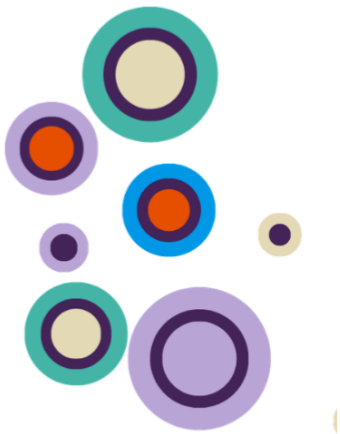
your cover, explained

Flexi Staff Cover Policy Document

(for Employers)



Benefits

Flexi Staff Cover from Simply offers employees five different types of insurance benefits:

- Life cover
- Occupational disability cover
- Critical illness cover – with a choice between core and comprehensive options
- Temporary income protection cover – with a choice between a flat 75% of salary benefit and a sliding scale percentage benefit.
- Funeral cover – with a choice between family funeral and member-only funeral

These benefits are described in more detail below. You can choose any combination of these benefits upfront, and add or remove benefits later on.

The life, disability, and critical illness benefits may be defined as the same rand amount for each employee, or may be defined as the same multiple of annual salary for each employee.

Temporary income protection benefits are always set as the same percentage of salary for each employee, but there is choice as the payment period and the deferred period before benefits are paid.

Where premiums are defined as a percentage of salary, they will be capped in rands for employee's whose benefit is capped at the benefit limits.

Funeral benefits are always defined as the same rand amount per employee.

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

Your policy schedule will contain the details of the cover you have selected, and the benefits each employee is eligible for.

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

The policy will renew annually, with the premium rates adjusted to reflect the risk profile of the scheme at that time.

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

Life cover

If the insured person dies, a lump sum will be paid to their nominated beneficiaries.

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

A pre-existing condition exclusion will apply to this benefit for groups of less than 20 employees. Full details are set out in the 'Pre-existing condition exclusion' section.

Occupational disability cover

If the insured person becomes permanently occupationally disabled, a lump sum will be paid to them. This is a stand-alone benefit, its payment does not have an impact on the life cover benefit. You can only choose the occupational disability benefit if you also have life cover, and the benefit amount cannot exceed the life cover selected.

They are considered permanently disabled if, in our view, they can no longer do their current job or any other suitable job because of an injury, illness, or surgery. We'll consider their education, skills, and work experience to decide if another job is suitable for them.

The occupational disability cover provided reduces as the insured person approaches the company's Normal Retirement Age (NRA) or age 65, whichever is sooner. It will reduce by 20% every year over the five years up to NRA until it reaches zero when the person reaches their normal retirement date or age 65. A table of maximum benefit percentages assuming a retirement age of 65 can be seen below:

Age at date of claim	60	61	62	63	64	65
Payout	100%	80%	60%	40%	20%	0%

Where an employee is already over 60 when they are added to the policy, their cover will start at the reduced level.

There is also a 6 month deferred period applicable to this benefit, meaning that the benefit will only become payable 6 months from the date the disability began. We may waive this deferred period in certain circumstances.

A pre-existing condition exclusion applies to this benefit. Full details are set out in the 'Pre-existing condition exclusion' section.

Temporary income protection cover

Pays out a monthly benefit for a fixed period if the insured person is completely unable to perform the duties of their job, due to injury, illness, or surgery. Unlike occupational disability cover, we won't consider whether other jobs are available when deciding if the claim qualifies. This benefit can only be selected if life cover has also been selected.

The term that the income is paid for is selected upfront, the options being 6, 12, or 24 months. The benefit payment will cease at the end of the selected period, or when the employee returns to work, or reaches Normal Retirement Age (NRA), whichever is sooner.

This benefit has a deferred period. This is the period from when your employee first becomes unable to work, to when the benefit starts being paid. There is a choice of 3 deferred periods, 1, 3, and 6 months.

It's important to note that the payment period selected includes the deferred period. As an example, if you have selected a 12 month payment period and a 3 month deferred period, the benefit will start being paid 3 months after your employee is first unable to work, and will be paid for up to 9 months from that period.

If a claim occurs less than 6 months after payments have stopped, the deferred period will be waived, and payments will start immediately. However the payment period does not reset.

