



YOUR YOUI CREDIT PROTECTION POLICY

Youi (Pty) Limited is an authorised financial services provider (FSP 22785). Underwritten by OUTsurance Life Insurance Company Limited (FSP 896).

This document together with your schedule, any written correspondence and verbal agreements form the basis of the contract between you (the policy holder) and us.

It is important that you read and understand these documents and that you make sure that all the information supplied by you, or anyone acting on your behalf, is correct. Any incorrect information may affect the validity of this contract.

This is a plain language document, ensuring that it is easy to read and conveys the details of your policy in the clearest possible way.

‘You’ and ‘your’ are references to the policy holder or the Life Insured, as the context requires:

- The policy holder is responsible for paying the premiums.
- The Life Insured may only be you (the policy holder), your spouse, your children, your parents or anybody you are living together with as your partner.
- The sum insured under this policy is payable where the Life Insured suffers an event that is covered under this policy.
- The Life Insured must personally answer all the relevant underwriting questions.

CONTENTS

1	WHEN DOES YOUR COVER START AND END?	2
2	WHAT COVER DO WE OFFER?	2
	• LIFE cover	2
	• CRITICAL ILLNESS cover	2
	• PERMANENT DISABILITY cover	2
	• TEMPORARY DISABILITY cover	2
	• RETRENCHMENT cover	2
	• PREMIUM WAIVER cover	2
3	WHEN YOU ARE NOT COVERED	3
4	SUBMITTING A CLAIM	4
	• Your responsibilities	4
	• Our responsibilities	4
	• Disputed claims	4
5	IMPORTANT INFORMATION	4
6	CRITICAL ILLNESS DEFINITIONS	4
	• Advanced cancer	4
	• Heart attack with resulting impairment	4
	• Stroke with resulting impairment	4
	• Surgery for coronary artery disease	4
	• Aortic surgery	4
	• Heart valve surgery	4
	• Kidney failure	4
	• Major organ transplant	5
	• Paralysis	5
	• Benign brain tumour resulting in impairment	5
	• Major burns	5
	• Blindness	5
	• Loss of limbs	5
	• Loss of speech	5
	• Coma resulting in impairment	5
	• Accidental brain damage	5
	• Accidental HIV – caused by assault, rape or a road traffic accident	5

1 WHEN DOES YOUR COVER START AND END?

Your cover starts on the cover start date noted on your schedule, provided that we receive your first premium. Your cover ends when the sum insured is paid on your Life, Permanent Disability or Critical Illness cover or when your policy is cancelled. Your Retrenchment cover will end on your 60th birthday. Your Critical Illness, Temporary Disability and Permanent Disability cover will end on your 65th birthday.

2 WHAT COVER DO WE OFFER?

We offer Life, Critical Illness, Permanent Disability, Temporary Disability, Retrenchment and Premium Waiver cover. Your schedule indicates the cover you have selected. There is no surrender value on this policy.

Life cover

We will pay the Beneficiary the Life Cover sum insured, as noted on your schedule, in the event of your death while you are covered.

Critical Illness cover

We will pay the policy holder the Critical Illness Cover sum insured, as noted on your schedule, if you are diagnosed with one of these critical illnesses while you are covered:

- Advanced cancer
- Heart attack with resulting impairment
- Stroke with resulting impairment
- Surgery for coronary artery disease
- Aortic surgery
- Heart valve surgery
- Major organ transplant
- Kidney failure
- Paralysis
- Benign brain tumour resulting in impairment
- Major burns
- Blindness
- Loss of speech
- Coma resulting in impairment
- Loss of limbs
- Accidental brain damage
- Accidental HIV – acquired through assault, rape or a road traffic accident.

The detailed definitions of these critical illnesses are noted at the end of this policy document and all claims will be assessed against these definitions.

You will not be able to claim for a critical illness diagnosed during the first 90 days of cover unless it is as a result of an accident.

Permanent Disability cover

We will pay the policy holder the Permanent Disability Cover sum insured, as noted on your schedule, if you become ill or are injured while you are covered. The illness or injury must:

- be medically certified, incurable and untreatable and
- result in you being totally unable to ever perform your own or any suitable occupation, taking your training, education, ability and experience into account.

You will not be able to claim for an illness diagnosed during the first 90 days of cover unless it is as a result of an accident.

Temporary Disability cover

We will pay the policy holder the Temporary Disability Cover sum insured, as noted on your schedule, if you are medically certified with an illness or injury to the extent that you are not currently able to perform your own occupation and you have not received or earned an income for a period of 30 consecutive days because of your disability.

