AFFINITY HEALTH SENIOR

Simple, cost-effective and reliable health cover.

2019

Policy Document

6.1

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1. Introduction

This Affinity Health Policy is underwritten by National Risk Managers (Pty) Ltd, a registered Financial Service Provider (FSP Number 47132), under contract from Lion of Africa Life Assurance Company Limited, the registered Insurer, registration number 1942/015587/06.

This is a long-term insurance policy regulated by the Financial Sector Conduct Authority. This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for a Medical Scheme Membership.

Subject to Demarcation Regulations, the Insurer does not refuse membership on the basis of any means of discrimination.

This Policy Document should be read in conjunction with your Policy Schedule, as not all cover referred to in the wording may be applicable to the Option that you have selected.

2. Definitions

In this Policy, unless the circumstances indicate a different intention, the following words and expressions bear the meanings given to them and similar expressions bear corresponding meanings –

2.1 **“Accident”** means an unfortunate, sudden, unusual, specific incident which occurs unexpectedly and unintentionally at an identifiable time and place resulting in injury during the period of the Policy;

2.2 **"Acute Medication"** means medication that meets the following requirements:

2.2.1 Is within the Affinity Health Formulary, as amended from time to time, and prescribed by a medical practitioner for disease or conditions that have a rapid onset and severe symptoms;

2.2.2 Is prescribed for less than 90 (ninety) days;

2.3 **“Admission”** means admission into a Hospital as an inpatient;

2.4 **“Adult Dependant”** means a person over the age of 18 (eighteen) other than a Spouse or Child Dependant of the Policyholder who is wholly or partly dependent on the Policyholder for financial support, including a child of the Policyholder over the age of 18 (eighteen) years who is permanently mentally or physically disabled;

2.5 **“Application Date”** means the date on which the application for this insurance is completed in its entirety and submitted to the Insurer;

2.6 **“Benefit”** means the Benefit amount as set out in the Policy Schedule, provided by the Insurer in terms of this Policy;

2.7 **“Benefit Start Date”** means the date on which an Insured Person becomes entitled to Benefits upon completion of Waiting Periods;

2.8 **“Bodily Injury”** means Bodily Injury by violent, external and visible means caused by an Accident;

2.9 **“Casualty/Emergency Room”** means the department of a Hospital providing immediate treatment for emergency cases;

2.10 **“Child Dependant”** means:

2.10.1 The named child of a Policyholder under the age of 18 (eighteen) years, including a stepchild, a natural child or legally adopted child, including a child adopted in terms of a customary adoption under a tradition practiced by the people of South Africa provided that the child’s natural parents are both deceased, or an adoption under the tenets of any religion practiced by the people of South Africa provided that the child’s natural parents are both deceased;

2.10.2 A stillborn child of a Policyholder born after the 28th (twenty-eighth) week of pregnancy or posthumous child;

2.10.3 A child of a Policyholder under the age of 26 (twenty-six) years who is a student at any registered university, technikon or tertiary education institution, registered in terms of any legislation in the Republic of South Africa or such other institution as may be approved by the Insurer, and who is unmarried;

2.10.4 Any other person approved by the Insurer;

2.11 **“Chronic Medication”** means medication that meets all the following requirements:

2.11.1 Is within the Affinity Health Formulary, as amended from time to time, and prescribed by a network medical practitioner for an uninterrupted period of at least 3 (three) months;

2.11.2 Is for a condition appearing on the list of approved chronic conditions, as amended from time to time;

2.11.3 Has been applied for in the manner and at the frequency prescribed and which application has been approved and accepted;

2.12 **“Commencement Date”** means the date on which the application for this insurance becomes effective, as specified in the Policy Schedule;

2.13 **“Contraception”** means any of the activities, procedures and medications which are intended to prevent pregnancy;

2.14 **“Day”** means 24 (twenty-four) consecutive hours from time of Admission;

2.15 **“Defined Event”** means the event which gives rise to the Insured Person having to seek medical treatment and which will be payable by the Insurer as set out in this document;

2.16 **“Family”** means the Policyholder (being a natural person) in whose name this Policy is effected and all Insured Persons on the Policy.

