

Dis-Chem+

HEALTH

In partnership with kaelo



2022 Policy Accident Cover



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.

The administrator of this product is Kaelo Risk (Pty) Ltd, an authorised Financial Services Provider (FSP 36931).

Insurance products are underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life Insurer and authorised Financial Services Provider (FSP 3417).

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Disclaimer

This **Policy** replaces all previous versions of your **Policy**. All terms and conditions in this **Policy** are applicable to **Insured Parties** on the **Policy**.

All definitions throughout the **Policy** are indicated with bold font and with the first letter of each word capitalised. Important points are indicated with a bold and turquoise blue colour font type.

Section A: Your Insurer

The insurance cover is underwritten by your **Insurer**: Centriq Insurance Company Limited, FSP 3417, a licensed non-life insurer. The cover provided is always subject to all the terms and conditions explained throughout your **Policy**.

Section B: Your Underwriting Manager

Your **Underwriting Manager** is responsible for all administrative matters relating to your **Policy** which include:

- Issuing of your **Policy**.
- Processing of your claims.
- Collection of your **Premium**.

This product is administered by Kaelo Risk (Pty) Ltd, registration number 2008/019335/07 an authorised Financial Services Provider (FSP 36931).

You can reach Kaelo on 0861 029 892 or email dischemhealth@kaelo.co.za.

Section C: Your Network Provider

Kaelo Prime Cure (Pty) Ltd, registration number 1997/017429/07 (Prime Cure) is the provider of the network.

Section D: Definitions

Any words and expressions used in this **Policy** can refer to either singular or plural and to either gender. The words and expressions utilised are defined as follows:

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Address: 2nd Floor, The Oval - East Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Telephone: 0861 029 892; Email: dischemhealth@kaelo.co.za; Web: www.dischemhealth.co.za
Group Directors: J Savage, M Jordan, S Lees
Non-Executive Directors: K Bouic
Reg. No. 2008 / 019335 / 07

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Number	Definition	Meaning
D1	Accidental Event	"Accidental Event": any Accidental Harm that occurs on or after the Starting Date of the Policy that requires the Insured Party to undergo Casualty Treatment
D2	Accidental Harm	"Accidental Harm": bodily injury caused by violent, unintentional, external and physical means.
D3	Authorisation	"Authorisation": to obtain approval where it is required in order for certain Benefits to apply. Authorisation can be obtained from 0861 493 587 unless otherwise indicated.
D4	Benefit	"Benefit": as reflected in Addendum A: Detailed Benefits of the Policy.
D5	Benefit Date	"Benefit Date": the first day of the month on which Benefits commence.
D6	Casualty Treatment	A designated section of a Hospital where people who are severely injured in accidents or suddenly become ill and need urgent Treatment are assessed and treated.
D7	Contracted Service Provider	"Contracted Service Provider": any medical service provider contracted and designated by the Network Provider as a Kaelo Health medical services provider.
D8	Dependant	"Dependant": either the Eligible Spouse, Eligible Child, Special Needs Child or Eligible Special Dependant.
D9	Dependant Number	"Dependant Number": the number assigned to each Insured Party covered under this Policy.
D10	Dependant Type	"Dependant Type": either the Policyholder, Eligible Spouse, Eligible Child, Special Needs Child or Eligible Special Dependant.
D11	Eligible Child	"Eligible Child": a child born to either the Policyholder or Eligible Spouse of this Policy. An Eligible Child includes a legally adopted child or stepchild of a Policyholder. In the event that the Eligible Child reaches the age of 26 years, the child will no longer be an Eligible Child and will therefore no longer be covered under this Policy. On turning twenty-six (26) and within thirty (30) days of doing so, the Eligible Child may take up a new Policy in their own capacity. The age limitation will not be applicable to a Special Needs Child.
D12	Eligible Special Dependant	"Eligible Special Dependant": a Dependant who is neither the Eligible Spouse, an Eligible Child nor a Special Needs Child of the Policyholder but who is an eligible Dependant (parent, second or subsequent spouse(s), grandchildren) and has been explicitly accepted by Kaelo Risk for such cover under this Policy. In the event that no such explicit acceptance is provided by Kaelo Risk, such Special Dependents are not covered. Note: The Premium of an Eligible child over the age of 21 will be that of an adult Dependant up to the age of 26
D13	Eligible Spouse	"Eligible Spouse": * the partner of the Policyholder with whom a spousal union exists, whether by virtue of South African law or religious tenet.

