

Flexi Staff Cover Policy Document

(for Employees)





Hollard.



Benefits

Simply's Flexi Staff Cover offers three different types of insurance benefits – life cover, occupational disability cover and funeral cover. For the funeral benefit, there is a choice between the family funeral and member-only funeral options. Please refer to your Policy Schedule to see the type and level of cover your employer selected for you.

The underwriter of this policy is The Hollard Life Assurance Company Ltd (Hollard), a Licensed Life insurer and authorised Financial Services Provider. Hollard is responsible for providing these benefits.

LIFE COVER

Payout

If the insured person dies, a lump sum will be paid to their nominated beneficiaries. If they are diagnosed with a terminal illness and are expected to die within 12 months, they can opt for the benefit to be paid in advance to them or their nominated beneficiaries. If they choose this option, the policy will be terminated, even if they recover from their illness. We will require supporting medical evidence to confirm the diagnosis and a doctor's assessment that life expectancy is less than 12 months.

Some or all of the benefit may be limited to accidental causes of death only where the insured person doesn't qualify for standard cover. The cover details can be checked at any time on your policy schedule.

Grocery benefit

An additional once-off benefit of R3,000 will be split between all nominated beneficiaries. The same limitations which apply to the life benefit also apply to the grocery benefit.

OCCUPATIONAL DISABILITY COVER

Payout

If the insured person becomes permanently occupationally disabled, a lump sum will be paid to them.

Permanently occupationally disabled means they suffer from a bodily injury, illness, disease, or surgical operation which results in them being, in our opinion, totally and permanently unable to perform their current occupation's duties or the duties of another suitable occupation.

In determining what a suitable alternative occupation is, we will take into account the insured person's education, previous training, abilities, and work experience. This occupation need not be with the existing employer.

There is a 6 month waiting period applicable to this benefit, meaning disabilities which occur in the first 6







month of the insured person being covered are only covered if they are as a result of an accident.

There is also a 6 month deferred period applicable to this benefit, meaning that the benefit may only be paid up to 6 months from when the disability first occurs.

This benefit terminates when the insured person turns 65, even if they remain employed after this point.

FAMILY FUNERAL COVER

Payout

If the main insured person, their spouse or any of their biological or legally adopted children under the age of 21 dies, a lump sum will be paid. Children are only covered until they turn 21.

On the main insured person's death, the payment will be made to the first beneficiary listed on the policy. On the death of any covered family members, the payment will be made to the main insured person.

The lump sum amount is calculated as follows:

Person	Payout
Main member or spouse	100% of cover
Child aged 14-21	100% of cover
Child aged 6-14	50% of cover
Child aged 0-6	50% of cover (maximum R20,000)

A R5,000 benefit will also be paid for a stillborn baby born to the main insured person or their spouse after 26 weeks of pregnancy.

Adding children

Additional children can be added to the funeral policy after the policy has been purchased (e.g. when a baby is born).

Premium waiver

If your employee dies, their spouse and children continue to receive funeral cover for a further 6 months without having to pay any premiums.

MEMBER-ONLY FUNERAL COVER

Payout

If the insured person dies, a lump sum will be paid to the first beneficiary listed on the policy. The employee's family members are NOT covered under this benefit.







Body repatriation

This benefit is offered as part of the Family **and** Member-only Funeral Cover options. It covers the employee, their spouse, and their children under 21 in the Family Funeral option and the employee only in the Member-only option. 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.

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

RSA Services Include:

- Locating of the deceased.
- Overnight accommodation for the next-of-kin in order 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 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.

SADC Services Include:

- Storage of the body (for 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 deceased free of charge.
- Transport to the Capital ONLY of 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 same flights for own account will be available. The benefit is limited to R50,000 per policy.

Tax

The premiums on the Flexi Staff Cover policy are not tax deductible in the hands of employees. They may, in fact, add to the employees' taxable income as a fringe benefit. However, any benefits payable are not taxable.







Waiting period

The waiting period refers to the 6-month period directly after you've taken out the policy, when cover is limited to claims from accidental causes only. After the waiting period, claims resulting from both accidental and natural causes will be paid. The waiting period applies to Disability Cover as well as to the spouse and children of the employee covered under the Family Funeral benefit. It also applies to Funeral Cover for the main life where this is below the Free Cover limit. It does not apply to Life Cover.

Waiting periods may be waived where this Simply policy is replacing equivalent existing cover. This will be specified in your Benefit Schedule. We reserve the right to request evidence that there was equivalent existing cover in place, and if this cannot be provided, the waiting period will still be applied, and claims due to natural causes will not be paid.