2.17 **“Formulary”** means the complete list of procedures, prices, medication and service providers, as approved and amended from time to time by Affinity Health, which together constitutes the maximum limit of Benefits which the Insurer will be bound to pay in terms of this Policy;

2.18 **“Grace Period”** means the 15 (fifteen) day period of grace allowed for non-payment of Premium.

2.19 **“Hospital”** means an establishment which meets the following requirements:

2.19.1 holds a licence as a Hospital, day clinic or nursing home (if licensing is required in the province or government jurisdiction);

2.19.2 operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;

2.19.3 provides organised facilities for diagnosis and surgical treatment;

2.19.4 is not primarily a rest or convalescent home or similar establishment and is not, other than incidentally, a place for rehabilitation of alcoholics or drug addicts;

2.20 **“Illness”** means the onset of any acute somatic, unforeseeable, unpredictable Illness (excluding mental Illness). A recurrence of any illness, or the occurrence of a related Illness, will only be considered a separate Illness if 6 (six) months have elapsed from the date of onset of the preceding Illness;

2.21 **“Insured Persons”** means the Policyholder as named on the Policy Schedule and their named Dependants who have applied and been accepted by the Insurer and whose Premium is paid and up to date;

2.22 **“Intensive Care Unit”** means the special department of a Hospital or health care facility that provides intensive care to patients. Such care includes constant, close monitoring and support from specialised equipment and medications. Also known as Critical Care Unit (CCU). This will include high care;

2.23 **“Medicine”** means a substance registered under the Medicines and Related Substances Control Act 1965, as amended from time to time, and within the Formulary;

2.24 **“Member”** means each individual insured under this Policy;

2.25 **“Network Dentist”** means a dentist that is part of Affinity Health’s appointed dentist network;

2.26 **“Network GP”** means a general practitioner that is part of Affinity Health’s appointed GP network;

2.27 **“Option”** means a plan registered under Affinity Health, which offers a specific structure of Benefits;

2.28 **“Policyholder”** means the person who applies for Insurance Cover under this Policy;

2.29 **“Policy Schedule”** means the membership certificate issued to the Policyholder in terms of section 48 of the Long-Term Insurance Act, which should be read in conjunction with this document;

2.30 **"Pre-authorisation"** means the act of contacting us to utilise certain Benefits;

2.31 **“Pre-Existing Condition”** means a condition for which medical/dental advice, diagnosis, care or treatment was recommended or received within the 12 (twelve) month period ending on the Commencement Date;

2.32 **“Premium”** means the premium payable to the Insurer on a monthly basis in terms of this Policy in order to secure the Benefits;

2.33 **“Professional Sport”** means a sporting activity in which an Insured Person engages and from which such Insured Person derives the majority of their annual income;

2.34 **“Spouse”** means the named Spouse of a Policyholder, including any life partner. Not more than 1 (one) Spouse shall be covered in respect of each Policyholder;

2.35 **“Territorial Limits”** means the Republic of South Africa;

2.36 **“The/This Policy”** means this insurance agreement concluded between the Insurer and the Policyholder in respect of the Benefits underwritten by the Insurer;

2.37 **“The Medical Society”** means the group of medical centres that provide basic health care;

2.38 **“Waiting Period”** means the number of months from Commencement Date before Insured Persons can access Benefits. No claims will be payable during this period;

2.39 **“Year”** means a calendar year;

2.40 Any reference to the singular includes the plural and vice versa;

2.41 Any reference to a gender includes other genders;

2.42 The clause headings in this Policy Document have been inserted for convenience only.

3. General Provisions

3.1 This Policy Document together with the Policy Schedule and application form constitute the entire agreement and any word or expression to which a specific meaning has been assigned shall bear specific meaning wherever it may appear. Please read clauses in their entirety to understand their full meaning.

3.2 The minimum entry age of the Policyholder is 18 (eighteen) years old.

3.3 Persons joining this Policy after the age of 65 (sixty-five) will be subjected to increased Premiums.

3.4 Once any Insured Person has been insured under this Policy for a period of 12 (twelve) consecutive months, any Pre-Existing Condition shall no longer apply.