The employee cannot claim again after the end of the benefit payment period until at least 6 months from the end of that period.

There are two options for how the monthly benefit is defined relative to salary. The standard approach is that the benefit is a tiered percentage of the employee's monthly salary as per table below.

Monthly Income Bracket	Benefit Percentage
First R10,000	80%
Next R20,000	65%
Next R30,000	60%
Above R60,000	50%

The percentage decreases as the employee's income increases. The benefit is not taxable and the tiered percentages approximate the impact of tax on an employee's take home income.

The other option is that the benefit is set as a fixed 75% of salary for all employees regardless of their salary.

In either case, the actual benefit payable will be capped at the employee's actual take-home pay, even if this is lower than the defined benefit. If they have other income replacement benefits, the total benefit is limited to their actual take-home pay. The benefit is also capped at R100,000 per month.

A pre-existing condition exclusion applies to this benefit. Full details are set out in the 'Pre-existing condition exclusion' section.

Critical illness

If the insured person is diagnosed with a qualifying severe illness, a lump sum will be paid to them.

You can only choose the critical illness benefit if you also have life cover, and the critical illness benefit amount cannot exceed the life cover selected. Your employee can claim on both benefits, but there is a 28 day survival period on the Critical Illness benefit. This means the insured person must survive (with or without life support) for at least 28 days after being diagnosed with the severe illness or suffering the health event to qualify for the benefit. If they die before the end of this period, they are only eligible for the life cover benefit. If they die after the end of this period, they can claim under both benefits.

A critical illness claim will not reduce the disability or life cover benefit amount, however it will reduce the amount of benefit available for subsequent critical illness claims. If the employee has received a benefit of less than 100% for a critical illness event, and their condition later worsens to the extent that they meet the criteria for a higher severity level, they will be paid the remainder of the benefit. If an employee has received a benefit of less than 100% for a critical illness event and then later they have a related condition that has a higher payment level, the difference between the two benefits will be paid. Once the total of the benefit amount has been paid out in claims, the benefit will terminate.

There are two options available, **Core** and **Comprehensive**.

The **Core** option only covers the most common illnesses and health events (eleven in all), and only when they reach a high level of severity. It does not provide benefits for earlier stage illnesses or moderate diagnoses.

The **Comprehensive** option offers broader coverage (but at a higher cost). It covers more illnesses and health events (twenty four in all) and also pays out a portion of the selected benefit for earlier stage or less severe conditions, as long as they meet the defined criteria.

It is important to note that neither option covers all possible illnesses the insured person may suffer from. It is possible that an uncommon condition with a serious impact on their health may not be covered.

Please review the full list of illnesses covered under the option selected, as well as the severity of the diagnosis required to trigger a payment. The full details are attached with your policy document, or available from Simply.

Family funeral cover

If the main insured person, their spouse, or any of their biological or legally adopted children under the age of 21 dies, a lump sum will be paid. 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 6-13	50% of cover
Child aged 0-5	50% of cover (maximum R20,000)

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

Adding children

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

Premium waiver

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

Member-only funeral cover

If the insured person dies, a lump sum will be paid to the first beneficiary listed on the policy.

The employee's family members are NOT covered under this benefit.

Body repatriation

This benefit is offered as part of the family **and** member-only funeral cover options. It covers the employee, their spouse, and their children under 21 in the family funeral option and the employee only in the member-only option. The benefit is not exchangeable for cash. The same limitations and exclusions that apply to claims on the main benefit also apply to the repatriation benefit.

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

RSA Services Include:

- Locating of the deceased.
- Overnight accommodation for the next-of-kin in order to identify the body (up to R500).
- Referral to a pathologist if an autopsy is required.
- Referral to a reputable undertaker.
- Assistance with basic funeral arrangements.
- Advice on how to apply for death certificate and border-crossing documentation.
- Interpretation of legal documentation such as the funeral policy.
- Referral to counselling services for support and advice.

