level 5% compulsory escalation age-rated	
Benefit cover term	Min 5 years Max 30 years, increments of 1 year allowed, subject to an expiry age of 70	
Minimum premium	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Minimum benefit amount	R250 000	
Premium guarantee period	The premium is guaranteed for the term of the benefit to a max of 15 years or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Effect of claim on Term – Core Impairment	Once 100% of the benefit amount has been paid the benefit will cease. No part of this benefit can be reinstated.	
Effect of a claim on other benefits	<p>This benefit is an acceleration of the benefit payable on death. On payment of a claim under this benefit</p> <ul style="list-style-type: none"> » The amount payable on death will be reduced by the amount of the Term – Core Impairment claim; » Any other benefit that is an accelerator benefit shall be reduced to an amount that does not exceed the reduced death benefit. 	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently impaired.	

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Notifiable events	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly.</p> <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the Term – Core Impairment Benefit	<p>» Core Impairment</p> <p>Impairment events paid out at 100% of benefit amount.</p> <p>** If the benefit is in force on or after the life insured's 65th birthday, certain events will taper after the insured's 65th birthday. These benefit amounts will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday, and then cease altogether thereafter. The amount by which the benefit amount is reduced will be paid if the life insured cannot perform 3 or more daily activities (ADLs – washing, dressing, feeding, toileting, mobility, transferring, communicating).</p>

Claim event	
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>100% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>100% of benefit amount</p>
Impairment of upper limbs	<p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>100% of benefit amount</p> <p>* American Medical Association's <i>Guidelines to the Evaluation of Permanent Impairment</i></p>

Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>100% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>100% of benefit amount</p>
Loss of hearing	<p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>100% of benefit amount</p>
Loss of speech/aphasia	<p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain, caused by an external physical force, resulting in significant total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>100% of benefit amount**</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities; or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>100% of benefit amount**</p>

Daily activities	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 65th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 65th birthday</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>100% of benefit amount**</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>100% of benefit amount**</p>

Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>100% of benefit amount**</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>100% of benefit amount**</p>
Haemopoietic system/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>100% of benefit amount**</p>
Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either ongoing peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>100% of benefit amount**</p>
Soft tissue	<ul style="list-style-type: none"> » 25% body surface burns <p>100% of benefit amount**</p>
Ischaemic heart disease/ myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/ congenital heart disease/ cardiomyopathy	<ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>100% of benefit amount**</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least two of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>100% of benefit amount**</p>

Peripheral artery/ venous disease	<ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>100% of benefit amount**</p>
Pericardial heart disease	<p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>100% of benefit amount**</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>100% of benefit amount**</p>

Accidental Impairment Tech Spec



The Accidental Impairment benefit provides a lump sum benefit to the policy owner if the life insured suffers a total and irreversible (not correctable by treatment or operation) impairment solely as a result of an accident. "Accident" shall be defined as an external, unexpected and violent event.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB for benefits to age 65 65 ANB for whole life benefits	
Maximum cover amount	R5 000 000	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	To age 65 or for life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Effect of claim on Accidental Impairment	Where a partial payment has been made, the benefit amount will reduce by the amount of the payment made. The remaining benefit amount will be available for further claims. The premium will be reduced accordingly. Once 100% of the benefit amount has been paid the benefit will cease. No Accidental Impairment benefit can be reinstated.	
Effect of a claim on other benefits	On payment of a claim under this benefit, the amount payable on death will not be altered unless a claim has been paid before the expiry of the 3-month survival period.	
Waiting period	No waiting period. The benefit will be payable once Hollard Life is satisfied that the insured is permanently impaired.	
Survival period	A 3-month survival period will be imposed before an Accidental Impairment claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 3-month survival period, in which case any amount payable on the death of the life insured will be reduced by the amount claimed under the Accidental Impairment benefit for the remainder of the 3-month survival period.	

Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly.</p>
Change in circumstances (continued)	<p>Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with 1 for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>

Claim event	
Loss of one limb	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a limb, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 50% of benefit amount</p>
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 100% of benefit amount</p>
Loss of one foot or one hand	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a foot or a hand, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 50% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>Benefit: 100% of benefit amount</p>
Loss of fingers	<p>Loss or loss of use of more than 3 fingers on the dominant hand (must include the thumb or index finger)</p> <p>Benefit: 50% of benefit amount</p>

Impairment of upper limbs	<ul style="list-style-type: none"> » 60% impairment of dominant upper limb as measured using the AMA guidelines*; or » 90% impairment of non-dominant upper limb as measured using the AMA guidelines* <p>Benefit: 50% of benefit amount</p> <ul style="list-style-type: none"> » 80% impairment of dominant upper limb as measured using the AMA guidelines* <p>Benefit: 100% of benefit amount</p> <p><i>*American Medical Association's Guidelines to the Evaluation of Permanent impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Atrophy » Loss of reflexes » Numbness on an anatomical basis » Loss of spine motion integrity as documented by neurological or motor compromise (AMA guidelines*) » Inability to perform 2 daily activities <p>Benefit: 50% of benefit amount</p> <p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>Benefit: 100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia or monoplegia resulting in the inability to perform 2 daily activities.</p> <p>Benefit: 50% of benefit amount</p> <p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>Benefit: 100% of benefit amount</p>
Loss of sight in one eye	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in 1 eye. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 50% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 100% of benefit amount</p>

Loss of hearing	<p>Greater than 75% total and irreversible (not correctable by treatment or operation) binaural hearing loss.</p> <p>Benefit: 50% of benefit amount</p> <p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of speech/aphasia	<p>Failure of the communication daily activity.</p> <p>Benefit: 50% of benefit amount</p> <p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>Benefit: 100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain caused by an external physical force, with a Glasgow Coma Scale score of less than or equal to 8 on admission and persisting for more than 96 hours. This must result in significant and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning.</p> <p>Benefit: 50% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist. A traumatic injury to the brain, caused by an external physical force, resulting in total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>Benefit: 100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an accidental cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least two months apart.</p> <p>Benefit: 100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an accidental nature and not amenable to therapy.</p> <p>Benefit: 100% of benefit amount</p>
Soft tissue	<p>» 15% body surface burns</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>» 25% body surface burns</p> <p>Benefit: 100% of benefit amount</p>

Daily activities	<p>Totally and irreversibly (not correctable by treatment or operation) unable, because of accidental injury, to perform 2 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 65th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 65th birthday</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefits:</p> <p>Inability to perform 2 daily activities</p> <p>50% of benefit amount</p> <p>Inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>
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Core Impairment Income Tech Spec

The Core Impairment Income benefit is designed to pay a monthly income benefit if the life insured is temporarily or permanently impaired.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	56 ANB – for policies with expiry age 60 61 ANB – for policies for expiry age 65, expiry age 70, for life	
Maximum cover amount	R100 000 per month	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	Expiry (selected at application): To age 60 To age 65 To age 70 For life	
Payment period	24 months To benefit expiry age	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (10 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Waiting period (selected at application)	<ul style="list-style-type: none"> » 7 days (self-employed individuals only) » 1 month » 3 months » 24 months <p>A waiting period as shown on the policy schedule will be imposed before a claim is admitted. The waiting period is the period of time at the beginning of any incapacity during which no benefit is payable. If a new claim arises from a cause or event unrelated to any previous claim payments and within 3 months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim. If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim.</p>	
Benefit amount	<p>If proof of income is received when the benefit is purchased or increased, no proof of income will be required during the first 24 months after a claim occurs.</p> <p>If no proof of income is received upfront, then in the first 3 months following the expiry of the waiting period, Previous Earnings shall be as declared by the life insured. After expiry of the 3-month period, the Life Insured will be required to prove previous earnings to the satisfaction of Hollard Life. In the event that the declared previous earnings have been overstated, Hollard Life will have the right to recoup any overpayment against future benefit payments.</p>	

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Definition of replacement ratio	The replacement ratio is the ratio of the insured benefit amount at any time to previous earnings at that time.
Definition of previous earnings	<p>Previous earnings shall mean the average monthly earnings of the life insured from his occupation during the 12 months prior to incapacity less the income tax due on these earnings. If the life insured has fluctuating earnings, Hollard Life may at its discretion calculate the average monthly earnings over a period of up to 36 months prior to incapacity.</p> <p>For self-employed individuals, previous earnings shall be determined on a consistent approach, being the life insured's taxable income</p> <ul style="list-style-type: none"> » less deductible expenses permitted under the income tax regulations at the time, » less income tax due on taxable income less deductible expenses above » plus permitted deductible expenses that are directly for the benefit of the life insured as determined by Hollard Life such as medical aid premiums, pension and provident fund contributions and car payments <p>During payment of a claim, previous earnings shall be increased annually in line with Consumer Price Inflation.</p>
Payment of benefit	<p>A claim will only be admitted once Hollard Life receives proof that the life insured has been continuously incapacitated, totally or partially, for the duration of the waiting period.</p> <p>Claim payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for.</p> <p>The benefit payment will be reduced to 75% of previous earnings where</p> <ul style="list-style-type: none"> » The replacement ratio exceeds 75% and » The benefit has been in payment for 24 months or more (including the waiting period) from the date of disability and » The life insured is not permanently unable due to sickness, injury, disease, illness or surgical operation to perform their occupation or any other occupation for which they may be suited by virtue of their education, training or experience <p>Payment of a claim shall cease on the earliest date, as determined by Hollard Life, on which the life insured</p> <ul style="list-style-type: none"> » Ceases to meet the definition of incapacity » Refuses to follow medical treatment as recommended by his/her own medical practitioner or Hollard Life's Chief Medical Officer » Fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of the continuance of incapacity justifying the continuance of the claim. The life insured shall as often as may be reasonably required submit to physical examinations and tests at the request of and at the expense of Hollard Life » Reaches the benefit cease date as shown in the schedule, or has been paid the maximum number of payments in the payment period » Dies <p>Where the claim is as a result of the inability to perform daily activities, the payment of a claim shall cease where the life insured no longer suffers a reduction in income attributable solely to the injury or disease which gave rise to the claim.</p>
Earnings that will reduce the benefit amount paid	<p>The benefit amount will also be reduced by any earnings after multiplying by the replacement ratio or other insured benefits the life insured receives after becoming disabled.</p> <p>The following earnings will not be taken into account:</p> <ul style="list-style-type: none"> » Lump sum disability benefits » In the first three months following incapacity, any income received from the life insured's own occupation, provided that Hollard Life believes the life insured to be totally unable to follow his/her own occupation as certified by the life insured and the life insured's medical practitioner

