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EMERGIVAC Plan

LIFE INSURANCE POLICY TERMS AND CONDITIONS

Some words used in this document have a specific meaning which may differ from the standard dictionary definition.

In order to enjoy the benefits of this policy, you must reside in South Africa. This means that in order to claim, the Insured Life must have spent at least 9 of the preceding 12 months before the claim event inside the borders of South Africa.

SECTION A: BENEFITS

The benefits start when you have paid your first premium. It is important to keep paying your premiums to ensure that you are covered. In the event of unpaid premiums, cover will cease until such time as premiums are paid. Please note that waiting periods will re-start if your policy has lapsed, so please read the Policy Rules carefully. All benefits will be paid less any outstanding premiums.

ACCIDENTAL DEATH BENEFIT

We will pay the Beneficiary the Accidental Death Benefit amount if the Main Insured Life dies in an Accident. Benefits in respect of Insured Dependents (where applicable and as indicated on your Personal Policy Schedule), will be paid to you, the Policy Owner.

What you are covered for:

Should death of an Insured Life occur as a result of an Accident, we will pay the amount as indicated on the Personal Policy Schedule.

When will you not be covered:

- Death due to an Excluded Condition (refer to the table in the EXCLUSIONS Section below).
- Death in a month where the premium is not received.
- Death after the age of 65.
- Where the claim is fraudulent or exaggerated in any way.
- Death due to an Accident where such Accident occurred before policy commencement.

Conditions:

- The Accidental Death Benefit covers the Main Insured Life, their Spouse (where applicable) and Children (where applicable).
- The Accidental Death Benefit and Premiums will cease on the earlier of the Main Insured Person or Spouse's 65th birthday.
- Death as a result of an Accident must occur within 12 months of the date of the Accident.
- Benefits in respect of Children covered under this policy are subject to restrictions defined as per your Personal Policy Schedule. These may be subject to legislative changes.

ACCIDENTAL DISABILITY BENEFIT

We will pay you the Accidental Disability Benefit amount if you or your spouse are disabled (Total and Permanent Disability) due to an Accident before the age of 65.

When will you not be covered:

- Disability resulting from an Excluded Condition (refer to the table in EXCLUSIONS Section below).
- If the Accident occurs in a month where the premium is not received.
- If the Accident occurs after the age of 65.
- Where the claim is fraudulent or exaggerated in any way.

- If the Accident occurs before policy commencement.

Conditions:

- The Accidental Disability Benefit covers the Main Insured Person and their Spouse (where applicable) only.
- The Accidental Disability Benefit and Premiums will cease on the earlier of the Main Insured Person or Spouse's 65th birthday.
- In order to claim on this Benefit, Disability must occur within 12 months of the Accident.
- Permanency of the Disability will be established 6 months after the claim.
- Payment of the Accidental Disability Benefit will result in the Benefit ceasing for that Insured Person. This means that each Insured Person can only claim once on this Benefit.
- There will be no double payment on death if resultant from the same incident as Accidental Disability.

SECTION B: HOW TO CLAIM

Notice must be given to Clientèle Life within 60 days of the Accidental Death or Accidental Disability claim event.

Tell us about your claim in one of the following ways:

- Contact 010 271 4786
- Send a "We Call You" from your EMERGIVAC App
- Alternatively you can contact Clientèle Life on 011 320 3000.

The Claimant must have the following information available when they submit a claim:

- The Insured Life's policy number and ID number.
- An e-mail address.
- The date and cause of the Accidental Death or Accidental Disability claim event.

You will then be provided with a unique claim number, a claim form and will be advised what other documents are needed in order for the claim to be processed.

Important points to know regarding the claims process:

- We require a certified copy of the South African death certificate, the deceased Insured Life's ID as well as the Beneficiary(ies) ID and payment information.
- We may request the opinion of an independent medical practitioner, or any additional documentation to validate the claim. The claimant is responsible for providing this information to us.
- If the Beneficiary cannot be traced after a period of 2 months from the date the claim was approved, payment will be made into the estate of the deceased Insured Person.
- All information provided is at the Claimant's own cost.
- All claim payments (i.e. less outstanding premiums) will be made in South African Rands via direct deposit into a South African bank account.

