

Flexi Family Cover For advisors



Simply Financial Services (Pty) Ltd is a registered financial services provider (FSP 47146). T&Cs online.



Hollard Life Assurance Company Limited (Reg No. 1993/001405/06), a Licensed Life Insurer and an authorised Financial Services Provider

Who is Simply?

Simply is not just another life insurance company-we're here to shake things up!

Our mission? To secure the financial future of millions, making sure people feel safe, supported, and empowered.

We offer life, disability, and funeral cover that's simple to understand and affordable, designed to fit people's needs like a glove. Because with Simply, it's all about making life easier, not harder.

Smart

We use data and technology to give individuals the cover they want at a price that's right for them.

Simple

Life, disability and funeral cover in one easy policy no blood tests, no complex medicals, no paperwork.

Safe

Policies underwritten by The Hollard Life Assurance Company Ltd, a licensed life insurer.



Flexi Family Cover: features



3-in-1, super-flexible cover: Up to R2.5m life and disability, and R100k funeral cover in one easy policy.



Unlimited family members: Add as many family members as you want to your funeral cover benefit.



No blood tests, no paperwork: Sign up quickly and easily.



50% Cash Back option: Get rewarded just for staying covered!



Affordable premiums: Starting from as little as R49 per month.



Body repatriation: Available across South Africa and SADC







Flexi Family Cover: qualifying criteria

For life and disability cover:

- Up to 64 years old
- Must be employed
- Must be a SA citizen

For funeral cover:

- Up to 74 years old (individual and family members)
- Up to 79 years old for parents and grandparents
- Can be employed or unemployed
- Can be SA citizen or legal foreigner







Flexi Family Cover: benefits

Clients can choose any combination of the following:

Life Cover R50k - R2.5m Pays out if the insured person dies, to support the insured person's family.

Physical Impairment Disability Cover

R200k - R2.5m Pays out if the insured person becomes physically impaired to support them and their family.

Single-life Funeral Cover

R15k - R100k Pays out in 48 hrs if the insured person dies - to pay for funeral expenses.

Additional family members (optional, at an additional cost)

May include spouse, children, siblings (and in-laws), parents (and in-laws), grandchildren, great-grandchildren, grandparents, great-grandparents, aunts/uncles, nieces/nephews and 1st cousins.



Please note that the maximum cover amount applies across all Simply policies. This is a cover limit per life assured across one or more policies.



Life Cover

R50k - R2.5m

Paid as a lump sum to your beneficiaries when you die.

The primary beneficiary also receives an additional R3000 grocery benefit which is paid as a lump sum after the insured person's death.

Terminal illness benefit

If the insured person is diagnosed with a terminal illness and is expected to die within 12 months, they can choose to have up to 100% of the lump sum paid in advance to them, or their beneficiaries.

If so, the policy will be terminated, even if you recover from your illness. Supporting medical evidence will be required to confirm the doctor's diagnosis, and that life expectancy is less than 12 months.

Policies **can** be ceded.







Physical Impairment Disability Cover

R200k - R2.5m

Paid if the insured person has suffered total, permanent and irreversible disability. This can mean loss of a body part, or the loss of use of a body part.

The benefit only covers very specific injuries or illnesses, it doesn't cover everything that could affect their ability to work. Here is a list of what benefit is payable under the loss of (or loss of use of) the following:

- Both hands or both feet (at or above the ankle joint/at or above the wrist): 100% of cover
- One hand or one foot (at or above the ankle joint/at or above the wrist): 50% of cover
- One hand and one foot (at or above the ankle joint/at or above the wrist): 100% of cover
- Both eyes (permanent and irreversible loss of all vision with no light perception in both eyes): 100% of cover
- Speech(permanent and irreversible loss of ability to speak as a result of injury or disease to vocal cords or brain): 100% of cover
- 3rd degree burns >40% of body surface: 100% of cover
- 3rd degree burns 20-40% of body surface: 50% of cover







Funeral Cover

R5k - R100k (This is a cover limit per life assured across one or more policies.) Paid to beneficiaries if the insured person dies. Claims are paid within 48 hours of receiving all the claim information needed.

Who can be covered?