Earnings that will reduce the benefit amount paid (continued)	<ul style="list-style-type: none"> » In the first 6 months following incapacity, residual income received in respect of work done prior to becoming disabled » Interest or rental income » Dividend income, unless these dividends were the life insured's main source of income prior to incapacity
Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Specific exclusions (7-day waiting period)	<p>If the benefit has a 7-day waiting period, benefit payments will be made from the first day of disability provided the life insured has been disabled for the full 7-day waiting period and the life insured meets 1 or more of the following criteria:</p> <ul style="list-style-type: none"> » Having undergone outpatient treatment preventing the claimant from working; or » Having been admitted to a hospital or medical institution for at least one night; or » Having an infectious disease such as chicken pox or measles (common colds, influenza, bronchitis, laryngitis, sinusitis, gastroenteritis, gastritis and constipation or diarrhoea are excluded from the backdating of the benefit payment); or » Having suffered a pregnancy complication; or » Having undergone chemotherapy, radiotherapy or target therapy. <p>The following are specifically excluded for the backdating of the benefit payment:</p> <ul style="list-style-type: none"> » Anxiety, stress, depression, chronic fatigue syndrome or any mental or psychiatric disorder, unless the life insured has been institutionalised » Back disorders, unless there is identifiable pathology on an MRI scan » Surgical procedures for infertility conditions » Abortions
Options on permanent impairment	<p>Where the life insured is totally and permanently impaired, or qualifies for a claim payment under one of the impairment contingent events below, the owner has the option to either have the benefit paid out as a monthly income amount, or have the benefit amount commuted to a lump sum payout.</p>
Escalation in claim	<p>Optional benefit. If claim escalation has been selected on a benefit (as shown in the schedule), then on each anniversary of a claim under that benefit (and while a claim is still in payment), the benefit amount shall be increased by the lesser of the Consumer Price Inflation rate and 10%. On the life insured's recovery, the benefit amount will revert to the amount which would have applied had no claim been admitted.</p>

Guaranteed insurability benefit	<p>Automatically included on all policies. On each policy anniversary the life insured has the option to increase the benefit amount by the lesser of the following:</p> <ul style="list-style-type: none">» The actual percentage increase in the life insured's income since the previous policy anniversary» 10% <p>No additional underwriting will be required for the guaranteed insurability increase, but the following conditions must be met before Hollard Life will grant additional cover:</p> <ul style="list-style-type: none">» The life insured must not have claimed under any disability benefit or be in the process of submitting a claim under any disability benefit» The life insured must be younger than 50 years on the date of the cover increase» Should the guaranteed insurability increase not be used for 3-consecutive policy anniversaries, any further increases will only be granted on the life insured providing an acceptable declaration of health <p>Increases in benefit amount will be subject to the terms and conditions at the time the increased cover is granted.</p>																																											
Death benefit	<p>On the death of the life insured while the Core Impairment Income Benefit is in claim, an additional once off payment equivalent to the benefit amount specified in the schedule will be payable.</p>																																											
For life option	<p>If the benefit is selected for life, the cover for all events will cease on the policy anniversary immediately after the life insured's 70th birthday. The insured will thereafter be paid out in the event that he/she is totally unable to fulfil 3 or more activities of daily living, and is under the direct full-time care of a registered frail care, hospice or nursing home facility, or with a registered medical professional.</p> <p>Full-time care is defined as direct supervision and assistance for at least 25 hours a week. Partial benefit payments are allowed where care is less than 25 hours a week. Where care is less than 25 hours a week, but more than 5 hours a week a pro rata partial benefit is payable.</p>																																											
Benefits included in the Core Impairment Income Benefit	<ul style="list-style-type: none">» Core Impairment <p>Impairment events paid out at 100% of benefit amount.</p>																																											
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Guaranteed payment period (continued)	Claim event	Waiting periods		
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	Compression fracture of a vertebral body < 10%	6 weeks	2 weeks	N/A
	Knee replacement	6 weeks	2 weeks	N/A
	Hysterectomy	6 weeks	2 weeks	N/A
	Double mastectomy	6 weeks	2 weeks	N/A
	Fracture of knee cap	2 months	1 month	N/A
	Fracture of leg between knee and foot	2 months	1 month	N/A
	Fracture of shoulder blade	2 months	1 month	N/A
	Fracture of upper arm	2 months	1 month	N/A
	Fractures of spinous processes or transverse processes of the spine	2 months	1 month	N/A
	Fracture of facial bones – le Fort III	3 months	2 months	N/A
	Fracture of pelvis	3 months	2 months	N/A
	Fracture of spine	3 months	2 months	N/A
	Fracture of thigh	3 months	2 months	N/A
	Compression fracture of a vertebral body	3 months	2 months	N/A
	Hip replacement	3 months	2 months	N/A

Claim event	
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 100% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>Benefit: 100% of benefit amount</p>
Impairment of upper limbs	<p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 100% of benefit amount</p> <p>*American Medical Association's <i>Guidelines to the Evaluation of Permanent Impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>Benefit: 100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>Benefit: 100% of benefit amount</p>

Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 100% of benefit amount</p>
Loss of hearing	<p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of speech/aphasia	<p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>Benefit: 100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain, caused by an external physical force, resulting in total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>Benefit: 100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>Benefit: 100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>Benefit: 100% of benefit amount</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities, or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>Benefit: 100% of benefit amount</p>
Daily activities	<p>Totally and continuously unable for the duration of the waiting period, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 70th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery

Daily activities (continued)	<p>After the policy anniversary immediately after the life insured's 70th birthday (must be unable to perform 3 or more daily activities, and is under the direct full-time care)</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefit: Inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>Benefit: 100% of benefit amount</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>Benefit: 100% of benefit amount</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>Benefit: 100% of benefit amount</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than six months <p>Benefit: 100% of benefit amount</p>
Haemopoietic System/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>Benefit: 100% of benefit amount</p>

Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>Benefit: 100% of benefit amount</p>
Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either ongoing peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>Benefit: 100% of benefit amount</p>
Soft tissue	<ul style="list-style-type: none"> » 25% body surface burns. <p>Benefit: 100% of benefit amount</p>
Ischaemic heart disease/myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/Congenital heart disease/cardiomyopathy	<ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>Benefit: 100% of benefit amount</p> <p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least two of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>Benefit: 100% of benefit amount</p>
Peripheral artery/Venous disease	<ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>Benefit: 100% of benefit amount</p>
Pericardial heart disease	<p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>Benefit: 100% of benefit amount</p>
Advanced aids	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>Benefit: 100% of benefit amount</p>

Comprehensive Impairment Income Tech Spec

The Comprehensive Impairment Income benefit is designed to pay a monthly income benefit if the life insured is temporarily or permanently impaired, and includes cover for events where the impairment is total and partial.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	56 ANB – for policies with expiry age 60 61 ANB – for policies for expiry age 65, expiry age 70, for life	
Maximum cover amount	R100 000 per month	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit term	Expiry (selected at application): To age 60 To age 65 To age 70 For life	
Payment period	24 months To benefit expiry age	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (10 years) or experience-rated	
Voluntary increase options	0% - 10% voluntary premium escalations 0% - 10% voluntary cover escalations	
Waiting period (selected at application)	<ul style="list-style-type: none"> » 7 days (self-employed individuals only) » 1 month » 3 months » 24 months <p>A waiting period as shown on the policy schedule will be imposed before a claim is admitted. The waiting period is the period of time at the beginning of any incapacity during which no benefit is payable. If a new claim arises from a cause or event unrelated to any previous claim payments and within 3 months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim. If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim.</p>	
Benefit amount	<p>If proof of income is received when the benefit is purchased or increased, no proof of income will be required during the first 24 months after a claim occurs.</p> <p>If no proof of income is received upfront, then in the first 3 months following the expiry of the waiting period, previous earnings shall be as declared by the life insured. After expiry of the 3-month period, the life insured will be required to prove previous earnings to the satisfaction of Hollard Life. In the event that the declared previous earnings have been overstated, Hollard Life will have the right to recoup any overpayment against future benefit payments.</p>	

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Definition of replacement ratio	The replacement ratio is the ratio of the insured benefit amount at any time to previous earnings at that time.
Definition of previous earnings	<p>Previous earnings shall mean the average monthly earnings of the life insured from his occupation during the 12 months prior to incapacity less the income tax due on these earnings. If the life insured has fluctuating earnings, Hollard Life may at its discretion calculate the average monthly earnings over a period of up to 36 months prior to incapacity.</p> <p>For self-employed individuals, previous earnings shall be determined on a consistent approach, being the life insured's taxable income</p> <ul style="list-style-type: none"> » Less deductible expenses permitted under the income tax regulations at the time, » Less income tax due on taxable income less deductible expenses above » Plus permitted deductible expenses that are directly for the benefit of the life insured as determined by Hollard Life such as medical aid premiums, pension and provident fund contributions and car payments. <p>During payment of a claim, previous earnings shall be increased annually in line with Consumer Price Inflation.</p>
Payment of benefit	<p>A claim will only be admitted once Hollard Life receives proof that the life insured has been continuously incapacitated, totally or partially, for the duration of the waiting period.</p> <p>Claim payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for.</p> <p>The benefit payment will be reduced to 75% of previous earnings where</p> <ul style="list-style-type: none"> » The replacement ratio exceeds 75% and » The benefit has been in payment for 24 months or more (including the waiting period) from the date of disability and » The life insured is not permanently unable due to sickness, injury, disease, illness or surgical operation to perform their occupation or any other occupation for which they may be suited by virtue of their education, training or experience. <p>Payment of a claim shall cease on the earliest date, as determined by Hollard Life, on which the life insured</p> <ul style="list-style-type: none"> » Ceases to meet the definition of incapacity » Refuses to follow medical treatment as recommended by his/her own medical practitioner or Hollard Life's Chief Medical Officer » Fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of the continuance of incapacity justifying the continuance of the claim. The life insured shall as often as may be reasonably required submit to physical examinations and tests at the request of and at the expense of Hollard Life » Reaches the benefit cease date as shown in the schedule, or has been paid the maximum number of payments in the payment period » Dies <p>Where the claim is as a result of the inability to perform daily activities, the payment of a claim shall cease where the life insured no longer suffers a reduction in income attributable solely to the injury or disease which gave rise to the claim.</p>
Earnings that will reduce the benefit amount paid	<p>The benefit amount will also be reduced by any earnings after multiplying by the replacement ratio or other insured benefits the life insured receives after becoming disabled.</p> <p>The following earnings will not be taken into account:</p> <ul style="list-style-type: none"> » Lump sum disability benefits » In the first 3 months following incapacity, any income received from the life insured's own occupation, provided that Hollard Life believes the life insured to be totally unable to follow his/her own occupation as certified by the life insured and the life insured's medical practitioner