		<p>* the partner that shares a home with the Policyholder in a common law spousal union and has done so for at least six (6) months. Should a Policyholder have more than one spouse who could qualify as an Eligible Spouse then that Policyholder must make an irrevocable nomination of one (1) spouse as the Eligible Spouse. Benefits will only be paid to the nominated Eligible Spouse. No Benefits will be paid in respect of any other spouse unless the Policyholder has nominated the other spouse (or spouses as the case may be) as an Eligible Special Dependant from the time of inception of the Policy, or from the time that the other spouse became a spouse of the Policyholder and the requisite Premium has been paid to Kaelo Risk on behalf of such other spouse. On the death of the Policyholder, this Policy will end. The nominated Eligible Spouse (if applicable) may transfer the policy of cover into their own capacity within thirty (30) days..</p>
D14	Exclusions	<p>"Exclusions": a list of services, conditions and events excluded from this Policy. This list can be found in the "Exclusions" section of this Policy.</p>
D15	Family	<p>"Family": collectively the Policyholder, Eligible Spouse, Eligible Children, Special Needs Child and Eligible Special Dependant as defined in the Policyholder Schedule.</p>
D16	Hazardous Sport	<p>"Hazardous Sport" includes, but is not limited to, participation in or use of any of the following:</p> <ul style="list-style-type: none"> • All forms of motorised/jet racing or motorised/jet aerobatics, whether by land, sea or air; • Mountaineering, trekking or hiking above an altitude of 4 000 (four thousand) metres; • Hunting, shooting or deploying firearms in any manner other than for self-defence purposes;
D17	Healthcare Services	<p>"Healthcare Services": all services detailed in Addendum A Detailed Benefits section of the Policy</p>
D18	Hospital	<p>"Hospital": any institution in the territory of the Republic of South Africa, which provides diagnostic and therapeutic facilities for surgical and medical diagnosis, Treatment and care of sick or injured persons by or under the supervision of Medical Practitioners or Specialists on a full-time basis.</p>
D19	Hospital Discharge	<p>An official release of a patient from hospital when care and or Treatment in the hospital is no longer required.</p>
D20	Illness	<p>"Illness": any physical disease or sickness which manifests in an Insured Party but is not a disease or sickness which is of such a nature as to be incapable of diagnosis by objective evidence or which, even though capable of diagnosis by such evidence, has not been diagnosed as such. In other words it must be capable of diagnosis and have been diagnosed.</p>

D21	Insured Party	"Insured Party" means: either the Policyholder, Eligible Spouse, Eligible Children, Special Needs Child and/or Eligible Special Dependant as named in the Policyholder Schedule.
D22	Insurer	"Insurer": Centriq Insurance Company Limited, Reg. No. 1998/007558/06, an authorised Financial Services Provider (FSP 3417).
D23	Medical Emergency	"Medical Emergency": the sudden, unexpected onset of a life-threatening health event that requires immediate medical Treatment, where failure to provide medical Treatment will result in serious impairment to bodily functions, or serious dysfunction of a bodily organ or part, and would place the Insured Party's life in serious jeopardy.
D24	Medical Practitioner	"Medical Practitioner": a qualified medical practitioner, who is registered to practice with the Health Professions Council of South Africa.
D25	Netcare	"Netcare": Netcare 911 EMS (Pty) Ltd, a wholly owned subsidiary of Netcare. Registration Number 1996/006591/07.
D26	Network Provider	"Network Provider": Kaelo Prime Cure (Pty) Ltd, registration number 1997/017429/08. Prime Cure is an accredited managed care organisation who is contracted to provide all the managed care services, processes, account payments and manage contracts of the Provider Network.
D27	Per Annum	"Per annum": the period from 01 January to 31 December of any year.
D28	Policy	"Policy": this Accident cover policy as well as the Policyholder Schedule.
D29	Policyholder	"Policyholder": the Insured Party named in the Policyholder Schedule, who applied for cover under this Policy and who has been accepted by the Insurer as eligible for participation in the insurance cover provided by this Policy.
D30	Policy Schedule	"Policy Schedule": a document issued to the Policyholder by the Insurer containing the personal details of each Insured Party, Starting Date of cover, Dependant Type and Premium: This can be digital, or paper based.
D31	Premium	"Premium": the monthly amount due to the Insurer payable by, or on behalf of, the Policyholder.
D32	Provider Network	"Provider Network": a list of accredited multi-disciplinary providers contracted by the Network Provider to deliver Healthcare Services to the Insured Parties.
D33	Renewal Date	"Renewal date": 01 January of each year or other date determined by the Insurer when Benefits will be amended.
D34	Special Needs Child	"Special Needs Child" : any child, including a legally adopted child or stepchild, of the Policyholder, who by virtue of either a physical or mental disability, is unable to financially support him/herself and remains reliant on the Policyholder for support and care.
D35	Specialist	"Specialist": a Medical Practitioner who has been registered in terms of regulations relating to the Specialties and Sub Specialties in

