



TOTALRISKADMINISTRATORS

www.totalrisksa.co.za

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

DON'T STRESS!

THE GAP IS COVERED.

A photograph of a family of four (mother, father, young girl, and young boy) sitting in a grassy field, blowing bubbles. The scene is bathed in warm, golden light, suggesting a sunset or sunrise. The family is smiling and looking at each other.

FUNERAL COVER

Lump Sum Funeral Cover

PLAN
A

PLAN
B

PLAN
C

PLAN
D

PLAN
E

PLAN
F

2019



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CONTACT US



Physical Address:

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



Postal Address:

PO Box 8012, Greenstone, 1616



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/Updates: 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 and claims process
- ✓ TRA Assist
- ✓ A broker contact process
- ✓ An admin query callback request form
- ✓ FAQ page
- ✓ TRA TV - product videos
- ✓ News articles
- ✓ 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:

- Short-Term Insurance
- Healthcare Administration
- Healthcare Consulting
- Clinical Administration
- Long-Term Insurance



Our **Funeral Cover** product is underwritten by Guardrisk Life Limited



Guardrisk Life Limited - Registration No 1999/013922/06 | FSP No 76

FUNERAL COVER

One of the most traumatic events in life is the death of a loved one. The situation is made worse if that person was the main breadwinner.

Funeral costs can run into the thousands and often funds are tied up to an estate. Our Funeral Cover policy is designed to pay claims as quickly as possible to assist in covering the financial burden posed by even the simplest funeral.

Our Funeral Cover Policy:

- Provides benefits for the policyholder and their immediate family members only i.e. spouse and / or child / children under 21 years of age.
- Spouse is defined for this policy as the legal or common law husband / wife of a Member or such a person residing with the Member (for a period of at least 12 months proved with an affidavit), who is normally regarded by the community as the Member's husband / wife.
- Will pay a pre-determined sum of money to a policyholder or nominated beneficiary in the event of one of the registered beneficiaries passing away.
- Imposes an entry age limit of 65 years.
- Applies a general 3 month waiting period, unless in the case of ACCIDENTAL death.

Benefits:

The table below shows the amount that will be covered by the different membership categories as well as the premium payable per family per month.

When are you NOT COVERED under your Funeral Cover Policy?

- Where death is due to self-inflicted injuries within 12 months of taking out cover.
- Where claims are submitted and received after a period equal to 3 months after the date of death.

How do you claim?

Policyholders need to submit certified copies of the following documentation to claims@totalrisksa.co.za to initiate the claiming process:

- Death Certificate
- ID document of deceased
- ID document of nominated beneficiary.
- Banking details of nominated beneficiary.

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

FUNERAL COVER - EFFECTIVE FROM JANUARY 2019

OPTION	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F
Principal	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
Spouse	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
14 - 21	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
06 - 13	R 2 500	R 5 000	R 7 500	R 10 000	R 12 500	R 15 000
01 - 05	R 1 250	R 2 500	R 3 750	R 5 000	R 6 250	R 7 500
Stillborn - 11 months	R 500	R 1 000	R 1 500	R 2 000	R 2 500	R 3 750
PREMIUM	R 25	R 50	R 75	R 100	R 125	R 150

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.

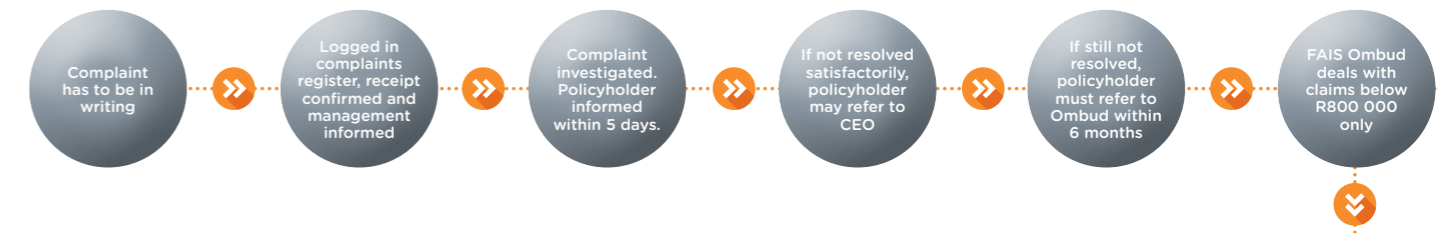
The TCF framework has 6 outcomes which are:

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

FUNERAL COVER: The Important Information

Full terms and conditions available on request.