Only family members residing in South Africa can be covered under our funeral plan (at an additional cost).

Up to R100k funeral cover is available to the spouse and children (age dependent) of the main life assured. Up to R50k funeral cover is available to siblings, parents (and in-laws), grandchildren, great-grandchildren, grandparents, great-grandparents, aunts and uncles, nieces/nephews and 1st cousins.

You can also get funeral cover for family members without the main life assured, provided that the main life has funeral cover through another insurer or their employer.

The maximum cover for each of the following lives up to R100k is defined below.

- Main member or spouse: 100% of cover
- Child aged 14-21: 100% of cover
- Child aged 6-13: 50% of cover
- Child aged 0-5: 50% of cover (maximum R20,000)
- Extended family: Maximum of R50,000

There are mo medicals or blood tests for funeral cover



Body repatriation benefit

This benefit is offered as **part of the Funeral benefit and only covers the main insured life, their spouse, and children under 21** (and only if they are covered under the funeral benefit). There is no benefit available for extended family members.

For all qualifying lives, the benefit provides for the repatriation of mortal remains within the borders of South Africa. For the main insured life ONLY, the benefit also includes the option of repatriation of the mortal remains to a Southern African Development Community (SADC) country.

The benefit is not exchangeable for cash. The same limitations and exclusions that apply to claims on the main benefit also apply to the repatriation benefit.

RSA Services Included:

- Locating of the deceased
- Overnight accommodation for the next-of-kin to identify the body (up to R500)
- Referral to a pathologist if an autopsy is required
- Referral to a reputable undertaker
- Assistance with basic funeral arrangements
- Advice on how to apply for the death certificate and border-crossing documentation Interpretation of legal documentation such as the funeral policy
- Referral to counselling services for support and advice
- The benefit is limited to services to the total value of R20,000 per policy, per policy year, regardless of how many lives are claimed for in that year.



Body repatriation benefit



For the **main insured life ONLY**, the benefit also includes the option of repatriation of the mortal remains to a Southern African Development Community (SADC) country.

SADC Services Included:

- Storage of the body (for a maximum of 20 days)
- Embalming
- Casket with Zinc Liner for SADC air transport
- All documentation necessary, clearance and cargo fees
- Transport to ANY destination in all neighbouring countries by road namely Namibia, Botswana, Zimbabwe, Mozambique, Lesotho and Swaziland. With allowance for one family member to travel with the deceased free of charge.
- Transport to the Capital ONLY of the remainder of SADC countries by air including Madagascar, Mauritius, Nigeria, Tanzania, Zambia, Malawi and Seychelles. No family member catered for on flights but assistance to book family on the same flights for their own account will be available.
- The benefit is limited to R50,000 per policy, per policy year.
- The benefit is not exchangeable for cash. The same limitations and exclusions that apply to claims on the main benefit also apply to the repatriation benefit.





Additional family members





Who can be covered?



The list of family members who can be covered under the funeral benefit is given below, along with a definition of what this relationship means. It is very important that the relationship selected is accurate. In the event of a claim Simply will verify that the person covered is related to you or your spouse as stated. We reserve the right to decline the claim if they are not.

- First spouse your legal or common-law spouse (including via traditional marriage)
- Children these must be your biological (or legally adopted) children.
- Additional spouse if you have multiple spouses.
- Parents these must be your biological (or legally adoptive) mother and/or father.
- Siblings these must be the biological (or legally adopted) children of one or both of your parents.
- Aunts and Uncles these must be the sibling of one of your parents, or legally married to the sibling
- of one of your parents.
- Nieces and nephews these must be the biological (or legally adopted) children of your sibling.
- First cousins these must be the biological (or legally adopted) children of your aunt or uncle.
- Grandparents these must be the biological (or legally adoptive) parents of your parents.
- Great grandparents these must be the biological (or legally adoptive) parents of your
- grandparents.
- Grandchildren these must be the biological (or legally adopted) children of your own children.
- Great-grandchildren these must be the biological (or legally adopted) children of your own
- grandchildren.