Earnings that will reduce the benefit amount paid (continued)	<ul style="list-style-type: none"> » In the first 6 months following incapacity, residual income received in respect of work done prior to becoming disabled » Interest or rental income » Dividend income, unless these dividends were the life insured's main source of income prior to incapacity
Change in circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Specific exclusions (7-day waiting period)	<p>If the benefit has a 7-day waiting period, benefit payments will be made from the first day of disability provided the life insured has been disabled for the full 7-day waiting period and the life insured meets one or more of the following criteria:</p> <ul style="list-style-type: none"> » having undergone outpatient treatment preventing the claimant from working; or » having been admitted to a hospital or medical institution for at least one night; or » having an infectious disease such as chicken pox or measles (common colds, influenza, bronchitis, laryngitis, sinusitis, gastroenteritis, gastritis and constipation or diarrhoea are excluded from the backdating of the benefit payment); or » having suffered a pregnancy complication; or » having undergone chemotherapy, radiotherapy or target therapy <p>The following are specifically excluded for the backdating of the benefit payment:</p> <ul style="list-style-type: none"> » anxiety, stress, depression, chronic fatigue syndrome or any mental or psychiatric disorder, unless the life insured has been institutionalised » back disorders, unless there is identifiable pathology on an MRI scan » surgical procedures for infertility conditions » abortions
Option on permanent impairment	<p>Where the life insured is totally and permanently impaired, or qualifies for a claim payment under one of the impairment contingent events below, the owner has the option to either have the benefit paid out as a monthly income amount, or have the benefit amount commuted to a lump sum payout.</p>
Escalation in claim	<p>Optional benefit. If claim escalation has been selected on a benefit (as shown in the schedule), then on each anniversary of a claim under that benefit (and while a claim is still in payment), the benefit amount shall be increased by the lesser of the Consumer Price Inflation rate and 10%. On the life insured's recovery, the benefit amount will revert to the amount which would have applied had no claim been admitted.</p>

Guaranteed insurability benefit	<p>Automatically included on all policies. On each policy anniversary the life insured has the option to increase the benefit amount by the lesser of the following:</p> <ul style="list-style-type: none">» The actual percentage increase in the life insured’s income since the previous policy anniversary» 10% <p>No additional underwriting will be required for the guaranteed insurability increase, but the following conditions must be met before Hollard Life will grant additional cover:</p> <ul style="list-style-type: none">» The life insured must not have claimed under any disability benefit or be in the process of submitting a claim under any disability benefit» The life insured must be younger than 50 years on the date of the cover increase» Should the guaranteed insurability increase not be used for 3-consecutive policy anniversaries, any further increases will only be granted on the life insured providing an acceptable declaration of health <p>Increases in benefit amount will be subject to the terms and conditions at the time the increased cover is granted.</p>																																																											
Death benefit	<p>On the death of the life insured while the Comprehensive Impairment Income benefit is in claim, an additional once-off payment equivalent to the benefit amount specified in the schedule will be payable.</p>																																																											
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	Fracture of knee cap	2 months	1 month	N/A
	Fracture of leg between knee and foot	2 months	1 month	N/A
	Fracture of shoulder blade	2 months	1 month	N/A
	Fracture of upper arm	2 months	1 month	N/A
	Fractures of spinous processes or transverse processes of the spine	2 months	1 month	N/A
	Fracture of facial bones – le Fort III	3 months	2 months	N/A
	Fracture of pelvis	3 months	2 months	N/A
	Fracture of spine	3 months	2 months	N/A
	Fracture of thigh	3 months	2 months	N/A
	Compression fracture of a vertebral body	3 months	2 months	N/A
	Hip replacement	3 months	2 months	N/A

Claim event	
Loss of one limb	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a limb, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>Benefit: 100% of benefit amount</p>
Loss of one foot or one hand	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of a foot or a hand, where a foot is defined as the extremity of the leg below the ankle and a hand the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot. Radiological evidence of irreversible joint destruction must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>Benefit: 100% of benefit amount</p>
Loss of fingers	<p>Loss or loss of use of more than 3 fingers on the dominant hand (must include the thumb or index finger)</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>
Impairment of upper limbs	<p>» 60% impairment of dominant upper limb as measured using the AMA guidelines*; or</p> <p>» 90% impairment of non-dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>Benefit: 100% of benefit amount</p> <p>*American Medical Association's <i>Guidelines to the Evaluation of Permanent Impairment</i></p>

Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Atrophy » Loss of reflexes » Numbness on an anatomical basis » Loss of spine motion integrity as documented by neurological or motor compromise (AMA guidelines*) » Inability to perform 2 daily activities <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>Benefit: 100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia or monoplegia resulting in the inability to perform 2 daily activities.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>Benefit: 100% of benefit amount</p>
Loss of sight in one eye	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in 1 eye. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an ophthalmologist's report and cataracts are specifically excluded.</p> <p>Benefit: 100% of benefit amount</p>
Loss of hearing	<p>Greater than 75% total and irreversible (not correctable by treatment or operation) binaural hearing loss.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>Benefit: 100% of benefit amount</p>
Loss of speech/aphasia	<p>Failure of the communication daily activity.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>Benefit: 100% of benefit amount</p>

Traumatic head injury	<p>A traumatic injury to the brain caused by an external physical force, with a Glasgow Coma Scale score of less than or equal to 8 on admission and persisting for more than 96 hours. This must result in significant and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p> <p>A traumatic injury to the brain, caused by an external physical force, resulting in total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p> <p>Benefit: 100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>Benefit: 100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>Benefit: 100% of benefit amount</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities, or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>Benefit: 100% of benefit amount</p>
Daily activities	<p>Totally and continuously unable for the duration of the waiting period, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 70th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>After the policy anniversary immediately after the life insured's 70th birthday (must be unable to perform 3 or more daily activities, and is under the direct full-time care)</p> <ul style="list-style-type: none"> » Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower) » Dressing: The ability to put on, take off, secure and unfasten all garments » Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils

Daily activities (continued)	<ul style="list-style-type: none"> » Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel » Mobility: The ability to move indoors from room to room on level surfaces » Transferring: The ability to move from a bed to a chair or wheelchair and vice versa » Communicating: The ability to answer the telephone and take a message <p>Benefits: Inability to perform 2 daily activities</p> <p>50% of benefit amount (maximum payment period of 24 months) Inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 40% - 49% of expected value, or » FVC 40% - 49% of expected value, or » Dco 40% - 49% of expected value <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>Benefit: 100% of benefit amount</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>
Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 15% weight loss below desirable weight with minimal response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 16 despite optimal treatment, or » Partial faecal incontinence, or » Irreparable hernia with ongoing bowel dysfunction <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>Benefit: 100% of benefit amount</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin in the range 34-51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin in the range 30-35 g/dl » Prothrombin time: 4 to 6 seconds prolonged » Irreparable biliary tract obstruction with recurrent cholangitis and S-bilirubin in the range 34-51 micromol/dl <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p>

Notifiable events	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Benefits included in the Basic Disability benefit	<ul style="list-style-type: none"> » Occupational Disability <p>** If the benefit is selected for life, the occupational disability benefit amount will reduce by 20% of the initial benefit amount per annum from the policy anniversary immediately after the life insured's 65th birthday. The amount by which the benefit amount is reduced will be paid if the life insured cannot perform 3 or more daily activities (ADLs – washing, dressing, feeding, toileting, mobility, transferring, communicating).</p>

Claim event	
Occupational disability definition	<p>Own occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation.</p> <p>OR</p> <p>Own/similar occupational disability</p> <p>The total and irreversible (not correctable by treatment or operation) inability of the life insured, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation or any other occupation for which they are suited in terms of their ability, training, education and experience.</p> <p>The occupational disability benefit is only payable, provided that the life insured has been gainfully employed for a period of not less than 6 months before the onset of the disability.</p> <p>100% of benefit amount**</p>

Ischaemic heart disease/myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/congenital heart disease/cardiomyopathy (continued)	<p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 100 mm/Hg on optimal treatment and complicated by at least 1 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>12mmol/l, SCR>200mmol/l) » CVA » Grade III retinopathy » Congestive heart failure (at least 1 symptom) <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least 2 of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>Benefit: 100% of benefit amount</p>
Peripheral artery/venous disease	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) abnormal, diminished pulse on Doppler readings, cold leg, dependent rubor and pain on exercise, or » Severe and deep widespread vascular ulceration. <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>Benefit: 100% of benefit amount</p>
Pericardial heart disease	<p>At least 1 sign or symptom of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with significant pericardial thickening/calcification.</p> <p>Benefit: 50% of benefit amount (maximum payment period of 24 months)</p> <p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>Benefit: 100% of benefit amount</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>Benefit: 100% of benefit amount</p>

Business Overhead Protector – Basic Disability Income Tech Spec



Business Overhead Protector – Basic Disability Income benefit provides for overhead expenses incurred by the life insured's business following the expiry of the waiting period while the life insured is disabled and unable to perform their nominated occupation. As a result, the business cannot continue to operate. In the event of the business being conducted through a partnership, close corporation or company, only the life insured's share of the overhead expenses will be taken into account.