DEFINITIONS

1.1 The headings of the clauses in this policy are for the purpose of convenience and reference only and shall not be used in the interpretation of, nor to modify nor amplify, the terms of this policy nor any clause thereof. In this policy, unless the contrary intention clearly appears, word importing: -

- 1.1.1 Any one gender, includes the other gender;
- 1.1.2 The singular, includes the plural and vice versa; and
- 1.1.3 Natural persons, includes created entities (corporate or unincorporated and vice versa).

1.2 Unless inconsistent with the context, the expressions set forth below shall bear the following meanings:

“Accident” A sudden, uncertain and fortuitous event which happens at an identifiable time and place, independent of any other cause, with visible consequences and results in the death of the Member. This does not include sickness or disease or any naturally occurring condition or degenerative process. Self inflicted injury and suicide are also excluded from this definition. Accidental has a corresponding meaning.

“Assurance” The assurance effected by the Policyholder to secure the Benefits provided in terms of this policy.

“Benefit” The insurance cover payable on the death of the Member or any nominated Dependant.

“Beneficiary” The person nominated by the Member, to whom the policy benefits are payable on the death of the Member or of any other Insured where applicable. If the insured does not nominate a beneficiary, the policy benefit defaults to the spouse / person paying for the funeral. If such person is not available, the insurer will pay the proceeds to your estate.

“Child” A Child is:

- (i.) The Member’s unmarried minor Child who has not yet attained the age of 21 years and shall include natural children, legally adopted children and stepchildren;
- (ii.) Once a Child has become independent from the Member for maintenance and support, then that Child cannot resume dependence in terms of this definition unless the Child is still under the age of 21 years;
 - (iii.) There is no age restriction for a Child who is either mentally or physically incapable of maintaining themselves, always provided that the Child is wholly dependent on the Member for support and maintenance;
 - (iv.) A stillborn Child is included under this definition provided that there is at least twenty-six weeks of intra-uterine existence and that the foetus showed no life after complete birth. Stillborn shall exclude the intentional termination of the life of the Child.
- (v.) The maximum number of Children at any point in time may not exceed five (5) per Member.

“Dependant” This shall mean Member’s Spouse and Children, where applicable.

“Effective Date” The effective date of any changes in the terms and conditions of Assurance for Members in terms of the Schedule.

“Entry Date” The date on which Assurance for the Member commences, and on which the policy’s terms, conditions become effective. This date shall be specified in each Schedule.

“Insurer” Guardrisk Life Limited, registration number 1999/013922/06.

“Maximum Entry Age” This is the maximum age that a Member or Spouse (where applicable) must be at Entry Date, in order to be allowed cover under this Policy. The Member or Spouse must be under

the age of 65 years before the commencement of the Policy.

“Member” The main person whose life is to be insured under this Policy. The Member is also referred to as the Policyholder.

“Non-Mandated intermediary” Total Risk Administrators (Pty) Ltd, registration number 1999/024507/07.

“Policy” A legal document that has terms and conditions that the binds the Policyholder and the Insurer. This includes the declarations made at application stage and any other supporting information and endorsements which may also form the basis of the contract between the Policyholder and the Insurer.

“Policyholder” The Member who is insured under this Policy.

“Review Date” The date when premium rates and policy limits are reviewed. This date is specified as such in the Schedule.