Funeral Cover without main life assured

We're aware that customers might already have sufficient funeral cover in place with other insurance providers and/or through group risk cover from their employer where applicable

As a result, it is possible for a premium payer/policy owner to take out funeral cover for family members (immediate and extended family) without the requirement to take out funeral cover for themselves as the main life on the policy (provided that they have funeral cover already)

The maximum cover amounts that apply for funeral cover are the same. R100,000 for immediate family (age dependent for children) and R50,000 for extended family members

The main life is free to elect to take out other risk benefits on this same policy such as life and disability cover without the need to take funeral cover

50% Cashback option is available





Funeral Cover for legal foreigners

Qualifying criteria:

- Foreign nationals from countries in the SADC region are eligible for funeral cover with Simply
- The insured person must be a **resident** in South Africa. This means that they have to be living in South Africa
- A valid passport number and valid expiry date will have to be provided according to eligibility rules

Main life, spouse and children (age dependent regarding sum assured) qualify for the maximum of R100,000 for funeral cover whilst extended family members qualify for R50,000. Therefore, it is the same rules that apply to foreign nationals as per normal maximum cover amounts for RSA ID holders

It is possible for the foreign national to take out a policy as a main life assured for funeral cover only!

Alternatively, they can also be added as immediate or extended family members on a policy

The body repatriation benefit is included for foreign nationals, however, it is limited to only the main life and it extends across the SADC region with a **maximum sum assured value of R50,000** for this benefit. The maximum limit is per policy, per annum



3rd Party cover criteria



The client is allowed to pay a premium for a policyholder who is a close family member - Spouse, child, sibling and parent only (including in-laws).

If the main life assured is unemployed and/or does not derive an income, then they are only eligible for funeral cover.

The main life assured / policyholder must provide their own details for the policy i.e. gender, age and income and this person MUST answer the medical questions (for life and disability, not funeral) AND accept the T&C's.

If the life insured is a spouse or 'child in final year of tertiary education' that is unemployed then MAX cover will be as follows: Life R200k, Disability R250k and Funeral R100k

If the life insured is a sibling or parent who is unemployed, they will only be eligible for Funeral cover up to maximum of R100k





3rd party payments

Choose the type of cover

- Domestic Cover
- Family Cover

- Third Party Family Cover
- Group Cover

Enter premium payer's details

Continue

First name

Last name

Cellphone number

Email address

(optional)

Please enter the premium payer's details below to proceed	
Last name	
ID number	
My Cellphone (a	as premium payer)
Email	
Address	
Type your add	

Simply is collecting personal information that will be passed to Old Mutual Alternative Risk Transfer Limited (OMART), the underwriter of the policy, to be used for purposes such as underwriting, assessments, processing of claims, and so forth. Simply may also use the collected personal information for purposes such as regulatory record keeping and marketing analytics. Simply and the Old Mutual Group would like to provide you with information about products and services that may be suitable to meet your financial needs on an ongoing basis.

- Please check this box or SMS your ID number to 30994 if you would prefer not to receive additional product information or financial services from the Old Mutual Group (SMS is free).
- Please check this box or SMS the word STOP to 45794 if you would prefer not to receive product additional information or financial services from Simply (SMS is free).

A full description of how personal information is used will be provided to you in writing alongside your policy document. Simply's Privacy policy is available here.

The next few pages must be completed by the insured person

Please answer all questions above

H



Screening medical questions

The main life assured will only answer medical questions if life and disability cover is selected. No medical questions for funeral cover.

These questions need to be answered truthfully and honestly and all known health conditions must be fully disclosed according to the questions.

Various drop-down questions may be applicable in order to further understand the circumstances and management of certain conditions.

The broker portal will provide a clear decision based on the various answers to the medical questions regarding the terms that Simply are able to offer the client.

We don't provide exclusions on certain conditions or health premium loadings, we either offer full natural cover or accidental only variant.

Have you ever had an application for life or disability cover declined, or claimed against a life or disability policy?

O Yes

O No

Have you ever had or been treated for any of the following conditions?

Heart disease, stroke, cancer, diabetes, kidney or liver disease, HIV/AIDS, emphysema/chronic obstructive lung disease, major depression, manic/bipolar depression or schizophrenia

O Yes

O No

Do you have any other condition that requires or will require treatment for 2 months or more?

