



POLICY WORDING

1 IMPORTANT INFORMATION

The purpose of this document:

This document sets out important information about the insurance cover, the terms and conditions, and limitations of the policy.

You must read this policy wording carefully as it contains terms, conditions, definitions, and exclusions which affect the coverage that We are providing You. If You do not fully understand anything which is in this policy, please contact Us for assistance.

2 CONTRACT OF INSURANCE

This policy, the policy schedule, and endorsements must be read together as one contract. You must keep to the conditions, including the special conditions; if You do not, We may cancel Your policy, refuse a claim or withdraw from any current claim.

We will provide insurance as per the terms of Your policy in the sections stated in Your policy schedule during the period of insurance, providing the correct premium is paid. The policy schedule is evidence of Your contract of insurance with Us and shows the sections of cover and the sums insured You have chosen and any special terms that apply to Your policy. The information You have supplied to Us by way of proposal or statement of fact or declaration forms the basis of this insurance contract. If any information is given falsely, withheld, or provided inaccurately by You, We may cancel Your policy, refuse a claim or withdraw from any current claim.

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

3 DEFINITIONS

In this Policy, unless the context indicates a contrary intention, the following words and/or expressions shall bear the meanings assigned to them and cognate expressions bear corresponding meanings:

"Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the period of this Policy;

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

"Acute medicine" means medicine used for diseases or conditions that have a rapid onset and severe symptoms that require a short course of medicinal treatment;

"Administrator" means EssentialMEDical (Pty) Ltd, and Authorised Financial Services Provider (FSP No. 42980), Reg No 2011/116999/07, Underwriting manager on behalf of the Insure

"Admission" means admission into a Hospital as an In-patient on the advice of and under the care and attendance of a qualified physician and is necessary for the medical care and/or diagnosis and/or treatment of Bodily Injury or Illness covered by this Policy and which medical care and/or diagnosis and/or treatment could not reasonably have been obtained as an out-patient;

"Adult" means an Insured member who is 18 (eighteen) years or older; excluding full-time students who are younger than 26 (twenty-six) and Dependents who are permanently physically and/or mentally disabled;

"Annual Overall Limit" (AOL) refers to the total benefit amount payable per policy, per annum;

"Application Form" means the form that You complete, that shall be the basis for the selection of cover. This may consist of electronic or recorded applications;

"ASISA" means the Association for Savings and Investments South Africa;

"Beneficiary" means the person(s) as nominated by You, to receive the Benefit, subject to the terms and conditions set out in this Policy and the Schedule of

Insurance. Such persons shall be nominated by You and nominations may be amended any time before Your demise;

"Benefit" means the Benefit amounts as set out in the Schedule of Insurance, provided by Us in terms of this Policy;

"Benefit start date" means the date on which a member becomes entitled to benefits;

"Bodily Injury" means Bodily Injury by violent external and visible means caused by an Accident, but shall include Bodily Injury caused by starvation, thirst, and exposure to the elements as a result of a Road Accident;

"Casualty/Emergency Room" means the department of a Hospital providing treatment for out-patients or emergency cases for stabilisation before admission to Hospital or transfer to an appropriate facility;

(Participation) "Certificate" is the document issued to the Principal Insured as proof of participation in the benefits of this Scheme;

"Cessation Age" The Principal Member's age as specified below at which age benefits would cease;

"Chronic Condition" means any illness or disease that requires medication and treatment for an uninterrupted period of more than 3 (three) months;

"Chronic medicine" means medicine that meets all the following requirements:

- Is within formulary and prescribed by a network medical practitioner for an uninterrupted period of at least 3 (three) months;
- Is for a condition appearing on the list of approved chronic conditions, as amended from time to time, the list being available on www.essentialmed.co.za;
- Which has been applied for in the manner and at the frequency prescribed and which application has been approved and accepted by Us;
- Maximum benefits per annum may apply to certain conditions;

"Commencement Date" means the date specified in the Policy Schedule;

"Compensation" means the amount payable to You in the event of a Benefit claim;

"Cooling off period" A period after the sale of this policy is concluded during which You can cancel the Policy without incurring a penalty;

"Critical Illness" refer to Dread Disease;

"Day" means 24 (twenty-four) consecutive hours from the time of Admission;

"Day Procedure" means surgical procedures that can be performed in a single day;

"Defined event" means the event which gives rise to the member having to seek medical treatment as set out in the Schedule of Insurance hereto;

"Dependant" means a spouse, life partner, and children as below;

"Dependent Child(ren)" means:

- Your unmarried minor child under the age of 18 (eighteen) years, including a stepchild, an illegitimate child or legally adopted child, including a child adopted in terms of a customary adoption under a tradition practiced by the people of Southern Africa provided that the child's natural parents are both deceased, or adoption under the tenets of any religion practiced by the people of Southern Africa provided that the child's natural parents are both deceased;
- Your stillborn child born after the 28th (twenty-eighth) week of pregnancy or posthumous child;
- Your child being permanently mentally or physically disabled and dependent upon You;
- Your child under the age of 26 (twenty-six) years who is a full-time student at any learning institution registered in terms of legislation in the Republic of South Africa, and who is unmarried;

"Dread Disease" means any of the following:

- **Heart Attack:** being a heart attack as defined in the ASISA SCIDEP, set out in Annexure 1;
- **Chronic Coronary Heart Disease:** Open bypass surgery or surgical treatment of Coronary

disease. This excludes angioplasty and/or any similar intra-arterial procedures;

- **Stroke:** being a stroke as defined in terms of the ASISA SCIDEP set out in Annexure 1;
- **Cancer:** being cancer as defined in ASISA SCIDEP set out in Annexure 1;
- **Kidney Failure:** means end stage of renal failure presenting a chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is required on a long-term basis;
- **Major Organ Transplant:** The human-to-human organ transplant from a donor to You of one or more of the following organs:
 - Kidney, Heart, Lung, Liver, Pancreas or Bone Marrow;
 - The transplantation of all or other organs, parts of organs, or any other tissue transplant is excluded;
- **Paraplegia:** You suffer the total and irreversible loss of use of both legs or both arms as a result of an Illness;
- **Blindness:** You suffer the total and irrecoverable sudden loss of vision in both eyes as a result of an Illness;

"Emergency" means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy;

"Emergency Medical Services" means the emergency medical response unit available to You for urgent medical assistance;

"Family" means the Principal Member (being a natural person) in whose name this policy is effected and includes the Principal Member's Spouse and Dependent Children under the age of 18 (eighteen) years which forms part of Your household and who are resident in the Republic of South Africa;