SECTION C: POLICY RULES

- You have a 31-day cooling off period to cancel the policy. This means, from the time we send your policy documents, as long as there has been no claim or you have not received any benefit under the policy, if the policy is cancelled within these 31 days, we will refund the premiums you have paid.
- We reserve the right to submit a debit instruction to your bank at any time during the month and to debit your account using any reasonable collection methods. To do this, we may also track and debit your account up to 10 working days earlier than the debit date. Should the total premium be adjusted by us or yourself as a general increase / decrease, the adjusted premium will be deducted from your bank in the same manner. This instruction will remain in force unless otherwise notified by us or cancelled by you, the Policy Owner.
- We reserve the right to lapse your policy and we will stop trying to collect your premium if you do not pay a premium for two consecutive months.
- You must make sure that there are sufficient funds in your bank account to pay your premium on the agreed date. If any debit order is not paid, you will be responsible for the related bank charges. If we do not receive your premium on time, you have a grace period of 30 days to pay it to enjoy cover. We will however resubmit for the premium in arrears and the current premium, on your next Debit Order date.
- You have the right to cancel this policy by giving us 31 days' notice. Premiums paid during this notice period will not be refunded.
- We reserve the right to change the terms and conditions of this policy at any time. Written notice of changes will be sent to the Policy Owner's latest contact details we have on record one month in advance and will be binding on you, the Policy Owner and us.
- We reserve the right to cancel your policy with immediate effect if a claim is found to be fraudulent in any respect. This means that you will no longer be covered and all premiums paid will be forfeited.
- If a date of birth of an Insured Life has been recorded incorrectly, we may amend the benefits at the date of a claim, taking into account the correct age of the Insured Life. It is important to notify us if this information is incorrect on your Personal Policy Schedule.
- Premiums and benefits may be revised from time to time for a group of policies that exhibit similar risk experience. Any changes to the premiums or benefits will be communicated to the Policy Owner, giving at least 30 days' notice. However, whilst this policy is in force, no change will be made because of the physical condition of an individual Insured Life.
- Clientèle reserves the right to cancel all policies in this product line, by giving one month's notice.
- Additional Insured Dependents may only be added within six months of a life event, i.e. marriage, birth or legal adoption. Cover will start from the 1st premium (whether varied or not) paid after the Additional Insured Dependents have been added. A maximum of 3 children may be covered on your Family Plan. Additional children can be added at an additional cost.
- The Policy Owner may change the Beneficiary(ies) nominated at any time prior to a claim event, by notifying us. Please ensure that you are always in possession of a Personal Policy Schedule that reflects your latest nomination. Where a minor Child is a Beneficiary, payment will be made into a trust fund and will only be paid out when the minor Child attains the age of majority.
- This policy acquires no surrender, loan or paid up values.
- The policy will remain active as long as the Main Insured Life is still active and Premium payments are up to date.
- This policy is free from all restrictions on occupation or travel of an Insured Life, unless otherwise stated.
- The policy can be ceded. Cessions will only be valid if received in writing by us and confirmed in writing to you, the Policy Owner.
- Any question of law arising shall be decided according to the laws of the Republic of South Africa.
- This policy has been issued on the basis that the information provided during the application process was true and correct.
- The Accidental Disability and Accidental Death Benefits are only payable once if claims arise out of the same event. In order to claim on more than 1 Benefit, the claim event must be different.
- IMPORTANT NOTE: Part of this Policy is classified as a Health Insurance Product. 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 medical scheme membership. This document is issued in accordance with the Policyholder Protection Rules as set out in the Rules published in terms of Sections 48 and 62 of the Long Term

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Insurance Act of 1998.

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SECTION D: DEFINITIONS

Words used in this document have a specific meaning, as stipulated below, which may differ from the standard dictionary definition.