“Spouse” The person married to the Member by law, tribal custom, or Tenets of any Religion, and shall include a common law husband/wife of the Member or such person residing with the Member, who is normally regarded by the community as the Member’s husband/wife (including two people of the same gender). For the purposes of this Policy, common law marriage will be defined as a couple living together as if married and who have lived together for a period not less than twelve months prior to the date of application for this cover.

“Waiting Period” The period commencing from the Entry Date, in which no cover will be provided for any claim arising from a cause that is not covered.

2. ELIGIBILITY

2.1 Commencement of Assurance

- 2.1.1 The Assurance in respect of a Member shall commence on the Entry Date coincident with the date on which a Member first becomes eligible.
- 2.1.2 The Assurance in respect of a Member, shall commence after the Insurer has accepted his Assurance.
- 2.1.3 Each Member shall be deemed to have accepted the terms and conditions of this policy and thus agree to be bound by them.
- 2.1.4 The Member must be at least 18 years of age on the date of application for cover.

2.2 Territorial Limitations

A Member shall be eligible provided he is resident in the Republic of South Africa. Should a Member be temporarily absent from this territory, the following provisions shall apply:

- 2.2.1 Payment of premiums shall be continued by the Policyholder and the Policyholder shall continue to be covered for the Assurance for a period of twelve months. If the Policyholder desires that the Assurance should continue for absence in excess of twelve months, then this must be advised to the Insurer by the Policyholder and must be accepted in writing by the Insurer.
- 2.2.2 After twenty-four consecutive months’ absence from this territory, the Assurance in respect of that Policyholder shall automatically terminate, irrespective of any arrangements that may have been agreed to between the Policyholder and the Insurer in terms of clause 2.2.1.

2.3 Provision for cover

- 2.3.1 This policy makes provision for cover for single Members, and for Members with Dependents, as defined.

2.4 New and Eligible Dependents

- 2.4.1 If new and eligible Dependents are to be added to the Policy (for example: a newborn baby or new spouse), TRA must be informed within 30 days and provided with written notice of such an addition to the Policy. If TRA is not notified within this time frame, for example, from the date of birth/adoption/

adjustment/marriage, and then a claim is made for this ‘Dependent’ thereafter, this claim will under no circumstances be valid and will not be paid. If the dependant/s are registered after the 30-day period mentioned above, waiting periods and exclusions will apply.

3. PREMIUMS AND DISCONTINUANCE

3.1 Premiums

- 3.1.1 The policyholder shall bear the cost of the premiums required to provide the Benefits and shall pay the premiums and administrative charges due to the Insurer. The amount of Premiums payable to secure the Benefits under this policy shall be calculated by the Insurer in accordance with the scale of premium rates in force under this policy at the date of calculation and will be based on information given to the Insurer by the Policyholder. The scale of premium rates is reviewed annually at the Review Date. The Insurer will notify the Policyholder of any amendments to this rate and the effective date of change in writing.
- 3.1.2 Premiums shall be payable monthly in advance on the first day of the month to which the premiums relate.
- 3.1.3 The period of grace allowed for the payment of premiums shall be 60 days, or such other period as may be agreed between the Policyholder and the Insurer in writing from time to time.
- 3.1.4 If a claim arises during the period of grace for the payment of premiums, no amount shall be payable in respect of that claim unless and until all outstanding premiums are paid by the Policyholder. If the Insurer has granted an extension of the period of grace for the payment of premiums, and if a claim arises in the extended portion of the period of grace, no amount shall be payable in respect of that claim unless and until all outstanding premiums are paid by the Policyholder.
- 3.1.5 The premium rate in respect of this policy shall remain effective from the Entry Date until the first Review Date. Thereafter, at every Review Date, a premium rate shall be set and be effective until the next Review Date. A policy endorsement to this effect will be issued by the Insurer.
- 3.1.6 Notwithstanding the provisions of clause 3.1.5, the Insurer shall have the right to change the premium rate by giving one month’s written notice if:
 - 3.1.6.1 There is a change to the Benefit under this policy.
- 3.1.7 Notwithstanding the provisions of clauses 3.1.5 and 3.1.6, the Insurer will have the right to change the premium rate, retrospectively to the last Review Date, if it is discovered that there had been a material and significant error or difference in the data supplied to the Insurer when the premium rate was last determined.