"Family Funeral Benefit" means the amount paid upon the death of an Insured Member;

"Fertility Treatment" means any procedure done to result in a viable term pregnancy;

"Formulary" means the exhaustive list of procedures and services that are approved by the

Underwriter and which may be amended from time to time;

"High Care" which is in a hospital and to which a patient would be admitted by an attending medical professional as recommended;

"Hospital" means an establishment, which meets all the following requirements:

- holds a license as a hospital or day clinic or nursing home (if licensing is required in the province or government jurisdiction);
- operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;
- provides organised facilities for diagnosis and surgical treatment;
- is not primarily a rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts;

"Illness" means the onset of any acute somatic, unforeseeable, unpredictable Illness (excluding mental Illness) which requires Admission to Hospital, and which was not a Pre-Existing Condition (unless otherwise provided for herein). A recurrence of any Illness will only be considered a separate Illness if 6 (six) months have elapsed from the date of onset of the preceding Illness;

"Inception date" means the date on which the application for this insurance, including any options regarded as benefits as selected by You becomes active;

"Injury" means a sudden and unexpected bodily injury necessitating Primary Health Benefits, Emergency Benefits and/or Hospital Admission Benefits;

"Insured Event" means the particular event, for which insurance has been obtained in terms of this Policy, and set out in the Policy Schedule;

"Insured Persons" means the Principal Member as named on the Schedule of Insurance and their named Spouse and Dependent Children and any other person approved by Us; Also referred to as "You", "Your" and "Yourself".

"Insurer" means African Unity Life Ltd, an Authorised Financial Service Provider and Licensed life Insurer, registration number 2003/016142/06,

FSP No. 8447. Also referred to as "We", "Us", and "Our";

"Insuring Section" means the Benefits payable and types of insurance cover granted to You as more fully set out below;

"Intensive Care Unit (ICU)", also known as a critical care unit (CCU), is a special department of a hospital or health care facility that provides intensive care medicine. Intensive care units cater to patients with severe and life-threatening illnesses and injuries, which require constant close monitoring and support from specialist equipment and medications in order to ensure normal bodily functions;

"Main Member" means a person who has been registered as the Principal Insured;

"Medicine" means a substance registered under the Medicines and Related Substances Control Act, 1965, as amended or replaced from time to time and within the EssentialMED formulary;

"Member" means each individual under cover, including a Dependant;

"Minor" means a Dependant who is not yet 18 (eighteen) years old;

"Network Medical Practitioner" means a Medical Practitioner who is a member of the EssentialMED's service provider network and who appears on the list of Practitioners published on Our website at www.essentialmed.co.za;

"Option" means a product registered under EssentialMED, which offers a specific structure of benefits;

"Over the Counter Medication" also abbreviated to OTC, refers to medication that does not require a prescription from a medical doctor and is required to alleviate acute symptoms;

"Pandemic" means an epidemic of infectious disease that has spread through human populations across a large region, for instance across borders or even worldwide, and which has been declared a Pandemic by the World Health Organisation (WHO);

"Permanent Total Disability" means Permanent and total loss of or use of as a result of an accident while covered in Terms of this Policy:

- Speech - 100%
- Hearing in both ears - 100%

- Any limb by physical separation at or above the wrist or ankle of one or more limbs - 100%
- One or both eyes - 100%
- Sight in one or both eyes - 100%

"Policy Schedule" means the Schedule of Insurance concluded between Us and You in respect of the Benefits and cover selected;

"Pre-authorisation Services" refers to a telephonic call-centre service in terms of which We or Our sub-contractor will pre-approve treatment for a member in terms of this agreement;

"Pre-Existing Condition" means any condition, physical defect, illness, bodily injury or disability which the insured was aware of and/or received medical advice or treatment for in the defined period as indicated in the Policy Schedule (Paragraph 2) prior to the commencement date or date of any reinstatement;

"Premium" means the premium payable to Us monthly in terms of this Policy to secure the Benefits;

"Principal Member" means the person who applies for Insurance Cover under this Policy and includes a parent;

"Professional Sport" means a sporting activity in which You engage and from which You derive the majority of Your monthly income;

"Repatriation" the repatriation of the deceased within the borders of the defined Territory;

"Schedule of Insurance" means the policy document which personalises the terms and conditions of the policy for you and shows the details of the covered member(s), the period of insurance, the sections of cover you have chosen to insure for, the excess, and any special conditions or extra exclusions and clauses that apply to your policy.

"SCIDEP" means the ASISA Standardised Critical Illness Definitions Project;

"Service Provider" means a medical practitioner, dentist, optometrist, pharmacist or similar;

"Specialist" means a doctor who has completed advanced education and clinical training in a specified field of medicine, for example, a physician such as, but not limited to a neurologist,

pulmonologist etc. or surgeon such as, but not limited to a general surgeon, orthopaedic surgeon and the like;

"Spouse" means the named Spouse of the Principal Member and refers to the other party in a marriage, a civil union, or a common-law marriage. It is also referred to as a life partner. Not more than 1 (one) Spouse shall be covered in respect of each Principal Member;

"Suicide" the act or instance of taking one's own life;

"Temporary Total Disability" means You are admitted to hospital as an in-patient, the costs to be covered up to the maximum stated benefit amounts;

"Territorial Limits" means the Republic of South Africa;

"This Policy" means this insurance agreement concluded between the Insurer and the Principal Member in respect of the Benefits underwritten by the Insurer;

"UMA" means Underwriting Management Agent on behalf of the Insurer;

"Unclaimed Benefits" A benefit which remains unclaimed for 6 (six) months from the date of notification of an insured event;

"Underwriter" means EssentialMEDical (Pty) Ltd, an Authorised Financial Services Provider (FSP No. 42980), Reg No 2011/116999/07, Underwriting manager on behalf of African Unity Life Ltd;

"Unnatural Death" means any death other than death due to accident/suicide. Indicated as unnatural on the death certificate;

"Waiting period" means the number of days/months You must wait from the inception date before You can access Your Benefits under this insurance Policy;

"Writing" (or words of similar meaning) means legible writing and in one of the official languages of South Africa, and includes any form of electronic communication contemplated in the Electronic Communications and Transactions Act, 25 of 2002

"Year" means a calendar year.

4 GENERAL CONDITIONS

4.1 Meaning of words

- 4.1.1 Any reference to the singular includes the plural and vice versa; and
- 4.1.2 Any reference to a gender includes the other gender.
- 4.1.3 The clause headings in this Policy have been inserted for convenience only and shall not be taken into account in its interpretation.

