



## Critical Illness Benefit

The Hollard Group Risk Critical Illness Benefit enables an insured to fund lifestyle changes in the unfortunate event of being diagnosed with a critical illness.

We offer our Critical Illness Benefit on a stand-alone basis which means that it no longer needs to be attached to an existing death benefit, although the original death and critical illness benefit option is still available.

### Critical illness benefit options

- **Death and critical illness benefit:** if the insured is covered for a death benefit underwritten by us, the death benefit must be greater than or equal to the critical illness benefit. If we pay a critical illness benefit for an insured as a lump sum, we will reduce the insured's death benefit by the amount we paid for the critical illness. If the insured survives for a specified period after being diagnosed, we will restore the death benefit back to the level it was before the diagnosis. This period is called the survival period and clients can select a survival period of 30, 90 or 120 days.
- **Stand-alone critical illness benefit:** if the insured does not have to have a death benefit in place, we will only pay the benefit if the insured survives for a period of 14 days from the date of the diagnosis of the critical illness.

The Critical Illness Benefit is always an unapproved benefit.

### Benefit Structure and Maximums

The basic benefit is either a multiple of salary or a flat benefit amount. All benefits are subject to a maximum percentage of salary and Rand amount, for each insured.

### Ancillary benefits

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

| Flexible benefit  | Converting to an individual policy benefit  |
|---|---|
| An insured may increase their level of cover to their own unique needs by selecting additional cover. This will be subject to certain maximums and may only be selected at certain times.   | This benefit allows an insured who leaves the employer's employ to convert the critical illness benefit to an individual policy. We will also continue to cover an insured for the critical illness benefit, for one month after he leaves the employer's employ.             |
| Continuing cover if disabled benefit  | Critical illness top-up benefit   |
| If you offer disability income benefits as part of your employee benefit program, this benefit allows disability claimants to remain covered for critical illness benefits. In addition, we will allow a disability income claimant's salary, in respect of the critical illness benefit, to increase yearly at the benefit increase rate of the disability income benefit and at the increase date of the disability income benefit. | If an insured has received a critical illness benefit, we will restore the critical illness benefit to the level of cover selected by the policyholder. This is subject to certain conditions and only applies to conditions that the insured has not previously claimed for. |

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

### Summary of Critical illness benefit plans

We provide cover for up to 16 critical illness conditions that are available in a choice of three plans: Premier Plus, Premier and Standard as tabulated below.

| Critical Illness                            | Premier Plus | Premier         | Standard        |
|---|--------------|-----------------|-----------------|
| Heart attack (level A to D)                 | 100%         | Disclosure grid | Disclosure grid |
| Coronary artery bypass graft (level A to D) | 100%         | Disclosure grid | Disclosure grid |
| Stroke (level A to D)                       | 100%         | Disclosure grid | Disclosure grid |
| Cancer (level A to D)                       | 100%         | Disclosure grid | Disclosure grid |
| Kidney failure                              | 100%         | 100%            | 100%            |
| Major organ transplant                      | 100%         | 100%            | 100%            |
| Loss of limbs                               | 100%         | 100%            | 100%            |
| Major burns                                 | 100%         | 100%            | 100%            |
| Total blindness                             | 100%         | 100%            | 100%            |
| Coma  | 100%         | 100%            | 100%            |
| Advanced Multiple sclerosis                 | 100%         | 100%            | 100%            |
| Alzheimer's Disease                         | 100%         | 100%            | N/A             |
| Motor Neuron Disease                        | 100%         | 100%            | N/A             |
| Parkinson's Disease                         | 100%         | 100%            | N/A             |
| Benign Brain Tumour                         | 100%         | 100%            | N/A             |
| Accidental HIV                              | 100%         | 100%            | N/A             |

### Critical illness benefits disclosure grid

Four of the critical illness conditions are measured on a scale according to the level of severity of the condition, at the time of claim. This scale is consistent with the requirements set out by the Association for Savings and Investment SA (ASISA) and the Standardised Critical Illness Definitions Project (SCIDEP).

The disclosure grid sets out the benefit which is payable based on the level of severity of the critical illness condition. Where the benefits are not scaled according to severity level, 100% of the benefit will be payable if the criteria to qualify for the condition is met.

