

Simply Family Cover

Standard

Policy document

This section provides most of the important stuff you need to know.

BENEFITS:

Simply Family Cover offers three core benefits – Simply Life, Simply Disability and Simply Funeral. Please refer to your Policy Schedule to see the type and level of cover you have selected.

SIMPLY LIFE

PAYOUT

100% of the insured amount is paid in a lump sum if you as the insured person dies. If you are diagnosed with a terminal illness and are expected to die within 12 months, you can choose to have up to 100% of your lump sum paid in advance to you, or your beneficiaries. If you opt for a 100% pay out, your 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.

ADDITIONAL BENEFITS

Groceries

The primary beneficiary receives an additional R500 cash towards groceries every month, for 6 months after your death.

SIMPLY FUNERAL

PAYOUT

A lump sum is paid if you or a family member covered under this policy dies. 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 R10,000)

ADDING CHILDREN

Additional children can be added to the funeral policy after the policy has been purchased (e.g. when a baby is born), up to a maximum of 5.

ADDITIONAL BENEFITS

Premium waiver

If you die, your spouse and the children covered will continue to receive funeral cover for another 6 months at no cost.

Body Repatriation

Your policy also provides for the repatriation of the remains of the insured person or any family member covered under this policy to a place of burial (within South Africa), as well as other funeral assistance services. Please see the T&C's for further detail.

SIMPLY DISABILITY

PAYOUT

A lump sum is 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. There is a 6 month deferred period before you are eligible for this benefit. This benefit only covers very specific injuries or illnesses, it doesn't cover everything that could affect your ability to work. See our T&C's for a detailed list of what is covered.

HOW LONG ARE YOU COVERED FOR?

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

PREMIUMS

Your monthly premium

Your premiums are paid monthly in advance. Your premiums increase by 5% every year, but your cover does not increase, unless you contact us to increase it. For a projection of how your premiums will increase over the next 5 years, see your Policy Schedule.

Is my premium guaranteed?

Your premiums are guaranteed for the first year of your policy, thereafter we may revise them at any time, with at least 30 days' notice. We will only make changes to premiums (on top of the standard 5% annual increase) if claims or administration expenses are very different to what we expected when we set the initial price, or if there is a major change in regulation.

What if you miss a payment?

There is a 30 days grace period if you fail to pay a premium. This means you will still be covered until the next payment date. If that payment also fails, your cover will lapse (come to an end).

What if your cover lapses, but you want to re-activate 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 re-instatement. If you restart within 3 months of your first failed payment, your cover carries on from where it left off. You can do this a maximum of 5 times. If more than 3 months have passed, you need to start a new policy, with new medical questions and a new waiting period.

WAITING PERIOD

Policy 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 you have paid 6 premiums and the policy has been in force for at least 180 days. After that you enjoy full cover.

What if a claim is submitted during the waiting period?

Death or disability related to accidental causes are covered during the waiting period. Death or disability from natural causes are not.

What happens to the premiums during the waiting period?

If you die of natural causes during the waiting period, your premiums will be paid back.

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.

YOUR BENEFICIARIES

- Your beneficiary is the person who receives the lump sum if you die.
- You can change or add a beneficiary at any time – just let us know.
- If you have not chosen a beneficiary, the money goes into your estate.
- If the beneficiary is a minor (younger than 18), the money goes to their guardian, for the minor's benefit.
- You can have up to four beneficiaries on one policy.

CHANGING THE COVER

The cover can be decreased at any time, but not below our minimum cover amounts (see the T&C's). The cover can also be increased at any time, BUT

- within 6 months of taking out the policy: you will need to complete a simple declaration of good health.
- more than 6 months after taking out the policy: you will need to re-answer all the relevant underwriting questions.