3.5 Insurance cover shall commence on the Commencement Date subject to receipt of the first Premium by the Insurer, unless otherwise stated.

3.6 The Insurer may alter the terms and conditions, Premiums, or Benefits of the Policy by providing the Policyholder with at least 31 (thirty-one) days' notice in writing.

3.7 Special Conditions under Section 5 should be read in conjunction with Section 8.

3.8 It shall be the duty of the Policyholder/Insured Person to inform the Insurer of any material changes which may affect the terms and conditions of the Policy, such as a change in medical health or personal details.

3.9 This Policy shall be cancelled in the event of misrepresentation, misdescription or non-disclosure of any material fact by or on behalf of an Insured Person.

3.10 This Policy does not accumulate a cash or surrender value.

3.11 Only 1 (one) Policy may be issued to any one Insured Person.

3.12 Insured Persons shall only be covered within the borders of the Republic of South Africa.

3.13 This Policy shall be governed by, construed and interpreted in accordance with the laws of the Republic of South Africa.

4. Premium Payments

4.1 All Premiums are payable monthly in advance.

4.2 If the Premium is not paid on the payment date selected, a 15 (fifteen) day Grace Period will be applicable. The Policy will be suspended during the Grace Period and no claims will be payable.

4.3 The Grace Period will commence from the second month following the Commencement Date provided that collection of the first Premium was successful.

4.4 The Insurer reserves the right to collect any failed or rejected Premium, which may include a double debit, from the nominated bank account.

4.5 Non-payment of Premiums for 2 (two) consecutive months will result in automatic termination of this Policy and no further Benefits will be payable.

5. Benefits

Day-to-Day Benefits

If this Option is selected, the following Benefits are payable subject to the Formulary:

5.1 Doctor Consultations

5.1.1 **Defined Event**
Unlimited, managed, Network GP consultations subject to a maximum Rand value as per the Formulary.

5.1.2 **Waiting Period**
This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

5.1.3 **Special Conditions**

5.1.3.1 Insured Persons will be required to make use of a Network GP.

5.1.3.2 All treatment and procedures conducted in the GP rooms, according to Formulary, will be included in the cover amount.

5.2 Medical Society Centre Consultations

5.2.1 **Defined Event**
Unlimited, managed, consultations with a medical practitioner at a conveniently located Medical Society Centre. Includes Acute Medication and treatment prescribed and/or dispensed by the medical practitioner according to Formulary.

5.2.2 **Waiting Period**
This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

5.2.3 **Special Conditions**

5.2.3.1 Only medication up to schedule 4 can be prescribed and/or dispensed by the medical practitioner.

5.2.3.2 The Insured Person will be liable for payment of any procedures or medication not on the Formulary.

5.3 Specialist Visit

5.3.1 **Defined Event**
1 (one) specialist visit per single Member Policy per Year up to R800 or R1 600 per Family Policy per Year.

5.3.2 **Waiting Period**
This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

5.3.3 **Special Conditions**

5.3.3.1 Referral from a GP is required to claim this Benefit.

5.3.3.2 Pre-authorisation is required.

5.4 Casualty Room Treatment

5.4.1 **Defined Event**
Emergency Casualty Room treatment for an Accident or Illness up to R3 000 per Policy per Year.

5.4.2 **Waiting Period**

5.4.2.1 In the event of an Accident, this Benefit has no Waiting Period and is applicable from Application Date.

5.4.2.2 In the event of Illness, this Benefit is subject to a 1 (one) month Waiting Period.

5.4.3 **Special Conditions**

5.4.3.1 Pre-authorisation is required.

5.4.3.2 Casualty Room Treatment as a result of an Accident between the Application Date and the Commencement Date is subject to 1 (one) event only up to R1 000 per Policy.

5.4.3.3 In the event of this benefit being claimed before the Commencement Date, the claim value will be deducted from the annual benefit amount.

5.5 Acute Medication

5.5.1 **Defined Event**
Acute Medication linked to a GP consultation and either prescribed or dispensed by the GP will be covered.

5.5.2 **Waiting Period**
This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

5.5.3 **Special Conditions**

5.5.3.1 Medication will be covered subject to the Formulary.

5.5.3.2 Insured Persons are responsible for payment of medication outside of the Formulary.

5.5.3.3 No cover for over-the-counter medication.

5.6 Radiology

5.6.1 **Defined Event**
Unlimited cover for basic radiology.