Accident	Means a sudden and unexpected event, which is caused solely and directly by violent, physical means and resulting in an external, visible injury confirmed by clinical examination and appropriate testing. Please note that the following is specifically excluded: ● Any event occurring before policy commencement or resale date (whichever occurred last) ● Suicide or Self-Inflicted Injury.
Beneficiary	Is the person(s) entitled to the proceeds of the death benefits of the Main Insured Life.
Child	Means an unmarried dependent child, step-child, biological child, adopted child (legally or by custom) or grandchild (whose parents are both deceased) of the main insured life. A dependent child that attained the age of 18 years shall no longer be covered under this policy, unless he/she becomes dependent on the main insured life by reason of mental or physical incapacity whilst the policy is active or unless enrolled as a full time student at a registered tertiary institution until a maximum age of 21. We may request proof of dependency at claims stage.
Claimant	Is the person that notifies us of a claim and may or may not be the Beneficiary.
Date of Commencement	Is the first day of the month during which the first premium is due.
Insured Life/Person	The person(s) named in your Personal Policy Schedule and includes Covered / Insured Dependents.
Main Insured Life	The person indicated as such on your Personal Policy Schedule.
Main Policy Premium	Is the regular monthly contractual payment made by a policy owner in return for an undertaking by us to provide policy benefits as specified in your Personal Policy Schedule. This specifically excludes the premium covering any Additional Benefits.
Policy Owner	Is the person who applied for the policy and who is also responsible for payment of the premium.
Total and Permanent Disability	Is where an Insured Person is totally and permanently unable to carry out the functions of his/her own or any reasonably suited occupation or where an Insured Person suffers total and permanent loss of one of the following: ● Sight in both eyes defined a visual acuity of less than 20/200 in the better eye, or Visual field restriction to 20 degrees or less in both eyes and cannot be corrected by surgery or visual aids. ● Total and permanent loss of the ability to produce intelligible speech as a result of damage to the larynx or brain. Psychiatric causes are excluded. Loss of use of a combination of any 2 limbs (hand, foot, leg, arm) provided that they are not part of the same limb; ● Loss of use of both feet (ankle or below) or both legs (above the knee, including the knee and below); ● Loss of the use of either hands (below the wrist) or both arms (above the elbow, including the elbow and below).
Us/We	Clientèle Life Assurance Company Limited. FSP Number 15268.

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SECTION E: EXCLUSIONS

The Insurer will not be liable in respect of any Accidental Death or Accidental Disability claim which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with or resulting from any of the following:

- Intentionally self-inflicted injury or attempted suicide, while sane or insane.
- An Accident attributable to any kind of dangerous activity or hazardous pursuit, for example motorised racing of any kind; climbing/mountaineering; hang-gliding; parachuting; bungee-jumping; flying (except as a fare-paying passenger on a scheduled airline); participating in winter sports involving snow or ice; polo; horseback riding; steeple-chasing; amateur or professional sports; sky-diving; any underwater activity requiring the use of artificial breathing apparatus; potholing; rugby; game-hunting; surfing; woodworking etc..
- Being under the influence of alcohol that is tested above the legal limit, as published from time-to-time, or any drug not prescribed by a registered medical practitioner, regardless of whether this caused the disability or death.
- War, invasion by a foreign country, riot, terrorism, acts of foreign enemies, hostilities (whether war is declared or not), civil war, labour disturbances, active participation in strikes or the activities of locked-out workers, rebellion, revolution insurrection or military or usurped power, or the Insured Life engaging in military duty or military exercises with any armed force of any country or international authority will not be covered.
- Any activity in any capacity in the armed forces, police, military or an occupation as an arms dealer, television reporter or cameraman.
- Childbirth, abortion, miscarriage, obstetrical procedures or any consequences thereof will not be covered.
- Use of nuclear, biological or chemical weapons, ionizing radiation or radioactive contamination.
- The actions of the Insured Life contrary to the law, criminal or other acts of the law.
- Where the claim is fraudulent or exaggerated in any way.