THE CLAIMS PROCESS

- We need to be notified within 90 days of the event leading to a claim, otherwise benefits may not be paid.
- Make sure your loved ones know that you have taken out this policy, and tell them how to contact us if they ever need to claim.
- Read our terms and conditions to see the documents that are required when a claim is submitted. We will also help you or your beneficiaries through the process when the time comes.
- Make sure your loved ones understand the importance of being honest when submitting a claim. Failure to be honest might affect the payment of the claim.

READY TO CLAIM?

Call: 021 045 1513 **Email:** claims@simply.co.za **Website:** www.simply.co.za

REASONS A CLAIM CAN'T BE PAID

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

1. Participation in any terrorist activity, riot, civil commotion, rebellion or war.
2. Radioactivity or nuclear explosion.
3. Wilful and material violation of any criminal law.
4. Driving while the concentration of alcohol in your blood exceeds the legal limit.
5. Intentional intake of drugs, narcotics or medication, unless prescribed by a registered medical practitioner and used as prescribed.
6. For life/funeral cover: suicide or deliberate self-injury within 2 years of starting the policy.
For disability cover: attempted suicide or deliberate self-injury at any time.
7. Refusal of treatment recommended by a registered medical practitioner.
8. Hazardous pursuits. See our glossary for a detailed description of 'hazardous pursuits'

UNDERWRITER

The underwriter of this policy is Old Mutual Alternative Risk Transfer Limited (OMART), a registered Long-term Insurer in the Old Mutual group. It's your responsibility to be absolutely truthful with us. OMART relies on your information to issue your policy and pay any claim. If you're not absolutely truthful, or don't disclose all relevant information, or misrepresent any information to us, OMART has the right to cancel your policy, or change the terms of your policy.

If your claim is based on false or incomplete information, OMART doesn't pay the claim. If, after OMART pays any claim, OMART finds that it was based on false or incomplete information, all claim payments must be refunded to them.

For more information on OMART, please see the T&C's.

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 - something external and outside your control that happens TO you.

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 you become disabled, and when the payout takes place. This is to confirm that you will not recover before paying.

Exclusions

There are a few reasons why the cover cannot be paid out. They are explained earlier on in this document.

Grace period

If you fail to pay a premium, you will remain covered for another 30 days ("the Grace Period"). If your next payment also fails, your cover will lapse (end) after those 30 days and you will not be entitled to any cash back.

Hazardous pursuits

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, and 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.

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.

TERMS AND CONDITIONS

Nobody likes to read the T&C's, but there's important stuff in here. We've kept it as simple as possible, so please take a careful look.

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 Services Board (FSB) to supply long-term insurance products (Categories A & B).

The Insurer

The Insurer is Old Mutual Alternative Risk Transfer Limited (OMART), registration number 1997/008994/06, a registered insurer with its offices at Mutual park, Jan Smuts Drive, Pinelands. The Insurer is a member of the Old Mutual Group. The Insurer's Compliance Officer can be contacted at 021 509 2191.

Application process

SIMPLY distributes OMART insurance products online and through a call centre. Sign-up for an insurance policy is done telephonically or by completing an online application. By signing up for an OMART policy through SIMPLY, you agree to be bound by OMART and SIMPLY's T&C's. Once your application has been submitted to SIMPLY, SIMPLY 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 OMART, 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 SIMPLY contract

Your contract consists of your application, the policy schedule and the policy documents. SIMPLY policies are underwritten by OMART, which means that OMART is responsible for paying claims to your beneficiaries and ensuring that you are provided with everything detailed in your policy document. SIMPLY markets, distributes and looks after the SIMPLY insurance policies, including your own, but your agreement to pay a monthly premium in return for cover is directly with OMART. The cover you have with SIMPLY is explained fully in your policy document. Be sure to read your policy document carefully, double check all the details in the document and contact us if you have any questions.

Simply as a binder holder

OMART is the insurer of your policy, but 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.

Cell captive arrangement

SIMPLY is one of OMART's preference shareholders, which means SIMPLY shares in the profits and losses that result from the insurance business generated by SIMPLY. In the insurance industry, this is called a cell captive arrangement. As OMART's representative, SIMPLY markets and sells policies such as yours, in return for remuneration from OMART. SIMPLY is not an independent intermediary and only markets and sells SIMPLY policies.