The benefit is limited to services to the total value of R20,000 per policy, per policy year, regardless of how many lives are claimed for in that year

SADC Services Include:

- Storage of the body (for maximum of 20 days).
- Embalming.
- Casket with Zinc Liner for SADC air transport.
- All documentation necessary, clearance, and cargo fees.
- Transport to ANY destination in all neighbouring countries by road namely Namibia, Botswana, Zimbabwe, Mozambique, Lesotho, and Eswatini. With allowance for one family member to travel with deceased free of charge.
- Transport to the Capital ONLY of remainder of SADC countries by air including Madagascar, Mauritius, Tanzania, Zambia, Malawi, and Seychelles. No family member catered for on flights but assistance to book family on same flights for own account will be available.

The benefit is limited to R50,000 per policy.

Cover eligibility

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

Age limits

- Employees must be 18 to 64 years old when they are added to the policy. For new policies only, employees aged 65 to 69 may be included for Life and Funeral benefits at inception, provided they have been employed by the company since age 64 (or younger).
- Critical illness, occupational disability and temporary income protection benefits terminate as soon as the employee turns 65, even if they remain employed.
- Life and funeral benefits terminate as soon as the employee turns 70, even if they remain employed. Children of employees can only be covered under the family funeral cover until they turn 21.

Employment rules

To be added to the policy or eligible for increases in cover, employees must be:

- Legally employed on permanent contracts or on temporary contracts of at least 6 months duration and working at least 20 hours a week in South Africa.
- **Actively at work.** This means they must be at work, either on-site or off-site with permission - and able to attend to all their normal duties on the day that the cover (or cover increase) is supposed to start.
- If employees are on sick leave or disability leave when cover will begin or be increased, the start of their cover (or increased cover) will be delayed until the insurer is given proof of their good health, or they complete eight consecutive weeks of service without absence from employment. During this time cover for accidental causes will be provided for all benefits **except** critical illness. Any accidental cover will only apply to accidents which occurred after cover incepts.
- If the cover starts on a non-working day, or if an employee was on authorised leave on that day (including enforced leave and maternity leave but excluding sick leave or disability leave), then the "actively at work" requirement can be waived, provided that they were actively at work on the last working day before cover began, or they went on leave, and could have been at work if they were not on leave, or it was a normal working day.

An employee's cover will therefore terminate at midnight on the date their service with the employer terminates, or as soon as they lose the legal right to live and work in South Africa (for foreigners).

Family members covered under the Family Funeral Cover benefit must reside in South Africa to be eligible for cover.

Free cover limits

Employees are able to receive a limited amount of standard cover – cover for claims from both natural and accidental causes – without having to do any underwriting, and without any waiting period applied. This is called the 'free cover' limit and means employees can receive standard cover up to the free cover limit regardless of their health status (provided they are eligible and actively at work when the policy incepts). Free cover means no underwriting is required, but policy exclusions (including pre-existing condition exclusions where applicable) may still limit claims. The amount of free cover depends on the number of employees being covered, as per the table below. The initial free cover limits applicable to your policy will have been disclosed to you during the sign-up process and set out in your policy schedule.

No of employees	Free cover (life, critical illness and disability)	Free cover (funeral)	Free cover (temp. income protection)
1-4	0	0	0
5-9	R50,000	R50,000	0
10-19	R500,000	R50,000	0
20-49	R500,000	R100,000	R25,000
50-99	R1,000,000	R100,000	R30,000
100-149	R1,500,000	R100,000	R40,000
150+	R2,000,000	R100,000	R50,000

If the cover you have selected is higher than the Free Cover limit, your employees will be asked to answer health questions. Until they have completed these questions, their standard cover will be limited to the Free Cover limit. However, they will be covered for life, occupational disability and temporary income protection claims arising from accidental causes up to your full selected cover amount, subject to a maximum of R2,000,000.

If their answers indicate pre-existing health issues, or if they do not complete the health questions within three months of being added to the policy, their full cover will remain limited to the Free Cover limit. In that case, accidental cover for life and occupational disability will continue to apply up to their full selected cover amount (maximum R2,000,000). No accidental cover is offered for temporary income protection or critical illness once underwriting has been completed or on failure to complete underwriting within 3 months of being added to the policy. The R2,000,000 limit applies to accidental-only cover, the overall maximum cover amount is R2,500,000.

Any accidental cover will only apply to accidents which occurred after cover incepts.

For funeral cover, health questions are not required for cover above this free cover limit, but any cover above this amount will be subject to a 6-month waiting period.