STATUTORY NOTICE TO LIFE INSURANCE POLICYHOLDERS
IMPORTANT PLEASE READ CAREFULLY
DISCLOSURE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other document) As a Life Insurance Policyholder, or prospective Policyholder, you have the right to the information below:

About the Insurer

Clientèle Life Assurance Company Limited ("Clientèle Life") is an authorised Financial Services Provider (FSP No. 15268) in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act"), authorised to render advice and intermediary services in respect of Category I, Subcategory 1.1 (Long-term Insurance: Category A), 1.3 (Long-term Insurance: Category B1), 1.4 (Long-term Insurance: Category C),1.20 (Long-term Insurance: Category B2), 1.21 (Long-term Insurance: Category B2-A), 1.22 (Long-term Insurance: Category B1-A). Clientèle Life is also a licensed Life Insurer in terms of the Insurance Act and the product supplier.

Registration No. 1973/016606/06
VAT No. 4230/166/979
The Insurer holds Professional Indemnity Insurance
Postal address: P O Box 1316, Rivonia, 2128
Physical address: Clientèle Office Park, Cnr Rivonia and Alon Roads, Morningside

Nature and extent of benefits, when they are realisable or payable	Refer to Policy Documentation
Restrictions, limitations, exclusions, or penalties for early termination (if applicable)	Refer to Policy Documentation
Charges, fees and investment component (if applicable)	Refer to Policy Documentation
Commission, consideration, fees and charges payable	Refer to Policy Documentation
Cooling off rights	A 31-day cooling off period applies

About the Intermediary (FSP) and Binder holder

Clientèle Life has entered into a written intermediary agreement and a binder agreement with The Activation Agency (Pty) Ltd, in terms of the Insurance Act to market and sell medical emergency evacuation or transport health policies on Clientèle Life's behalf. The Intermediary is an authorised Financial Services Provider, FSP 44785, in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and is authorised to under FAIS to render advice and intermediary services in respect of the products which it sells. These products are included in the following categories: Category I, Subcategory 1.1 (Long-term Insurance: Category A), 1.3 (Long-term Insurance: Category B1), 1.20 (Long-term Insurance: Category B2), 1.21 (Long- term Insurance: Category B2-A) and 1.22 (Long-term Insurance: Category B1-A). The Representative must inform you whether he/she is currently performing advice/intermediary services under Supervision in terms of the FAIS Act. The Intermediary receives maximum statutory regulatory commission in terms of the Insurance Act as well as a Binder Fee of 7.5% of risk premium. The Intermediary holds Professional Indemnity Insurance Cover. The Intermediary does not directly or indirectly hold more than 10% of the Insurer's shares, or has any equivalent substantial financial interest in the Insurer. The Intermediary has not received more than 30% of its total remuneration during the preceding 12 months from the Insurer.

Registration No. 2008/004372/07
Telephone number: 087 825 1149
Email address: info@activationagency.co.za Postal
address: P O Box 381, Randburg, 2125
Physical address: Acacia Block, Hurlingham Office Park, 59 Woodlands Avenue, Hurlingham, Sandton, 2194

Details of complaints or services department

The Insurer has entered into a binder agreement with The Activation Agency (Pty) Ltd. For any policy queries or additional information, please contact them on 010 745 7460.

Complaints Procedure:

1. Should you wish to lodge a complaint please contact The Activation Agency (Pty) Ltd on 087 825 1149, or email complaints@activationagency.co.za.
2. In the event that your complaint is not satisfactorily resolved, then you may refer the complaint to the Office of the Independent Arbitrator at complaintsarbitrator@clientele.co.za or on 011 320 3000.The Independent Arbitrator has the independence and authority to overturn the initial findings and will only consider cases having previously gone through step (1).
3. In the unlikely event that you are still not satisfied with the decision then you can forward your complaint to the FAIS Ombud on 012 470 9080/012 762 5000 and/or the Ombudsman for Long-Term Insurance on 021 657 5000.