		Medicine and Dentistry, published under Government Notice Number R.590 of 29 June 2001, as amended/replaced from time to time.
D36	Starting Date	"Starting date": the first day of the month on which cover commences under this Policy.
D37	Termination Date	"Termination date": the effective date of expiry of cover under this Policy.
D38	Total Permanent Disability	A Total Permanent Disability (TPD) means injuries resulting in permanent total disability of the Insured Party from following his usual occupation and any other equivalent occupation for which the Insured Party is fitted by education, knowledge or training.
D39	Treatment	"Treatment": any form of medical advice, diagnosis, care or Treatment provided by a Medical Practitioner for the purpose of treating or monitoring the medical condition of an Insured Party.
D40	Underwriting Manager	"Underwriting Manager": Kaelo Risk (Pty) Ltd (Registration No: 2008/019335/07), also trading as part of the Kaelo Group of Companies. FSP 36931.

Section E: Claims

1. **Contracted Service Providers** will submit accounts to Kaelo Prime Cure for payment of services rendered to **Insured Parties**.
2. Should a provider send you a claim, you can post the claim to: Private Bag 3108, Houghton, 2041 or preferably email correspondence@primecure.co.za.
3. Where the **Insurer** has paid a **Benefit** in terms of this **Policy** which is a **Benefit** payable by the Road Accident Fund or the Compensation Fund for Occupational Injuries or Diseases then any such **Benefits** payable need to be ceded by the **Insured** to the **Insurer**.
4. If the **Insurer** rejects any claim, or disputes the quantum of a claim, the **Insured Party** has **90 days** to make representation to the **Insurer**, challenging this decision. If the **Insurer** persists in rejecting the claim or disputing the quantum, the **Insured Party** has to have summons issued and served on the **Insurer**, within **six months (180 days)** after the expiry of the **90 days** period; failing which, the **Insured Party** will forfeit his claim and will have no further claim in terms of this **Policy**.

Section F: Premiums

1. Your insurance **Policy** will remain in force for as long as your **Premium** is received.
2. All **Premiums** are payable monthly in advance by the **first working day** of each month.

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3. Non-payment of **Premiums** may lead to the rejection of a claim or cover being suspended and any **Benefit** payable will be suspended until all arrear **Premiums** have been received by Kaelo Risk or the **Insurer**.
4. If the **Premium** is not paid on the payment date, you have a **30-day** grace period after which we will automatically deduct the **Premium** from the same account to ensure continuous cover.
5. If this **Premium** is also not paid you will have no cover for the period for which you did not pay.
6. Should your **Premium** remain outstanding after the second month double deduction your cover will be cancelled at midnight on the last day of the month for which **Premium** has been received.
7. Your cover starts on the **first** calendar day of a particular month and cannot be backdated.
8. Your **Premium** will be reviewed annually.
9. The **Insurer** may **adjust the Premiums** by giving at least **31 days written notice** thereof to the **Policyholder**.