We will pay the Temporary Disability Cover sum insured for every month that you are temporarily disabled for a maximum of 12 months per claim event and 24 months over the period of cover.

If you only lose part of your usual income we will pay that proportion of the Temporary Disability Cover sum insured per month.

You will not be able to claim for an illness diagnosed during the first 90 days of cover unless it is as a result of an accident.

Retrenchment cover

We will pay the policy holder the Retrenchment Cover sum insured, as noted on your schedule, after a period of 30 consecutive days of you not receiving an income if you are legitimately retrenched because your employer:

- reduces the number of staff due to adverse business conditions or
- introduces new technology or
- restructures the business.

Any other form of dismissal by your employer will not be covered.

The Retrenchment Cover sum insured will be paid monthly while you are retrenched for a maximum of three months per event and nine months over the period of cover.

You will not be able to claim if you are notified of your retrenchment during the first 90 days of cover.

Premium Waiver cover

We will pay your credit protection premium for each month where you receive a payment from us for your retrenchment or temporary disability claim.

3 WHEN YOU ARE NOT COVERED

There is no cover for any condition or event arising directly or indirectly from any of the following:

- If you had or were aware of any chronic or life threatening medical condition, disability, illness, bodily injury or defect which existed before cover started
- If you refuse any medical treatment recommended by a medical practitioner or by our Chief Medical Officer
- If you commit suicide within the first 24 months of cover
- intentional, self inflicted injury or illness
- If you (or any person acting on your instruction) intentionally participate in any criminal activity that contravenes common law or legislation
- If you drive while being under the influence of drugs with a narcotic effect unless prescribed by a qualified and registered medical practitioner
- If you drive and the alcohol concentration in your blood exceeds the legal limit.

The following is not covered under Retrenchment cover:

There is no retrenchment benefit arising directly or indirectly from or linked to any of the following:

- If you are retrenched because of a strike, labour dispute or industrial action, whether you participate or not
- If you are self-employed
- If you resign, accept voluntary retrenchment or redundancy, retire or select early retirement
- If you had reasonable grounds for believing that you will become unemployed, retrenched or made redundant at the cover start date
- If you were not employed on a permanent basis for at least 12 months before the retrenchment date
- If your fixed term employment contract expires, whether the contract is renewable or not
- Any action where you were in dispute with your employer that dismissed you and a settlement was reached.

4 SUBMITTING A CLAIM

Your responsibilities (or anyone acting on your behalf)

- You must report the claim or any incident which may lead to a claim to us as soon as possible, but within 120 days of the claim event for death cover and within 60 days of the claim event for all other types of cover.
- When you submit a claim you must give us the information and evidence (medical or other) we ask for. The information you provide will be obtained at your own cost.
- You have 60 days in which to submit all the required information and evidence. If you do not supply this information, we may reject your claim.

Our responsibilities

We will assess the validity of a claim by evaluating medical and any other circumstantial evidence. Once we are satisfied that the claim is valid, we will pay the sum insured.

Disputed claims

If you dispute the outcome of your claim you have 90 days from the day you are first informed of the outcome to notify us about your objection. Immediately following this, you have a further six months within which to serve a summons on us. If you do not do so within this period, your right to challenge the decision is forfeited.

5 IMPORTANT INFORMATION

Non-disclosure, misrepresentation or mis-description

Non-disclosure, misrepresentation or mis-description of any material fact or circumstance in connection with an application or a claim in terms of this policy by you, the Life Insured or anyone acting on your behalf, may result in the policy being cancelled, a claim rejected or the policy voided from inception.

Fraud or dishonesty

We have a responsibility to all our Policy Holders to ensure that fraudulent claims are eliminated in order to keep premiums as low as possible. If your claim is rejected for reasons related to fraud or dishonesty, you will need to reimburse us for any expenses we incurred relating to the claim. If you or anyone acting on your behalf submits a claim, or any information or documentation relating to any claim that is in any way fraudulent or dishonest, we will reject that entire claim and cancel your policy retrospectively. There will be no premium refunded to you.

Changes in your risk factors

You must inform us immediately of the following changes to the circumstances of the Life Insured:

- If you start smoking or start using any form of tobacco product
- If you live outside South Africa for more than six months in any 12 month period
- Change in occupation.

►E.g. If you work as an accountant and start a different occupation, you have to let us know immediately. However, if you change companies, still working as an accountant, you do not have to let us know.

