

**HEALTHWISE GROUP FUNERAL SCHEME
FOR EMPLOYEES IN THE HEALTH SECTOR
POLICY 4121352678**



POLICY 4121352678

(herein called the "Policy")

WHEREAS

METROPOLITAN LIFE LIMITED (herein called the "Insurer") shall insure the benefits specified herein,

AND WHEREAS


the Insurer has agreed to insure the said benefits upon compliance with the terms and conditions as hereinafter set forth,

THIS POLICY WITNESSES THAT

1. in consideration of the payment to the Insurer of the premiums herein provided, the Insurer will provide the benefits specified, subject to the conditions specified, shall ensure that such benefits are paid to the person or persons entitled to receive such benefits.
2. this Policy or any benefits payable hereunder shall not be ceded, assigned or transferred.
3. all monies payable to or by the Insurer shall be paid at the head office of the Insurer in the Republic of South Africa in the currency of the Republic of South Africa and any question of law arising under this Policy shall be decided according to the law of the Republic of South Africa.
4. this Policy is issued subject to the memorandum and articles of association of the Insurer; and the home service funeral fund of the Insurer together with the capital of the Insurer shall alone be answerable for any claim under this Policy.
5. this Policy shall only be valid if signed by an authorised official of the Insurer at its head office and shall be the sole witness of the contract of insurance between the Insurer and no alteration to this Policy shall be valid unless effected by an endorsement to this Policy, signed by an authorised official of the Insurer at its head office.

IN WITNESS WHEREOF this Policy is issued by the Insurer and has been signed on behalf of the Insurer at its head office in Cape Town by the under-mentioned official who has been duly authorised by the Insurer.

15 06 73
DATE


AUTHORISED OFFICIAL OF THE INSURER

POLICY 4121352678

TERMS AND CONDITIONS

1. DEFINITIONS

In this Policy where the context so permits, words signifying the singular include the plural, words indicating the masculine gender include the feminine and vice versa and the following words and expressions have the following meanings:

- "Accident" - means an unlooked-for event, which could not reasonably have been expected to occur and/or was not designed, and which results in death or disability caused directly and independently of all other causes by some external and visible means arising from the said event.
- "Child" - means a Member's unmarried minor child who has not attained age 21. The age limit of 21 shall however be extended to age 25 in respect of a child who is a full-time student. No age limit will apply to a child incapacitated by mental or physical infirmity from maintaining himself, provided such child is wholly dependent on the Member for support and maintenance. Once a child has become independent of the Member for support and maintenance, dependency cannot be revived at a later date and he will not be considered a "Child" for the purposes of this Policy at any future date.
- "Commencement Date" - means the first day of November 1992.
- "Disability" - means a condition in which a bodily injury, sustained as a result of an Accident or an illness, in the opinion of the Insurer has been directly, effectively and solely responsible for the Member being prevented altogether from following any occupation for remuneration or gain.
- "Fully Paid-Up Policy" - means a fully paid-up home service funeral policy which participates in profits.
- "Insurer" - means METROPOLITAN LIFE LIMITED.
- "Member" - means a person who has become a Member of the Scheme in terms of clause 2 and who has not attained the Normal Retirement Age
- "Normal Retirement Age" - means the Normal Retirement Age of the hospital where the Member is employed, subject to such Normal Retirement Age being between age 60 or 65 years inclusive.
- "Normal Retirement Date" - means the day on which the Member attains his Normal Retirement Age

- "Parent" - means a legally recognised parent and parent-in-law of a Member, in respect of whom the Insurer receives premiums.
- "Participant" - means a Member, his Parent, his Spouse and his Child.
- "Previous Scheme" - means the Hospitaal- en Gesondheidsdienste Personeelvereniging Groepbegrafnisversekering-skema, underwritten by the Insurer in terms of Policy 4116540512.
- "Scheme" - means the HEALTHWISE GROUP FUNERAL SCHEME FOR EMPLOYEES IN THE HEALTH SECTOR.
- "Spouse" - means the legal or common-law husband/wife of a Member or such other person residing with the Member who is normally regarded by the community as the Member's husband/wife.



2. MEMBERSHIP

Any hospital employee who has not attained the Normal Retirement Age, shall be entitled to become a Member of the Scheme. New Members must select a benefit as per the table in clause 4, on entry to the Scheme.

Membership of the Scheme shall commence on the first day of the month in which the first monthly premium deduction is made in respect of the Member.

Membership of the Scheme shall cease on the day that:

- 2.1 the Member leaves the employ of the hospital, or
 - 2.2 the premium deduction in respect of the Member ceases, or
 - 2.3 the Member attains the Normal Retirement Age,
- whichever of the afore-mentioned events may first occur.