Section G: General Terms and Conditions

These general terms and conditions apply to every section of your **Policy**. There are also terms and conditions that apply to specific sections under your **Policy**. You must ensure you understand all sections of your **Policy** and if you have any questions, please contact your broker.

This **Policy** shall be subject to the jurisdiction of the courts of the **Republic of South Africa** and **South African law will apply**. The payment of all **Premiums** and **Benefits** shall be made in the currency of the Republic of South Africa.

The **Insurer** may alter the **Benefits** or the basis upon which **Benefits** are calculated under this **Policy** by giving 31 days written notice thereof.

Cover or services provided will only be valid if the **Treatment** or service was provided prior to the **Termination Date**.

This **Policy** is based on, and includes, any information or communication, verbal or written, made by you or on your behalf.

Examples are given where necessary to explain certain concepts within the **Policy**. These examples are for clarification purposes only and do not form part of the **Policy**.

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In this **Policy** all words and expressions signifying the singular shall include the plural and vice versa and all words and expressions signifying any one gender shall include the other gender.

Where an age is mentioned in the **Policy**, it will be the age as on the last birthday.

In the event that any fraudulent act is committed by any **Insured Party**, the **Insurer** reserves the right to immediately cancel this cover and/or to institute legal proceedings against the relevant party to recover any losses.

Section H: Termination of Cover

You may cancel this cover at any time, by giving 31 days' prior written notice.

The **Insurer** may cancel the **Policy** by giving 31 days' notice (for any reason).

Premiums are payable up to and including the **Termination Date**.

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Section I: Exclusions

1. Claims or Benefits will not be paid for, or in the event of, any of the following:
 - a. Suicide, attempted suicide or wilful injury to oneself;
 - b. The use of any drug or narcotic, legal or illegal unless prescribed by and taken in accordance with the instructions of a **Medical Practitioner**;
 - c. The failure of an **Insured Party** to follow any medical advice given by a **Medical Practitioner**;
 - d. Any incident, **Illness**, **Accidental Harm** or event directly caused by the **Insured Party** having a blood alcohol content more than thirty milligrams per one hundred millilitres of blood.

2. Claims or Benefits will not be paid for participation, or attempted participation, by any **Insured Party** in any of the following:
 - a. Any defence force, police force, medical rescue service, firefighting service, correctional services facility or the disarming of explosives;
 - b. Whilst flying as a pilot or member of the aircrew
 - c. Any **Hazardous Sport** regardless of whether activities are performed privately, socially, during practice sessions, while participating in organised events, as an amateur or a professional;
 - d. While participating in sport as a professional player;
 - e. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft).

3. Claims or Benefits will not be paid for incident, **Illness**, **Accidental Harm** or event directly or indirectly caused by arising from any of the following:
 - a. Civil commotion, labour disturbances, riot, strike, lock-out or public disorder or any act or activity which is calculated or directed to bring about any of the above
 - b. War, invasion, act of foreign enemy, hostilities, civil war or warlike operations (regardless of whether war is declared or not)
 - c. Mutiny, military rising or usurped power, martial law or state of siege, or any other event or cause which determines the proclamation or maintenance of martial law or state of siege, insurrection, rebellion or revolution
 - d. Any act (whether on behalf of an organisation, body, person or group of persons) calculated or directed to overthrow or influence any state or government or any provincial, local or tribal authority with force or by means of fear, terrorism or violence;
 - e. Any act calculated or directed to bring about loss or damage to further any political aim, objective or cause, or to bring about any social or economic change, or in protest against any state or government, or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public, or any section thereof;

- f. Terrorism. An act of terrorism means the use or threat of violence for political, religious, personal or ideological reasons. This may or may not include an act that is harmful to human life. It could be committed by any person or group of persons, acting alone, on behalf of or with any organisation or government. It includes any act committed with the intention to influence any government or inspire fear in the public;
- g. The act of any lawfully established authority in controlling, preventing, suppressing or in any other way dealing with any event referred to in the exclusion of items list under riots, wars, political acts, public disorder or any attempted acts referred to in that clause.
- h. Nuclear weapons, nuclear material, ionising radiations or contamination by radioactivity from any nuclear fuel, or from any nuclear waste, or from the combustion of nuclear fuel which includes any self-sustaining process of nuclear fission.