5.6.2 **Waiting Period**
This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

5.6.3 **Special Conditions**

5.6.3.1 A referral from a medical practitioner is required to claim this Benefit.

5.6.3.2 Only black and white x-rays will be covered subject to the Formulary.

5.6.3.3 Radiology related to an Accident will be covered under the Accident Benefit, if applicable to the chosen Option.

5.7 Pathology

5.7.1 **Defined Event**
Unlimited cover for basic pathology.

5.7.2 **Waiting Period**
This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

5.7.3 **Special Conditions**

5.7.3.1 A referral from a medical practitioner is required to claim this Benefit.

5.7.3.2 Basic pathology will be covered subject to the Formulary.

5.8 Out-of-Network Visits

5.8.1 **Defined Event**
Unlimited out-of-network visits. The Insured Person will be expected to make an upfront payment and claim back from the Insurer up to the defined amount.

5.8.2 **Waiting Period**
This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

5.8.3 **Special Conditions**

5.8.3.1 The Insured Person will be entitled to a reimbursement amount of up to R250.00.

5.8.3.2 The Insured Person is responsible for informing the GP to prescribe medication according to the Formulary.

5.9 Dentistry

5.9.1 **Defined Event**
Basic dentistry cover including 1 (one) full mouth assessment or 1 (one) scale and polish, infection control, 2 (two) intraoral radiographs, 3 (three) extractions and 3 (three) amalgam fillings per Insured Person per Year.

5.9.2 **Waiting Period**
This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

5.9.3 **Special Conditions**

5.9.3.1 Insured Persons will be required to make use of a Network Dentist.

5.9.3.2 Cover will be provided in accordance with the Formulary.

5.10 Optometry

5.10.1 **Defined Event**
1 (one) eye test and 1 (one) set of standard frames and lenses per Insured Person per 24 (twenty-four) months.

5.10.2 **Waiting Period**
This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

5.10.3 **Special Conditions**

5.10.3.1 Insured Persons will be required to make use of Spec-Savers.

5.10.3.2 Cover will be provided in accordance with the Formulary.

5.10.3.3 No cover is provided for contact lenses or cosmetic finishes.

5.11 Post-Hospital Private Home Nursing

5.11.1 **Defined Event**
Up to R10 000 per Policy per Year for the assistance of a private nurse following a stay in a Hospital, subject to 5.11.3.

5.11.2 **Waiting Period**
This Benefit has no Waiting Period and is applicable from the Commencement Date.

5.11.3 **Special Conditions**

5.11.3.1 This Benefit is only available where the Insured Person is unable to perform 3 (three) or more activities of daily living, listed below, as a result of Illness or accidental injury, without the help of another person, but with the use of appropriate assistive or corrective aids and appliances.

- **Washing:** The ability to wash in a bath or shower (including getting into and out of a bath or shower);
- **Dressing:** The ability to put on, take off, secure and unfasten all garments;
- **Feeding:** The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils;
- **Toileting:** The ability to use the lavatory and to recognize the need to clear the bladder or bowel;
- **Mobility:** The ability to move indoors from room to room on level surfaces;
- **Transferring:** The ability to move from a bed to a chair or wheelchair and vice versa;
- **Communicating:** The ability to answer the telephone and take a message.

5.11.3.2 This must be confirmed in a report from a medical practitioner and an examination by a medical professional appointed by the Insurer.

5.12 Family Funeral

5.12.1 Defined Event

The following Benefits are payable in the event of death of an Insured Person:

Insured Person	Hospital Plan
Policyholder	R12 500
Spouse and Children over the age of 14	R12 500
Children aged 6 to 14	R6 000
Children birth to age 6	R3 000
Stillborn from 28 weeks	R1 500

This Benefit includes the repatriation of mortal remains. When an Insured Person's death occurs away from their normal place of residence, the deceased will be transported to the place of residence.

5.12.2 Waiting Period

This Benefit has a 3 (three) month Waiting Period from the Commencement Date.

