



Total Risk Administrators (Pty) Ltd (TRA),
an authorised financial services provider
- FSP No 40815

TOTALRISKADMINISTRATORS

www.totalrisksa.co.za



2018

FEMME COVER

DON'T **STRESS!**
THE **GAP** IS COVERED.



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CONTACT US



Physical Address:

16 Jersey Drive, Longmeadow Business Estate East, Longmeadow, Edenvale, 1609



Postal Address:

PO Box 1181, Parklands, 2121



T: 011 372 1540 **F:** 011 372 1579



E: info@totalrisksa.co.za



General Queries: info@totalrisksa.co.za

Claims: claims@totalrisksa.co.za

New Applications: membership@totalrisksa.co.za

Brokers/Commissions: brokerqueries@totalrisksa.co.za



OUR WEBSITE

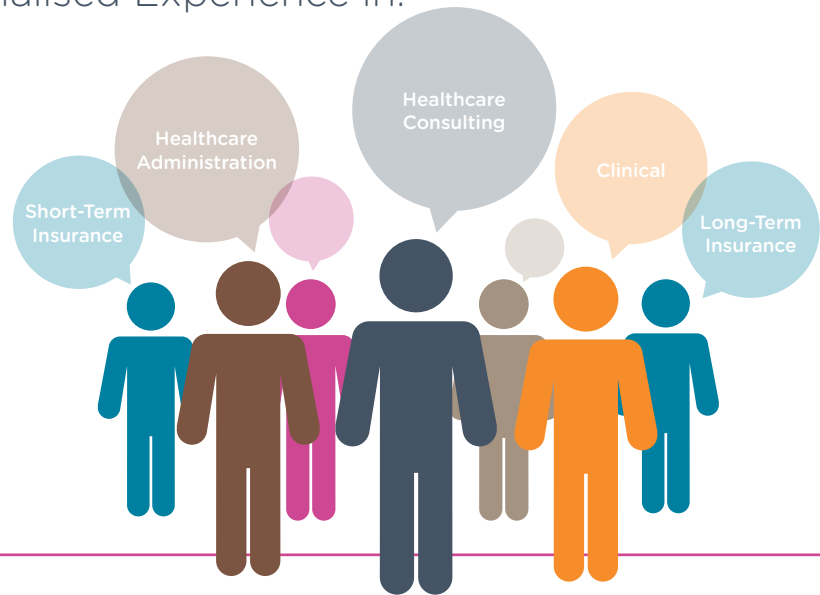
- ✓ Extensive content about each of our products
- ✓ Information about us and our clients
- ✓ An online application process
- ✓ An online claim process
- ✓ A broker contact process
- ✓ FAQ page
- ✓ TRA TV - product videos
- ✓ Blogs containing educational material
- ✓ A gallery
- ✓ Contact details
- ✓ Compliance forms
- ✓ Access to our social media pages:



OUR TEAM

TRA has specialist staff with years of insurance, clinical and healthcare administration experience, so there's really no need to stress! This GAP is indeed Covered.

Specialised Experience in:



Our **Femme Cover** product is underwritten by Auto & General Insurance Company Limited

auto & general

car | home | business | life insurance

Auto & General Insurance Company Limited - Registration No 1973/016880/06 | FSP No 16354



FEMMECOVER

No one likes to hear the word 'cancer.' Even with so many advances in treatment options, it's still daunting. Almost scarier is the expense – and many cancer treatments can create a huge financial burden if they are not covered by your medical aid.

What's more, women face a completely different set of potential health complications. No matter what your age, or whether you've had children or not, women are at risk of developing certain types of cancer that are specific to female organs, especially the reproductive system. The problem is that many medical aid schemes do not have a comprehensive female cancer benefit that covers these illnesses by default.

Our Femme Cover policies:

- Provide benefits for the female policyholder only.
- Impose an entry age limit of 65 years.
- Impose a termination date of 65 years.
- Apply a general 3 month waiting period.
- Provide cover for the following female cancers:
 - Cervical Cancer
 - Uterine Cancer
 - Cancer of the Fallopian Tubes
 - Breast Cancer
 - Ovarian Cancer
 - Vaginal Cancer
 - Bladder Cancer
- Will also pay out for more than one occurrence provided that they are unrelated.

Benefits

The cancer must be confirmed by evidence of malignancy by a qualified oncologist or pathologist.

Femme 50
R90 per life insured per month

Femme 100
R163 per life insured per month

Femme Cover 50

This option will ensure that a lump sum cash benefit of **R50 000** will be paid out to the policyholder, upon confirmed diagnosis of one of the listed female cancers.