4.2 Age Restrictions and other Restrictions

It is declared and agreed that:

- 4.2.1 Once You have been Insured under this Policy for 12 (twelve) consecutive months any Pre-Existing Condition shall no longer apply (subject to specific endorsements);
- 4.2.2 The age of the Principal Member cannot exceed 64 (sixty-four) when first applying for any Primary Care, Accident, Hospital or Funeral Benefits (unless otherwise provided for herein);
- 4.2.3 All minor dependants will be covered up to the age of 21 (twenty-one) unless otherwise provided for herein;
- 4.2.4 An Insured Person may not be covered under more than 1 (one) Policy for this type of Insurance. In the event of this Policy not being the first Policy, then this Policy shall be invalidated, and no claim shall be recognised by Us. If this Policy is the first Policy, then this Policy shall pay benefits only when it can be demonstrated to the satisfaction of Us, that no other benefit is paid to the Insured Person by any other Financial Services Provider.

4.3 Payment of Premiums

- 4.3.1 Premiums shall be payable monthly in advance on the payment date agreed upon between the parties, through a debit order from a bank account nominated by you. All costs associated with respect thereof shall be borne by You.
- 4.3.2 In the event of non-payment of the Premium on the due date, and subject to the provision of a 15 (fifteen) day grace period to pay the Premium in arrears, all benefits on the policy will be suspended until the premiums are received and paid in full.
- 4.3.3 Should you require pre-authorisation during the Suspended status period, we may request full payment of outstanding premiums before pre-authorisation is approved. If a claim is received while the policy's status is "suspended", you will still be entitled to benefits, but we may deduct any outstanding premiums from the claim pay-outs and you will be liable for any outstanding and unpaid costs with the relevant service provider.
- 4.3.4 In the event of two premium payments being missed, your policy may lapse and you will no longer be entitled to any benefits.
- 4.3.5 If the Policy lapses due to non-payment, a request to reinstate the policy must be made to us in writing within 2 (two) months after the effective date of the lapse. We reserve the right to either accept or decline reinstatement of the Principal Insured or any other insured persons attached to the original application or subsequent endorsement.

- 4.3.6 Unless the missed Premiums are paid upon reinstatement, the Inception date will be changed to the date of reinstatement by means of a new policy and standard waiting periods will be applicable from the duly amended Inception date on the newly issued policy.
- 4.3.7 You will not have any cover unless all premiums are paid up to date. Any revocation of premium debit authority will result in the immediate cancellation of your policy unless you pay the premium in cash, in advance, as of this point.
- 4.3.8 We will not entertain reinstatement of a lapsed Policy until all arrear premiums have been paid to us and there are no claims for the period between the lapse date and the reinstatement date. Should we decide that reinstatement of the Policy is unacceptable, then all premiums paid from the date of lapse, less any expenses that we may have incurred, will be refunded to you.
- 4.3.9 We will not consider reinstatement if reinstatement is only requested at claims stage.
- 4.3.10 Any Waiting Periods mentioned in the Policy Schedule shall be reapplied with effect from the Reinstatement Date.
- 4.3.11 In the event of Policy Premiums being paid via salary deduction, payment dates will be arranged with the Employer in a separate agreement.
- 4.3.12 No Premium will be refunded in instances where benefits are not utilised by You.
- 4.3.13 It remains Your responsibility to ensure that full premiums are paid on the due date.
- 4.3.14 Insurance cover shall commence on the Commencement Date subject to receipt of the first Premium by Us and the relevant benefit category waiting periods.

4.4 Cancellation of Policy

- 4.4.1 This Policy may be cancelled at any time by either of the parties giving the other 31 (thirty-one) days' notice in writing (or such other period as may be mutually agreed upon).
- 4.4.2 This Policy is not assignable. Compensation shall be payable only to You or Your estate whose receipt shall irrevocably discharge Us from all its obligations in terms of this agreement.
- 4.4.3 **Cooling Off Period:** You may, where a policy has a term longer than a month and no benefit has yet been paid or claimed or an event insured against under the policy has not yet occurred, within 14 (fourteen) days after the date of receipt of the schedule of insurance, cancel the policy entered into with Us by way of written cancellation notice.
- 4.4.4 This Policy shall be terminated with immediate effect in the event of You:
 - 4.4.4.1 Providing false information or failing to disclose pre-existing conditions when making an application for any Policy;
 - 4.4.4.2 Providing or attempting to provide false information upon submission if a claim;
 - 4.4.4.3 Allowing a third party the use of a membership card.

4.5 Changes to your Policy

You must notify Us as soon as possible if you become aware of any changes in the information you have provided to Us which happens before or during any period of insurance. All notifications must be made to Us in writing by email. Changes to the information you have provided could result in you having to pay an additional premium or Us amending the terms of your insurance. We must give you 31 (thirty-one) days written notice if we would like to change your policy.

4.6 Claims

- 4.6.1 You must give Us notice in writing as soon as practicable of any occurrence which may give rise to a claim under this Policy, but in any event within 90 (ninety) days of such occurrence, failing which the claim will be repudiated.
- 4.6.2 Claims for payment of costs shall be submitted to Us within 120 (one hundred and twenty) days of service. In the event of claims being submitted after this period, it will be deemed stale and We will not be liable to cover the costs thereof.
- 4.6.3 If We repudiate liability for any claim under this Policy, You shall have 90 (ninety) days from the date of notice of the repudiation within which to make representations to Us disputing the repudiation of the claim, whereafter the matter will be deemed to have been resolved to the satisfaction of the parties.
- 4.6.4 If any amount payable in terms of this Policy is not claimed as per the conditions of this Policy within 6 (six) months from the date on which it became due for payment, all rights and claims in respect thereof shall be deemed to be forfeited and no further claim whatsoever shall be valid against Us according to this Policy.

4.7 How to Resolve a Complaint or Dispute

We aim to ensure that all aspects of your insurance are dealt with promptly, efficiently, and fairly. We are committed to providing you with the highest standard of service at all times.

If you have any questions or concerns about your policy or the handling of a claim you should provide Us with your concerns or questions in writing to:

COMPLAINTS DEPARTMENT

- Tel: 0861 70 70 70
- Email: info@essentialmed.co.za

Please visit Our website, www.essentialmed.co.za, or contact Our offices for Our **Complaints Policy**.

Further information about Our complaint and dispute resolution procedure is available by contacting Us.

4.8 No Rights to other Persons

A Principal Insured may not cede, pledge or otherwise alienate the benefits or the rights to benefits in terms of their Policy and such benefits shall not be subject to any form of execution or judgment and shall not, on insolvency, or on surrender form part of the estate of any Principal Insured.