3. PREMIUMS

Each cash or funeral benefit in terms of this Policy is subject to payment of the applicable premium. The monthly premium is as set out in the table below and shall be collected by means of stop orders from each Member by the Insurer. The total premium so collected is payable monthly in arrears.

Benefit	Monthly Premium
Member: Benefit A	R 3.75
Benefit B	R 6.25
Benefit C	R10.25
Benefit D	R16.85
Parent: Benefit A	R 8.00
Benefit B	R16.00
Benefit C	R24.00

Twenty-five days' grace will be allowed for the payment of premiums to the Insurer



4 BENEFIT AT DEATH

On the death of a Participant either a cash sum or a funeral determined in accordance with the table contained in this clause shall be provided, subject to the provision that the following documents are submitted to the Insurer in respect of the deceased Participant and subject to the claim being admitted by the Insurer

- 4.1 The Insurer's prescribed claim form, duly completed.
- 4.2 The death certificate or a certified copy thereof.
- 4.3 Any further documents as may be required by the Insurer as proof of the deceased's relationship to the Member.
- 4.4 Where a death claim is made in respect of a Child over age 21 who was a full-time student, a certificate signed by the principal of the educational institution the Child attended until the date of his death stating that the Child was a full-time student at the date of his death.
- 4.5 Where a death claim is made in respect of a Child over age 21 who was incapacitated by mental or physical infirmity from maintaining himself, a declaration from a medical practitioner setting out the nature of the infirmity of the Child during the period from his 21st birthday to the date of his death.
- 4.6 Any further documents as may be required by the Insurer to consider the claim.

No claim in respect of a deceased Participant shall be admitted by the Insurer unless the Insurer receives written notice thereof within 6 months after the date of death and receives the required documents, as referred to in clause 4, within 6 months of the notification of death or 3 months after an inquest in respect of the deceased Participant and unless the last premium payment in respect of the Participant has been made within 1 month prior to the date of death of the deceased Participant.

The Insurer reserves the right to consider a claim where under exceptional circumstances a claim is submitted after the 6 month period of grace. Admittance of liability for such claims by the Insurer will be at the sole discretion of the Insurer. The Insurer also reserves the right to ask for such evidence as deemed necessary, explaining the delay in submission of the claim.

Participant		Cash sum or value of funeral			
Parent :	Benefit A	R1 000			
	Benefit B	R2 000			
	Benefit C	R3 000			
<u>Other Participant</u>		Benefit A	Benefit B	Benefit C	Benefit D
14 years or older		R1 200	R2 000	R3 000	R5 000
6 years or older but under 14		R 600	R1 000	R1 500	R2 500
Not yet 6 years (including children)		R 300	R 500	R 750	R1 250

Notwithstanding anything to the contrary above, Parents will only be covered if three months' premiums have been paid and a period of three months has expired from the date Parent cover commenced or increased, unless death takes place as a result of an Accident.

On the death of a Member the surviving Participants shall be entitled to a Fully Paid-up Policy covering their lives including the lives of any Children born to the Member less than one year after the Member's death providing benefits as set out in the above table. The Insurer shall issue this Fully Paid-up Policy provided that application is made on the Insurer's prescribed application form and that the Insurer receives the application within 6 months of the date of death of such Member.

Should the benefits, as set out in this Policy, be increased at any time, Members will only be allowed to increase their benefits within a period of 12 months from the date that the increased benefits become available.

5. BENEFIT AT NORMAL RETIREMENT DATE

On his Normal Retirement Date a Member who has completed at least 5 years continuous membership of the Scheme will be entitled to a Fully Paid-up Policy covering his life and the lives of his Parents his Spouse and his Children.

In the event of any increase in the Member's benefit the 5 years minimum membership requirement mentioned above will apply to that increased benefit from the date of the increase in benefit.

In respect of any Parent cover (or increase in Parent cover) the 5 years minimum membership requirement mentioned above will apply to such Parent cover (or increase in Parent cover) from the date that the Parent cover commenced (or was increased).

The Insurer shall issue this Fully Paid-up Policy, provided that application is made on the Insurer's prescribed application form and that the Insurer receives the application within 6 months of the Member's Normal Retirement Date.

The sum insured under the Fully Paid-up Policy will be calculated as a percentage of the amount set out in the table in clause 4, in accordance with the table below, and will depend on the number of completed years of consecutive premium payments in respect of a Participant. Each benefit so calculated shall be rounded to the lower R100.

Percentage of funeral benefit or cash sum available in accordance with completed years of consecutive premium payments in respect of a Participant.

10 years or more	9 years	8 years	7 years	6 years	5 years	less than 5 years
100%	90%	80%	70%	60%	50%	-

If a Member's benefits have been increased during the 10 years immediately preceding his Normal Retirement Date, provided the Member has completed at least 5 years' membership of the Scheme by his Normal Retirement Date, the sum insured under his Fully Paid-up Policy will be calculated in accordance with the principles and practices contained in this clause.