5.12.3 Special Conditions

Repatriation of mortal remains is only available within the Territorial Limits.

Hospital Benefits

If this Option is selected, the following benefits are payable subject to the Formulary:

All of the below Benefits require Pre-authorisation.

5.13 Accident Cover

5.13.1 Defined Event

Cover in the event of an Accident as defined in Section 2 above. Up to R110 000 per single Member per event or R150 000 per Family per event.

5.13.2 **Waiting Period**
This Benefit has no Waiting Period and is applicable from the Application Date.

5.13.3 **Special Conditions**
Hospitalisation as a result of an Accident between the Application Date and the Commencement Date is subject to 1 (one) Admission per Policy, up to R70 000 per single Member Policy and R85 000 per Family Policy.

5.14 Casualty Room Treatment

5.14.1 **Defined Event**
Emergency Casualty Room treatment for Illness only up to R2 750 per Policy per Year.

5.14.2 **Waiting Period**
This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

5.15 24-Hour Emergency

5.15.1 **Defined Event**
24/7 emergency medical advice, ambulance services, inter-hospital transfers, Hospital pre-authorisation & arranging for guarantee of payment to the treating facility.

5.15.2 **Waiting Period**

5.15.2.1 If claimed as a result of an Accident, this Benefit has no Waiting Period and is applicable from the Application Date.

5.15.2.2 If claimed as a result of Illness, this Benefit has no Waiting Period and is applicable from the Commencement Date.

5.16 Daily Illness Hospitalisation

5.16.1 **Defined Event**
When hospitalised due to Illness, the following amounts will be payable:

1st Day	2nd Day	3rd Day	4th Day	5th Day
Up to R17 000	Up to R17 000	Up to R17 000	Up to R8 500	Up to R8 500

thereafter up to R3 000 per Day up to a maximum of 21 (twenty-one) Days per Insured Person, per Illness event.

5.16.2 **Waiting Period**
This Benefit has a 3 (three) month Waiting Period from the Commencement Date.

5.16.3 **Special Conditions**

5.16.3.1 Maximum Benefit payable is up to R116 000.

5.16.3.2 If an Insured Person is admitted into Hospital within a 6 (six) month period for the same or a related Illness, the Benefit amount payable will recommence from the last day of the previous Admission.

5.16.3.3 Insured Persons may be required to make use of Day Clinics if instructed to do so by the Insurer.

5.16.3.4 Only 2 (two) Admission claims per Insured Person per Year will be payable.

5.17 Maternity

5.17.1 **Defined Event**
The following stated Benefits are payable regardless of the amount of Days spent in Hospital as an inpatient:

Procedure	Amount
Maternity (Natural)	R25 000
Maternity (C-Section)	R35 000

5.17.2 **Waiting Period**
This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

5.17.3 **Special Conditions**
Only 1 (one) claim per Insured Person per 12 (twelve) month period will be payable.

5.18 Post-Hospital Private Home Nursing

5.18.1 **Defined Event**
Up to R10 000 per Policy per Year for the assistance of a private nurse following a stay in a Hospital, subject to 5.11.3.

5.18.2 **Waiting Period**
This Benefit has no Waiting Period and is applicable from the Commencement Date.

5.18.3 **Special Conditions**

5.18.3.1 This Benefit is only available where the Insured Person is unable to perform 3 (three) or more activities of daily living, listed below, as a result of Illness or accidental injury, without the help of another person, but with the use of appropriate assistive or corrective aids and appliances.

- **Washing:** The ability to wash in a bath or shower (including getting into and out of a bath or shower);
- **Dressing:** The ability to put on, take off, secure and unfasten all garments;
- **Feeding:** The ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils;
- **Toileting:** The ability to use the lavatory and to recognize the need to clear the bladder or bowel;
- **Mobility:** The ability to move indoors from room to room on level surfaces;
- **Transferring:** The ability to move from a bed to a chair or wheelchair and vice versa;
- **Communicating:** The ability to answer the telephone and take a message.

5.18.3.2 This must be confirmed in a report from a medical practitioner and an examination by a medical professional appointed by the Insurer.