4.9 General Conditions

- 4.9.1 If any provision in a definition is a substantive provision conferring rights or imposing obligations on any party, effect shall be given to it as if it were a substantive clause in the body of this Policy, notwithstanding that it is only contained in the interpretation clause.
- 4.9.2 This Policy shall be governed by, construed, and interpreted as per the laws of the Republic of South Africa, including the Long Term Insurance Act, and specifically Regulation 6 of the Act.

- 4.9.3 This Policy and the Policy Schedule shall be construed as one contract.
- 4.9.4 This agreement constitutes the entire insurance policy and that no other conditions, stipulations, warranties and representations whatsoever, have been made by any party or that party's agent, other than as specifically included herein.
- 4.9.5 No latitude, extension of time or other indulgence which may be given or allowed by either party to the other in respect of any payment provided for in the Policy or the performance of any other obligation shall under any circumstances be construed to be an implied consent by such party or operate as a waiver or a novation of or otherwise affect any of the affording party's rights in terms of or arising from the Policy, or prevent such party from demanding, at any time and without notice, strict and punctual compliance with each and every provision or term hereof.
- 4.9.6 No waiver of rights or latitude or indulgence granted by the Insurer in any instance shall create a precedent or be construed as a novation of this Scheme.
- 4.9.7 This Policy does not accumulate cash or surrender value and may not be converted into a paid-up policy. The Insurer specifically determines that no loans will be allowed in terms of the Policy.
- 4.9.8 Statements made by the Insured Person relating to the Policy will be deemed to be true and incontestable.
- 4.9.9 You shall notify EssentialMED Pre-Authorisations Department at least 48 (forty-eight) hours before being hospitalised and give full particulars of the hospitalisation at the contact number as provided on the membership card 0861 911 011. Any visits to the Casualty/Emergency ward for an illness emergency must also be pre-authorised prior to going to the hospital. This requirement will not apply to an Emergency, subject to the member (Insured Person) notifying EssentialMED's pre-authorised call centre within 24 (twenty-four) hours after admission. Failure to obtain authorisation for any visits or admissions to Hospital or the Casualty/Emergency room will result in the non-payment of claims.
- 4.9.10 Where Pre-existing conditions are excluded from benefits, it is a condition precedent to the Insurer's liability to pay Benefits that all medical records, notes and correspondence referring to the subject of a claim or a related Pre-existing Condition shall be made available to any medical or other advisor appointed by the Insurer and such advisor or advisors shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make examination of the Member (Insured Person) or any other record pertaining to the claim. It is the onus of the Insured to answer all health question on the day of application. In the event that health question where not fully answered, the Insurer has the right to apply new waiting periods base on the inception date and to add underwriting health loadings to the premium with new conditions and waiting period or to totally cancel the Policy.
- 4.9.11 We reserve the right to permanently exclude certain Benefits based on pre-existing conditions and prior conditions. The relevant Endorsement will be placed on the Policy and reflect on the Schedule of Insurance.
- 4.9.12 EssentialMED members and their dependents have unlimited access to any GP on the GP network, if your policy includes GP visits as part of the day-to-day benefit plan. In line with our managed care approach:
- Single members need to obtain authorisation from the 5th GP visit
 - Family policies need to obtain authorisation from the 12th visit
 - Authorisation must be obtained before visiting the GP.

5 GENERAL EXCLUSIONS AND LIMITATIONS

- 5.1 You shall only be covered within the Republic of South Africa. Should You have an accident or fall ill in 1 (one) of the neighbouring countries of Lesotho, Swaziland, Botswana, Namibia, Mozambique, or Zimbabwe, You need to travel to the nearest South African border post at Your own expense and request assistance.
- 5.2 We shall not be liable to pay compensation for Bodily Injury or Illness or Dread Disease in respect of any Insured Person 70 (seventy) years of age or older (unless otherwise provided herein).
- 5.3 We will not be liable for any claims:
- 5.3.1 caused by suicide, or self-injury, or intentional exposure to the obvious risk of Injury (unless in an attempt to save human life);
 - 5.3.2 caused by a Pre-Existing Condition within the stipulated Waiting Period (unless otherwise provided for herein);
 - 5.3.3 caused by or as a result of the influence of alcohol, drugs or narcotics upon such Insured Person unless administered by or prescribed by and taken as per the instructions of a member of the medical profession (other than him-or herself);
 - 5.3.4 caused by the use of nuclear, biological, chemical or explosive weapons or arising from exposure to, or contamination by, atomic energy and/or nuclear fission or reaction;
 - 5.3.5 whilst travelling by air other than as a passenger and not as a member of the crew nor for any trade or technical operation thereon or therein;
 - 5.3.6 whilst participating in any riot or civil commotion or public disorder or active involvement in a war, acts of terrorism, invasion, an act of a foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or political risk of any kind, military action, martial law or usurpation of power or an Act of Government;
 - 5.3.7 caused directly or indirectly or is in any way attributable to self-inflicted injury or self-inflicted illness, whether intended or not, or voluntary exposure to danger or obvious risk of injury. Any injury or disease which is caused partly by the actions or omissions of the insured, but in conjunction with the action or omission of some other party of some other contributory factor, will fall outside the ambit of the above exclusion;
 - 5.3.8 caused by taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a licensed medical practitioner, who is not the Insured
 - 5.3.9 whilst participating in a hazardous or Professional Sport/Activity;
 - 5.3.10 resulting from a member refusing medical treatment recommended by a physician or medical practitioner;
 - 5.3.11 resulting from a member unreasonably or wilfully neglecting or failing to seek and remain under the care of a medical practitioner;
 - 5.3.12 caused by any mental illness, mental disability, mental impairment, and psychopathic disorders, all forms of depression, major affective disorders, psychotic and neurotic conditions, as well as all stress and anxiety-related disorders, other than those caused by Accident as defined in this Policy;