You must inform us immediately should any person covered under this policy (including the policy holder) be made aware of any convictions, cancellations or offences related to dishonesty.

Any changes in these risk factors may influence whether your cover continues, the conditions of cover or the premium we charge. Failure to notify us of any of these changes will result in your cover being reassessed at claims stage in line with our underwriting practice at the time when your circumstances changed. This may result in a claim being rejected or the claim payment being reduced.

Sharing of information

We respect the confidentiality of your information. In order to ensure sound insurance practices and prevent insurance fraud we confirm and disclose your information relating to claims, insurance, financial history and medical history.

Replacement of cover

If this policy replaces any other existing cover you have, you should make sure that the cover and conditions are similar if required. Changes in your health and age could influence the cover and conditions when you apply for new cover. There may be some duplicated costs or fees that you paid on your existing cover and may need to pay again on this policy.

Your 30-day cooling off period

If you cancel this policy during the first 30 days of cover, we will refund any premiums, less the premium for the period you were covered. There is no refund payable if a claim occurred during this period.

Premium payments

Your premiums must be paid by debit order on the agreed monthly or annual payment date over the period of the cover.

If the premium is not paid on the payment date, you have a 15-day grace period after which we will automatically deduct the premium from the same account to ensure continuous cover.

If the premium is not paid within the grace period, you will have no cover for the period for which you did not pay. If your premiums are paid monthly, the grace period will only apply from the second month of cover.

Premium guarantee period

Your premium is calculated for the full period of cover you selected and the guarantee period is noted on your schedule. After this period, we may change your premium by giving you 30 days' written notice. When making any changes we look at the experience of all clients with similar profiles, rather than individual circumstances.

- ▶ E.g. If you are diagnosed with cancer after your cover start date, we will not change your premium. If however, there is a new technology that can detect cancer more effectively and the number of cancer claims increases significantly, we would have to review our premiums.

Policy cancellations

You may cancel your credit protection policy at any time with immediate effect.

Your policy will automatically be cancelled when any of the following happens:

- Your monthly premiums are not paid for two consecutive months either on the payment dates or within the grace period in those months.
- Your annual premiums are not paid on the payment date or within the grace period.
- We have paid your death, permanent disability or critical illness claim.

If your policy is cancelled we will refund your premium on a pro-rata basis by taking into account the actual period of cover prior to the cancellation date.

6 CRITICAL ILLNESS DEFINITIONS

Each of the illnesses or events listed below must be diagnosed by a registered medical practitioner and supported by clinical, radiological, histological and laboratory evidence as requested by us.

Advanced cancer

The diagnosis of a malignant tumour characterised by uncontrolled growth of malignant cells and the invasion and destruction of normal tissue, where the tumour has progressed to at least a Stage III (TNM staging for solid tumours, RAI staging for Chronic Lymphocytic Leukaemia, Ann Arbor staging for lymphomas), or in the case of other leukaemias where the disease fails to respond to all appropriate treatment.

We do not cover any cancers in situ, any pre-malignant conditions, or any tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T3N0M0. We also do not cover any skin cancers, other than malignant melanomas that have been histologically classified as at least AJCC Stage III.

Heart attack with resulting impairment

The diagnosis of a heart attack as a result of coronary artery disease which must be supported by symptoms clinically consistent with the diagnosis of a heart attack, by new characteristic electrocardiographic changes, and by the characteristic rise above accepted normal values of biochemical cardiac specific markers or enzymes.

The heart attack must result in a permanently impaired left ventricular ejection fraction (LVEF), as evidenced on imaging, of less than 50% at least 6 weeks following the heart attack.

We do not cover heart failure, non-cardiac chest pain, angina, unstable angina, myocarditis, pericarditis, or traumatic myocardial injury.

Stroke with resulting impairment

The diagnosis of a cerebrovascular incident resulting in irreversible death of brain tissue which results in permanent neurological damage which persists for at least three months following the onset. This diagnosis must be confirmed by neuro-imaging investigations and corresponding clinical examination findings by a Neurologist.

We do not cover Transient Ischaemic Attacks (TIA), brain damage due to an accident or injury, infection, vasculitis, inflammatory disease or migraine; disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina; ischaemic disorders of the vestibular system; or asymptomatic silent stroke found on imaging.

Surgery for coronary artery disease

The undergoing of open heart surgery requiring a median sternotomy to correct the narrowing or blockage of two or more coronary arteries with the insertion of bypass grafts.