Optional Benefits

If selected, Optional Benefits are payable as follows:

5.19 Chronic Essential

5.19.1 **Defined Event**
Chronic Medication covered under the Chronic Essential Benefit and linked to the Formulary will be dispensed by a medical practitioner or obtained via prescription from a pharmacy.

5.19.2 **Waiting Period**
This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

5.19.3 **Special Conditions**

5.19.3.1 Medication is endorsed upon application.

5.19.3.2 An additional surcharge of R69 per Insured Person per condition per month will be payable when this Benefit is claimed.

5.20 IER Booster

5.20.1 **Defined Event**
The IER Booster provides Insured Persons with the following:

5.20.1.1 Emergency Casualty Room stabilisation up to R6 000 per event.

5.20.1.2 Hospital stabilisation Benefit up to R40 000 per event.

5.20.2 **Waiting Period**
This Benefit has no Waiting Period and is applicable from the Commencement Date.

5.20.3 **Special Conditions**

5.20.3.1 When taken in conjunction with the Day-to-Day Option, access to 24-hour emergency medical advice, ambulance services as well as access to a network of emergency services is included.

5.20.3.2 Single member policies get cover for 1 (one) event per Year.

5.20.3.3 Family policies get cover for 2 (two) events per Year.

5.20.3.4 This Benefit provides cover for life-threatening events only.

If a Combined Option has been selected by the Policyholder, Day-to-Day and Hospital Benefits will be payable. The amounts for the following Benefits are increased as per below:

5.21 Casualty Room Treatment

5.21.1 **Defined Event**
Emergency Casualty Room Treatment for Illness only up to R4 250 per Policy per Year.

5.21.2 **Waiting Period**
This Benefit has a 1 (one) month Waiting Period from Commencement Date.

5.21.3 **Special Conditions**
Casualty Room Treatment related to an Accident will be covered under the Accident Benefit.

6. Claims

6.1 Insured Persons must obtain Pre-authorisation for certain Benefits as contained in this document. Moreover, the Insured Person must determine the maximum Benefit payable for each and every Defined Event as the level of Benefit is determined by the actual procedure

conducted by the service provider. To do this, the Insured must contact us via telephone on 0861 11 00 33 or via email info@affinityhealth.co.za.

6.2 Day-to-Day claims can be emailed to claims@affinityhealth.co.za.

6.3 Hospital claims can be emailed to hospitalclaims@affinityhealth.co.za.

6.4 All claims under this Policy are covered when the Premium is paid. If the GP or Service Provider charges a rate above the Benefit payable under this Policy, then such difference is payable by the Insured Person.

6.5 It is the sole responsibility of the Insured Person to seek medical assistance immediately when the Insured Person becomes aware of a medical condition that requires treatment. The Insurer will not be liable to provide cover because of negligence in the treatment of medical requirements.

6.6 Written notice on the prescribed form must be given to the Insurer in writing as soon as practicable of any occurrence which may give rise to a claim under this Insurance, but within 3 (three) months of such occurrence, failing which the claim will not be entertained.

6.7 Costs associated with the claim need to be submitted to the Insurer within 120 (one hundred and twenty) days of the Defined Event. In the event of the costs being submitted after 120 (one hundred and twenty) days, they will be deemed stale and the Insurer will not be liable to cover the costs.

6.7.1 Any claims for the Accident Benefit need to be submitted within 30 (thirty) days of the event giving rise to such claim. Any claim received thereafter will be deemed stale and the Insurer will not be liable to cover the costs.

6.7.2 Any event relating to a previous Accident claim submitted within 6 (six) months of the previous claim will not be payable.

6.8 In the event the Insurer repudiates a claim:

6.8.1 The Insured Person has 90 (ninety) days to make representations for repudiated claims;

6.8.2 Representations must be made in writing outlining the Insured Person's reason for the dispute;

6.8.3 We will provide the Insured Person with a written response within 30 (thirty) days.

6.8.4 Should the response be unsatisfactory to the Insured Person, they reserve the right to refer the dispute to the Ombudsman for Long-term Insurance or to serve legal process against us within 90 (ninety) days after such representations have been made;

6.8.5 Should the Insured Person not exercise these rights within these time frames the claim will be deemed abandoned.

6.9 All certificates, information and evidence required by the Insurer shall be furnished in the form prescribed and without expense to the Insurer. The Insured Person shall attend a medical examination on behalf of, and at the expense of, the Insurer as often as shall be required in connection with any claim. Should such documentation not be received the insurer shall not be liable to consider the claim.