- 5.3.13 caused whilst engaging in combat duties, military exercises or any active service within any military, naval, air, police or correctional services body or the active duties of the provision of security or protection services to/for any organisation/individual
- 5.3.14 for mountaineering or rock climbing necessitating the use of ropes or guides, potholing, hang gliding, sky diving, riding or driving in a race or rally, quad biking, off-road motorcycle riding, underwater activities involving the use of artificial breathing apparatus unless You have an open water diving certificate or is diving with a qualified instructor to a depth no greater than 30 (thirty) meters and/or similar activities unless agreed to in writing by Us;
- 5.3.15 arising whilst You, or any other insured person on Your policy, are perpetrating an intentional unlawful act in terms of South African Laws;
- 5.3.16 which occurs during pregnancy, childbirth, Admission for complications or conditions arising whilst pregnant or during childbirth or for any congenital abnormalities during the first 12 (twelve) months from the Inception Date or any Reinstatement Date;
- 5.3.17 in respect of expenses arising out of regular medical treatments on an ongoing (chronic) basis;
- 5.3.18 for obesity, elective, elective cosmetic surgery, corrective optical and laser surgery or treatment and costs resulting therefrom; except in the case of bodily reconstruction as a direct result of an injury sustained in an Accident while covered by this Policy;
- 5.3.19 caused by, directly or indirectly arising from, treatment of infertility or the artificial insemination of a person as defined in the Human Tissues Act (Act 65 of 1983) or any amendment thereto or replacement thereof;
- 5.3.20 for any newborn children where the Illness or Dread Disease was known by You before the birth of that Dependant;
- 5.3.21 for premature childbirth unless the expected date of birth is later than 12 (twelve) consecutive months after the inception of this Policy;
- 5.3.22 for any birth control procedures such as, but not limited to, sterilisation, vasectomies or tubal ligation;
- 5.3.23 as a result of failure by You to take all reasonable precautions to prevent Accidents and failure to comply with all statutory requirements and regulations;
- 5.3.24 if injuries sustained whilst any person driving a vehicle or motorcycle is under the legal driving age, or is not authorised or qualified to drive such a vehicle or motorcycle;
- 5.3.25 for the costs incurred for the treatment of obesity;
- 5.3.26 for the treatment of any sexually transmitted diseases, unless as a result of a crime that has been reported to the South African Police Services;
- 5.3.27 for services rendered to You by a person not registered with the South African Medical and Dental Council and/or the South African Health Professions Council;
- 5.3.28 for costs incurred as a result of failure to carry out the instructions or advise of a medical doctor, including deferring treatment to have costs covered once waiting periods and endorsements are no longer applicable;
- 5.3.29 for admissions for diagnostic procedures to diagnose a condition or illness, or in respect of expenses arising out of routine physical or other examinations where there is no objective indications or impairment in normal health, including day admissions for such procedures;
- 5.3.30 for day procedures as described in 5.3.29 of this document;

- 5.3.31 for a Pandemic as described in Definitions of this document;
- 5.3.32 caused by any gradually developing cause of which You are aware of, which include but is not limited to:
- Cataracts
 - Carpel Tunnel Syndrome
 - Conditions related to arthritis
 - Parkinson's
 - Motor Neuron Disease
 - Glaucoma
 - Meniere's Disease;
- 5.3.33 resulting from hospitalisation on Your own choice which has no connection with any Injury, Illness or Dread Disease;
- 5.3.34 resulting from hospitalisation for the investigation of pain and pain-related conditions and treatment in this context includes bed rest, traction, physiotherapy, spinal blocks, medication or intravenous medication.
- 5.4 In the case where the member is also covered by a Medical Aid as defined in the Medical Schemes Act 131 of 1998, a 3 (three) day franchise will be applied, and thereafter the admission is covered up to a maximum of 21 (twenty-one) days per illness event, paying a daily limit of R1500 (one thousand five hundred) per day whilst in hospital. EssentialMED may apply the average length of stay to the relevant admission as approved by EssentialMED based on the clinical guidelines as provided by the Department of Health.
- 5.5 If the consequences of an Accident shall be aggravated by any condition or Your physical disability which existed before the Accident occurred, the amount of any compensation payable under this Policy in respect of the consequences of the Accident shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated.
- 5.6 Compensation under 1 (one) Benefit on this Policy may not be in addition to another for the same trigger event. You may therefore not claim under the Specific Stated Conditions Benefit in addition to the Daily Illness Benefit or similarly Accident or Dread Disease Benefits;
- 5.7 Where You are covered in terms of a statutory body such as the Compensation for Occupational Injuries and Diseases or the Road Accident Fund or their successors in title or assigns, relating to an Accident, We will only be liable for amounts that You may be liable for due to shortfalls incurred and up to the maximum Accident Benefit amount.
- 5.8 Should any claim under this Policy be in any respect fraudulent or intentionally exaggerated or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under this Policy, all benefits hereunder shall be forfeited and no Premiums shall be refunded.
- 5.9 If you are initially hospitalised in ICU/High Care and then transferred to a normal ward, the daily tariffs for normal ward will be calculated as from admission date to hospital. For example: if you have been in ICU for 3 days, day 1 to 3 will be calculated on ICU/High Care tariffs and your normal ward benefit will be calculated from day 4 tariffs onwards. If you were admitted the normal ward for 5 days and then transferred to ICU/High Care for another 5 days, your benefit will be calculated as follows: Day 1-5 based on normal ward tariffs and day 6-10 based on ICU/High Care tariffs. If you are transferred back to normal ward, the benefit will be calculated as from day 11 on normal ward tariffs. Limited to your annual over all limits.
- 5.10 With regards to Dread Disease:
Upon payment of 100% of the Compensation for any one claim under Dread Disease in respect of any Insured Person, all cover provided shall be terminated and cannot be reinstated in respect of the Dread

Disease Benefit that has been paid for that Insured Person. Compensation under Dread Disease shall not be in addition to any other benefit covered under this policy.

- 5.11 With regards to Permanent Disability:
Permanent Disability benefits will only be considered by the Insurer in the event of motivation received from a Physician as defined in Par 3 of the Policy Wording.
- 5.12 With regards to an Illness:
A recurrence of any Illness will only be considered a separate Illness if 6 (six) months have elapsed from the date of onset of the preceding Illness and which has a definite diagnosis and treatment plan.
- 5.13 The policy will not cover any benefits if the hospitalization event was as a result of Sex reassignment surgery (SRS), also known as gender reassignment surgery (GRS).
- 5.14 Qualified medical advice shall be sought and followed promptly on the occurrence of any Bodily Injury, Dread Disease or Illness and We shall not be liable for any part of any claim which in the opinion of the medical adviser arises from the unreasonable or wilful neglect or failure of You to seek and remain under the care of a qualified member of the medical profession.
- 5.15 The following conditions are excluded from any Illness and Hospitalisation benefit:
- Kaposi's Sarcoma;
 - Pneumocystis carinii;
 - Tuberculosis;
 - CMV;
 - Cryptococcal meningitis;
 - Cryptosporidium;
 - Disseminated Herpes/Shingles