Details of compliance department

Clientèle Life has an active Compliance Department. The Head of Compliance and the Department can be contacted on 011 320 3000. The Activation Agency (Pty) Ltd utilises and external Compliance Department as detailed below:
Oracle Compliance (Pty) Ltd

Physical address:	Suite 3A, 5 Fricker Road, Illovo Boulevard, Johannesburg, 2196
Telephone:	011 100 2551
Fax:	086 664 8448
Email:	info@oraclecompliance.com

Details of claims procedure and department

The Insurer has entered into a binder agreement with The Activation Agency (Pty) Ltd. FSP 47885, Registration No: , to handle claims on the Insurer's behalf. To lodge a claim please contact TAA telephonically on010 745 7460.
Postal address: P O Box 381, Randburg,
Physical address: Acacia Block, Hurlingham Office Park, 59 Woodlands Avenue, Hurlingham, Sandton,

Procedures for the submission of claims for the Accidental Death and Accidental Disability benefits are detailed in your policy and are important. If you have any difficulty in determining the correct procedures, please contact the Clientèle Life's Claims Department on 011 320 3000.

Extent and nature of premium obligations

Your policy document reflects the premiums payable, the due date of payment and the frequency of payment (e.g. monthly or annually). If the premium is paid by debit order, it may only be in favour of the Insurer and may not be transferred without your approval. Your premiums will be collected by The Activation Agency (Pty) Ltd.

Consequences of non-payment of premiums

The due date for the payment is reflected on your policy schedule. Your payment should be made on or before the due date reflected to avoid the cancellation of the policy.

Warning

Do not sign any blank or partially completed application form. Complete all forms in ink. Keep all documents you receive. Make notes of what is said to you. Do not be pressured into buying the product, make this decision on your own. Incorrect, or full non-disclosure of relevant information may impact any claims arising from your contract of Insurance.

Matters of importance

1. A copy of the sales recording, if applicable, can be made available to you on request; 2. We must give you 31 days' notice in writing of our intention to cancel your debit order; 3. We must give you reasons in writing for the rejection of any claim submitted by you; 4. You are entitled to a copy of your policy free of charge.

Information Authorisation

By taking this Policy, I hereby authorise:

1. Clientèle Life to obtain from any person any information which may be needed to assess the risks to which the Policy relates or to assess claims in respect of contracts to which this Policy relates;
2. The person concerned to give Clientèle Life any information requested under the authorisation in 1 above;
3. Clientèle Life to give other Insurers any information obtained under the authorisation in 1 above, as well as any information in any document or contract to which this Policy relates in order to assess risks and claims, and also to give such information to the Association for Savings and Investment South Africa (ASISA);
4. The ASISA to give any such information received to other Insurers to assess risks or claims. Any information may, under this authorisation, be obtained or given at any time, even after my death and in such detail, or in such abbreviated or coded form as Clientèle Life or the ASISA may from time-to-time decide;

Conflict of Interest

We have considered the conflict of interest provisions in terms of the FAIS Act 37 of 2002 and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates or distribution channels as defined. A conflict of interest management policy is available to clients upon request.

Waiver of Rights

The General Code of Conduct stipulates that no financial services provider may request or induce in any manner a client to waiver any right or benefit conferred on the client by/or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

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ANNEXURE – HOSPITAL ADMISSION GUARANTEE

1. Hospital Admission Guarantee Benefit

1.1. Introduction

1.1.1. Should the Accident related emergency evacuation require immediate in-patient treatment at a hospital, we will guarantee up to R150 000 (one hundred and fifty thousand rand) per annum for Individual Cover or R375 000 (three hundred and seventy five thousand rand) per annum for Family Cover, for this emergency medical treatment.

1.2. Benefits

1.2.1. Emergency medical treatment for an Accident related Emergency evacuation event covered at a listed Hospital:

1.2.1.1. In hospital emergency medical treatment for the Accident event.

1.2.1.2. Emergency Department treatment for the Accident event.

1.2.1.3. Hospital stay in a general ward, high care, or ICU for as long as the emergency medical treatment is required.

1.2.1.4. Emergency surgery for the Accident event.

1.2.1.5. Pathology, radiology and auxiliary services necessary for the administration of emergency medical treatment.

1.2.1.6. In-hospital consultations with a specialist while receiving emergency medical treatment.

1.2.2. Benefits are subject to overall limits as set out in section 1.3

1.3. Conditions

1.3.1. No benefit will be paid for treatment or service that falls outside the definition of emergency medical treatment, including follow up hospital visits.