Type of benefit	Standalone	
Minimum entry age	19 ANB	
Maximum entry age	55 ANB – for policies with expiry age 60 60 ANB – for policies for expiry age 65, expiry age 70	
Maximum benefit amount	R150 000 per month	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit cover term	To age 60 To age 65 To age 70 Benefit expiring on the policy anniversary before the life insured's 60 th , 65 th , or 70 th birthday as selected by the applicant on the application form	
Benefit payment term	24 months	
Minimum premium	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Premium guarantee period	Guaranteed (10 years) or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Waiting period	<p>Options available:</p> <ul style="list-style-type: none"> » 7 days (self-employed individuals only) » 1 month » 3 months <p>A waiting period will be imposed before a claim is admitted. The waiting period is the period of time at the beginning of any incapacity during which no benefit is payable. If a new claim arises from a cause or event unrelated to any previous claim payments and within three months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim.</p>	

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Waiting period (continued)	<p>If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim. Premiums must be paid until admission of a claim.</p> <p>The premium for this benefit will be waived from the end of the waiting period until benefit payments cease.</p>
Benefit amount	<p>If proof of allowable expenses is received when the benefit is purchased or increased, no proof of expenses will be required during the first 6 months after a claim occurs.</p> <p>If no proof of allowable expenses is received upfront, then in the first month following the expiry of the waiting period, allowable expenses shall be as declared by the life Insured. After expiry of the 1-month period, the life Insured will be required to prove allowable expenses to the satisfaction of Hollard Life. In the event that the declared allowable expenses have been overstated, Hollard Life will have the right to recoup any overpayment against future benefit payments. The overhead expenses covered will be limited to normal running expenses of the business, and will only be allowed where Hollard Life deems them to be necessary for the day-to-day running of the business.</p>
Payment of benefit	<p>A claim will only be admitted once Hollard Life receives proof that the life insured has been continuously incapacitated, totally or partially, for the duration of the waiting period.</p> <p>Claim payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for.</p> <p>Hollard Life may at its discretion pay for a driver if it enables the life insured to perform their own occupation where the life insured's own occupation meets one of the following requirements:</p> <ul style="list-style-type: none"> » Travel using a vehicle constitutes more than 25% of the life insured's occupational duties » Travel using a vehicle is an essential part of the life insured performing their own occupation <p>If the life insured is self-employed, Hollard life may at its discretion pay the salary of any person performing the life insured's duties in their absence.</p> <p>Payment of a claim shall cease on the earliest date, as determined by Hollard Life, on which the life insured</p> <ul style="list-style-type: none"> » becomes able to perform the normal duties of their own occupation; » has been disabled for a period of 24 months; » refuses to follow medical treatment as recommended by their own medical practitioner or Hollard Life's Chief Medical Officer; » fails to provide evidence, satisfactory to, and as requested, by Hollard Life from time to time, of the continuance of incapacity justifying the continuance of the claim. The life insured shall, as often as may be reasonably required, submit to physical examinations and tests at the request of, and at the expense, of Hollard Life; or » reaches the benefit cease date as shown in the schedule; or » dies
Notifiable events	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly.</p>

Notifiable events (continued)	<p>Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Business Overhead Protector Basic Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>
Specific exclusions (7-day waiting period)	<p>If the benefit has a 7-day waiting period, payments will be made from the first day of disability provided the life insured has been disabled for the full 7-day waiting period and the life insured meets one or more of the following criteria:</p> <ul style="list-style-type: none"> » having undergone outpatient treatment at a hospital preventing the claimant from working; or » having been admitted to a hospital or medical institution for at least 1 night; or » having an infectious disease such as chicken pox or measles; or » having suffered a pregnancy complication; or » having undergone chemotherapy, radiotherapy or target therapy. <p>The following are specifically excluded for the backdating of the benefit payment:</p> <ul style="list-style-type: none"> » anxiety, stress, depression, chronic fatigue syndrome or any mental or psychiatric disorder, unless the life insured has been institutionalised » back disorders, unless there is identifiable pathology on an MRI scan » surgical procedures for infertility conditions » abortions » common colds, influenza, bronchitis, laryngitis, sinusitis, gastroenteritis, gastritis and constipation or diarrhoea
Options on permanent disability	<p>Where the life insured is totally and permanently disabled, the owner has the option to either have the benefit paid out as a monthly income amount, or have the benefit amount commuted to a lump sum payout.</p>
Allowable expenses	<p>The following expenses are allowed:</p> <ul style="list-style-type: none"> » rent for business premises » utility bills (electricity, water, telephone etc.) » property taxes » interest payments on loans » equipment leasing costs » insurance premiums and auditing fees » salaries of staff
Excluded from allowable expenses	<p>The following are excluded from allowable expenses:</p> <ul style="list-style-type: none"> » depreciation » salaries to members of the life insured's immediate family or any person performing the life insured's duties in their absence (unless authorised by Hollard Life) » professional and other fees incurred » drawing accounts » any remuneration or salary for the life insured » the cost of goods or merchandise or additions to inventory

Excluded from allowable expenses (continued)	<ul style="list-style-type: none">» expenditure on any assets» capital repayments on loans» lease payments where the lease is not an essential part of the business» all expenditure relating to personal rather than business expenses» any expenditure not included in the list of allowable expenses																																																																			
Escalation in claim	Optional benefit. If claim escalation has been swelected on a benefit (as shown in the schedule), then on each anniversary of the initial claim payment under that benefit (and while a claim is still in payment), the benefit amount shall be increased by the lesser of the Consumer Price Inflation Rate and 10%. On the life insured’s recovery, the benefit amount will be the amount which would have applied had no claim been admitted.																																																																			
Guaranteed insurability benefit	<p>Automatically included on all policies. On each policy anniversary the life insured has the option to increase the benefit amount by the lesser of the following:</p> <ul style="list-style-type: none">» The actual percentage increase in the life insured’s allowable expenses since the previous policy anniversary» 10% <p>No additional underwriting will be required for the guaranteed insurability increase, but the following conditions must be met before Hollard Life will grant additional cover:</p> <ul style="list-style-type: none">» The life insured must not have claimed under any disability benefit or be in the process of submitting a claim under any disability benefit» The life insured must be younger than 50 years on the date of the cover increase» Should the guaranteed insurability increase not be used for three consecutive policy anniversaries, any further increases will only be granted on the life insured providing an acceptable declaration of health <p>Increases in benefit amount will be subject to the terms and conditions at the time the increased cover is granted.</p>																																																																			
Death benefit	On the death of the life insured while the Business Overhead Protector - Basic Disability benefit is in claim, an additional once-off payment equivalent to the monthly claim amount will be payable.																																																																			
Guaranteed payment period	<p>For the following conditions, the minimum benefit payment period is guaranteed. These payments will be made irrespective of the life insured’s ability to perform his/her occupation, or whether or not they are permanently impaired.</p> <table><tr><th rowspan="2">Claim event</th><th colspan="3">Waiting periods</th></tr><tr><th>7 days</th><th>1 month</th><th>Other</th></tr><tr><td>Hernia</td><td>14 days</td><td>N/A</td><td>N/A</td></tr><tr><td>Rotator cuff repair</td><td>3 weeks</td><td>N/A</td><td>N/A</td></tr><tr><td>Single mastectomy</td><td>3 weeks</td><td>N/A</td><td>N/A</td></tr><tr><td>Fracture of collar bone</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of facial bones – le Fort II</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of forearm</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of hand requiring plaster or surgery</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of foot</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of skull</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Compression fracture of a vertebral body < 10%</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Knee replacement</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Hysterectomy</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Double mastectomy</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of knee cap</td><td>2 months</td><td>1 month</td><td>N/A</td></tr><tr><td>Fracture of leg between knee and foot</td><td>2 months</td><td>1 month</td><td>N/A</td></tr></table>	Claim event	Waiting periods			7 days	1 month	Other	Hernia	14 days	N/A	N/A	Rotator cuff repair	3 weeks	N/A	N/A	Single mastectomy	3 weeks	N/A	N/A	Fracture of collar bone	6 weeks	2 weeks	N/A	Fracture of facial bones – le Fort II	6 weeks	2 weeks	N/A	Fracture of forearm	6 weeks	2 weeks	N/A	Fracture of hand requiring plaster or surgery	6 weeks	2 weeks	N/A	Fracture of foot	6 weeks	2 weeks	N/A	Fracture of skull	6 weeks	2 weeks	N/A	Compression fracture of a vertebral body < 10%	6 weeks	2 weeks	N/A	Knee replacement	6 weeks	2 weeks	N/A	Hysterectomy	6 weeks	2 weeks	N/A	Double mastectomy	6 weeks	2 weeks	N/A	Fracture of knee cap	2 months	1 month	N/A	Fracture of leg between knee and foot	2 months	1 month	N/A
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Guaranteed payment period (continued)	Claim event	Waiting periods		
		7 days	1 month	Other
	Fracture of shoulder blade	2 months	1 month	N/A
	Fracture of upper arm	2 months	1 month	N/A
	Fractures of spinous processes or transverse processes of the spine	2 months	1 month	N/A
	Fracture of facial bones – le Forte III	3 months	2 months	N/A
	Fracture of pelvis	3 months	2 months	N/A
	Fracture of spine	3 months	2 months	N/A
	Fracture of thigh	3 months	2 months	N/A
	Compression fracture of a vertebral body	3 months	2 months	N/A

Claim event	
Occupational disability definition	<p>Own occupational disability</p> <p>Payable on a monthly basis following the expiry of the waiting period while the life insured is disabled and unable, due to sickness, injury, disease, illness or surgical operation, to perform their own occupation</p> <p>100% of benefit amount</p>

Business Overhead Protector – Core Impairment Income Tech Spec



Business Overhead Protector – Core Impairment Income benefit provides for overhead expenses incurred by the life insured's business following the expiry of the waiting period while the life insured is temporarily or permanently impaired. As a result, the business cannot continue to operate. In the event of the business being conducted through a partnership, close corporation or company, only the life insured's share of the overhead expenses will be taken into account.