6.10 The Insured Person must notify us at least 48 (forty-eight) hours prior to being hospitalised by contacting us on 0861 11 00 33 and providing full particulars of the hospitalisation. Failure to do so may result in non-payment of claims. Where the Insured Person is physically unable to notify us prior to hospitalisation, this condition will not apply, subject to us being notified within 48 (forty-eight) hours after admission provided that the Insured Person is physically able to do so.

6.11 If any claim under this Insurance be in any respect fraudulent or intentionally exaggerated or if any fraudulent means or devices are used by the Insured Person or anyone acting on their behalf to obtain any Benefits under this Insurance, all Benefits herein shall be forfeited, and no Premiums shall be refunded.

6.12 The Policyholder hereby gives the Insurer the right to claim from the Insured Person any payment or compensation received by the Insured Person from any third party due to an event that is covered by this Policy.

6.13 Should a Pre-Existing Condition exist that results in the injury or Illness becoming more severe, the Insured Person shall only be due the amount deemed to have been incurred because of the specific Accident or Illness.

6.14 Compensation under one Benefit pertaining to this Policy shall not be in addition to another.

6.15 Any leniency offered in the processing/payment of claims or extension of cover to an Insured Person is not deemed to be leniency on an ongoing basis and the terms of this Policy remain in full force and effect.

6.16 Insured Persons shall take all reasonable precautions to prevent Accidents and to comply with all statutory requirements and regulations;

7. Amendment/Upgrade/Cancellation Procedure

7.1 Should the Policyholder wish to change personal details, amend any Option or add Dependants onto their existing plan they must contact us directly on 0861 11 00 33, or email info@affinityhealth.co.za along with their membership number.

7.2 The Policyholder may cancel membership by giving written notification. Insured Persons will, however, still be covered for the remainder of the month for which the last Premium was collected. No Premiums will be refunded in instances where Benefits were not utilised by the Insured Person. Should cancellation fall within the 31 (thirty-one) day cooling off period, Premiums will be refunded provided no Benefits were utilised.

7.3 If the Policyholder cancels the Policy, no claim will be payable for any event occurring after the effective date of termination.

7.4 The Insurer reserves the right to cancel or vary membership or that of any Insured Person by giving written notification, where possible, if any Insured Person:

7.4.1 Provides false information or fail to disclose information upon application;

7.4.2 Provides false information upon submission of a claim;

7.4.3 Allows any other person to use their membership card;

7.4.4 Commits any other fraudulent act;

7.4.5 Fails to pay Premiums;

7.4.6 Generally act in a manner indicative of a premeditated selection against the Insurer.

8. Exclusions

8.1 The Insurer shall not be liable to pay Compensation in respect of any Insured Person:

8.1.1 if caused by a Pre-Existing Condition within the first 12 (twelve) months of cover;

8.1.2 for Hospitalisation related to a chronic condition, unless as a result of stabilisation for a life-threatening event and accompanied by the IER Booster.

8.1.3 if resulting from suicide of such person or attempt thereat, whether due to mental disorders or not, or any other self-injury or intentional exposure to obvious risk of Injury (unless in an attempt to save a human life);

8.1.4 if caused by, or as a result of, the influence of alcohol, drugs or narcotics upon such Insured Person, unless administered by or prescribed by and taken in accordance with the instructions of a Member of the medical profession (other than himself);

8.1.5 if caused by, or arising from, exposure to, or contamination by, atomic energy and/or nuclear fission or reaction;

8.1.6 whilst travelling by air other than as a passenger and not as a member of the aeroplane crew, technical staff or for the purpose of any technical operation thereon or therein;

8.1.7 whilst participating in any riot, civil commotion or public disorder, including authorised and sanctioned union activity or active involvement in war, acts of terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind;

8.1.8 whilst participating in a Professional Sport as defined in section 2 above;

