Lump Sum Disability Benefit

The Lump Sum Disability Benefit provides for a lump sum payment to insureds should they suffer a disability which leaves them unable to perform the duties of their own occupation or any occupation as per the definition of disability.

Benefit Structure and Maximums

The basic benefit is either a multiple of salary or a flat benefit amount. In addition, the policyholder may select that the benefit be reduced in the five years leading up to the insured's maximum cover age. This reduction will be 1.6666667% for each completed month in the five years leading up to the insured's maximum cover age.

Ancillary benefits

In addition to the benefit already explained above, the policyholder may choose to provide additional cover by including the following ancillary benefits:

Tax replacement benefit	The tax replacement benefit pays an additional amount equal to the tax amounts payable on the lump sum disability, to reduce the tax burden on the insured. This is only recommended for approved lump sum disability policies.
Converting to an individual policy benefit	This benefit allows an insured who leaves the employer's employ to convert the lump sum disability benefit to an individual policy. We will also continue to cover an insured for the lump sum disability benefit, for 30 days after he leaves the employer's employ or leaves the fund and we allow the insured up to 60 days to exercise the conversion option. Please refer to the Conversion Option Fact Sheet providing for the specific terms and conditions.
Flexible benefit	An individual may increase their level of cover to their own unique needs by selecting additional cover.

If any of the ancillary benefits are selected, there may be additional or different terms and conditions which will apply to your policy.

When cover for an insured starts

- On the insured's entry date, if the insured is actively at work; or
- If the insured is not actively at work, when we receive satisfactory proof of his good health, or the insured completes two months of consecutive service with the employer without absence.

Definition of disability

When assessing whether an insured is regarded as being disabled the following will be considered:

Hollard.
group risk

Criteria to qualify for the disability benefit

Disability is the total and permanent inability to work because of illness or injury. This means that the employee is unable to perform the material and substantial duties of:
- his own occupation; or
- any occupation for which he is or could reasonably be expected to be educated, trained and experienced, for any employer.

Date of disability

When determining the date of disability, the following will be considered:

- The employee's medical records.
- The employee's sick leave records.
- The record of the last day the employee was actively at work. Therefore, when the insured was last attending to and capable of attending to the material and substantial duties of his job.

How to claim

- The claim must be notified, and all claim documents must be sent to us within 6 months from the last day the insured was actively at work.
- The policyholder must continue to pay premiums, for the insured, during the waiting period.

We typically need the documents listed below. If we need any additional evidence or documents, we will tell you what we need.

- Original claim forms from the insured, employer and medical attendant. - Medical reports. - Clinical evidence. - A copy of the insured's job description. - A copy of the insured's sick leave records.	- An original certified copy of the insured's identity document. - A copy of the insured's payslip. - Proof of premium payment during the waiting period. - Proof of banking details.

Hollard. group risk

Policy terms and conditions

Eligibility	Proof of good health
- Minimum entry age is 18. - Maximum entry age is 59. - Maximum cover age is 65. An insured must: - be an employee of the employer; - be a member of the fund (if an approved benefit); - live in the Southern African region and must either be a citizen of the Republic of South Africa or have been given the necessary permission from the South African authorities to live and work in the Republic of South Africa.	A free cover limit is determined for each policy. The free cover limit is the level below which we give cover without the need for medical underwriting. If the cover is above the free cover limit, proof of good health or evidence of the previously accepted cover should be provided within four months from the date on which the insured's benefits go above the free cover limit or previously accepted cover. If the information is not provided to us, cover will be limited to the free cover limit or the previously accepted cover.

Exclusions
- Failing to disclose all material information about the insured. - Criminal activity. - Warlike activities. - a disability which occurs within the first 12 months of cover or 12 months from an increase in the benefit, if the medical condition or disability existed in the six months before an insured's entry date or increase in cover. - The insured: • deliberately or negligently exposing himself to risks and events that led to the claim, except where the insured attempts to save a human life; • attempting suicide or deliberately inflicting injury on himself; • refusing to seek or follow reasonable medical advice or treatment; • driving when over the legal alcohol limit; • taking drugs or poison; • taking medication unless a qualified medical practitioner prescribes them. • Excessive use and abuse of intoxicating liquor, willful inhalation of gas or taking drugs, narcotics, or poison unless prescribed by a qualified medical practitioner.

When cover for an insured will end

- The insured's employment with the employer ends.
- If the policyholder is a *fund*, when the *insured's* membership of the *fund* ends.

- Any conditions for eligibility are no longer met.
- Premiums are not paid.
- The insured reaches maximum cover age.
- The *insured* receives a pay-out of the lump sum disability benefit.
- The insured is temporarily absent from work for more than six months (or any extended period agreed to by us in writing); or
- The insured remains outside the Southern African region for more than twelve months (or any extended period agreed to by us in writing).