Type of benefit	Standalone	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	55 ANB – for policies with expiry age 60 60 ANB – for policies with expiry age 65, expiry age 70	
Maximum benefit amount	R150 000 per month	
Premium patterns	Level 5% compulsory escalation Age-rated	
Benefit cover term	To age 60 To age 65 To age 70 Benefit expiring on the policy anniversary before the life insured's 60 th , 65 th , or 70 th birthday as selected on the application form	
Benefit payment term	24 months	
Minimum premium per policy	First life insured R200 per month R2 400 per annum	Second and subsequent lives insured R150 per month R1 800 per annum
Premium guarantee period	Guaranteed (10 years) or experience-rated (Nil)	
Voluntary increase options	0% - 10% voluntary premium escalations or 0% - 10% voluntary cover escalations	
Waiting period	<p>Options available:</p> <ul style="list-style-type: none"> » 7 days (self-employed individuals only) » 1 month » 3 months <p>A waiting period will be imposed before a claim is admitted. The waiting period is the period of time at the beginning of any incapacity during which no benefit is payable. If a new claim arises from a cause or event unrelated to any previous claim payments and within 3 months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim.</p>	

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Waiting period (continued)	<p>If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim. Premiums must be paid until admission of a claim.</p> <p>The premium for this benefit will be waived from the end of the waiting period until benefit payments cease.</p>
Benefit amount	<p>If proof of allowable expenses is received when the benefit is purchased or increased, no proof of expenses will be required during the first 6 months after a claim occurs.</p> <p>If no proof of allowable expenses is received upfront, then in the first month following the expiry of the waiting period, allowable expenses shall be as declared by the Life Insured. After expiry of the 1-month period, the life insured will be required to prove allowable expenses to the satisfaction of Hollard Life. In the event that the declared allowable expenses have been overstated, Hollard Life will have the right to recoup any overpayment against future benefit payments. The overhead expenses covered will be limited to normal running expenses of the business, and will only be allowed where Hollard Life deems them to be necessary for the day-to-day running of the business.</p>
Payment of benefit	<p>A claim will only be admitted once Hollard Life receives proof that the life insured has been continuously incapacitated, totally or partially, for the duration of the waiting period.</p> <p>Claim payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for.</p> <p>Payment of a claim shall cease on the earliest date, as determined by Hollard Life, on which the life insured</p> <ul style="list-style-type: none"> » Ceases to meet the definition of incapacity » Refuses to follow medical treatment as recommended by their own medical practitioner or Hollard Life's Chief Medical Officer » Fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of the continuance of incapacity justifying the continuance of the claim <p>The life insured shall, as often as may be reasonably required, submit to physical examinations and tests at the request, and the expenses, of Hollard Life</p> <ul style="list-style-type: none"> » Reaches the benefit cease date as shown in the schedule, or has been paid the maximum number of payments in the payment period » Dies <p>Where the claim is as a result of the inability to perform daily activities, the payment of a claim shall cease where the life insured no longer suffers a reduction in expenses attributable solely to the injury or disease which gave rise to the claim.</p>
Notifiable events	<p>Occupation</p> <p>The policy owner undertakes to notify Hollard Life in writing should any life insured change their occupation. In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly.</p> <p>Hazardous pursuits</p> <p>The owner undertakes to notify Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
General exclusions	<p>Self-inflicted injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>

Specific exclusions (7-day waiting period)	<p>If the benefit has a 7-day waiting period, payments will be made from the first day of disability provided the life insured has been disabled for the full 7-day waiting period and the life insured meets one or more of the following criteria:</p> <ul style="list-style-type: none"> » having undergone outpatient treatment at a hospital preventing the claimant from working » having been admitted to a hospital or medical institution for at least 1 night » having an infectious disease such as chicken pox or measles » having suffered a pregnancy complication » having undergone chemotherapy, radiotherapy or target therapy <p>The following are specifically excluded for the backdating of the benefit payment:</p> <ul style="list-style-type: none"> » anxiety, stress, depression, chronic fatigue syndrome or any mental or psychiatric disorder, unless the life insured has been institutionalised » back disorders, unless there is identifiable pathology on an MRI scan » surgical procedures for infertility conditions » abortions » common colds, influenza, bronchitis, laryngitis, sinusitis, gastroenteritis, gastritis and constipation or diarrhoea
Options on permanent impairment	<p>Where the life insured is totally and permanently impaired, or qualifies for a claim payment under 1 of the impairment contingent events below, the owner has the option to either have the benefit paid out as a monthly income amount, or have the benefit amount commuted to a lump-sum payout.</p>
Allowable expenses	<p>The following expenses are allowed:</p> <ul style="list-style-type: none"> » rent for business premises » utility bills (electricity, water, telephone etc.) » property taxes » interest payments on loans » equipment leasing costs » insurance premiums and auditing fees » salaries of staff
Excluded from allowable expenses	<p>The following expenses are not allowed:</p> <ul style="list-style-type: none"> » depreciation » salaries to members of the life insured's immediate family or any person performing the life insured's duties in their absence (unless authorised by Hollard Life) » professional and other fees incurred » drawing accounts » any remuneration or salary for the life insured » the cost of goods or merchandise, or additions to inventory » expenditure on any assets » capital repayments on loans » lease payments where the lease is not an essential part of the business » all expenditure relating to personal rather than business expenses » any expenditure not included in the list of allowable expenses
Escalation in claim	<p>Optional benefit. If claim escalation has been selected on a benefit (as shown in the schedule), then on each anniversary of the initial claim payment under that benefit (and while a claim is still in payment), the benefit amount shall be increased by the lesser of the Consumer Price Inflation Rate and 10%. On the life insured's recovery, the benefit amount will be the amount which would have applied had no claim been admitted.</p>

Guaranteed insurability benefit	<p>Automatically included on all policies. On each policy anniversary the life insured has the option to increase the benefit amount by the lesser of the following:</p> <ul style="list-style-type: none">» The actual percentage increase in the life insured’s allowable expenses since the previous policy anniversary» 10% <p>No additional underwriting will be required for the guaranteed insurability increase, but the following conditions must be met before Hollard Life will grant additional cover:</p> <ul style="list-style-type: none">» The life insured must not have claimed under any disability benefit or be in the process of submitting a claim under any disability benefit» The life insured must be younger than 50 years on the date of the cover increase» Should the guaranteed insurability increase not be used for 3-consecutive policy anniversaries, any further increases will only be granted on the life insured providing an acceptable declaration of health <p>Increases in benefit amount will be subject to the terms and conditions at the time the increased cover is granted.</p>																																																																																																							
Death benefit	<p>On the death of the life insured while the Business Overhead Protector – Core Impairment Income benefit is in claim, an additional once-off payment equivalent to the monthly claim amount will be payable</p>																																																																																																							
Guaranteed payment period	<p>For the following conditions, the minimum benefit payment period is guaranteed. These payments will be made irrespective of the life insured’s ability to perform their occupation, or whether or not they are permanently impaired.</p> <table><tr><th rowspan="2">Claim event</th><th colspan="3">Waiting periods</th></tr><tr><th>7 days</th><th>1 month</th><th>Other</th></tr><tr><td>Hernia</td><td>14 days</td><td>N/A</td><td>N/A</td></tr><tr><td>Rotator cuff repair</td><td>3 weeks</td><td>N/A</td><td>N/A</td></tr><tr><td>Single mastectomy</td><td>3 weeks</td><td>N/A</td><td>N/A</td></tr><tr><td>Fracture of collar bone</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of facial bones – le Fort II</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of forearm</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of hand requiring plaster or surgery</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of foot</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of skull</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Compression fracture of a vertebral body < 10%</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Knee replacement</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Hysterectomy</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Double mastectomy</td><td>6 weeks</td><td>2 weeks</td><td>N/A</td></tr><tr><td>Fracture of knee cap</td><td>2 months</td><td>1 month</td><td>N/A</td></tr><tr><td>Fracture of leg between knee and foot</td><td>2 months</td><td>1 month</td><td>N/A</td></tr><tr><td>Fracture of shoulder blade</td><td>2 months</td><td>1 month</td><td>N/A</td></tr><tr><td>Fracture of upper arm</td><td>2 months</td><td>1 month</td><td>N/A</td></tr><tr><td>Fractures of spinous processes or transverse processes of the spine</td><td>2 months</td><td>1 month</td><td>N/A</td></tr><tr><td>Fracture of facial bones – le Fort III</td><td>3 months</td><td>2 months</td><td>N/A</td></tr><tr><td>Fracture of pelvis</td><td>3 months</td><td>2 months</td><td>N/A</td></tr><tr><td>Fracture of spine</td><td>3 months</td><td>2 months</td><td>N/A</td></tr><tr><td>Fracture of thigh</td><td>3 months</td><td>2 months</td><td>N/A</td></tr><tr><td>Compression fracture of a vertebral body</td><td>3 months</td><td>2 months</td><td>N/A</td></tr><tr><td>Hip replacement</td><td>3 months</td><td>2 months</td><td>N/A</td></tr></table>	Claim event	Waiting periods			7 days	1 month	Other	Hernia	14 days	N/A	N/A	Rotator cuff repair	3 weeks	N/A	N/A	Single mastectomy	3 weeks	N/A	N/A	Fracture of collar bone	6 weeks	2 weeks	N/A	Fracture of facial bones – le Fort II	6 weeks	2 weeks	N/A	Fracture of forearm	6 weeks	2 weeks	N/A	Fracture of hand requiring plaster or surgery	6 weeks	2 weeks	N/A	Fracture of foot	6 weeks	2 weeks	N/A	Fracture of skull	6 weeks	2 weeks	N/A	Compression fracture of a vertebral body < 10%	6 weeks	2 weeks	N/A	Knee replacement	6 weeks	2 weeks	N/A	Hysterectomy	6 weeks	2 weeks	N/A	Double mastectomy	6 weeks	2 weeks	N/A	Fracture of knee cap	2 months	1 month	N/A	Fracture of leg between knee and foot	2 months	1 month	N/A	Fracture of shoulder blade	2 months	1 month	N/A	Fracture of upper arm	2 months	1 month	N/A	Fractures of spinous processes or transverse processes of the spine	2 months	1 month	N/A	Fracture of facial bones – le Fort III	3 months	2 months	N/A	Fracture of pelvis	3 months	2 months	N/A	Fracture of spine	3 months	2 months	N/A	Fracture of thigh	3 months	2 months	N/A	Compression fracture of a vertebral body	3 months	2 months	N/A	Hip replacement	3 months	2 months	N/A
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Claim event	
Loss of two or more limbs	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of any 2 limbs, where a limb is defined as an arm including the elbow or a leg including the knee.</p> <p>100% of benefit amount</p>
Loss of both hands/ both feet/one hand and one foot	<p>Total and irreversible (not correctable by treatment or operation) loss or loss of use of both hands, both feet or 1 hand and 1 foot, where a foot is defined as the extremity of the leg below the ankle and a hand as the extremity of the arm beyond the wrist. Radiological evidence of irreversible joint destruction must be provided.</p> <p>100% of benefit amount</p>
Loss of dominant hand	<p>Loss or loss of use of dominant hand</p> <p>100% of benefit amount</p>
Impairment of upper limbs	<p>» 80% impairment of dominant upper limb as measured using the AMA guidelines*</p> <p>100% of benefit amount</p> <p>*American Medical Association's <i>Guidelines to the Evaluation of Permanent Impairment</i></p>
Spine	<p>Radiculopathy and significant extremity impairment as indicated by 3 or more of the following:</p> <ul style="list-style-type: none"> » Cauda equina syndrome » Loss of bowel or bladder integrity resulting in incontinence as confirmed by specialist assessment » Paraplegia, quadriplegia » Inability to perform 3 or more daily activities <p>100% of benefit amount</p>
Hemiplegia	<p>Persistent disabling hemiplegia resulting in the inability to perform 3 or more daily activities.</p> <p>100% of benefit amount</p>
Loss of sight in both eyes	<p>Total and irreversible (not correctable by treatment or operation) loss of sight in both eyes. Permanent visual acuity impairment (not correctable by operation) resulting in a Snellen rating of less than 20/200 or worse bilaterally. The blindness must be certified through an Ophthalmologist's report and cataracts are specifically excluded.</p> <p>100% of benefit amount</p>
Loss of hearing	<p>Total and irreversible (not correctable by treatment or operation) loss of hearing in both ears as a result of chronic sickness or an accident. Total loss of hearing means the average hearing levels, tested with hearing aids when applicable, at audible frequencies, is more than 90 decibels. Medical evidence in the form of audiometric and sound-threshold tests must be provided.</p> <p>100% of benefit amount</p>
Loss of speech/aphasia	<p>Total aphasia, or the total and irreversible (not correctable by treatment or operation) inability to speak.</p> <p>100% of benefit amount</p>
Traumatic head injury	<p>A traumatic injury to the brain, caused by an external physical force, resulting in total and irreversible (not correctable by treatment or operation) impairment of cognitive abilities and/or physical functioning and resulting in a need for continual care or supervision in a recognised institution.</p>