1.3.2. This benefit is only provided within the borders of South Africa.

1.3.3. The Hospital Admission Guarantee Benefit and Premiums will cease on the earlier of the Main Insured Person or Spouse's 65th birthday.

1.3.4. No benefit will be payable if the Emergency evacuation and hospital admission resulted from an Illness.

1.3.5. This benefit has the following applicable

limits: If you chose the R150,000 cover option:

Individual Cover	
Maximum Annual Limit	**R150,000**
Member (limit per event/life assured)	R150,000

Family Cover	
Maximum Annual Limit	**R375,000**
Member (limit per event/life assured)	R150,000
Spouse (limit per event/life assured)	R150,000
Children * (limit per event/life assured)	R75,000
Family Cover: R375,000 per annum, per event with the applicable individual limits per life insured, as follows; Main Member: R150,000, Spouse: R150,000, Children: R75,000 per child (Max 0 Children)	

Additional Children	
Maximum Annual Limit per additional child	**R75,000**
Children * (limit per event/life assured)	R75,000
Additional children may be added at an additional cost and an individual cover limit will apply. The annual Family Cover limit will then duly increase by any additional child added.	

If you chose the R250,000 cover option:

Individual Cover	
Maximum Annual Limit	**R250,000**
Member (limit per event/life assured)	R250,000

Family Cover	
Maximum Annual Limit	**R575,000**
Member (limit per event/life assured)	R250,000
Spouse (limit per event/life assured)	R250,000
Children * (limit per event/life assured)	R75,000
Family Cover: R575,000 per annum, per event with the applicable individual limits per life insured, as follows; Main Member: R250,000, Spouse: R250,000, Children: R75,000 per child (Max 0 Children)	

Additional Children	
Maximum Annual Limit per additional child	**R75,000**
Children * (limit per event/life assured)	R75,000
Additional children may be added at an additional cost and an individual cover limit will apply. The annual Family Cover limit will then duly increase by any additional child added.	

1.3.6. A maximum of 3 children are included in the Family Cover Plan. The individual cover limit is R75,000 per child.

1.3.7. Additional children may be added at an additional cost and an individual cover limit will apply. The annual Family Cover Plan limit will then duly increase by any additional child added by the Maximum Annual Limit per additional child.

1.3.8. Should the above limits be exceeded, the family members of the hospitalised individual will be notified in order for them to be moved to a different facility or notified that they will be liable for the balance of the account.

1.3.9. The EmergiVac Client Services Centre, will first seek to recover or settle any claims, for any services or treatment provided, from the Client's Medical Aid Plan should the terms of their Medical Aid Plan allow, failing which the relevant amounts will be recovered or settled through their EmergiVac plan, subject to the applicable cover limits or benefit amounts available.

1.3.10. Any hospital admission guarantee refunds due after the emergency medical treatment are due directly to the insurer. No refunds should be made to you, the policyholder. Should a hospital refund you directly, we will seek to recover this amount from you.

1.3.11. This document must be read in conjunction with the document entitled Contract B and the EmergiVac General Terms and Conditions which forms an integral part of this document.

1.4. Exclusions

1.4.1. Addiction: Including treatment or where, in our opinion, the cause of admission arose from any underlying drug or alcohol dependence syndrome.

1.4.2. Cosmetic: Cosmetic or plastic surgery, except in the case of bodily reconstruction due to an accident will not be covered.

1.4.3. Dangerous Activities or hazardous pursuits (see 1.5.1).

1.4.4. Dental: Including dental conditions or treatment that is related to any other Illnesses or Accidents.

1.4.5. Elective treatments: Operations, treatments and examinations of the Insured Person's own choosing which has no connection with any Illness or Accidents.

1.4.6. Obesity: Operations, treatments and examinations for obesity.

1.4.7. Illness: Any Illness resulting in the need for Emergency evacuation and hospital admission.

1.4.8. Psychological or Psychiatric Disease: Any event traceable to psychiatric trauma, or your state of mental or physical health, prior to or after the event that gives rise to a claim. Including, but not limited to, diseases or disorders such as Depression and Post Traumatic Stress Disorder or any psychiatric trauma.