O Yes O No

Do you have any of the following disabilities?

Blindness, deafness, inability to speak, missing limb/hand or foot, previous 3rd degree burns or any paralysis

O Yes

O No



Client OTP process

By providing the OTP below, you agree to your premium of R250.00pm, acknowledge Simply's full T&Cs (<u>https:</u> <u>//www.simply.co.za/terms-conditions</u>), choose debit order as your payment method and confirm you answered our underwriting questions as follows:

- Have you ever had an application for life or disability cover declined, or claimed against a life or disability policy? No

- Have you ever had or been treated for any of the following conditions? No

- Do you have any other condition that requires or will require treatment for 2 months or more? No

- Do you have any of the following disabilities? No

OTP: 4633



DebiCheck

DebiCheck is a new authorisation process implemented by all banks to reduce fraud. It gives you control and peace of mind as all of your debit orders require you to verify them.

By enrolling with DebiCheck, you can securely approve debit order requests - and prevent fraudulent debits from coming off your account - giving you total peace of mind.

Each bank uses a slightly different process, but you can do it in multiple ways.

Email & SMS

If your bank uses email to confirm a debit order mandate, you'll need to open your email and confirm or decline the mandate (agree that they can debit the money). Similarly, if your bank uses SMS, you will receive an SMS with instructions and the option to reply, where you can accept or decline the mandate.

USSD

If your bank uses USSD to confirm DebiCheck mandates, you will receive your mandate via a USSD message. Thereafter, you will have the option to decline or accept the mandate by way of a text response.

APP

As each bank maintains its own mobile or web app, functionality may differ – however, each bank will offer a selection to review, decline, or accept debit order mandates. Most commonly, you may receive further instruction from your bank or a push notification once a mandate has been received.





Policy cession



It is possible to apply a collateral cession with a Simply family cover policy on the life risk-benefit

This will allow for the life cover benefit to be ceded to a financial institution that is providing a loan to the customer i.e. home loan

Certain information is required by our system on the beneficiary page under the option 'cede my policy'. This information will enable Simply to provide the 'confirmation of cession' letter to the cessionary company

A natural person beneficiary will always also need to be captured as part of the process. This is necessary because at the time of settlement (claim payout), the settlement amount may be lower than the life cover benefit in which case, the additional excess on the benefit will payout to the nominated beneficiary or beneficiaries





Admin requests and processes

- Contact admin@simply.co.za for the following after-sales assistance:
 - Amendment to spelling error
 - Manual payments or payment arrangements
 - Cancellation request for policy: 30 days notice is required from the client
 - Change of payment method
 - Request a refund
 - Reinstatements of lapsed policies
 - Claims
- Contact partner-support@simply.co.za for any system-related queries during or after concluding a sale





Lapse rules, process & reinstatements

Three attempts

The general rule is that we will attempt to collect the premium 3 times before the policy is lapsed except where the bank account provided is invalid, or the client has reversed the debit order instruction and not provided authority, in which case, the policy will be lapsed after two failed attempts.

Lapse communication

Both the broker/advisor and the client are informed of any unsuccessful collections via SMS and the broker/advisor is able to view the failed collections information via their dashboard within their broker portal.

Reinstatement options

A policy can be reinstated if the debit order is rectified according to the lapse rules and permitted reinstatement period for a policy (must be within 4 months of the last failed collection or 4 months from when cover initially incepted).

Reinstatement rule

For a policy to be reinstated, Simply must receive at least one premium to restore cover for the policy.

Reinstatement payments

If the collection error cannot be rectified at all or in a sufficient timeframe then a manual payment or a forced onceoff debit can be arranged with Simply admin.