Any Member who retires in terms of this clause and is not entitled to the full benefit applicable to his current category of membership may effect a Fully Paid-up Policy for the amount of the benefit applicable to his current category by paying a suitable single premium as determined by the actuary of the Insurer. This option shall not apply to Parent Cover.

For the purposes of this clause 5, membership of this Scheme shall include membership under the Previous Scheme

6. BENEFIT AT ACCIDENTAL DEATH

Should the death of a Participant who is not a Parent and who has attained age 14, but has not yet attained the Normal Retirement Age, result from an Accident, the benefit provided will be an amount equal to the cash sum or value of funeral set out in clause 4. This benefit is in addition to the benefit already provided in terms of clause 4.

7. BENEFIT AT DISABILITY

Should a Member, prior to the Normal Retirement Date, suffer total and permanent Disability he will be entitled to a Fully Paid-up Policy, covering his life and the lives of his Spouse, his Children and his Parents, providing benefits as set out in the table in clause 4, subject to the following conditions:

- 7.1 A Member in respect of whom premiums have been received for less than one year after Member's cover commenced (or increased) will only be covered by the (additional) Fully Paid-up Policy if his disablement was a direct result of an Accident.
- 7.2 A Parent in respect of whom premiums have been received for less than one year after Parent's cover commenced (or increased), will only be covered by the (additional) Fully Paid-up Policy if the Member's disablement was a direct result of an Accident
- 7.3 Satisfactory proof of the Member's disablement must be submitted to the Insurer.
- 7.4 Application must be made on the Insurer's prescribed application form and the Insurer must receive the application within 6 months of the date the Member becomes disabled.

8. PARENT'S COVER

Any Member who is not within 5 years of the Normal Retirement Date may nominate Parents on his date of entry to the Scheme. The Member will choose a benefit of Parent cover, as set out in the table in clause 4, Benefit at Death, which will be applicable to all Parents nominated by that Member. Parent's cover is subject to a maximum of the Member's cover

The full names and date of birth of each Parent must be submitted in writing to the Insurer on the Member's entry date

A Member who nominates parents or parents-in-law as Parents must nominate both of the parents or parents-in-law if they are both living. If either of a Member's parents is alive, the Member may only nominate parents-in-law if he also nominates his parents. The conditions of this paragraph shall also apply to any increases in Parent Cover.

Should a benefit be paid in respect of a deceased Parent the onus is on the Member to have stop order facilities in respect of the premium for such deceased Parent cancelled.

If at any stage there are fewer than 500 Members who have their Parents covered, the Insurer shall have the option to cancel Parent's cover with immediate effect

9. PREMIUMS NOT PAID IN ACCORDANCE WITH POLICY

Notwithstanding anything to the contrary in this Policy, if any Member fails to pay the exact premium required in terms of clause 3, any benefits payable in respect of that Member will be adjusted in the same proportion as the Member's actual premium differs from the required premium.

10. DEFERRED AIDS EXCLUSION

Notwithstanding the conditions of this Policy, the Insurer reserves the right to reduce the amount payable under this Scheme in respect of an individual claim arising directly or indirectly, entirely or partially from AIDS or infection from any Human Immunodeficiency Virus (HIV). Should the extent of such claims or expected claims be such that a reduction is deemed necessary, the amount of such reduction shall be determined by the Insurer's actuary.

11. PAYMENT OF DEATH BENEFITS

Should a cash sum be preferred in respect of a deceased Participant or where a funeral cannot be performed the Insurer shall remit the amount due to the deceased Participant's nearest relatives.

Where a funeral is preferred in respect of a deceased Participant the Union or the Participant's nearest relatives shall authorise an undertaker to perform a funeral up to the value of the relevant amount as set out in clause 4. The Insurer shall pay the amount due to the funeral director by whom such funeral was performed and remit the balance of the claim to the deceased Participant's nearest relatives.

12. GUARANTEE

The Insurer may alter the premium set out in clause 3 and the terms and conditions of this Policy at any time after 1 November 1993, subject to giving the Member 3 months' written notice of its intention to do so.

13. ENQUIRIES

Members shall address enquiries in respect of this Policy to the Insurer.

14. STAMP DUTY

The Insurer shall keep a schedule on which the appropriate stamp duty shall be affixed or imprinted in accordance with the benefits secured from time to time under this Policy. Such schedule shall be deemed to be an integral part of this Policy and the cost of the stamp duty will be borne by the Insurer.

15. INDEMNIFICATION

The Insurer shall indemnify the Members of the Scheme against all losses resulting from the negligence, dishonesty or fraud of any of its officers having the receipt or charge of monies payable in terms of this Policy.