



Flexi Staff Cover Policy Document

(for Employer)



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

Benefits

Flexi Staff Cover from Simply offers employees three different types of insurance benefits – life cover, occupational disability cover and funeral cover. For funeral cover, there is a choice between family funeral and member-only funeral options. You can choose any combination of these benefits in your policy. Please refer to your Policy Schedule to see the type and level of cover you have selected.

The life and disability benefits may be defined as the same rand amount for each employee, or may be defined as the same multiple of annual salary for each employee. Your selection will be described in your Policy Schedule. Funeral benefits are always defined as the same rand amount per employee.

The type of cover offered to each employee will depend on the underwriting requirements for this policy and the outcomes of the underwriting process. Some or all of the benefit may be limited to claims from accidental causes. The cover details for each employee can be checked at any time on your policy schedule.

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. This document only gives the terms and conditions applicable to the benefits selected in this policy but remember that you can always add or remove benefits in the future, in which case we will change your documents accordingly.

The cover will start as soon as your application has been completed, unless you have selected a start date in the future. The policy will continue as long as you continue to pay premiums, and as long as eligible employees are listed as insured lives on the policy.

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.

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.



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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 months of an employee 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 your employee 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.



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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).



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- 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. It is likely that the cost of the premiums paid by the company may be treated as a deductible business expense. You should consult a professional to confirm the appropriate tax treatment for your specific situation.

Cover eligibility

To be eligible to be covered under the policy, employees 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

An employee must be at work - either on site or off site with permission - and able to attend to all their normal duties on the day that their cover is supposed to start or, if cover is increased, on the day that the increased cover starts (Actively at Work). If they are on sick leave or disability leave, even if this is due



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to their being unable to attend work due to potential exposure to an infectious disease, the start of their cover (or increased cover) will be delayed until the insurer is given proof of the employee's good health or they complete eight consecutive weeks of service with the employer/policyholder without absence from employment. If the cover starts on a non-working day, or the employee is 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. They were actively at work on the last working day before cover began (or before they went on leave). In the case of new employees being added to an existing policy, this would not apply.
2. They would be able to attend work on the day that cover begins if they were not on leave, or it was a normal working day.

Maximum/minimum cover amounts

Life and Occupational Disability Cover is always limited to a maximum of 5 times the employee's annual salary and capped at R2.5m for each benefit. Where all staff have the same rand amount of cover, the maximum cover is set at 8 times the annual salary of the lowest earning employee.

Funeral cover maximum limits are as follows:

- Main Life / Spouse / Children over 14: R100,000
- Children under 14: 50% of the cover offered to the Main Life capped at R20,000 for children under 6

Please note Simply's maximum cover amounts apply at a consolidated level, so the cover provided for each insured person cannot exceed the cover amounts above across all Simply policies. This includes where the insured person is the policy holder, or covered under a policy owned by someone else (including their employer).

The minimum cover amounts per benefit are:

- **Funeral:** R5,000
- **Life:** R50,000
- **Disability:** R50,000

Free cover limits

Your employees are able to 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:



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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

Your policy's initial Free Cover will have been disclosed to you during the sign-up process and in your policy schedule.

Where you have selected cover above this amount for some or all your employees, they will have been asked to answer some health questions. Until they have done this, their standard cover will only be up to the 'Free Cover' limit. They will be covered for claims from accidental causes up to their full cover amount (although cover is limited to R2.5m in total).

If the questions we ask pick up pre-existing health issues, or if they fail to answer the questions, they 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. Where this happens you will be informed and your premium will be adjusted on the next renewal date.

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 and may affect your premium. 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.

Waiting period

The waiting period refers to the 6-month period directly after you've taken out the policy, where 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.



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Waiting periods may be waived where your Simply policy is replacing equivalent existing cover. This will be specified in your Policy 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 termination

An employee will cease to be covered at midnight on the date their service with the employer terminates, or as soon as they turn 70.