Cover eligibility

To be eligible to be covered under the policy, the main insured person must be:

- 18 to 64 years old when they are added to the policy. For new policies, employees up to age 69 can
 be included at inception, provided they have been employed by the company since they were aged
 64 or younger.
- Permanently employed or on contracts of at least 6 month duration.
- Legally employed & actively at work for at least 20 hours a week in South Africa.

All eligible employees must be included on the policy (or all eligible employees in a clearly defined group such as call centre agents or field workers). The decision to include or exclude an individual employee from the policy cannot be at the discretion of the employer or employee

Actively at Work

You must be at work - either on site or off site with permission - and able to attend to all your normal duties on the day that your cover is supposed to start or if cover is increased, on the day that the increased cover starts (Actively at Work). If you are on sick leave or disability leave, even if this is due to your being unable to attend work due to potential exposure to an infectious disease, the start of your cover (or increased cover) will be delayed until the insurer is given proof of your good health or you complete eight consecutive weeks of service with your employer without absence from employment. If the cover starts on a non-working day, or if you were on authorised leave (including enforced leave and maternity leave but excluding sick leave or disability leave), then the above requirement is waived, provided that these conditions are met:

- 1. You were at actively at work on the last working day before cover began (or before you went on leave).
- 2. You would be able to attend work on the day that cover begins if you were not on leave, or it was a normal working day.







Free cover limits

Your employees are able receive a limited amount of standard cover – cover for claims from both natural and accidental causes – without having to do any underwriting. This is called the 'Free Cover' limit and means staff can receive standard cover up to the Free Cover limit regardless of their health status (provided they are eligible and actively at work when the policy incepts). The amount of Free Cover depends on the number of employees being covered, as per the table below:

No of employees	Free Cover (Life and Disability)	Free Cover (Funeral)
0-4	0	0
5-9	R50,000	R50,000
10-19	R500,000	R50,000
20-49	R500,000	R100,000
50-99	R1,000,000	R100,000
100-149	R1,500,00	R100,000
150+	R2,000,000	R100,000

Where the cover selected is above this amount for you, you will have been asked to answer some health questions. Until you have done this, your standard cover will only be up to the 'Free Cover' limit. You will be covered for claims from accidental causes up to your full cover amount (although accidental cover is limited to R2m in total).

If the questions we ask pick up pre-existing health issues, or if you fail to answer the questions, you will also only have full cover up to the free cover limit. The cover above the free cover limit will be limited to claims from accidental causes only.

If the number of employees changes, the policy can move into a different Free Cover band. For existing staff, the Free Cover limit can only increase. This means it is possible for employees who previously were limited to accidental cover to become eligible for standard cover (or a higher level of standard cover). This change will be applied automatically. Where a group moves into a lower Free Cover band, existing staff will not be affected, but new staff added to the policy will get the Free Cover that applies at the time.

Cover termination

You will cease to be covered at midnight on the date your service with the employer terminates.

If you are not a South Africa citizen you are only covered as long as you remain legally able to live and work in South Africa. If you lose this right, you will no longer be covered and you will be removed from the policy. Family members covered under the Family Funeral Plan must reside in South Africa to be eligible for cover.







If the full premiums due have not been paid then after a grace period of 60 days the cover will cease.

In the event that your employer misrepresents information in order to secure cover for their employees then the underwriter will have the option to terminate the policy and cease cover with immediate effect.

Both Simply and the Employer retain the right NOT to renew the policy at the annual renewal date. If either party chooses not to renew the policy the cover will terminate on the next renewal date.

Beneficiaries

The beneficiary is the person who receives the pay out if the insured person dies. You are automatically the beneficiary on your disability and family funeral benefits (on the death of any family members covered).

You can change or add a beneficiary at any time, but neither your employer nor any member of your family may be added as a beneficiary to this policy (except where they are the insured person). You can have up to four beneficiaries on one policy.

If you have not chosen a beneficiary, the payout goes into your estate. If the beneficiary is a minor (younger than 18), the payout goes to their guardian for the minor's benefit. If the claim is a result of your death, and your nominated beneficiary is deceased, their share of the benefit will be paid into your estate.

Benefits can only be paid into a South African bank account.

Premiums

Your monthly premium

Your employer is the owner of this policy (the policyholder) and is responsible for paying the premiums.