Traumatic head injury (continued)	<p>100% of benefit amount</p> <p>The diagnosis must be confirmed by a Neurosurgeon or Specialist Neurologist.</p>
Permanent mental or cognitive impairment	<p>The cognitive deterioration, or loss of cognitive capacity which results from an identifiable organic cause and is evidenced by MMSE (Mini Mental Test) scores of less than 18 in tests conducted at least 2 months apart.</p> <p>100% of benefit amount</p>
Impairment of consciousness and awareness/coma	<p>Irreversible unconsciousness/coma of an organic nature and not amenable to therapy.</p> <p>100% of benefit amount</p>
Cranial nerve impairments	<ul style="list-style-type: none"> » Total and irreversible (not correctable by treatment or operation) nerve damage with equilibrium and or hearing impairment resulting in the inability to perform 3 or more daily activities, or » Total and irreversible (not correctable by treatment or operation) paralysis with severe inability to swallow requiring regular assistance and suctioning <p>100% of benefit amount</p>
Daily activities	<p>Totally and continuously, unable for the duration of the waiting period because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances.</p> <p>This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <p>Before the policy anniversary immediately after the life insured's 70th birthday:</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery <p>100% of benefit amount</p>
Respiratory system	<ul style="list-style-type: none"> » FEV1 less than 40% of expected value, or » FVC less than 40% of expected value, or » Dco less than 40% of expected value, or » Requiring the constant use of oxygen, or » Where there is no capacity for spontaneous respiration <p>100% of benefit amount</p> <p>The above respiratory system events must be total and irreversible (not correctable by treatment or operation) and must be confirmed by 2 tests at least 1 month apart.</p>

Diseases involving the upper and lower digestive tract	<ul style="list-style-type: none"> » Anatomical loss and alteration in gastrointestinal tract with medical evidence of organic disease and more than 25% weight loss below desirable weight with no response to medical therapy, or » Ongoing nutritional deficiency with BMI less than 14 despite optimal treatment, or » Complete faecal incontinence, or » Total and irreversible (not correctable by treatment or operation) stoma (such as colostomy or ileostomy) <p>100% of benefit amount</p>
Liver and biliary disease	<p>Progressive chronic liver disease with S-bilirubin more than 51 micromol/dl and 1 of the following:</p> <ul style="list-style-type: none"> » S-albumin less than 30 g/dl » Hepatic encephalopathy » Prothrombin time: more than 6 seconds prolonged » Irreparable biliary tract obstruction with cholangitis and S-bilirubin more than 51 micromol/dl <p>100% of benefit amount</p>
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <ul style="list-style-type: none"> » Stage 4 cancer, or » Stage 3 cancer requiring ongoing adjuvant treatment (inpatient or outpatient) for more than 6 months <p>100% of benefit amount</p>
Haemopoietic system/ Leukaemia	<p>Leukaemia (white blood cell and red blood cell cancer) with the inability to perform 3 or more daily activities</p> <p>100% of benefit amount</p>
Mental and behavioural disorders	<ul style="list-style-type: none"> » The inability to perform 3 or more daily activities, or » Permanent institutionalisation, or » Permanent GAF (Global Assessment of Functioning Scale) score of less than 40 <p>100% of benefit amount</p>
Endocrine system, urological system and renal disease	<ul style="list-style-type: none"> » End stage renal disease with a creatinine clearance below 30 ml/min, or » Impaired renal function that requires either ongoing peritoneal dialysis or haemodialysis, or » Life insured has no reflex regulation or voluntary control of the bladder due to a total and irreversible (not correctable by treatment or operation) impairment <p>100% of benefit amount</p>
Soft tissue	<ul style="list-style-type: none"> » 25% body-surface burns. <p>100% of benefit amount</p>
Ischaemic heart disease/ myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/ congenital heart disease/ cardiomyopathy	<ul style="list-style-type: none"> » At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment, or » NYHA Classification III or IV, with ejection fraction less than 30% or METS less than 2, or » Awaiting cardiac transplantation <p>100% of benefit amount</p>

Ischaemic heart disease/ myocardial infarction/coronary artery disease/cardiac arrhythmias/valvular heart disease/ congenital heart disease/ cardiomyopathy (continued)	<p>Signs of congestive heart failure:</p> <ul style="list-style-type: none"> » 3+ pedal oedema » Paroxysmal nocturnal dyspnoea » Rales in the lung/lungs » Presence of S3
Hypertension	<p>Diastolic pressure higher than 105 mm/Hg on optimal treatment and complicated by at least two of the following:</p> <ul style="list-style-type: none"> » Renal dysfunction (BU>15mmol/l, SCR>200mmol/l) » CVA » LVH (Septal wall thickness to posterior LV wall thickness 1:1.3) on echocardiogram » Grade IV retinopathy » Congestive heart failure (at least 2 symptoms) <p>100% of benefit amount</p>
Peripheral artery/ Venous disease	<ul style="list-style-type: none"> » Severe vascular ulceration, or » Gangrene or amputation, or » Persistent ischaemia with no detectable pulse on Doppler <p>100% of benefit amount</p>
Pericardial heart disease	<p>At least 2 signs or symptoms of congestive heart failure persisting for 6 months and refractory to treatment (including surgery) with signs of congestion of lungs or other organs.</p> <p>100% of benefit amount</p>
Advanced AIDS	<p>Advanced AIDS, confirmed by a positive HIV antibody test, a CD4 cell count of less than 200 despite optimal treatment and the diagnosis of at least 1 of the following diseases:</p> <ul style="list-style-type: none"> » Kaposi's sarcoma, » Pneumocystis carinii pneumonia, » Progressive multifocal leukoencephalopathy, » Extrapulmonary tuberculosis or » Pulmonary cryptococcus <p>100% of benefit amount</p>

Flexible Cover Facility Tech Spec

The Flexible Cover Facility allows you to increase or decrease your Life, Critical Illness, Disability and Physical Impairment cover on your policy at any time to suit your financial circumstances. The future increases in cover can be taken as either an increase to the base policy or as a new standalone policy.

Type of benefit	Ancillary	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB	
Benefit cease age	65	
Maximum cover amount	Personal – Maximum of 3x the largest initial benefit, limited to R5 000 000 Business – Maximum of 4x the largest initial benefit, limited to R20 000 000	
Premium patterns	Level 5% Compulsory Escalation Age-rated	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% Voluntary Premium Escalations 0% - 10% Voluntary Cover Escalations	
Option dates	» Any time » Marriage (personal only) » Divorce (personal only) » Death of a spouse (personal only) » Birth/adoption of a child (personal only)	
Benefits that can be altered	Personal Any lump sum benefit, whether it forms part of the policy contract at commencement or not, can be increased. Business Only lump sum benefits that have been underwritten for on the existing policy may be increased. The Flexible Cover Facility is not available on Income Replacement benefit.	