### Scaled benefits:

|                              | Level A<br>Most severe | Level B<br>Moderate impairment | Level C<br>Mild impairment | Level D<br>Almost full recovery |
|------------------------------|------------------------|--------------------------------|----------------------------|---------------------------------|
| Heart attack                 | 100%                   | 75%                            | 50%                        | 25%                             |
| Coronary artery bypass graft | 100%                   | 75%                            | 50%                        | 25%                             |
| Stroke                       | 100%                   | 75%                            | 50%                        | 25%                             |
| Cancer                       | 100%                   | 75%                            | 50%                        | 25%                             |

### Non-scaled benefits:

The remaining 12 critical illness conditions are covered at 100% of the benefit:

|                             |      |
|-----------------------------|------|
| Kidney failure              | 100% |
| Major organ transplant      | 100% |
| Loss of limbs               | 100% |
| Major burns                 | 100% |
| Total blindness             | 100% |
| Coma                        | 100% |
| Advanced Multiple sclerosis | 100% |
| Alzheimer's Disease         | 100% |
| Motor Neuron Disease        | 100% |
| Parkinson's Disease         | 100% |
| Benign Brain Tumour         | 100% |
| Accidental HIV              | 100% |

### Multiple Critical Illness events

If an insured qualifies for more than one critical illness benefit under this policy, the total critical illness benefit payable under this policy will not exceed 100% of the basic benefit (unless the policyholder has selected the critical illness top-up benefit).

### 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

### How to claim

- The claim notification period is three months from the day on which the critical illness event occurred.
- Claim documentation must be sent to us, within three months of telling us about the claim.

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

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>- original claim forms from the insured, employer and medical attendant</li><li>- medical reports</li><li>- clinical evidence</li></ul> | <ul style="list-style-type: none"><li>- an original certified copy of the insured's identity document</li><li>- a copy of the insured's payslip</li><li>- proof of banking details</li></ul> |
|---|--|

## Policy terms and conditions

| Eligibility   | Proof of good health  |
|---|---|
| <ul style="list-style-type: none"><li>- Minimum entry age is 18</li><li>- Maximum entry age is 59</li><li>- Maximum cover age is 65</li></ul> <p>An insured must:</p> <ul style="list-style-type: none"><li>- be an employee of the employer;</li><li>- live in the SADC 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.</li></ul>   | <p>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.</p> <p>If the cover is above the free cover limit or previously accepted cover, 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.</p> |
| Exclusions  |   |
| <ul style="list-style-type: none"><li>- Failing to disclose all material information about the insured</li><li>- Criminal activity</li><li>- Warlike activities</li><li>- Critical illness claim which occurs within the first 12 months of cover or 12 months from an increase in the benefit, if the critical illness condition or event was directly or indirectly caused by, related to, or complicated by an illness or injury that existed in the six months before the insured's entry date or increase in cover</li><li>- The insured:<ul style="list-style-type: none"><li>• deliberately or negligently exposing himself to risks and events that led to the claim, except where the insured attempts to save a human life;</li><li>• attempting suicide or deliberately inflicting injury on himself;</li><li>• refusing to seek or follow reasonable medical advice or treatment;</li><li>• driving when over the legal alcohol limit;</li><li>• taking drugs or poison;</li><li>• taking medication unless a qualified medical practitioner prescribes them.</li></ul></li></ul> |   |

### When cover for an insured will end

- the insured's employment with the employer ends;
- any conditions for eligibility are no longer met;
- premiums are not paid;
- the insured reaches maximum cover age;
- the insured received 100% of the critical illness benefit, unless the top-up benefit was selected;
- 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 SADC region for more than twelve months (or any extended period agreed to by us in writing).

This fact sheet is in terms of our standard policy terms and conditions as well as our standard benefits offered and does not include any of our special offers, endorsements or bespoke policies.

For the complete terms and conditions, please refer to our policy document, a copy of which can be requested from Hollard. In the event of any dispute or any discrepancy between this document and the provisions of the policy, the policy will prevail.

Hollard Group Risk, a division of Hollard Life Assurance Company Limited Registration number: 1993/001405/06.  
Hollard is an authorised financial services provider. FSP no. 17697.