3.2 Discontinuance

- 3.2.1 Discontinuance by the Policyholder
 - 3.2.1.1 The payment of premiums due in terms of this policy may be discontinued upon the Policyholder giving one calendar month’s written notice to the Insurer, of its intention to discontinue the policy.
 - 3.2.1.2 If payment of premiums is discontinued, the Policyholder shall not be entitled to resume payment of premiums and every Assurance applicable shall terminate at the expiry of the notice period, unless otherwise agreed by the Insurer in writing.
 - 3.2.1.3 Notwithstanding anything to the contrary in this policy, the Policyholder shall be entitled to cancel this policy within 31 days of the Entry Date in accordance with clause 6 of the Policyholder Protection Rules.
- 3.2.2 Cessation of cover for a Member
 - 3.2.2.1 The Assurance in respect of a Member shall terminate, either fully or partially, as the case might be, on the happening of the earliest of the following events:
 - 3.2.2.1.1 The death of the Member;
 - 3.2.2.1.2 Discontinuance of the payment of premiums in respect of a Member;

- 3.2.2.1.3 The termination of this policy in terms of clauses 3.2.1.
- 3.2.2.2 In addition to clause 3.2.2.1 above, insurance cover for Dependents shall cease for:
 - 3.2.2.2.1 The Spouse - upon the divorce or the permanent separation of the Spouse from the Member. The cessation of insurance cover shall be on the earliest of the separation date or the date of the final divorce order;
 - 3.2.2.2.2 The Child - upon the Child no longer meeting the criteria of being a Child as defined in this policy.
- 3.2.3 Discontinuance by the Insurer
 - 3.2.3.1 The Insurer has the right but not the obligation to discontinue the Assurance of a Member in terms of this policy, if:
 - 3.2.3.1.1 There is any material non-compliance by the Member in respect of any of the provisions of this policy.
 - 3.2.3.2 Notwithstanding the provisions of clause 3.2.3.1 the Insurer may exercise its unfettered right and discretion to terminate the policy for any reason it considers appropriate and justifiable other than those excluded in terms of the Long-term Insurance Act.
 - 3.2.4 No reinstatement of cover
The Policy makes no provision for any reinstatement of cover. In case of the Policy being discontinued or terminated as described above, cover cannot be reinstated under any circumstance.

4. EXCLUSIONS

- 4.1 Notwithstanding any provision to the contrary within this policy and its associated Schedules or any endorsements thereto, it is agreed that this policy excludes any loss or expense of whatsoever nature directly or indirectly caused from, resulting from, as a consequence of or in connection with willing participation by the Member in any of the following:
 - 4.1.1 War, hostilities or warlike operations, whether war is declared or not;
 - 4.1.2 Invasion;
 - 4.1.3 Act of an enemy foreign to the nationality of the Member of the country in, or over, which the act occurs;
 - 4.1.4 Civil war;
 - 4.1.5 Insurrection;
 - 4.1.6 Revolution;
 - 4.1.7 Overthrow of the legally constituted government;
 - 4.1.8 Civil commotion assuming the proportions of, or amounting to, an uprising against an established government;
 - 4.1.9 Military or usurped power;
 - 4.1.10 Suicide within the first 12 months from the Entry Date;
 - 4.1.11 A pre-existing medical condition that the Member was aware of, or that he has consulted a doctor for, or that he has received medical treatment for in the 12 months preceding the Entry Date;
 - 4.1.12 Use of nuclear, biological or chemical weapons, or any radioactive contamination;
 - 4.1.13 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 of nuclear, biological or chemical warfare agents, irrespective of whether any of the aforesaid has been performed with the specific use of information technology.
 - 4.1.14 Participation in any form of race or speed test (other than on foot or in non-mechanically propelled watercraft on inland or coastal waters).
- 4.2 In the event that any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.



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