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Maximum increase in cover	<p>Personal</p> <p>The Flexible Cover Facility operates in terms of consecutive Option Periods of 5 years.</p> <p>The maximum amount of cover that can be exercised at any time during an Option Period is:</p> <ul style="list-style-type: none"> » Life Cover – greater of the initial life cover on the policy (if any) and R1 million » Other benefits – greater of initial corresponding benefit amount on the policy (if any) and R500 000 <p>Maximum exercise amounts are restricted to the highest initial individual benefit sum assured on the policy.</p> <p>Further cover may also be exercised within 3 months of a life changing event (see Option Dates) subject to the proviso that the total amount exercised in terms of life changing events may not exceed the above maximums in any Option Period.</p> <p>Effectively the policy owner can increase his/her initial sum assured by 200% or more in the first Option Period and each subsequent Option Period thereafter.</p> <p>Business</p> <p>Subject to financial underwriting</p>
Maximum exercise age	<ul style="list-style-type: none"> » New benefit – 60 ANB (personal only) » Existing benefit – max entry age applicable at the time for the relevant benefit
Requirements for exercising an increase	<ul style="list-style-type: none"> » Negative HIV within 5 years prior to exercise date (waived after age 55) » Answering "no" to all questions on the Flexible Cover Facility Option form
Banking of existing cover	<ul style="list-style-type: none"> » Existing cover may be banked up to life insured's 60th birthday » Sum assured of benefit will be reduced by amount of cover banked (R1 for R1) » Flexible Cover Facility sum assured will be increased by the amount of the cover banked (R1 for R1)
Requirements for banking existing cover	Flexible Cover Facility Option Form
Additional information	The Flexible Cover Facility is only available to standard lives or lives that are standard with an exclusion at policy commencement.

Guaranteed Insurability Benefit

Tech Spec



The Guaranteed Insurability Benefit allows the policyholder to increase his/her Life, Critical Illness, Disability and Impairment cover on their policy with little or no evidence of the insured's state of health. The future increases in cover can be taken as either an increase to the base policy or as a new stand-alone policy.

Type of benefit	Ancillary	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	55 ANB	
Benefit cease age	60	
Maximum cover amount	Maximum of 3x the largest initial benefit, limited to R5 000 000	
Premium patterns	Level 5% Compulsory Escalation Age Rated	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Guaranteed (15 years) or experience-rated	
Voluntary increase options	0% - 10% Voluntary Premium Escalations 0% - 10% Voluntary Cover Escalations	
Option dates	<ul style="list-style-type: none"> » Each Policy Anniversary » Life Changing Events » Purchasing of a Home » Marriage » Divorce » Death of a Spouse » Birth/adoption of a Child » Financial Reasons (satisfactory to Hollard Life) 	
Benefits that can be altered	<p>Only lump sum benefits that have been underwritten for on the existing policy may be increased.</p> <p>The Guaranteed Insurability Benefit is not available on Income Replacement benefits.</p>	
Maximum increase in cover	<p>On each policy anniversary</p> <p>The policy owner can exercise up to 10% of the available Guaranteed Insurability Amount.</p> <p>On Life Changing Events/Financial Reasons</p> <p>The policy owner can exercise up to 25% of the available Guaranteed Insurability Amount</p> <p>The maximum increase in cover for a specific benefit is restricted to 50% of the original sum assured for that benefit.</p>	
Maximum exercise age	Maximum entry age applicable at the time for the relevant benefit.	

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Requirements for exercising an increase	<ul style="list-style-type: none"> » Negative HIV (at the discretion of Hollard Life) » If no option has been exercised in the previous 36 months (excluding the first 3 years of the policy), the insured will need to complete a declaration of health
Additional information	<ul style="list-style-type: none"> » Guaranteed Insurability Benefit is only available to standard lives or lives that are standard with an exclusion at policy commencement » The Guaranteed Insurability Benefit may not be exercised in respect of a particular benefit if the life insured has claimed or is in the process of claiming under the Life Cover (Terminal Illness), Critical illness, Disability or Physical Impairment benefits on a Hollard Life policy

Long Term Care Tech Spec



The Long Term Care Benefit pays a monthly benefit to the policyholder or to a service provider as the cessionary providing long term care services to the life insured following the expiry of the waiting period while the life insured meets the definition of a Long Term Care event.

In the event of death prior to the life insured's 65th birthday, the benefit amount equal to the premium due in the month of death multiplied by the number of complete months since the commencement of the benefit shall be payable.

A death benefit amount in respect of death at or after age 65 shall be 2x the benefit amount specified in the schedule together with any benefit increases as at the date of death.

Type of benefit	Standalone or Ancillary benefit	
Benefit variations	Individual or multiple lives	
Minimum entry age	19 ANB	
Maximum entry age	60 ANB	
Maximum sum assured	The lower of 100% of previous earnings or R30 000 per month	
Premium pattern	Level 5% compulsory Escalation	
Benefit term	Whole life	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee term	Guaranteed (5 years) or experience-rated	
Voluntary escalation options	0% - 10% Voluntary Premium Escalations 0% - 10% Voluntary Cover Escalations	
Definition of previous earnings	Previous Earnings shall mean the average monthly income of the life insured from his all sources during the 12 months prior to incapacity. If the life insured has a fluctuating income, Hollard Life may at its discretion calculate the average income over a period of up to 36 months prior to incapacity. Previous earnings is applied at initial underwriting assessment.	
Waiting period (automatic)	» 1 month (from commencement of service contract) The waiting period is the period of time from commencement of service contract during which no benefit is payable.	

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Waiting period (automatic) (continued)	<p>If a new claim arises from a cause or event unrelated to any previous claim payments and within 3 months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim. If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim.</p> <p>Premiums are payable during the waiting period but waived while a claim is in payment.</p>
Escalation in claim	<p>Optional benefit. If claim escalation has been selected on a benefit (as shown in the schedule), then on each anniversary of a claim under that benefit (and while a claim is still in payment), the benefit amount shall be increased by the lesser of the Consumer Price Inflation Rate and 10%. On the life insured's recovery, the benefit amount will revert to the amount which would have applied had no claim been admitted.</p>
Payment of benefit	<p>The benefit amount as specified in the schedule, together with any benefit increases, shall be payable on a monthly basis following the expiry of the waiting period. A claim will only be admitted once Hollard Life receives proof that the life insured has been totally incapacitated for the duration of the waiting period.</p> <p>Claim payments shall be made at the end of each calendar month. Proportional payments shall be made in respect of the first and last month of any claim, based on the proportion of that month that the insured was entitled to claim for.</p> <p>Payment of a claim shall cease on the earliest date, as determined by Hollard Life, on which the life insured</p> <ul style="list-style-type: none"> » Ceases to meet the definition of a claim in terms of activities of daily living (ADL) » Dies » Refuses to follow medical treatment as recommended by his/her own medical practitioner or Hollard Life's Chief Medical Officer » Fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of the continuance of incapacity justifying the continuance of the claim. The life insured shall as often as may be reasonably required submit to physical examinations and tests at the request of and at the expense of Hollard Life » Reaches the benefit cease date as shown in the schedule
Long term care benefit	<p>A long term care event is defined as the life insured:</p> <ul style="list-style-type: none"> » being under the direct full-time care, through a contract with <ul style="list-style-type: none"> • a registered frail care, hospice or nursing home facility or • with a registered medical professional » after the policy anniversary following the life insured's 65th birthday, » where the life insured is totally unable to fulfil 3 or more activities of daily living. <p>Full-time care is defined as direct supervision and assistance for at least 25 hours a week. Partial benefit payments are allowed where care is less than 25 hours a week. Where care is less than 25 hours a week, but more than 5 hours a week a pro rata partial benefit is payable.</p>
Exclusions	<p>Self-Inflicted Injuries</p> <p>No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries.</p>

Long Term Care claim events

Daily activities	<p>Totally unable, because of illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <ul style="list-style-type: none">» Washing: The ability to wash in a bath or shower (including getting into and out of a bath or shower)» Dressing: The ability to put on, take off, secure and unfasten all garments» Feeding: The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils» Toileting: The ability to use the lavatory and to recognise the need to void the bladder or bowel» Mobility: The ability to move indoors from room to room on level surfaces» Transferring: The ability to move from a bed to a chair or wheelchair and vice versa» Communicating: The ability to answer the telephone and take a message
Death prior to age 65	<p>In the event of death prior to the life insured's 65th birthday, the benefit amount equal to the premium due in the month of death multiplied by the number of complete months since the commencement of the benefit shall be payable.</p>
Death on or after age 65	<p>In the event of death after the life insured's 65th birthday, the benefit amount of 2x the monthly benefit shall be payable as a lump sum amount.</p>

HIV Positive Applications Tech Spec



This specialist Hollard Life policy offers life cover, ancillary and accelerator benefits to people who are HIV positive. A restricted set of benefits is available (listed below) and the terms of the benefits included are the same as those available to all other clients. The only difference is the underwriting process.

Minimum entry age	19 ANB	
Maximum entry age	From 60 ANB to 70 ANB depending on the benefit	
Maximum cover amounts	<ul style="list-style-type: none"> » Life cover (incl. funeral cover): R10 000 000 » Accidental Death: R2 000 000 » Accidental Impairment R2 000 000 » Accidental Disability: R2 000 000 » Basic Disability (Accelerated): R5 000 000 » Core Disability (Accelerated): R5 000 000 » Core Impairment (Accelerated): R5 000 000 » Basic Critical Illness (Accelerated): R2 000 000 » Core Critical Illness (Accelerated excluding Accidental HIV benefit): R2 000 000 » Basic Death Income: R100 000 per month » Basic Disability Income (3 month waiting period): R40 000 per month » Core Disability Income (3 month waiting period): R40 000 per month » Core Impairment Income: The lesser of 100% of previous earnings and R25 000 per month 	
Minimum premium per policy	First life insured R200 per month or R2 400 per annum	Second and subsequent lives insured R150 per month or R1 800 per annum
Premium guarantee period	Experience-rated	
Voluntary increase options	Not available	
Available premium patterns	Level, 5% compulsory or age-rated	
Qualification criteria	<p>For clients on Antiretroviral therapy for more than 12 months at the date of application. Qualifying clients are accepted provided they are following recommended advice and that their condition is being regularly monitored and has been managed by a recognised health practitioner/government institution for more than 12 months. No proof of monitoring is required after acceptance.</p> <p>For clients on Antiretroviral therapy for less than 12 months If the client is not currently on a recognised medical protocol, they need to commit to starting treatment within 60 days of being advised by the medical practitioner and must follow the protocol for 12-consecutive months.</p> <p>There is no proof of compliance with the treatment protocol required after 12 consecutive months.</p>	

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Qualification criteria (continued)	<p>Additional discounts are available on application if:</p> <ul style="list-style-type: none"> » The policy is in-force for at least 2 years, » The client is on antiretroviral therapy for 2 years, and » Meets the client specific requirements in the policy document with regard to CD4 count and viral load <p>The above discounts are guaranteed for either 1 or 2 years. To maintain these discounts, CD4 and viral load blood tests need to be supplied every 1 or 2 years as specified in the policy document.</p>
Additional information	<p>Upfront quotations can be done by submitting a completed HIV Protocol Form. A fully completed new business application form is not required when requesting this upfront quotation.</p> <ul style="list-style-type: none"> » The turnaround time for these illustrative quotations is 5 days. The PMA request asks the doctor to provide us with all the client's CD4 and viral load readings (less than four months old). These are necessary to produce an illustrative offer. » If the latest tests on file are older than 4 months, the client will have to go for updated blood tests. The costs of these tests are for the client's own account. » Standard commission payable
Change in circumstances	Same as base product
General exclusions	Same as base product
Claims	Where a client is not on antiretroviral therapy at commencement, and fails to start or remain on treatment for 12-consecutive months, the benefit will be reduced and limited to a maximum of 10% of the insured.