Where an employee's cover is limited in this way, the schedule will be updated and the premium charged will be adjusted on the next renewal date.

Increases in the number of staff covered under the policy might lead to your free cover limit being increased. This means it is possible for employees who previously were limited to accidental cover to become eligible for standard cover (or a higher level of standard cover). This change will be applied automatically and may affect your premium. Where a group moves into a lower free cover band, existing staff will not be affected, but new staff added to the policy will get the free cover that applies at the time.

Waiting period

The waiting period refers to the 6-month period directly after you've taken out the policy (or added a new employee to the policy), where cover is limited to claims from accidental causes only. After the waiting period, claims resulting from both accidental and natural causes will be paid. The waiting period applies to the spouse and children of the employee covered under the Family Funeral benefit. It also applies to funeral cover for the main life where this is above the free cover limit. It does not apply to the other benefits, although a pre-existing condition exclusion may apply for a limited period to those benefits.

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

Pre-existing condition exclusion

A pre-existing condition exclusion applies to the disability, temporary income protection and critical illness benefits. It also applies to the life cover benefit for any group with less than 20 employees.

This means that no benefits will be paid for claims related to a pre-existing condition for a fixed period after cover starts or is reinstated (whichever is later). This period varies by benefit. It is two years for the critical illness benefit, and one year for the other benefits.

A pre-existing condition includes any illness, injury, or medical issue that the insured was aware of, showed symptoms of, or sought or received medical advice/treatment for, within 12 months prior to cover starting or being reinstated.

This exclusion applies to the total cover provided, above and below the free cover limit.

If a pre-existing condition is disclosed during underwriting, the exclusion will still apply to claims related to this condition, even when standard cover has been approved.

The pre-existing condition exclusion will be waived (or the period reduced) where equivalent existing cover is being replaced.

Maximum/minimum cover amounts

Benefit	Maximum cover	Minimum cover
Life	Multiple of salary benefit: 5× annual salary. Fixed benefit: 8× annual salary of lowest earner. Capped at R2,500,000	R50,000
Occupational Disability	Multiple of salary benefit: 5× annual salary. Fixed benefit: 6× annual salary of lowest earner. Cannot exceed Life Cover selected. Capped at R2,500,000	R50,000
Critical Illness	Multiple of salary benefit: 3× annual salary. Fixed benefit: 4× annual salary of lowest earner. Cannot exceed Life Cover selected. Capped at R2,500,000	R50,000
Temp. Income Protection	Benefit is always a tiered percentage of monthly salary. Capped at lower of actual take home pay and R100,000.	N/A
Funeral	Main Life / Spouse / Children ≥14: R100,000 Children <14: 50% of main life Children <6: 50% of main life, capped at R20,000.	R5,000

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

Where a client receives accidental cover, this is always limited to R2,000,000.

Beneficiaries

The beneficiary is the person who receives the payout if the insured person dies. Your employees may nominate up to four beneficiaries on their life cover benefit and one on their funeral cover benefit to be paid out on their death. They are automatically the beneficiaries on their occupational disability cover, critical illness and temporary income protection cover benefits as well as on their family funeral cover benefits where a covered family member dies.

Your employee may change or add a beneficiary at any time, but neither the policyholder (you) nor any related parties may be added as a beneficiary to this policy (except where the policyholder is also the insured life).

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

For funeral benefits, if they have not chosen a beneficiary, or the nominated beneficiary is deceased, then by default the benefit will be payable to their next of kin. This will be their spouse, if applicable. If they do not have a spouse, then the benefit will be payable to their eldest child. If they have no children, the benefit will be paid to their eldest parent. If none of these relations can be found, the payout will go into their estate. If the beneficiary is a minor (younger than 18), the payout will go to their guardian. Simply may also pay the funeral parlour directly at the beneficiary's request.

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

Premiums

Your monthly premium

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

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

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

On 1 June each year, premiums will be reviewed (the date of renewal). Note that no change will be applied where the first review date falls less than one year from the start of your policy. On renewal, premiums will be adjusted based on the risk profiles of your staff at that date. Changes in the risk profile may be driven by changes in the age profile, the gender mix, or other factors that impact the likelihood of claims. If there is no change in the employees covered, the premium will increase slowly as employees get older, but adding or removing employees can lead to significant changes in the premium payable. Premiums may increase or decrease. We may also revise your premium due to claims experience, or changes in expenses or regulation.