Premiums may be defined as a fixed rand amount per employee (if the benefits have all been defined as a fixed rand amount per employee), or may be defined as a mixture of a fixed rand amount per employee and a multiple of each employee's salary (where the life and disability benefits have been defined as a multiple of each employee's salary). Please note though that where benefits and premiums are defined as a multiple of salary, they do not automatically update as salaries change, your employer will need to inform us of any changes, so we can keep the schedule of benefits up to date.

On 1 June each year, premiums will be reviewed (the date of renewal). Note that no change will be applied where the first review date falls less than one year from the start of your policy.







Premiums will be adjusted based on the risk profiles of the company's staff at the date of renewal. Changes in the risk profile may be driven by changes in the age profile, the gender mix, or other factors that impact the likelihood of claims. If there is no change in the employees covered, the premium will increase slowly as employees get older, but adding or removing employees can lead to significant changes in the premium payable. Premiums may increase or decrease. We may also revise the premium due to claims experience, or changes in expenses or regulation.

Where the overall risk profile of the people covered under the policy changes significantly (as a result of staff being added or removed), we reserve the right to adjust the premium rate before the next review date.

What if a payment is missed?

There is a 60 days grace period if your employer fails to pay a premium. This means you will still be covered for up to 60 days from when the last premium was due. After the grace period, your cover will become inactive, and any claims received after this point would not be paid. We will continue to try to collect a premium and the cover will start again as soon as a premium is received.

If the cover is active but your employer is behind in your premium payments at the time of a claim, we reserve the right to require all arrears premiums are paid before paying the claim.

Continuation option

If the cover you have through this Flexi Staff Cover policy is terminated, because your employer has cancelled the policy OR because you have left their employment, you have the option to keep your cover via a Simply Flexi Family Cover policy.

You must contact us within 60 days of your Flexi Staff cover terminating to qualify for the beneficial terms available under the continuation option.

You will be guaranteed cover at the same level you had under your Flexi Staff benefit, without having to answer any health questions.

The standard waiting period on Flexi Family Cover will be waived, or reduced if you had only been covered under the Flexi Staff cover policy for less than 6 months.

If you are not a South African citizen, unfortunately you can only continue the funeral cover, not the life or disability cover.

The premium payable will be based on your individual risk factors at the time of taking out the Flexi Family policy, it will not be the same as what was charged under the Group policy, which is based on the risk profile of the overall group.







At the moment, the disability benefit offered under the Flexi Family Cover policy is not the same as the disability benefit you have under Flexi Staff Cover policy, so unfortunately the waiting period can only be waived for the Life and Family Funeral benefits, and you should be aware that the disability benefits are not equivalent to each other.

If you are not a South African citizen, you can only continue the funeral cover, not the life or disability cover.

Claims

The claims process

We need to be informed within 180 days of the insured person's death, or the event which lead to the insured person's disability claim

Make sure your loved ones know that you have this cover, and tell them how to contact us if a claim needs to be submitted. We will also help them through the process when the time comes.

The information provided at the time of application is critical in assessing the risk associated with your policy. The insurer relies on the information provided by the policyholder and/or insured lives to determine whether the insured lives were eligible for cover, the premium that should be charged, and terms of the cover provided.

If any of the information provided is inaccurate, this will impact the validity of the policy and future claims.

In the event of a claim, we will review the information provided during the application process to ensure that it was accurate. If any non-disclosure or misrepresentation is found that would have impacted the initial decision to offer cover, the claim may be declined, or benefits reduced. If, after Hollard pays any claim, Hollard finds that it was based on false or incomplete information, all claim payments must be refunded to them.

If the claim is declined by Hollard, the claimant has 90 days from when they are notified of this to make representation to Hollard so that they may review this decision. If the dispute is not resolved, then the claimant has 3 years from the original letter of rejection to institute legal action against Hollard by serving summons on it, failing which Hollard is no longer liable for the claim.

Reasons a claim can't be paid

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

- Participation in any terrorist activity, riot, civil commotion, rebellion or war.
- Radioactivity or nuclear explosion.
- For life cover: suicide or deliberate self-injury within 2 years of starting the policy. For funeral cover: suicide or deliberate self-injury within 1 year 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.
- Some staff members may not be able to claim disability benefits where the disability is as a result of an existing condition. These exclusions will be highlighted in your policy schedule.

You must also inform Simply should you or any covered family member spend more than 90 days outside of South Africa within a calendar year. We reserve the right to discontinue your cover if this is the case.

DOCUMENTATION REQUIRED IN CASE OF A CLAIM

Proof of employment/actively at work.

Life cover claim

- Certified copy of death certificate
- · Certified copy of insured person's ID
- Certified copy of the beneficiary's ID
- · Completed death claim form.
- Completed medical report.