Femme Cover 100

This option will ensure that a lump sum cash benefit of **R100 000** will be paid out to the policyholder, upon confirmed diagnosis of one of the listed female cancers.

When are you NOT COVERED under your Femme Cover policy?

- Where a claim is submitted within the first 12 months and is related to a pre-existing condition for which the policyholder sought or should have sought medical advice and / or treatment.
- Where at the time of applying for cover, the policyholder does not supply us with a declaration of good health.
- Where the policyholder does not respond to our request for:
 - medical examination for the insured;
 - release of medical records and information
- Where a claim relates to Cervical Intraepithelial Neoplasia defined by the World Health Organisation as CIN I,II or III.

How do you claim?

Submit certified copies of the confirmed initial diagnosis and related date of one the cancer conditions covered to claims@totalrisksa.co.za.

Claims will be paid via EFT into the bank account identified by the policyholder.



THE LEGAL AND COMPLIANCE SIDE

PROTECTION OF PERSONAL INFORMATION POLICY

TRA collects, stores and uses the personal information provided by an individual. Personal information is collected only when an individual knowingly and voluntarily submits information. Personal Information may be required to provide an individual with further services or to answer any requests or enquiries relating to this service.

It is TRA's intention that this policy will protect an individual's personal information from being prejudiced in any way and this policy is consistent with the privacy laws applicable in South Africa. TRA will not, without an individual's consent, share information with any other third parties, for any

purposes whatsoever.

TRA will not reveal any personal information to anyone unless:

- It is compelled to comply with legal and regulatory requirements or when it is otherwise allowed by law.
- It is in the public interest.
- TRA needs to do so to protect their rights.

Any questions relating to TRA's privacy policy or the treatment of an individual's personal data may be addressed to info@totalrisksa.co.za.

TREATING CUSTOMERS FAIRLY (TCF) POLICY

TRA's overriding business culture and ethos is that our "customers" - being our policyholders and intermediary network - come first.

This product has been created to meet the requirements of our clients. We will at all times deliver on customer service and customer expectations by enforcing the principles of Treating Customers Fairly (TCF). The TCF principles ensure we apply fairness to all client experiences relating to new business, policy terms, service and claims processes. The TCF framework has 6 outcomes which are:

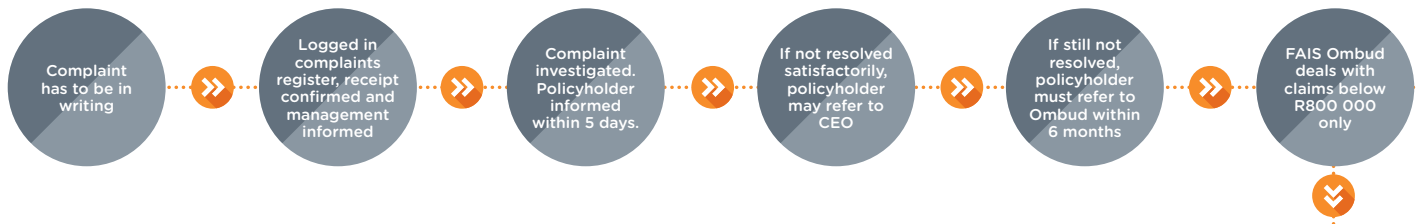
1. You are confident that Your fair treatment is key to our culture.
2. Products and services are designed to meet Your needs.
3. We will communicate clearly, appropriately and on time during the lifespan of Your policy.
4. We provide advice that is suitable to Your needs and circumstances.
5. Our products and services meet Your standards and deliver to expectations.
6. There are no unreasonable barriers to access our services, or to lodge a claim or to lodge any complaints.

COMPLAINTS POLICY

In order for a complaint to receive the attention that it deserves, we request that your complaint is submitted to us in writing to complaints@totalrisksa.co.za. Alternatively,

please ensure that where the complaint is delivered by hand or by any other means, that you retain proof of delivery.

The following procedure will be followed:



FAIS Ombud
PO Box 74571, Lynnwood Ridge, 0040
T: 012 470 9080 / F: 012 348 3447 / W: www.faisombud.co.za

FEMME COVER: The Important Information

THE POLICY

1. PARTIES

- 1.1 The parties to this Policy are: -
 - 1.1.1 Auto & General Insurance Company Limited (Reg. No 1973/016880/06), an authorised Financial Services Provider, with Licence number 16354. (The Insurer).
 - 1.1.2 Total Risk Administrators (Reg. No 1999/024507/07), the Product Supplier, a UMA underwritten by Auto & General Services Provider, with Licence number 40815.
 - 1.1.3 The Policyholder (who is also the Insured).