4. Claims or Benefits will not be paid for the following procedures, items, services, service providers or events:

- a. Any claim, service or **Benefit** that does not form part of this **Policy**;
- b. Cosmetic surgery
- c. External prosthesis;
- d. Rehabilitation, frail care or hospice services;
- e. Step-down facilities;
- f. All services obtained from a non-contracted provider where no pre-**Authorisation** was obtained for **Treatment** at a non-contracted provider.
- g. Any criminal act or attempted criminal act by an **Insured Party**, which includes the submission of any fraudulent information, or other fraudulent means, to get any **Benefit** or service under this **Policy**;
- h. Expenses incurred for non-**Medical Emergency** transport.
- i. Transport expenses incurred in a vehicle other than an ambulance that is designed for the purposes of **Medical Emergency** transport.
- j. Any act by an **Insured Party** that wilfully exposes the **Insured Party** to danger, except where such act is in order to save human life or prevent **Accidental Harm**;
- k. Any services rendered outside of the borders of South Africa;
- l. In the case of **Accidental Harm**, **Benefits** exclude any **Treatment** that is unrelated to the **Accidental Harm**.
- m. No **Benefit** is payable for services that are related to an **Illness** if the **Medical Emergency Illness Buy-Up** cover is not included.
- n. Any **Specialist** or follow up visits and or **Treatment** will not be covered post Discharge from Casualty and or **Hospital**.
- o. To Take Out Medication is not covered
- p. Any appliances, like wheelchairs, crutches, beds or convalescing equipment is not covered.

Dis-Chem+

HEALTH

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2022 Healthcare Services Accident Cover



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Addendum A: Detailed Benefits
Plan Type: Dis-Chem Health Accident Cover

2022 Benefits	Description	Accident Cover Limit
Accident Cover		
Casualty Treatment	<p>This Casualty Treatment Benefit covers emergency services which will be provided in a Hospital casualty to an Insured Party following a Medical Emergency due to Accidental Harm resulting from an Accidental Event.</p> <p>A Guarantee of Payment (GOP) and Authorisation number must be obtained from Netcare 911 in the case of an accident (caused by an Accidental Event). Services must be rendered at a Network Provider Hospital casualty.</p> <p>No Benefit is payable for services that are related to an Illness.</p>	<p>Included.</p> <p>The Benefit payable is equal to the actual cost of the services that are provided, but only to the limit of R20 000 per event per Insured Party.</p> <p>If Buy-up option is purchased this limit is increased to R30 000 per event per Insured Party.</p>
In-Hospital Treatment	<p>This Accident Cover - In-Hospital Treatment (Accidental Events only) covers emergency in-patient services which will be provided for in case of a Medical Emergency due to Accidental Harm to an Insured Party for in-patient Hospital Treatment and cover will end on Hospital Discharge or when the annual limit has been reached, whichever is soonest.</p> <p>Should the limit be reached and the Insured Party still requires Hospital Treatment we will transfer you to a state facility on consultation with your doctor and the receiving doctor. All costs related to the transfer will be covered.</p> <p>Authorisation must be obtained by contacting the call centre on 0861 029 892.</p> <p>Services must be rendered at a contracted Network Hospital.</p> <p>No Benefit is payable for services that are related to an Illness.</p> <p>No Benefit is payable for services that are related to post Hospital Discharge.</p>	<p>Included.</p> <p>The Benefit payable is equal to the actual cost of the services that are provided, subject to a maximum of R380 000 per event and R1 500 000 per Insured Party Per Annum.</p> <p>If the Buy-up option is purchased this limit is increased to R1 500 000 per event and R2 500 000 per Insured Party Per Annum.</p>