Non-South African employees are only covered as long as they remain legally able to live and work in South Africa. If they lose this right, they will no longer be covered and they should be removed from the policy. Family members covered under the Family Funeral Cover benefit 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 the 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 to NOT 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. Your employees may nominate up to four beneficiaries on their Life Cover benefit and one on their Funeral Cover benefit to be paid out on their death. They are automatically the beneficiaries on their Occupational Disability Cover benefit and on their Family Funeral Cover benefits where a covered family member dies.

Your employee may change or add a beneficiary at any time, but neither you nor any member of your family may be added as a beneficiary to this policy (except where you are the insured person).

If your employee has not chosen a beneficiary, the payout goes into their 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 employee's death, and their nominated beneficiary is deceased, their share of the benefit will be paid into their estate.

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



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Premiums

Your monthly premium

As the employer, you are the owner of this policy (the policyholder) and are responsible for paying the premiums. Depending on the method of premium payment you have selected, the total premium (for all employees) will either be deducted by a single debit order, or you will be provided with an invoice setting out the total amount due for that month. Premiums are payable monthly in advance.

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, you will need to inform us of any changes, so we can keep the schedule of benefits up to date.

The premium payable will change as you add and remove employees, or update benefits, but the rate charged per employee for the selected benefits should not change.

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 your 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 your premium due to claims experience, or changes in expenses or regulation.

Where the overall risk profile of the people covered under your 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.

You will be provided at least 60 days' notice of the revised premium and can choose to accept the revised premiums or, if you are not happy with the revised premium, you can choose to amend benefits or cancel the policy.

You agree that you will pay the premium on the specified date(s) and authorise Hollard to debit your bank account using the bank account information provided in your application. Premiums will be payable monthly in advance from the start date of your policy, and your obligation to pay a monthly premium will continue as long as your policy is in effect. We will attempt to deduct your premium on the debit order date you've selected, but we may track your bank account and deduct on another day. The Debit Order transaction will include the short code "SIMPLYSURE", which will reflect on your bank statement.



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What if you miss a payment?

There is a 60 day grace period if you fail to pay a premium when it is due. This means your employees 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 will 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. See below for rules on reactivation.

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

What if your cover has stopped, but you want to reactivate it?

If your policy lapses because you haven't paid the last premium, but you don't want to lose the policy, you can restart it. This is called a reinstatement. Simply will continue to try to contact you, and to deduct the premium due for a period after your cover has become inactive. However, after 2 additional attempts, we will give up and the policy will be cancelled. You will receive a notification of this cancellation. You will still have one week after this to contact us, pay a premium and restart the cover.

You can re-instate your policy in this way a maximum of 5 times. If you do not use this option you will need to take out a brand new policy, potentially at a different premium. New medical questions will also be asked, and a new waiting period will apply.

Claims

The claims process

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

Make sure your employees and their loved ones know that you have taken out this policy, and tell them how to contact us if a claim needs to be submitted. We will help them or their beneficiaries through the process when the time comes. Make sure your employees and their loved ones understand the importance of this policy. Tell them how to contact us if they ever need to claim.

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 persons to determine whether the insured persons 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



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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.

In addition, 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 their policy schedule.

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

DOCUMENTATION REQUIRED IN CASE OF A CLAIM

All claims

- Proof of employment and being Actively at Work at the time the cover commenced
- Certified copy of the insured person's ID
- Proof of insured person's residence status (for non-SA ID holders only)
- Certified copy of the/each beneficiary's ID
- Proof of the the/each beneficiary's bank details

Life Cover specific

- Certified copy of death certificate
- Completed death claim form
- DHA1663 – notification of death register
- Completed medical report

Funeral Cover specific

- Certified copy of death certificate
- Completed funeral claim form



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- DHA1663 – notification of death register
- Proof of relationship for family members covered.
- Occupational Disability Cover specific
- Completed disability claim form.
- Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause.
- After expiry of the deferred period, a final medical report from the attending specialist.