Premium payment

SIMPLY facilitates the collection of your premium on behalf of OMART. You agree that you will pay the premium on the specified date(s), and authorise OMART 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 shortcode "SIMPLYLIFE", which will reflect on your bank statement.

Policy Re-instatement

You are permitted to reinstate lapsed policies within 3 months of your first missed premium. However Simply and OMART reserve the right to limit the number of allowed reinstatements to 5 over the term of the policy.

Term

The cover will begin as soon as your policy starts, even if you have not yet paid your first premium. You will be informed as soon as the cover is in place. Your policy will automatically be renewed and will continue as long as you continue to pay premiums. In the case of Family Funeral plans, children are only covered until they turn 21. You must 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.

Financial Advice

SIMPLY is an authorized FSP, marketing, distributing and servicing long-term insurance products underwritten by OMART. SIMPLY's FSP license conditions stipulate that the company may not provide financial advice as defined by the Financial Advisory and Intermediary Services Act, 37 of 2002 (FAIS).

Remuneration

SIMPLY is OMART's representative authorised to market and sell this policy. SIMPLY receives more than 30% of its total remuneration from OMART. SIMPLY sales consultants earn a salary and a percentage of sales as remuneration. The total remuneration paid by OMART will not exceed 3 and a half times the monthly premium in regard of this policy.

Disability cover

We pay a lump sum if the insured person has suffered total, permanent and irreversible disability that occurs after the policy inception date. This can mean loss of a body part, or the loss of use of a body part. The lump sum amount is calculated as follows:

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

Documentation required in case of a claim

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
- Claimant/Beneficiary 1 month bank statement

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

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

- 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.

Minimum benefit levels

Minimum amounts of cover can be selected for each type of insurance (life/disability/funeral). For each type of insurance, the cover amount cannot be less than:

Life: R50 000 **Funeral:** R15 000 **Disability:** R200 000

Body Repatriation Benefit

This benefit is offered as part of the Family Funeral cover ONLY. In summary it provides:

- Assistance in locating the deceased's body if required
- Overnight accommodation for the next-of-kin in order to identify the body (up to R500)
- Repatriation of mortal remains from within the borders of South Africa to a place of burial also within the borders of South Africa
- Referral to a pathologist if an autopsy is required
- Referral to a reputable undertaker, and assistance with funeral arrangements
- Advice on how to apply for death certificate
- Referral to counselling services for support and advice

The benefit is limited to services to the total value of R15,000 per policy, per policy year, regardless of how many lives are claimed for in that 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.

Advertising

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

Complaints

Should you have any complaints about the service SIMPLY has provided, please contact us immediately so that we can attempt to resolve your problem or complaint. We are committed to helping you in every way we can, but if, after contacting us, you still feel your complaint is unresolved, the matter can be pursued with the Ombudsman for Long-term Insurance. If you feel that SIMPLY has contravened the provisions of FAIS, please contact the SIMPLY Compliance Officer, or the FAIS Ombud.

SIMPLY Complaints

E-mail: complaints@simply.co.za

SIMPLY Compliance Officer

E-mail: compliance@simply.co.za

Ombudsman for Long-term Insurance

E-mail: info@ombud.co.za

FAIS Ombud

E-mail: info@faisombud.co.za

OMART

E-mail: omartadm@oldmutual.com

Disclosures

1. 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: <https://www.simply.co.za/>
 - Email: admin@simply.co.za
 - Tel: 021 045 1513.
2. The Compliance Officer deals with issues relating to SIMPLY's FAIS compliance.
3. Our consultants who do not meet the full Fit and Proper Requirements as defined by FAIS render services under management supervision.
4. SIMPLY has professional indemnity insurance.
5. SIMPLY has and maintains an Anti-Money Laundering Policy in accordance with FAIS.