2022 Benefits	Description	Accident Cover Limit
Total Permanent Disability of an Insured Party due to Accidental Harm	In the event of a Total Permanent Disability of an Insured Party as a result of Accidental Harm , a lump sum will be paid to the Insured Party on presentation of the following: <ul style="list-style-type: none"> Disability Report (From the Contracted Service Provider) Proof of Bank Account Claim form Accident Report/Affidavit (where applicable) 	Included Total Permanent Disability limited to: <ul style="list-style-type: none"> Insured Parties up to 17 years: No cover Insured Parties 18 years and older: R25 000 If the Buy-up option is purchased the Total Permanent Disability limit is increased to: <ul style="list-style-type: none"> Insured Parties: 18 years and older R35 000
Death of an Insured Party due to Accidental Harm	In the event of the death of an Insured Party as a result of Accidental Harm , a lump sum will be paid to either: <ul style="list-style-type: none"> The surviving Eligible Spouse or Policyholder. Eligible Children (or their legal guardians in the event of them being minors) or an Eligible Special Dependant. The deceased Insured Party's estate failing any of the above. Benefits will be paid on presentation of the following: <ul style="list-style-type: none"> Death Certificate ID copy of the claimant & the deceased Proof of Bank Account Claim form Accident Report /Affidavit 	Included Death Cover limited to: <ul style="list-style-type: none"> Children below six years: R20 000 All other Insured Parties: R25 000 If the Buy-up option is purchased the Death Cover is amended to: <ul style="list-style-type: none"> Children below six years: R20 000 All other Insured Parties: R35 000
Death and Permanent Total Disability due to Accidental Harm	A death or disability claim pay-out due to the same injury is limited to one payment only.	
Medical Emergency Services		
Ambulance	A Medical Emergency due to Accidental Harm resulting from an Accidental Event , will be transported to a Contracted Service Provider Hospital's casualty. A Medical Emergency due to Illness , will be transported to a state facility unless the Medical Emergency Illness Cover Buy-up Option has been purchased, in which case transport will be done to a	Unlimited. This is limited to road transport .

2022 Benefits	Description	Accident Cover Limit
	Contracted Service Provider Hospital's casualty. Netcare 911 to be contacted via the Netcare 911 toll-free line on 082 911 (24/7/365) for an Authorisation that will be provided to the casualty.	
Stabilisation	Unlimited stabilisation of the Insured Party at the scene of the accident by Netcare 911 before being transported to the appropriate Hospital .	Included.

Detailed Benefits: Medical Emergency Illness Cover Buy-Up Option – Included /Excluded

Dis-Chem Health Medical Emergency Illness Cover Buy-Up Option provides access to quality private health insurance should you or your Family have a Medical Emergency event due to an illness as defined in this Policy.

This Buy Up Option can only be selected as an add-on to the Accident cover and cannot be selected on a stand-alone basis.

2022 Benefits	Description	Medical Emergency Cover Buy-up Option
Medical Emergency Illness Cover		
Casualty Treatment	This Casualty Treatment Benefit covers emergency services which will be provided in a Hospital casualty to an Insured Party following a Medical Emergency due to an Illness . A Guarantee of Payment (GOP) and Authorisation number must be obtained from Netcare 911 in the case of Medical Emergency services must be rendered at a Network Provider Hospital casualty.	Included The Benefit payable is equal to the actual cost of the services that are provided, but only to the limit of R30 000 per event per Insured Party .
In-Hospital Treatment	This Medical Emergency - In-Hospital Treatment covers emergency in-patient services provided in the case of an Insured Party experiencing a Medical Emergency that requires in Hospital Treatment . Cover will end on Hospital Discharge or when the annual limit has been reached, whichever is soonest. A Guarantee of Payment (GOP) must be obtained from Netcare 911 in the case of a Medical Emergency . Services must be rendered at a Network Provider Hospital casualty. Authorisation must be obtained by contacting the call centre on 0861 029 892 . Services must be rendered at a contracted Network Hospital . No Benefit is payable for services that are related to the admission post Hospital Discharge .	Included The Benefit payable is equal to the actual cost of the services that are provided, subject to a maximum of R380 000 per event and R1 500 000 per Insured Party Per Annum .