Funeral cover claim

- Certified copy of death certificate
- Certified copy of insured person's ID
- Certified copy of the beneficiary's ID
- Completed funeral claim form
- DHA1663 notification of death register
- Beneficiary proof of bank details
- Proof of residence status (for non-SA ID holders only)

Disability cover claim

- Certified copy of insured person's ID
- Completed disability claim form
- Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause.

Additional requirements

If the insured person dies within the first 2 years of the policy, extra documentation may be needed. such as:

- Motor vehicle accident report
- Police report / statement completed by the police
- Copy of the post-mortem report
- Result of any forensic laboratory investigations
- Inquest findings (if appropriate)
- Full verdict in the case of a murder (if appropriate)







• Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause.

We reserve the right to request additional supporting documents where required.

Contacting simply

Please contact our team if you want to make any changes to your policy, including cancelling or coolingoff, or if you need to claim. You can also log in at any time to view or update your policy details.

Telephone: 021 045 1513

Email: admin@simply.co.za or claims@simply.co.za

Website: www.simply.co.za

Complaints

Should you have any complaints about the service Simply has provided, please contact us or Hollard immediately so that we can attempt to resolve your problem or complaint. We are committed to helping you in every way we can.

Simply Complaints

E-mail: complaints@simply.co.za

Hollard (Insurer) Complaints

E-mail: Mycomplaint@hollard.co.za

Office of Internal Arbitration at Hollard

Postal Address: PO Box 87419, Houghton, 2041

E-mail: lifeoia@hollard.co.za

If after contacting us, you still feel your complaint is unresolved, the matter can be pursued with the National Financial Ombud Scheme (NFO).

National Financial Ombud Scheme

E-mail: info@nfosa.co.za

If you feel that Simply or the intermediary who sold you this product has contravened the provisions of FAIS, please contact the Simply Compliance Officer, or the FAIS Ombud.







Simply Compliance Officer

E-mail: compliance@simply.co.za

FAIS Ombud

E-mail: info@faisombud.co.za

GLOSSARY

Life insurance is full of strange language. Hopefully these definitions will help:)

Accidental death or disability

Death or disability caused by a sudden and unexpected event that happens at a clear time and place. An accident is usually something violent, external and outside your control that happens to the insured person.

Beneficiary

If the insured person dies or is disabled, the beneficiary is the person who receives the lump sum payment.

Cooling-off period

A 31-day window after the policyholder takes out the policy, during which the policy can be cancelled with a full refund of premiums.

Deferred period

This is the period between when an event happens and when benefits start being paid. So, for example, if you are disabled, there will be a short period between when the insured person becomes disabled, and when the payout takes place. This is to confirm that they will not recover before paying.

Exclusions

These are situations or causes of claims where the cover cannot be paid out. They are explained in a section above called "REASONS A CLAIM CAN'T BE PAID".

Grace period

If you fail to pay a premium on the due date, the insured lives will remain covered for another 60 days ("the Grace Period"). If your next payment also fails, the cover will lapse (end) after those 60 days. We may continue to attempt to collect a premium for a further month, and if successful the cover will automatically be reactivated.

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.







Insured person

The person whose life is covered by the policy. When the insured person dies or is disabled, a lump sum is paid out. There can be multiple insured persons covered under a Simply Funeral benefit.

Lump sum

A lump sum is the total amount of cover paid out in one payment, rather than the cover being paid out over time in smaller regular payments.

Natural causes

Causes of death or disability like disease and old age, rather than those related to violence or an accident.

Policyholder

The person who takes out the policy and who is responsible for paying the monthly premium.

Waiting period

This is the period directly after you've taken out the policy - you need to pay premiums, but the cover is limited until the waiting period is over. For more details of the cover during the waiting period, please see earlier in this document.

Underwriter

This is the company who will be responsible for paying any claims that are made. They are also referred to as the insurer in this document.

ADDITIONAL DISCLOSURES

Simply Financial Services

Simply Financial Services (Pty) Ltd (Simply), registration number 2011/132479/07, is an authorised financial services provider (FSP), FSP Number 47146, licensed by the Financial Sector Conduct Authority (FSCA) to distribute life insurance products.

Hollard holds a minority shareholding in Simply Financial Services.

Simply's contact details are as follows:

Physical Address: 3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708 **Postal Address:** 3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708

Website: www.simply.co.za

The Insurer

The Insurer is The Hollard Life Assurance Company Ltd (Hollard), registration number 1993/001405/06.