If the risk profile of the group changes a lot — for example, if you add or remove staff — we are allowed to change your premium before the next review.

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

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

What if you miss a payment?

If we cannot collect a premium on the due date, cover continues for 30 days (the grace period). If the premium is received during the grace period, cover continues uninterrupted. If it is not received by the end of the grace period, cover becomes inactive and no claims will be paid for events occurring after that date. We may continue attempting collection for a limited period. If collection succeeds, cover will restart from the date the premium is received. If multiple premiums are missed, the policy may be cancelled. More details can be found below.

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

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

If your cover lapses because you haven't paid the last premium, but you don't want to lose the policy, you can restart it. This is called a reinstatement. Simply will continue to try to contact you, and to deduct the premium due for a period after your cover has become inactive. However, once 3 premiums have been missed, we will stop attempting to collect and the policy will be cancelled. You will receive a notification of this cancellation. You will still have one week after this to contact us, pay a premium, and restart the cover.

You can reinstate your policy in this way a maximum of 5 times. If you do not use this option you will need to take out a brand new policy, potentially at a different premium, and with new underwriting required, as well as new waiting periods and pre-existing condition exclusions applying.

Policy termination

If the full premiums due have not been paid cover will lapse after a 30 day grace period. There will be a limited period within which it can be reinstated. Full details are set out in the Glossary.

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

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

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.

Changing your policy

Adding or removing employees

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

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

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

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

Adjusting benefits

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

You cannot only adjust the cover for a subset of employees.

If you choose to increase benefits (for example increase the multiple of salary offered), your staff may have to answer simple health questions to qualify. A new pre-existing condition exclusions period will apply to the increased cover for the disability, temporary income protection and critical illness benefits, as well as life cover benefit for any group with less than 20 employees. A new waiting period will apply to the increased cover for the spouse and children of the employee covered under the Family Funeral benefit, as well as to funeral cover for the main life where this is above the free cover limit. Existing cover is not affected.

Claims

The claims process

We need to be informed within 180 days of the insured person's death, or the event which led to the insured person's disability or critical illness claim. If all documents are not received by Simply within 6 months of the claim event, we have the right to close the claim.

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

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

If any of the information provided is inaccurate, this will impact the validity of the policy and future claims. In the event of a claim, we will review the information provided during the application process to ensure that it was accurate. If we find that important information was left out or incorrect in the application, we may reject the claim or reduce the payout. If, after Hollard pays any claim, Hollard finds that it was based on false or incomplete information, all claim payments must be refunded to them.

If Hollard rejects a claim, the person claiming has 90 days to ask Hollard to review the decision. If the dispute is not resolved, then the claimant has 3 years from the original letter of rejection to institute legal action against Hollard by serving summons on it, failing which Hollard is no longer liable for the claim.

Reasons a claim can't be paid

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

- Participation in any terrorist activity, riot, civil commotion, rebellion, or war.
- Willful and material violation of any criminal law, including driving while the concentration of alcohol in the blood exceeds the legal limit.
- Intentional intake of drugs, narcotics or medication, unless prescribed by a registered medical practitioner and used as prescribed.
- Radioactivity or nuclear explosion.
- For life cover: suicide or deliberate self-injury within 2 years of starting the policy.
- For funeral cover: suicide or deliberate self-injury within 1 year of starting the policy. For disability and critical illness cover: attempted suicide or deliberate self-injury at any time.
- Refusal of treatment recommended by a registered medical practitioner.
- Hazardous pursuits. These are unusually dangerous activities that the insured person engages in regularly, not occasionally. Examples include, but aren't limited to: big game hunting, boxing, mixed martial arts, outdoor rock climbing, skydiving, motor and boat racing, as well as white water rafting.

In addition, some staff members may not be able to claim disability or critical illness benefits where the claim is as a result of an existing condition. These exclusions will be highlighted in their policy schedule.

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

Documentation required in case of a claim

All claims

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

Life cover specific

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

Disability and critical illness specific

- Completed disability, temporary income protection or critical illness claim form.
- Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause.
- After expiry of the deferred period, a final medical report from the attending specialist.