6 COVER DETAILS

6.1 Insurance Cover

The following Insurance Cover is provided under the conditions of this Policy and must be read together with your policy schedule and endorsements which shows the specific cover and insured amounts You have chosen and any special terms that apply to Your policy:

Benefit	Waiting Period	Benefits Cover		
GP Visits	1 month	Unlimited, managed primary healthcare benefits with GP Network Providers. Non-Network Provider will be reimbursed up to R250 for the consultation, a maximum of 3 times per year per policy. Authorisation is required from the 5 th visit for Single members and from the 12 th visit for family membership.		
Specialist Visits	3 months	If your network doctor requires you to be seen by a specialist, an annual benefit amount is available to help cover these costs.		
		Level 1	Level 2	Level 3
		R1 000 Benefit Per Policy Per Annum.	R1 500 Benefit Per Policy Per Annum.	R2 000 Benefit Per Policy Per Annum.
Dentistry	6 months	Managed, unlimited dentist consultations and procedures, as per formulary and protocols, from a Network Registered Provider.		
		Level 1	Level 2	Level 3
		Cleaning, pain control, amalgam fillings, and normal extractions.	Level 1 benefits plus: 1 Root Canal Treatment up to R2 000 per event per beneficiary within 12 months. 1 Crown per beneficiary to the value of R4 500 per event within 24 months. - Resin fillings included.	Level 1 benefits plus: 2 Root Canal Treatments up to R2 000 per event per beneficiary within 12 months. 2 Crowns per beneficiary to the value of R4 500 per event within 24 months. - Resin fillings included. - Dentures to the value of R2 000 per policy per annum.
Radiology and Pathology	1 month	Basic blood tests or black and white x-rays as requested by a Network GP, according to product formulary and protocols.		
Optometry	12 months	Your Optometry benefit includes one eye test per beneficiary per annum through Specsavers.		
		Level 1	Level 2	Level 3
		Free single vision lenses and frames every 24 months.	Level 1 or free bi-focal vision lenses and frames every 24 months.	Level 2 or contact lenses – 4 packages in a 24-month cycle to the value of R399.
Acute Medication	1 month	Medication dispensed or prescribed by a Network GP according to a formulary.		
Chronic Medication	6 months	Medication prescribed according to a formulary list by a Network GP or Specialist in respect of any of the 24 chronic conditions covered.		
OTC Medication	1 month	No need for a prescription, medication available directly from a pharmacy according to a formulary list. Single Policies: Limited to R350 per annum and R100 per event. Family Policies: Limited to R750 per annum and R100 per event.		
Funeral	3 months for natural causes	Can be added to any combination plan that includes primary care or accident or hospital benefits. The benefit will be paid out within 48 hours upon receipt of all required documentation.		
	None for accidents	Level 1	Level 2	Level 3
		R10 000	R20 000	R30 000
Accident Hospitalisation	None	An unforeseen event which could not reasonably have been expected to occur and if the Insured member is hospitalised for at least 24 consecutive hours.		
		Level 1	Level 2	Level 3

Benefit	Waiting Period	Benefits Cover		
		Singles: Up to R75 000 per event with an AOL of R150 000. Families: Up to R150 000 per event with an AOL of R300 000.	Singles: Up to R125 000 per event with an AOL of R250 000. Families: Up to R250 000 per event with an AOL of R500 000.	Singles: Up to R200 000 per event with an AOL of R400 000. Families: Up to R400 000 per event with an AOL of R800 000.
Illness Hospitalisation	3 months	Amounts available for hospital expenses in the event of an insured member requiring admission.		
	12 months for stated conditions on level 3	Level 1	Level 2	Level 3
	24 months for a hysterectomy on level 3	1 st 24 hours: up to R6 500 Day 2: up to R4 500 Day 3: up to R4 500 Day 4 to 21: up to R1 500 per day	1 st 24 hours: up to R10 000 Day 2: up to R6 500 Day 3: up to R5 000 Day 4 to 21: up to R1 500 per day	1 st 24 hours: up to R10 000 Day 2: up to R6 500 Day 3: up to R5 000 Day 4 to 21: up to R1 500 per day Stated conditions have amounts paid regardless of but not in addition to admission days. • Hernia: R20 000 • Appendectomy: R35 000 • Gallbladder/Kidney stones: R35 000 • Miscarriage: R10 000 • Hysterectomy: R45 000
	12 months for any pre-existing conditions			
Maternity	12 months	This benefit is not in addition to the Daily Illness Benefit. R30 000 is available to cover the birth of your child regardless of the delivery method.		
ICU	3 months	Not in addition to Accident or Dread Disease Cover.		
		Level 1	Level 2	
		Up to R12 500 per day for a maximum of 5 days	Up to R20 000 per day for a maximum of 5 days	
Casualty Events	1 month	Get access to casualty and emergency rooms for those after-hours life-threatening illness events that need attention from a doctor when your GP is not available.		
		Level 1	Level 2	Level 3
		Up to R2 000 per member per year, limited to annual overall limit of R4 000 per policy	Up to R4 000 per member per year, limited to annual overall limit of R8 000 per policy	Up to R6 000 per member per year, limited to annual overall limit of R12 000 per policy
Dread Disease	12 months	Heart attacks, Coronary Heart Disease, Stroke, Cancer & Kidney Failure are a few conditions that are covered with cash benefits that pay-out according to SCIDEP staging.		
		Level 1	Level 2	Level 3
		R9 000 per day while admitted to hospital for a dread disease up to a maximum benefit limit of R185 000 per lifetime of member.	R9 000 per day while admitted to hospital for a dread disease up to a maximum benefit limit of R250 000 per lifetime of member.	R9 000 per day while admitted to hospital for a dread disease up to a maximum benefit limit of R350 000 per lifetime of member.
Permanent Disability	No waiting period on principal member 6 months for spouse	An amount will be paid out, less costs already paid under the Accident Hospitalisation benefit, in the event of an accident that results in Permanent Disability. Limited to once per policy lifetime.		
		Level 1	Level 2	Level 3
		R200 000 – Main Member only	R250 000 – Main Member only	R250 000 – Main Member and Spouse

6.2 Special Conditions

- 6.2.1 General Medical Practitioner visits including Radiology, Pathology, and Medication: benefits are subject to a 1 (one) month waiting period calculated from the inception date, unless otherwise stated herein; Chronic Medication benefits have a 6 (six) month waiting period calculated from the inception date unless otherwise stated herein;