8.1.9 for treatment relating to any mental and/or nervous disorders, other than those caused by an Accident as defined in this Insurance, and covered under this Policy;

8.1.10 who is in employment of or service in the permanent force of the South African National Defence Force, South African Police Service or any other armed forces;

8.1.11 for any claims for mountaineering or rock climbing necessitating the use of ropes or guides, potholing, hang-gliding, skydiving, riding or driving in a race or rally, underwater activities involving the use of artificial breathing apparatus unless the Insured Person has an open water diving certificate and is diving within the depth limitations of such certification, but to a depth no greater than 30 (thirty) meters, and/or similar activities, unless agreed by the Insurer;

8.1.12 for any claim arising whilst the Insured Person is perpetrating an intentional unlawful act in terms of South African Law;

8.1.13 if caused by any gradually operating cause of which the Insured Person is aware;

8.1.14 for the treatment of any congenital abnormalities, diseases or disorders;

8.1.15 for claims in respect of expenses arising out of regular medical treatments on an ongoing (chronic) basis;

8.1.16 for Contraception medication or fertility-related therapies;

8.1.17 for mental-related conditions, including the consultation and use of specialists;

8.1.18 for elective cosmetic surgery, corrective optical and laser surgery or treatment and costs resulting therefrom;

8.1.19 for treatment, directly or indirectly arising from, or connected with, male and female birth control, infertility and any form of assisted reproduction;

8.1.20 if the person is at the time of an Accident engaged in a race or speed test;

8.1.21 if injuries are sustained whilst any person driving a vehicle is under the age prescribed by law, or who is not authorised or qualified to drive the vehicle;

8.1.22 for the cost incurred for the treatment of obesity;

8.1.23 for the treatment of any sexually transmitted diseases, unless as a result of rape or a crime that has been reported to the South African Police Services;

8.1.24 for services rendered by a person not registered with the SA Medical and Dental Council and/or the South African Health Professions Council and/or the South African Nursing Council;

8.1.25 for any treatment or control of any superbug, any multi-drug resistant illness and/or MRSA;

8.1.26 where the Insured Person is covered in terms of a statutory body or their successors, in relation to a Defined Event, this Policy shall be obliged to pay only the amounts for which the Insured Person is liable, up to the maximum Benefit amount;

8.1.27 for admissions requested for diagnostic procedures;

8.1.28 for costs incurred as a result of failure to carry out the instructions or advice of a medical doctor, including deferring treatment in order to have costs covered once Waiting Periods and endorsements are no longer applicable;

8.1.29 for costs incurred as a result of fertility treatment resulting in multiple births;

8.1.30 for a Pandemic;

8.1.31 In the case where the Insured Person is also covered by a Medical Aid as defined in the Medical Schemes Act, 131 of 1998, a 3 (three) day franchise will be applied and thereafter the admission is covered up to a maximum of 18 (eighteen) days per illness event paying the daily limit provided under the Daily Illness Hospitalisation Benefit per day whilst in hospital. This means that no claim will be paid for the first three days. The Insurer reserves the right to apply the average length of stay to the relevant admission based on the clinical guidelines as provided by the Department of Health.

9. Dispute Resolution

9.1 This agreement shall be governed, interpreted and construed in accordance with the laws of the Republic of South Africa. Any legal action or proceedings arising out of or in connection with this Policy which is to be instituted in a court of law shall be brought in the High Court of South Africa and irrevocably submitted to the exclusive jurisdiction of such court.

10. Sharing of Insurance Information

10.1 The sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess the risks fairly and to reduce the incidence of fraudulent claims.

10.2 Insured Persons hereby consent to the sharing of any insurance information provided by them, or on their behalf, in respect of any insurance policy or claims lodged. Insured Persons also consent to this information being disclosed to any other insurance company and/or verified against other legitimate sources or databases.

NOTES

24-Hour Emergency
084 124

Hospital pre-authorisation
0861 11 00 33

Physical Address

1 Dingler Street
Rynfield, Benoni
South Africa
1501

Postal Address

Postnet Suite 124
Private Bag X101
Farrarmere, Benoni
1518

Call Centre
0861 11 00 33

Email Address
info@affinityhealth.co.za

Fax Number
086 607 9419

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