1.4.9. Quarantine: Includes where quarantine occurs in a registered Hospital

1.4.10. Soft-tissue Injuries: Including all visible and non-visible soft-tissue injuries, except where ligament or tendon damage is confirmed and requires surgical intervention.

1.4.11. War: Including, but not limited to, riot, terrorism, war or similar events.

1.4.12. No objective impairment in health: Where, in our opinion, based on the medical information provided, the cause of admission did not require admission into hospital or equivalent treatment could have been provided as an out-patient.

1.4.13. Rehabilitation: Includes admissions into a registered Hospital, where the primary treatment is rehabilitative. Including admissions into rehabilitation centres, nature, cure clinics, or hydros.

1.4.14. Not recommended by a Medical Specialist: Including taking any drug, unless it is proved that the drug was taken in accordance with proper medical prescription (unrelated to any addiction). Only claims from patients referred to Hospital by a qualified Medical Specialist will be accepted.

1.4.15. Non-compliance to treatment: Where, in our opinion, based on the medical information provided, the cause of admission resulted from or is exaggerated by the non-compliance of prescribed treatment.

1.4.16. Investigations, Routine physical or any other examinations: Includes investigation of pain or pain-related conditions where a diagnosis cannot be confirmed by supporting test results, regardless of treatment received.

1.5. Definitions:

1.5.1. **Dangerous Activities or hazardous pursuits**: These are high risk activities that include, for example: motorised racing of any kind; climbing/mountaineering; hang-gliding; parachuting; bungee-jumping; flying (except as a fare-paying passenger on a scheduled airline); participating in winter sports involving snow or ice; polo; horseback riding; steeple-chasing; amateur or professional sports; sky-diving; any underwater activity requiring the use of artificial breathing apparatus; potholing; rugby; game-hunting; surfing; woodworking etc.

1.5.2. **Emergency**: An emergency which may lead to a claim under this benefit is one which:

1.5.2.1. Is a condition covered by the benefit.

1.5.2.2. Is immediately life or limb threatening where failure to provide medical treatment within a 24 hour period is likely to lead to the death of the patient or the loss of a limb.

1.5.2.3. Cannot be treated adequately locally or on site.

1.5.2.4. Requires immediate In-Patient Treatment at a Hospital as defined by Clientèle Life.

1.5.3. **Illness**: Means sickness or disease contracted and commencing during the Currency of the policy

1.5.4. **Medical Specialist**: A Medical Specialist means a medical practitioner who, in addition to his/her basic medical degree, has specialised in a particular field and has graduated with an additional degree to that effect. For example a Cardiologist, who specialises in dealing with disorders of the heart, or a Paediatrician, who specialises in the medical care of children, will recommend a hospital stay. Medical Specialist shall not include the Insured Person whose hospitalisation is the basis of a claim hereunder, or a relative by blood or marriage of such Insured Person unless approved by Clientèle Life.

1.5.5. **Hospital**: An institution which:

1.5.5.1. Is licensed in accordance with the applicable laws of the Republic of South Africa;

1.5.5.2. Is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of injured or sick persons;

1.5.5.3. Has staff of 1 or more qualified Medical Specialists available at all times;

1.5.5.4. Has 24 hour day nursing services by registered graduate nurses under the permanent supervision of the Medical Specialists in charge;

1.5.5.5. Excludes any sub-acute facility whether registered as a hospital or not;

1.5.5.6. Maintains in-patient facilities;

1.5.5.7. Maintains a daily medical record for each of its patients;

1.5.5.8. Does not include any institution which is primarily a rest or recovery facility, rehabilitation wards or centres or a step-down facility, a place for custodial care, hospices, a facility for the aged or alcoholics or drug addicts or for the treatment of psychiatric or mental disorders, or a nursing home, even if it is registered as a Hospital or clinic.

1.5.5.9. We reserve the right to refuse payment for claims resulting from an institution which does not meet the criteria of a Hospital, as outlined above.