Hollard is a licensed life insurer and authorised financial services provider. Hollard is a public unlisted company and has Professional Indemnity insurance and Fidelity Guarantee insurance in place. Hollard's compliance officer can be contacted at **compliance@hollard.co.za**.

Simply as a binder holder

Hollard is the insurer of your policy and Simply is the binder holder. This means that Simply performs key functions on behalf of the insurer, such as issuing and administering the policy and managing the claims process. Simply is paid binder fees by Hollard for these functions equal to 30% of each month's premium (excl. VAT). These fees are included in the premium you pay, there is no additional cost to you.

INSURER DISCLOSURES

Protection of Personal information

Hollard may use your information or obtain information about you (including criminal and/or health information) for the following purposes:

- Underwriting.
- Assessment and processing of claims.
- Where applicable, credit reference searches or verification, credit scoring and assessment and credit management.
- Verification of personal information (including your identity, address and banking details).
- Updating your personal information.
- Claims checks (Industry Life & Claims Register(s)).
- Tracing beneficiaries.
- Debt tracing or debt recovery.
- Tracing where you are uncontactable.
- Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice.
- Market or customer satisfaction research or statistical analysis.
- Audit & record keeping purposes.
- Compliance with legal & regulatory requirements and in connection with legal proceedings.
- Sharing information with service providers including appointed administrators (Simply Financial Services
 as at time of policy issue) we engage to process such information on our behalf or who render services
 to us. These service providers may be abroad, but we will not share your information with them unless we
 are satisfied that they have adequate security measures in place to protect your personal information.

You agree that we may view, search and update your information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.







You also have the right to complain to the Information Regulator, whose contact details are: http://www.justice.gov.za/inforeg/index.html (http://www.justice.gov.za/inforeg/index.html)

Tel: 010 023 5200 **Fax:** 086 500 3351

Email: popiacomplaints@inforegulator.org.za

Marketing

The Hollard Group (of which Hollard is a subsidiary) would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please email your ID number to customerservice@hollard.co.za if you would prefer not to receive such information and/or financial services.customerservice@hollard.co.za if you would prefer not to receive such information and/or financial services.

To view the Hollard Group full privacy notice and to exercise your preferences, please visit our website on https://www.hollard.co.za/our-world/company-overview/hollard-privacy.

INTERMEDIARY DISCLOSURES

Protection of Personal information

Simply may use your information or obtain information about you for the following purposes:

- To provide you with our financial products and services, and maintain our relationship with you.
- To provide you with intermediary services.
- To execute a transaction in accordance with your request.
- To comply with legislative and regulatory requirements, including codes of conduct and requirements of our regulators (including the Financial Sector Conduct Authority and Prudential Authority).
- To perform any risk analysis or for purposes of risk management to you or our business in general.
- To record and/or monitor and have access to your telephone calls (i.e. voice recordings), correspondence and electronic communications to/with us (or any of our employees, agents or contractors) in order to accurately carry out your instructions and requests, to use as evidence and in the interests of crime prevention.
- For statistical analysis and research purposes; For audit and record-keeping purposes.
- For purposes of proof and legal proceedings.
- To conduct market research and provide you with information about our products and services from time to time via email, telephone or other means (for example, invite you to events).
- To process your marketing preferences (where you have unsubscribed from certain direct marketing communications, keeping a record of your information and request to ensure that we do not send such direct marketing to you again).

You agree that we may view, search and update your information.







You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are: http://www.justice.gov.za/inforeg/index.html (http://www.justice.gov.za/inforeg/index.html)

Tel: 010 023 5200 Fax: 086 500 3351

Email: popiacomplaints@inforegulator.org.za

Marketing

Simply Financial Services would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. If you prefer to no longer receive such information and/or financial services from Simply Financial Services, please email your ID number to admin@simply.co.za

To view Simply's full privacy notice and find out how to exercise your preferences, please visit our website on www.simply.co.za (http://www.simply.co.za)

Advertising

All models depicted in our advertising have no material relationship to any brand or person mentioned in our advertising.

Disclosures

Simply's business details are:

FSP Number: 47146

Company registration number: 2011/132479/07

Physical Address: 3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708 **Postal Address:** 3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708

Website: www.simply.co.za

The Compliance Officer deals with issues relating to Simply's FAIS compliance.

Our consultants who do not meet the full Fit and Proper Requirements as defined by FAIS render services under management supervision.

Simply has professional indemnity insurance.

Simply has and maintains an Anti-Money Laundering Policy in accordance with FAIS.