Exclusions



Unfortunately, no benefit can be paid if the death or injury is caused by one of the following:

- Participation in any terrorist activity, riot, civil commotion, rebellion or war.
- Radioactivity or nuclear explosion.
- Wilful and material violation of any criminal law.
- Driving while the concentration of alcohol in your blood exceeds the legal limit.
- Intentional intake of drugs, narcotics or medication, unless prescribed by a registered medical practitioner and used as prescribed.
- For life: suicide or deliberate self-injury within 2 years of starting the policy.
- For funeral cover: suicide or deliberate self-injury within 1 years of starting the policy.
- For disability cover: attempted suicide or deliberate self-injury at any time.
- Refusal of treatment recommended by a registered medical practitioner.
- Hazardous pursuits. These are unusually dangerous activities that the insured person engages in regularly, not occasionally. Examples include but aren't limited to big game hunting, boxing, mixed martial arts, outdoor rock climbing, skydiving, motor and boat racing, as well as white water rafting.



Premiums



Premiums are paid monthly in advance and increase by 10% every year, cover on benefits increase by 5% every year.

Is the premium guaranteed?

Premiums are guaranteed for the first year of the policy, thereafter Simply may revise them at any time, with at least 31 days' notice.

How long is the client covered for?

They are covered for life, as long as you pay the monthly premium.

What if a payment is missed?

There is a 30 day grace period if the policy holder fails to pay a premium. This means they will still be covered until the next payment date. If that payment also fails, the cover will lapse.





Premiums



What if the cover lapses, but the client wants to re-activate it?

If the policy lapses because of a missed last premium, but the client doesn't want to lose the policy, they can restart it. This is called a reinstatement. If they restart within 3 months of the first failed payment, the cover carries on from where it left off. They can do this a maximum of 5 times. If more than 3 months have passed, they need to start a new policy, with new medical questions and a new waiting period.

What is Simply Cashback?

If the client has chosen Simply Cashback, they will pay an additional premium, for which of the total premiums they paid over the last 5 years as a lump sum benefit (as long as they have paid all premiums and there has not been a claim during the period).

The cashback is calculated per benefit on the policy.

If there is a claim on a policy for one benefit i.e. death of spouse of main life assured, the cashback portion for the funeral cover benefit will be removed. However, the cashback portion for the other benefits on the policy i.e. life cover, will remain on the policy so that the client can still receive the cashback based on the premiums paid for life cover benefit after 5 years



Waiting periods

The waiting period is a 6-month period immediately following policy commencement during which cover is limited to accidental causes only.

Key Points:

- Duration: 6 months/6 premiums from policy start date
- Limited cover: Only accidental causes are covered during this period
- Full cover: After 6 months and 6 premiums, both accidental AND natural causes are covered

When New Waiting Periods Apply

A new 6-month waiting period will be triggered when:

- Increasing cover on an existing benefit
- Adding new benefits to an existing policy
- Adding new family members to funeral benefits

Important: New waiting periods only affect the additional/new cover, not existing benefits.

Claims During the Waiting Period

- Covered During Waiting Period:
 - Death and Disability from accidental causes
- NOT Covered During Waiting Period:
 - Death and Disability from natural causes





Premium Handling During Waiting Periods

Premiums are NOT refunded if a claim is declined during the waiting period due to natural causes.

Clients must understand that:

- Premiums continue to be paid during the waiting period
- No refunds are given for declined natural cause claims
- This is a standard industry practice

Waiving the Waiting Period for Funeral Benefits

When Waiting Period Can Be Waived

The waiting period for funeral benefits may be waived if the Simply policy is replacing an existing funeral benefit.





Conditions for waiving waiting periods

- 1. Policy Age Adjustment
 - If cancelled policies are less than 6 months old, the waiting period will be reduced by the period the old policies were in force
 - If cancelled policies are 6 months or older, the waiting period may be fully waived
- 2. Coverage Limitations
 - Waiver applies only to people covered under old policies
 - Waiver applies only for the amount of cover each person had previously
 - New family members: full 6-month waiting period applies
 - Additional cover amounts: A full 6-month waiting period applies for the extra amount
- 3. Insurer Requirements
 - Old policies must be from licensed insurance companies
 - Companies must be recognised by the Prudential Authority
- 4. Timing Requirements
 - Policy must have been cancelled within the last 2 months, OR
 - If still active, must be cancelled as soon as possible
- 5. Reinstatement Restriction
 - Cancelled policies cannot be reinstated later



Thank you!

Get in touch with your broker consultant should you wish to discuss any queries.



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