Pre-operative angiographic evidence of significant coronary artery obstruction must be provided and the procedure must be considered medically necessary by a consultant cardiologist.

We do not cover balloon angioplasty (PTCA), heart catheterization, laser relief, keyhole, rotablate or stenting.

Aortic surgery

The undergoing of surgery to excise and replace a portion of the diseased thoracic or abdominal aorta with a graft.

We do not cover any surgery to treat peripheral vascular disease of the aortic branches, surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair. Traumatic injury of the aorta is also not covered.

Heart valve surgery

The undergoing of open heart surgery requiring a median sternotomy to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s).

Kidney failure

Chronic and irreversible end stage failure of both kidneys to function as a result of which regular renal dialysis is instituted.

Major organ transplant

The actual undergoing, as a recipient, of a transplant of a human donor heart, lung, liver, pancreas, bone marrow or kidney which must be deemed to be medically necessary to treat the irreversible end-stage failure of the relevant organ. The transplant procedure should form part of an official South African organ donor programme.

We do not cover other stem cell transplants, islet cell transplants or transplantation of any other organ or parts of an organ.

Liver or pancreas transplants where the condition is a result of excessive alcohol consumption or use of drugs other than as prescribed by a registered medical practitioner are also not covered.

Paralysis

The total and irreversible loss of use of two or more limbs as a result of injury or disease that has been present for at least three months.

We do not cover partial paralysis, temporary post-viral paralysis or paralysis due to psychological causes.

Benign brain tumour resulting in impairment

The diagnosis of a life threatening tumour in the brain causing permanent neurological impairment that is progressively worsening with objective evidence of motor or sensory dysfunction and where evidence shows that the tumour is growing.

We do not cover cysts, granulomas and malformations in the arteries or veins of the brain, haematomas, abscesses, acoustic neuroma, or micro-tumours of the pituitary gland, meninges or spinal cord.

Major burns

The diagnosis of full thickness third degree burns resulting in scarring and which cover at least 20% of the body's surface area as measured by the Lund Browder Chart or equivalent burn area calculator.

Blindness

The total, permanent and irreversible loss of sight in both eyes such that the best corrected vision as measured by an ophthalmologist is 3/60 or worse in the better eye. This loss of sight must be permanent and not correctable with aids or surgery.

Loss of limbs

The permanent and complete severance of two or more limbs due to injury or accident. Two limbs are defined as two arms, two legs, or one arm plus one leg, at or above the elbow or knee joint. You must be able to prove that the loss occurred as a result of external causes.

Loss of speech

The total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech centres of the brain and that has lasted for more than six months continuously.

We do not cover any psychiatric causes of loss of speech.

Coma resulting in impairment

A state of unconsciousness, not induced by sedation, persisting for at least 96 hours, involving continuous unresponsiveness to external stimuli or internal needs and requiring the use of life support. It must eventually lead to significant and permanent motor or sensory functional neurological impairment, which has persisted for a continuous period of at least three months after the onset of the coma.

We do not cover a coma resulting directly from alcohol or drug abuse.

Accidental brain damage

Traumatic injury to the brain caused by an external physical force and resulting in a permanent and significant reduction in mental and social functioning such that you require continuous supervision by a third party.

Accidental HIV – caused by assault, rape or a road traffic accident

Infection by the Human Immunodeficiency Virus (HIV) as confirmed by a positive HIV ELISA antibody test, and a positive HIV confirmatory test (Western Blot or PCR Test), resulting from, or transmitted by, a physical assault or road traffic accident.

HIV infection that is acquired through consensual sexual activity, recreational intravenous drug use, occupational hazards or deliberate self-infliction is specifically not covered.

We must be given access to independently test all the blood samples and to take added samples where we deem it necessary or advisable. If an effective cure for HIV is found in the future, this benefit will not pay out.

The infection must be due to a physical assault, rape or involvement in a road traffic accident involving exposure to blood, blood-stained body fluids or semen (in the case of rape), and which occurs after the date of policy inception or re-instatement. All the following criteria must also be met:

- The assault or road traffic accident causing a potential claim must have been reported to the police, your employer or any other relevant authority within 24 hours of the incident.
- A blood test showing no HIV or HIV antibodies must be carried out within 72 hours of the incident.
- Seroconversion must be proven with another HIV test within 180 days of the incident indicating presence of infection by HIV.
- The Life Insured must have been compliant with clinically accepted post-exposure prophylactic therapy.