- 6.2.2 Dental benefits shall have a 6 (six) month waiting period calculated from the inception date;
- 6.2.3 Specialist benefits are subject to a 3 (three) month waiting period calculated from the inception date unless otherwise stated herein;
- 6.2.4 Optometry benefits are subject to a 12 (twelve) month waiting period calculated from the inception date, with one set of frames per every 24 (twenty-four) month period, unless otherwise stated herein;
- 6.2.5 Accident Permanent Disability Cover:
- 6.2.5.1 If during the period of this Policy the Principal Member Only or Principal Member and Spouse, if Benefit Level 3 is selected, within the Territorial Limits, sustains Bodily Injury which directly and independently of all other causes results within 24 (twenty-four) calendar months of the Accident, in Permanent Disability as specified in the circumstances set out in the Insuring Section to this Policy, We agree to pay You or Your estate the Compensation stated in the What is Covered Section;
- 6.2.5.2 The following percentage shall be payable in the event of Bodily Injury resulting in:
- 6.2.5.2.1 Permanent Total Disability - 100%;
- 6.2.5.2.2 Permanent and total loss of or use of:
- Speech: 100%;
 - Hearing in both ears: 100%;
 - Any limb by physical separation at or above wrist or ankle of one or more limbs: 100%;
 - One or both eyes: 100%
- 6.2.5.3 For Permanent Disability, the compensation shall be limited to:
- Benefit Level 1: R200 000 only for principal;
 - Benefit Level 2: R250 000 only for principal;
 - Benefit Level 3: R250 000 for principal and spouse/partner
- 6.2.6 Accident Stated Benefit for Hospital Stay Cover:
- For an Accident resulting in Hospitalisation, the compensation shall be limited to:
- Benefit Level 1: Single member, up to R75 000 per incident with an AOL of R150 000
Families, up to R150 000 per incident with an AOL of R300 000;
- Benefit Level 2: Single members, up to R125 000 per incident and an AOL of R250 000
Families, up to R250 000 per incident and an AOL of R500 000;
- Benefit Level 3: Single members, up to R200 000 per incident with an AOL of R400 000
Families, up to R400 000 per incident with an AOL of R800 000;
- Benefit Level 4: (not available on policies with inception dates from 1 November 2018)
Single members, up to R300 000 per incident with an AOL of R600 000
Families, up to R600 000 per incident with an AOL of R1 200 000;
- Benefit Level 5: (not available on policies with inception dates from 1 November 2018)
Single members, up to R500 000 per incident with an AOL of R1 000 000
Families, up to R1 000 000 per incident with an AOL of R2 000 000;

The benefit includes a R15 000 limit per member per year for emergency room treatment only due to an accident, as defined in paragraph 3 of this document, and not admitted to hospital. Rehabilitation treatment for a period of 12 months after hospitalisation is included in the maximum limits but limited to R2 000 per event per member and R5 000 per event per family.

The benefit also includes transportation to the nearest appropriate hospital.

EssentialMED must be notified about Your admission to hospital within 24 hours of the admission. Emergency transportation must be pre-authorised with EssentialMED.

6.2.7 Temporary Total Disability (Illness) in Hospital Cover:

6.2.7.1 The Insurance Cover afforded any Insured Person for Illness Hospitalisation will only come into effect 3 (three) months after the Inception Date;

6.2.7.2 If during the period of this Policy You, within the Territorial Limits, sustains an Illness which first manifests itself after 3 (three) months from the Inception Date stated in the Schedule of Insurance which directly and independently of all other causes results within 14 (fourteen) days of the onset of such Illness, as defined, in Hospitalisation, We agree to pay to You the compensation stated in the Insuring Section;

6.2.7.3 The Compensation specified for Illness Hospitalisation shall cease as soon as You have been discharged from Hospital;

6.2.7.4 All admission to hospital for any illness, must be pre-authorised with EssentialMED.

6.2.8 ICU and High Care Benefit: A maximum of 5 (five) days benefit at daily rates limited to an amount per Benefit Level selected for ICU or High Care Benefit. The same waiting periods on Hospitalisation benefits and Pre-Existing conditions shall be applied; (This benefit cannot be used in addition to the Accident and Dread Disease benefit). All admission to the ICU or High Care wards, must be pre-authorised with EssentialMED.

6.2.9 Specific Stated Conditions Benefits: A 12 (twelve) month waiting period and in the case of the Hysterectomy benefit, a 24 (twenty-four) month waiting period applies to the Benefit amounts applicable up to the maximum benefit as stated above or costs, whichever is the lesser. This Benefit cannot be used in combination with the Daily Illness Benefit amounts. All admissions must be pre-authorised with EssentialMED.

6.2.10 Dread Disease:

6.2.10.1 If during the Period of Insurance any Insured Person is diagnosed as suffering from a Dread Disease, symptoms of which were not present in the 24 (twenty-four) months before the Inception of this Policy, We agree to pay You as Compensation the sum stated in the Schedule of Compensation;

6.2.10.2 Covers in and out of hospital expenses for a comprehensive range of major illnesses including Heart Attacks, Strokes, Organ Failure, and Cancer. This benefit will pay up to a selected level amount and according to the severity of dread disease;

6.2.10.3 It is declared that upon payment of 100% of the Compensation for any 1 (one) claim under Dread Disease in respect of any Insured Person, all cover provided to You shall be terminated with immediate effect and cannot be reinstated in respect of the Dread Disease Benefit that has been paid for that Insured Person;

6.2.10.4 Compensation under Dread Disease shall not be in addition to benefit received from Temporary Total Disability Illness in Hospital.

6.2.10.5 All admission to hospital for any dread disease, must be pre-authorised with EssentialMED.

6.2.11 Casualty Events Benefit: Benefit amounts are according to Benefit Level Selected, namely:

Benefit Level 1: Up to R2 000 per member per year, limited to annual overall limit of R4 000 per policy;

Benefit Level 2: Up to R4 000 per member per year, limited to annual overall limit of R8 000 per policy;

Benefit Level 3: Up to R6 000 per member per year, limited to annual overall limit of R12 000 per policy

The Casualty Events Benefit is only available after hours in case of a Life-threatening event in respect of an Illness, as defined in paragraph 3 of this document, and must be pre-authorised by EssentialMED. If no authorisation is obtained the claim will not be paid.

6.2.12 Funeral Benefit: Waiting period of 3 (three) months applicable to Natural Causes. In the event of the death of an Insured Member, the following amounts are payable:

Benefit Level 1: R10 000

Benefit Level 2: R20 000

Benefit Level 3: R30 000

- Principal Member: 100% of Benefit amount,
- Spouse and Children over the age of 14: 75% of Benefit amount,
- Children over the age of 6: 50% of the Benefit amount,
- Children over 28 weeks' gestation and under the age of 6: 25% of the Benefit amount,
- Stillborn to 28 weeks: R1250

6.3 Added Value

6.3.1 If Your policy includes the Accident Hospitalisation benefit, You will also have access to Emergency Medical Services for transportation to the nearest appropriate hospital when you experience a traumatic event.