2. BENEFITS

- 2.1 The Insurer will provide the benefits for Femme Cover, as specified herein, subject to compliance with the terms, exceptions and conditions herein specified. The entire contract consists of this Policy Document, the Policy Schedule and Disclosure document together with the Statutory Notice and the Personal Information which has been provided by this contract. The Insurer will issue an Amending Schedule to reflect any changes to this Policy.

3. MISINFORMATION BY THE POLICYHOLDER

- 3.1 This Policy has been based on the information provided by the Policyholder. Should the Policyholder have misrepresented or failed to disclose important medical information in the application for this Policy or should the Insurer feel such information (with the exception of statements relating to the age of the Policyholder) materially affects the underlying risk of this Policy, the Insurer reserves the right to cancel this Policy with no return of past paid premiums.

4. INTERPRETATIONS

- 4.1 "Cancer" shall mean a disease manifested by the presence of a malignant tumour and characterised by the uncontrolled growth and spread of malignant cells with the invasion and destruction of normal surrounding tissue.
 - 4.1.1 The cancer must be confirmed by histological evidence of malignancy by a qualified oncologist or pathologist.
 - 4.1.2 Malignant cells diagnosed and treated by primary biopsy only, that is, not requiring any further surgical and medical procedures (chemotherapy or other recognised oncology medication), radiotherapy or other modalities are excluded from the definition of "Cancer".
 - 4.1.3 The term "Cancer" excludes cancer-in-situ and all tumours that are histologically described as premalignant or showing early malignant changes. The Insurer will however consider payment when cancer-in-situ has required radical treatment such as total mastectomy or total hysterectomy and followed by chemo- and/or radiotherapy, at its own and sole discretion.
- 4.2 "Claim event" shall refer to a diagnosis of cancer that belongs to one of the following types: -
 - 4.2.1 Breast Cancer.
 - 4.2.2 Cervical Cancer excluding Cervical Intraepithelial Neoplasia.
 - 4.2.3 Cancer of an organ that is a part of the Genito-Urinary

system, including Ovarian cancer, cancer of the Bladder, cancer of the Fallopian Tubes, Vaginal cancer or Uterine cancer.

- 4.3 "Cover termination date" shall be the last day of the month in which the Policyholder turns exactly 65 years old and shall only apply if the Policyholder chooses to buy such a term of cover.
- 4.4 "Default of a premium payment" would occur if a premium has not been paid on its due date nor within the days of grace (as defined in Section 6) following such non-payment of premium.
- 4.5 "Diagnosis" shall refer to a diagnosis during the period of this Policy, by a registered medical practitioner supported by clinical, radiological, histological and laboratory evidence as required by the Insurer.
- 4.6 "Pre-existing conditions" shall mean a medical condition that existed prior to the commencement of this Policy with regard to which:
 - 4.6.1 the Policyholder has received treatment and/or advice; or
 - 4.6.2 the manifestation of symptoms would have caused a reasonable and prudent person to seek advice; or
 - 4.6.3 any condition known to the Policyholder prior to the date of Policy purchase in respect of which the Policyholder has been recommended to continue or commence any treatment or seek medical advice after the effective date of coverage.

5. PREMIUM

- 5.1 Premiums under this Policy are payable by monthly direct debit order from the Policyholder's bank account.
- 5.2 Premiums under this Policy shall be payable in South African Rand.
- 5.3 Premiums are payable on the 1st day of each month or next working day until the earliest of:
 - 5.3.1 the death of the Policyholder;
 - 5.3.2 the payment of the Benefit;
 - 5.3.3 the Surrender by the Policyholder;
 - 5.3.4 the Termination date of the Policy.
- 5.4 The premium rate indicated in the Policy Schedule will be reviewed in January of each year. The Insurer reserves the right to vary the premium payable under this Policy by giving the Policyholder at least 30 days written notice before any variation in premiums takes effect.

6. DAYS OF GRACE

- 6.1 A period of 30 days grace is allowed for payment of each premium after the first premium payment. During this period, all benefits will remain in force.
- 6.2 Should any benefit become payable during the period of grace, the unpaid premium will be deducted from any amount payable.

7. COOLING OFF PERIOD

- 7.1 The Policyholder can decide, within 30 days of the commencement of this Policy, to cancel the Policy and receive a refund of the monthly premium with no further penalties.