Funeral cover specific

- Certified copy of death certificate
- Completed funeral claim form
- DHA1663 – notification of death register
- Proof of relationship for family members covered.

Additional requirements

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

- Motor vehicle accident report
- Police report / statement completed by the police
- Copy of the post-mortem report
- Result of any forensic laboratory investigations
- Inquest findings (if appropriate)
- Full verdict in the case of a murder (if appropriate)
- Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause.

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

Tax

The premiums on the Flexi Staff Cover policy are not tax deductible in the hands of employees. They may, in fact, add to the employees' taxable income as a fringe benefit. However, any benefits payable are not taxable. It is likely that the cost of the premiums paid by the company may be treated as a deductible business expense. You should consult a professional to confirm the appropriate tax treatment for your specific situation.

Contacting Simply

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

Telephone: 021 045 1513

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

Website: www.simply.co.za

Complaints

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

Simply complaints

E-mail: complaints@simply.co.za

Hollard (Insurer)

E-mail: Mycomplaint@hollard.co.za

Office of International Arbitration at Hollard

Postal Address: PO Box 87419, Houghton, 2041
E-mail: lifeoia@hollard.co.za

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

National Financial Ombud Scheme

E-mail: info@nfosa.co.za

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

Simply Compliance Officer

E-mail: compliance@simply.co.za

FAIS Ombud

E-mail: info@faisombud.co.za

Glossary

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

Accidental death or disability

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

Beneficiary

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

Cooling-off period

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

Deferred period

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

Exclusions

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

Grace period

If the policyholder fails to pay a premium, the insured lives will remain covered for another 30 days (“the Grace Period”). If their next payment also fails, the cover will end after those initial 30 days. We may continue to attempt to collect a premium for a further month, and if successful the cover will automatically be reactivated.

Hazardous pursuits

These are unusually dangerous activities that the insured person engages in regularly, not occasionally. Examples include, but aren’t limited to: big game hunting, boxing, mixed martial arts, outdoor rock climbing, skydiving, motor and boat racing, as well as white water rafting.

Insured person

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

Lump sum

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

Normal retirement age

The age at which an employee would ordinarily retire as defined in the employee's employment contract, or in standard company policy. Where this is not defined, we assume it is at age 65.

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.

Pre-existing condition exclusion

Where the insured person already suffers from an illness or injury before their cover starts, claims resulting from this specific illness or injury will not be paid. These exclusions may be temporary, so expire after a certain period, or may be forever.

Waiting period

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

Underwriter

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

Additional disclosures

Simply Financial Services

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

Hollard holds a minority shareholding in Simply Financial Services.

Simply's contact details are as follows:

Physical Address: 3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708
Postal Address: 3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708
Website: www.simply.co.za

The insurer

The Insurer is the Hollard Life Assurance Company Ltd (Hollard), registration number 1993/001405/06. Hollard is a licensed life insurer and authorised financial services provider. Hollard is a public unlisted company and has Professional Indemnity insurance and Fidelity Guarantee insurance in place. Hollard's compliance officer can be contacted at **compliance@hollard.co.za.**

Application process

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

The Flexi Staff Cover contract

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

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

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

Simply as a binder holder

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

Remuneration

Simply is Hollard's representative authorised to market and sell this policy. Simply earns commission from

Hollard for rendering services as intermediary (as defined in the Regulations under the Long-term Insurance Act), up to a maximum of 7.5% of each premium payable. Simply receives more than 30% of its total remuneration from Hollard.

Financial advice

Simply is an authorized FSP, marketing, distributing, and servicing long-term insurance products

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

Hollard disclosures: Protection of personal information

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

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

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

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

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

Tel: 010 023 5200

Fax: 086 500 3351

Email: popiacomplaints@inforegulator.org.za

Marketing

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

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

Simply disclosures: Protection of personal information

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

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

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

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

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

Tel: 010 023 5200

Fax: 086 500 3351

Email: popiacomplaints@inforegulator.org.za

Marketing

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

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

Advertising

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

Compliance

- Simply's Compliance Officer deals with issues relating to Simply's FAIS compliance.
- Our consultants who do not meet the full Fit and Proper Requirements as defined by FAIS render services under management supervision.
- Simply has professional indemnity insurance.
- Simply has and maintains an Anti-Money Laundering Policy