This benefit is provided by Africa Assist and not underwritten by African Unity Life. You must contact Africa Assist on 0861 911 011 when you need an ambulance.

7 DOMICILIUM

- 7.1 The *domicilium citandi et executandi* address of a Principal Member shall be the address set out in the application form or such later address as notified in writing.
- 7.2 For purposes of this Policy, the Insurer's address shall be at Springfield Office Park, 109 Jip De Jager Drive, Bellville, 7530, +27 86 1234 556 (facsimile), for the attention of the Company Secretary.
- 7.3 Any notice given in terms of this Policy shall be in writing and shall:
- 7.3.1 if delivered by hand be deemed to have been duly received by the addressee on the date of delivery;
 - 7.3.2 if posted by prepaid registered post be deemed to have been received by the addressee on the 8th (EIGHTH) day following the date of such posting;
 - 7.3.3 if transmitted by facsimile, e-mail or Short Message System (SMS), be deemed to have been received by the addressee on the day following the date of dispatch, unless the contrary is proved.
- 7.4 Notwithstanding anything to the contrary contained or implied in the Policy Agreement, a written notice or communication actually received by the Insurer or a member from the other as the case may be, including by way of facsimile transmission shall be adequate written notice or communication to such party.

DISCLAIMER: These policy terms and conditions are the terms and conditions applicable to policies issued from date of the publication of this document. Should a policy precede the publication date, the terms and conditions applicable to such policy may vary from this document. The onus rests on the Insured to obtain the correct terms and conditions applicable to the policy as of date of issuance thereof by contacting EssentialMED on 0861 70 70 70.

ANNEXURE 1

DEFINITIONS OF HEART ATTACK, STROKE AND CANCER

The Policy together with this Annexure 1 constitutes an indivisible agreement between the parties.

All words and expressions defined in the Policy shall have a similar meaning in this Annexure 1 unless expressly stipulated otherwise or inconsistent with, or otherwise indicated by the context.

SCIDEP Definitions

For purposes of this Policy, the Dread Diseases shall bear the meanings as assigned to it in this Policy or this Annexure 1, whichever applicable, which definitions are prescribed in terms of the SCIDEP definitions.

For the sake of convenience, a layman's definition is included herein due to the complexity of the medical definitions of Dread Diseases.

CANCER

Cancer is an uncontrolled growth that spreads into the normal tissue surrounding the organ where cancer originates. The diagnosis must be supported by tests where a pathologist confirms the presence of cancer using a microscope. Some cancers have been specifically excluded because the long-term outcome is good and the effect on the quality of life is minimal; and treatment is neither expensive nor extensive.

There are specific exclusions to this definition that include:

- Cancerous cells that have not invaded the surrounding or underlying tissue;
- Early cancer of the prostate gland and breast; and
- All cancers of the skin except cancerous moles that have invaded underlying tissue.

As a general rule, there are four stages of cancer.

- Stage 1 cancer is defined by invasive cancer confined to the tissue or organ of origin.
- Stage 2 cancer is defined by the involvement of adjacent structures or organs.
- Stage 3 cancer involves spreading to regional lymph nodes.

- Stage 4 cancer is characterised by distant metastasis.

However, each type of cancer is staged specifically by the American Joint Committee for Cancer (AJCC). This staging is based on the outcome of the specific cancer and does not always follow the general rule as stated above.

HEART ATTACK

Four levels of severity of heart attacks are defined:

- Level D is the mildest and Level A the most severe;
- In both Levels, C and D the patient recovers fully and the heart function returns to normal;
- In Levels A and B, more permanent damage has resulted, which means the heart function is less than 100% after recovery;
- The effect of the heart attack on heart function should be measured weeks after the heart attack;

Level A: Heart attack severe impairment in function:

- These are heart attacks where a significant proportion of the heart muscle was damaged. The same tests are used to measure the damage as under Level B but the results would show a more serious level of impaired function;
- This person will have difficulty coping with normal activities of daily living, and will most likely not be able to work.

Level B: Heart attack with mild permanent impairment in function:

- This is usually a heart attack that does not recover 100% of normal function. The degree of permanent damage can be measured by heart sonar, an exercise tolerance test, or a

measurement of physical abilities. These measurements should be performed 6 weeks after the heart attack;

- A person with this level of heart damage should still be able to manage normal daily activities and even his/her occupation, if the occupation does not involve strenuous physical work. However, this person's insurability will be adversely affected, and the future risk for a repeat cardiac event is high. Significant lifestyle adaptation and risk factor modification are indicated.

Level C: Moderate heart attack of specified severity:

- In this case damage to the heart muscle is more than in Level D. In some cases, a cardiologist will intervene early and reverse the potential damage. This intervention may include administration of drugs to dissolve the blood clot in the coronary artery(ies), balloon stretching of the coronary artery, with or without a stent.
- Because the clinical methods of diagnosing this level of heart attack are unambiguous, only two of the three criteria are required:
- Typical chest pain or other symptoms typically associated with a heart attack;
- Certain defined ECG changes. At this level the changes are more marked and more specific to a heart attack;
- Elevated blood test results greater than required for Level D.

Level D: Mild heart attack with full recovery:

- This is a heart attack where the ECG changes and blood test results are mildly abnormal. Therefore, all three criteria are required, e.g. typical chest pain or other symptoms associated with a heart attack; and certain defined ECG changes; and an elevation in certain blood test results.

STROKE

A stroke occurs when the blood supply to a portion of the brain is obstructed and this part of the brain tissue dies. It can also happen when there is bleeding into the brain tissue due to a weakening or abnormality of the blood vessel wall. A common cause of the rupture of a brain blood vessel is long-standing uncontrolled high blood pressure.

The result of a stroke is usually paralysis of an arm and leg, sometimes with one half of the face affected as well. In some cases, people also lose their ability to speak. The paralysis can recover to varying degrees. Some recover fully, whereas others may retain permanent weakness of a limb(s).

A Transient Ischaemic Attack (TIA) occurs when the blood supply is momentarily interrupted, but restored before any permanent damage can occur. It usually results in one or more of the following symptoms:

- A loss of sensation;
- Dizziness;
- Lameness of a limb;
- Loss of speech, which only occurs for a few minutes to hours and recovery is quick and spontaneous.