8. BENEFIT PAYMENT

- 8.1 The Sum Insured of R50 000.00 or R100 000.00, based on product choice, shall be payable to the beneficiary.
- 8.2 The Beneficiary of the Policy is:
 - 8.2.1 The Policyholder; or



8.2.2 The Beneficiaries or the Estate of the Policyholder, should the Policyholder not survive until the date on which payment will be made in terms of the Policy.

8.3 Benefits payable in terms of the Policy shall be paid by the Insurer in South African Rand.

8.4 Benefits are payable on a confirmed diagnosis by a registered medical service provider (refer to section 4.1.1).

9. TERMINATION OF THE POLICY

9.1 This Policy will terminate on the earlier of:

9.1.1 The cover termination date of the Policy (if any);

9.1.2 The death of the Policyholder;

9.1.3 Failure to pay premiums in accordance with the terms of this Policy;

9.1.4 The effective surrender date.

10. SURRENDER AND MATURITY

10.1 The Policyholder may surrender this Policy anytime during the term of the Policy provided that a 30 day written notice is given to and received by the Insurer. The Insurer can provide at least two (2) months written notice to the Insured of any alteration or termination.

10.2 This Policy has no paid-up option or cash surrender value.

10.3 This Policy has no maturity benefits payable on the cover termination date.

11. REINSTATEMENT AND INCREASE COVER

11.1 This Policy cannot be reinstated, under any circumstances, after Policy termination described in 9 and 10 above, nor can the level of cover be increased without full underwriting by the Insurer at the cost of the Policyholder. The costs of this underwriting shall be paid by the Policyholder at the time of applying for reinstatement or increase in cover.

12. EXCLUSIONS

12.1 No claim will be considered under this Policy for the first 12 months after date of Policy commencement, if the claim is related in the opinion of the Insurer, directly or indirectly to a pre-existing condition for which the Policyholder sought or should have sought medical advice and/or treatment during the 24 months before the commencement date of this Policy.

12.2 No payment shall be made for any claims directly caused by, resulting from, or in connection with the use of nuclear, biological or chemical weapons, or any radioactive contamination, attacks on or sabotage of facilities (including but not limited to nuclear power plants, reprocessing plants, final repository sites and research reactors) and storage depots which lead to the release of radioactivity or nuclear, biological or chemical warfare agents, irrespective of whether any of the aforesaid has been performed with the specific use of information technology.

12.3 No payment shall be made for Cervical Intraepithelial Neoplasia defined by the World Health Organisation as CIN I, II III.

12.4 No payment shall be made if a claim is made more than once, if the 'claim event' (see section 4.2) is for or related to the same cancer (one of the cancers on the defined list for this product - see section 4.2).

13. PAYMENT OF BENEFITS

13.1 In order to claim against this Policy, a signed and completed claim form must be received by the Insurer within 90 days of the Claim Event giving rise to a claim, together with any additional information and medical evidence which the Insurer may require in order to assess the claim.

13.2 The Insurer must be satisfied that the claim is valid before accepting the claim.

13.3 The Policyholder will be required to provide suitable medical evidence, in support of the claim, from practitioners who are:

13.3.1 recognised by the Insurer; and

13.3.2 resident and operating in the Republic of South Africa.

14. REJECTION OF LIABILITY AND TIME BAR

In the event of TRA (Total Risk Administrators) rejecting liability in respect of any claim made under this Policy, TRA shall be under no liability in respect of the subject matter of such claim, unless action has been properly instituted by means of summons against it for the enforcement of such claim within nine (9) months of the date of TRA's written communication conveying such a rejection to the claimant.

15. FRAUDULENT CLAIM

15.1 If any claim made under this Policy is in any respect fraudulent, the benefit will not be payable and the Policy shall be cancelled, with no return of past paid premiums.

16. CURRENCY AND LAW

16.1 All Rand amounts stated in this contract are in the currency of the Republic of South Africa.

16.2 Any question of law arising under this contract will be decided according to the laws of the Republic of South Africa.

17. DECLARATION OF GOOD HEALTH

17.1 The following declarations need to be made by the Policyholder at the time of applying for cover and which form the basis of this contract:

17.1.1 The Policyholder is in good health at the time of applying for cover and to the best of her knowledge there is nothing related to her health that could materially affect the application for cover under the Femme Cover Policy.

17.1.2 Specifically, the Policyholder declared that she does not suffer and had never suffered from Cancer and to the best of her knowledge none of her immediate family (biological parents and siblings) currently suffer or have suffered from Cancer.

18. JURISDICTION

The Policy shall be subject to the laws of the Republic of South Africa whose courts shall have sole jurisdiction to the exclusion of the courts of any other country.





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