Crisis Waiver Tech Spec

The premium due on the policy will be waived for a specified number of months on the occurrence of a claim event. In the event of no claim for any benefit on the policy during each successive 5-year policy period a cashback benefit of 5x the average premium for the policy over the 5-year period is paid to the policy owner.

Type of benefit	Ancillary benefit
Minimum entry age	19 ANB
Maximum entry age	60 ANB
Premium patterns	Same as policy
Premium term	Same as benefit term
Premium guarantee term	Guaranteed (10 years) or experience-rated
Benefit term	Cover ceases on the first 5 th year policy anniversary falling immediately after the life assured's 65 th birthday.
General exclusions	Self-inflicted injury
Waiting period	<ul style="list-style-type: none">» 1 month for disability» 1 month for ADW inability <p>If a new claim arises (in terms of the Occupational Disability or daily activities) from a cause or event unrelated to any previous claim payments and within 3 months of the end of a claim payment, the waiting period on the new claim will be waived and the new claim will be treated as a continuation of the original claim. If a new claim arises from a cause or event related to any previous claim payments, the waiting period will be waived and the new claim will be treated as a continuation of the original claim.</p> <p>The policy premium is payable during the waiting period</p>
Benefit payment	A claim will only be admitted once Hollard Life receives proof that the life insured has satisfied the criteria of 1 of the contingent events on the next page:

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Claim Event	Max number of monthly premiums to be waived per claim	Max number of claim events per year	Max total number of monthly premiums to be waived per 5 years
Occupation disability	unlimited	unlimited	unlimited
Impairment	unlimited	unlimited	unlimited
Death of a spouse	2	1	5
Hospitalisation	2	2	
Divorce	2	1	
Retrenchment	3	1	
Insufficient funds	1	1	
Event-free cashback benefit	n/a	n/a	5

Occupation disability	<ul style="list-style-type: none"> » Disability is in respect of the nominated occupation for first 24 months of a claim, and any suited occupation thereafter » Premium waiver only provides for the maintenance of the cover and or any compulsory escalation required in terms of the underlying product, and not for any voluntary escalation selected » Waiving of premiums shall cease on the earliest date, as determined by Hollard Life, on which the life insured <ul style="list-style-type: none"> • During the first 2 years becomes able to perform the normal duties of his/her occupation • After 2 years, is able to perform the normal duties of any occupation for which he/she is suited in terms of ability, training, education, ability and experience, even though he/she may not be able to perform the normal duties of his/her own occupation » Refuses to follow medical treatment as recommended by his/her own medical practitioner or Hollard Life's Chief Medical Officer » Fails to provide evidence, satisfactory to and as requested by Hollard Life from time to time, of continuance of incapacity justifying the continuance of the claim. The life insured shall as often as may be reasonably required submit to physical examinations and tests at the request of and at the expense of Hollard Life » Reaches the benefit cease date as shown in the schedule » Dies
Impairment (alternative to occupation disability)	<p>Total and continuously unable for the duration of the waiting period, as a result of an illness or accidental injury, to perform 3 or more of the tests listed below without the help of another person, but with the use of appropriate assistive or corrective aids and appliances. This must be confirmed in a report from the life insured's doctor, and an examination by a specialist of Hollard Life's choice.</p> <ul style="list-style-type: none"> » Walking, being the ability to walk 200 metres on a flat surface without having to stop or suffering severe discomfort » Bending or Lifting, being the ability to get into or out of a standard car, being able to bend or kneel to pick up something from the floor and straighten up, or the ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping or a briefcase » Communicating, being the ability to answer the telephone and take a message » Reading, meaning having the eyesight required to be able to read a daily newspaper; » Manual dexterity, being the ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery

Death of a spouse	The death of the spouse due to accident or illness. Where a spouse is defined as the person married to the Principal life insured by civil law, or a union which is recognised as a marriage in terms of any customary or tribal law or Asiatic religion, or where a person is in a continuous cohabitation in a heterosexual or homosexual partnership with the life insured for at least 2 years at the time of claim. Only 1 spouse may be nominated at any given time.
Hospitalisation	Continuous hospitalisation in a general ward, high care ward or intensive care unit of a HASA recognised hospital or clinic for 72 hours or longer from date of admission.
Divorce	The legal dissolution of a marriage by judgment of a court or by accepted custom.
Retrenchment	<p>The life insured being retrenched more than 6 months after the commencement date of this benefit. This benefit is only available to salaried individuals and is not available if the life insured is self-employed or an employee of a family-owned business and a member of the same family.</p> <p>No payment shall be made:</p> <ul style="list-style-type: none"> » In respect of retrenchment occurring due to resignation or the acceptance of voluntary retrenchment, the expiry of a non-renewable fixed-term contract or a contract of temporary or casual nature or any form of retirement or fair dismissal in terms of the employment contract. » If the life insured was aware that he/she was to be retrenched prior to the commencement date of the Crisis Waiver Benefit » If the retrenchment is due to fraud, dishonesty, illegal conduct or any sickness, disease, injury or medical condition <ul style="list-style-type: none"> • if the retrenchment is as a result of pregnancy, childbirth or abortion; • in respect of retrenchment as a result of the life assureds' participation in any strike action, labour disturbance, unrest, political activity, civil commotion, public disorder or riot; • if the retrenchment has arisen from any exclusions relating to the underlying policy; » If the life assured has not been in full-time employment for a continuous period of 12 months following the last retrenchment claim payment made under this contract » Waiting period – 30 days
Insufficient funds	Insufficient funds shall mean the second consecutive occurrence of a "Not provided for" response more than 6 months after the commencement date of the Crisis Waiver benefit from the premium payers bank to a request for authorised debit order against the premium payers bank account (as per the application form, or as amended from time to time) due to insufficient funds being available in the nominated banking account to meet the current premiums of the policy.
Event-free cash back benefit	<p>In the event that no benefit claims are made or premiums waived on the policy during the 5-year period preceding each successive 5th policy anniversary the cash benefit is payable to the policy holder.</p> <p>The event-free cash back benefit starts again immediately at the beginning of each 5-year period, and is based on premiums paid over the next 5-year period.</p> <p>The calculation for event-free cash back benefit is determined as follows:</p> <ul style="list-style-type: none"> » 5x the average premium over the 5-year period <p>In the event of the following, the event-free cash back benefit will not be payable:</p> <ul style="list-style-type: none"> » A claim has been made in respect of any of the benefits on the policy » Death of the Premium Payer or life insured » Termination of the policy

General conditions	<p>Where the premium payer and the life insured are not one and the same person on the policy, no benefit is due on the following contingent events:</p> <ul style="list-style-type: none"> » Occupation disability/Impairment » Death of a spouse » Hospitalisation » Divorce or » Retrenchment <p>Benefits are only due in this instance where the claim is as a result of the insufficient funds and the event-free cash back contingent events.</p>
Change in Circumstances	<p>Occupation</p> <p>The owner undertakes to ensure that Hollard Life is advised in writing should any life insured change their occupation or the allocation of time spent on the duties that they fulfil for their occupation (e.g. administration, travel, manual or supervisory duties). In this event, Hollard Life reserves the right to adjust the benefits or premium accordingly. Where the life insured's occupation or duties have changed such that the life insured no longer qualifies for the Occupational Disability benefit then</p> <ul style="list-style-type: none"> » Hollard Life may replace this benefit with one for which the life insured qualifies for or » any claim will be assessed on the daily activities benefit where such a benefit is included in the benefit definitions. <p>Hazardous Pursuits</p> <p>The owner undertakes to advise Hollard Life in writing should the life insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognised diving qualification does not need to be notified to Hollard Life. Once-off casual participation in a hazardous sport or pursuit in a supervised environment with generally accepted safety measures does not need to be notified to Hollard Life.</p>



On the 5th benefit anniversary, CashBack pays 20% of the total premiums paid during the 5 year benefit term as a lump sum. CashBack must be added to a policy within the first 5 years.

Type of benefit	Add-on
Benefit variation	Maximum of one benefit per policy
Minimum entry age	Same as that of the underlying policy
Maximum entry age	70 ANB
Premium patterns	Same pattern as the underlying policy
Premium term	5 years
Premium frequency	Same as the underlying policy (monthly, quarterly, biannually, or annually)
Benefit term	5 years
Premium guarantee term	The premium is guaranteed for the 5 year benefit term. There is no guarantee on the premium offered on the expiry of a CashBack benefit taken at commencement of the policy.
Minimum premium	Not applicable
Benefit amount	20% of the total premiums paid in the 5 years from the CashBack benefit commencement date.
Benefit payment	The CashBack benefit is paid irrespective of whether there has been a claim on the policy, but is not payable in the event of any of the following: <ul style="list-style-type: none"> » There has been a break in cover during the benefit term » All premiums due have not been paid in full for the benefit term » The policy is not in force on the 5th anniversary of the commencement of the benefit
Voluntary increase options	Same as underlying policy
Waiting period	Not applicable
Benefit eligibility	<ul style="list-style-type: none"> » There must be more than 5 years remaining until the policy expires » The policy must not be older than 5 years » Only one CashBack benefit (which includes the Crisis Waiver) may be active per policy at any time