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.

Changing your policy

Cooling-off

If you change your mind within 31 days of taking out your policy, you can cancel your policy with a full return of any paid premium.

Adding or removing employees

You must inform Simply of employees who have left your organisation and therefore need to be removed from the policy. We will contact these employees and offer them the option of converting to an individual Simply policy on beneficial terms.

It is also compulsory to add any qualifying new employees who have joined your organisation to the policy.

You can do these removals and additions yourself online or seek assistance from Simply or your broker. You may also be able to integrate your payroll system with Simply (we are integrated with various systems), in which case these changes are taken care of automatically.

We will need to receive notification of changes in the employees covered at least 1 week before your premium due date, in order to adjust your premium and make sure the right people are covered.



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Adjusting benefits

The cover level for each employee is fixed in rand terms at the start of the policy. Cover will not automatically increase in line with your employee's salary, even if you initially chose the cover level as a multiple of their salary. You can choose to adjust the cover for your employees at any time, subject to product and underwriting limits. This means that when you increase your employees' salaries their cover will not automatically increase unless you inform us of the change in salaries and update the cover amount. If changes in cover are purely a result of changes in staff salaries, then the additional cover will not be limited in any way. Any other changes you make should be consistent across all your employees, you cannot only adjust the cover for a subset of employees.

If you choose to increase benefits (for example increase the multiple of salary offered), your staff may have to answer simple health questions to qualify, and in the case of Disability, a new waiting period will apply to the additional cover. Existing cover is not affected.

Contacting simply

Please contact our team if you want to make any changes to your policy, including cancelling or cooling-off, 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



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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



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("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.



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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.

Application process

This Hollard insurance product is distributed by Simply online and through a call centre, as well as by independent intermediaries. By signing up for a Simply policy underwritten by Hollard, you agree to be bound by Hollard and Simply's T&C's. Once your application has been submitted to Simply, we will evaluate your application and check the personal and banking details provided to ensure that they are correct and relevant to you as an applicant. You will be able to review the application and correct any mistakes in your application. Once Simply has received the application and accepted it on behalf of Hollard, you can cancel the policy at any time by sending an email to: cancellations@simply.co.za. If you, as policyholder, cancel the policy, we will not collect any more premiums from you. The cover will continue until the next normal debit date.

The Flexi Staff Cover contract

Your contract consists of your application, policy schedule and policy documents.

Simply's Flexi Staff Cover policies are underwritten by Hollard, which means that Hollard is responsible for paying claims to beneficiaries and ensuring you are provided with everything detailed in your policy document. Simply markets, distributes and services the policies, including your own.

However, your agreement to pay a monthly premium in return for cover is directly with Hollard. The cover you have with Hollard is explained fully in this document. Be sure to read this document carefully, double check all the details in this document and contact us if you have any questions.

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.

Financial Advice

Simply is an authorized FSP, marketing, distributing and servicing long-term insurance products underwritten by Hollard. Simply's representatives do not provide financial advice as defined by the Financial Advisory and Intermediary Service Act, 37 of 2002 (FAIS). Where this product has been sold by an independent intermediary mandated by Hollard, they may provide advice and may be licensed to do so.



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

Remuneration

Simply is Hollard's representative authorised to market and sell this policy. Simply earns commission from Hollard for rendering services as intermediary (as defined in the Regulations under the Long-term Insurance Act), up to a maximum of 7.5% of each premium payable. Simply receives more than 30% of its total remuneration from Hollard.

HOLLARD 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/infoereg/index.html> (<http://www.justice.gov.za/infoereg/index.html>)

Tel: 010 023 5200

Fax: 086 500 3351

Email: popiacomplaints@infoeregulator.org.za



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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>.

SIMPLY 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.

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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.

Compliance

Simply's 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.



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