

THE GAP



Volume 2, Autumn edition



INSIDER

OPTIVEST'S DEON JOOSTE
ON WHY ATTENTION TO
SERVICE BEYOND
THE SALE, IS CRUCIAL

MORE IN
THIS ISSUE>>>

Switching medical aids - when
should you consider it?

- The MMR vaccine under scrutiny
- Private hospitals and medical schemes take NHI to court

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CONTENTS



Interview Embracing a service-proposition culture reaps rewards Optinvest's Deon Jooste on why attention to service beyond the sale, is crucial	2
Opinion Controversy surrounding vaccines continues Take part in our poll	6 7
NHI Update Private hospitals and medical schemes take NHI to court	8
Medical Aid Can you switch medical aids, if so, when?	10
Wellness Ask Dr. Avron	12
TRA/BIS Football TRA/BIS U/13 Football Tournament officially launches	14
Sub-Limit Cover Why do we need it?	16
TRA Benefits Refer and earn! Your travel experience enhanced	17 18
Competition Win a Nespresso CitiZ & Milk coffee machine	19
In Conclusion Compliance Corner On a Lighter Note	20 20

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From the editor

When my niece's youngest daughter was diagnosed with autism, the first question people asked was, 'Did she receive the MMR vaccine'? Speculation around the alleged link between the vaccine and autism continues to circulate, despite medical evidence to the contrary. In this issue, I explore this further in my Opinion piece which explains what first led to these allegations and what medical experts have to say on this controversial issue. Our interactive poll allows you to have your say, so let us know where you stand on this.

While speaking of all things medical, we have some exciting news to share with our policyholders! Dr. Avron Urison has joined TRA as Chief Medical Officer, to oversee implementing provider networks, which will play a crucial role in cost containment on gap cover claims. TRA will be the first gap cover provider in the market (to our knowledge) to launch such an initiative, marking a significant step forward in the industry. What is more, Dr. Avron (as he will be known), will be heading up a new Medical Section in The Gap Insider (as of our upcoming Winter edition), in which he will be addressing current

medical issues trending in the market. Look out for this informative series of podcasts, coming to you soon! And that's not all! Dr. Avron will be volunteering his time and medical expertise to answer any general health-related questions you, the policyholder may have. Any questions you may have might be addressed in the next issue, so feel free to pose your question now to: askdravron@totalrisksa.co.za. (More on this on page 12).

If you are wondering about the man gracing the front cover, in our current issue, let us introduce you to Deon Jooste, CEO of Optinvest - one of the most successful healthcare brokerages in the country. In our exclusive interview, he lets us in on what differentiates them from their opponents, while also cautioning against cancelling your medical aid, just yet! This important story on page 2.

Enjoy our Autumn edition.

Liana

On the Cover: Deon Jooste
Editor: Liana Shaw • Sky Publications cc • Cell: 082 851 6777
Head of Design: Simone Anderson • Email: Simone@jdententerpriseone.com

TRA



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EMBRACING A SERVICE-PROPOSITION CULTURE REAPS REWARDS

Optinvest's DEON JOOSTE, on why attention to service beyond the sale, is crucial.
By Liana Shaw

In a brokerage market that is largely saturated, differentiating oneself from the competition, is becoming increasingly more challenging. This is particularly evident in the health care space, which is experiencing a growing number of brokers exiting the sector, in favour of more lucrative insurance products.

And yet, there are a few stalwarts that not only continue to focus entirely on this sector, but are positively thriving.

One such success story is Optinvest, a company that has focused exclusively on the health care space since its inception, in 2000.

CEO Deon Jooste, lets us in on the key to the company's rise to success.

Deon, we are told the current landscape is rife with regulatory changes, rising costs and shifting customer expectations. Is this why so many brokers are opting out of the health care industry?

Yes, correct. We operate in an increasingly challenging regulatory environment that is constantly changing. This requires brokers to keep up with the rapid evolution of the industry, in order to be able to advise the client. To add fuel to the fire, the margins are small, which is steering many brokers towards alternative product lines that offer better and more immediate commercial rewards and less uncertainty re regulatory obstacles to navigate.

And, for these same reasons, very few new brokers are entering the health care space.

And yet, Optinvest continues to specialise exclusively in the healthcare brokerage industry. Can you tell us how the company has evolved over time and how you are able to remain competitive and sustainable?

Frankly, the primary reason for our success, is that we had the appetite and patience to build our book over many years. Our ability and willingness to invest the time - knowing full well there is no upfront commission in the health brokerage industry (only a small portion of commission is earned over time) - has paid off, making the business profitable.

In tandem, we invested in infrastructure and technology, taking into account consumer demands which are ever changing.

Having come to realise that, we simply cannot sell product, then sit back and earn commission. So, we chose to invest in a dedicated Service Division - called MedXpert - a decision that has held us in good stead over the years, resulting in the growth of new and retention of existing members.

Strong relationships with national and multi-national insurance houses, corporate banks and pharma, who now regard us as their 'health partner of choice', have further contributed to our growth.

Why is MedXpert such an important element to your business?

Corporate groups and individuals alike are becoming increasingly frustrated when it comes to navigating the healthcare space and the regulations surrounding it, and this is where we can step in and alleviate their frustrations - thanks to our infrastructure, capacity, knowledge and experience.

MedXpert - a unique subsidiary to the business that encompasses a network of 20 service consultants and experienced health professionals and nurses, operates solely with one objective in mind - to provide clients with expert advice and guidance as and when they need it. The role of MedXpert is not to sell products, only to service, empower and educate existing and prospective medical scheme members.

“ National and multi-national insurance houses, corporate banks and pharma, regard us as their 'health partner of choice'.”

Best of all, to demonstrate our passion and commitment to service and educate consumers, the MedXpert website and related services can be accessed by everyone, whether you are a client of Optivest or not!

The concept was derived after extensive research and surveys among a wide range of consumers regarding experience with medical scheme and health insurance cover, revealed an extreme need for knowledge and support for the understanding, management and utilisation of health cover benefits.

In a wider move to promote a service-oriented internal culture, we have introduced a number of digital platforms, i.e. WhatsApp, YouTube to support the MedXpert proposition, which we are busy promoting to corporates, unions and local government.

In addition, we are developing our service division to provide specialised assistance to members with respect to their Claims, Chronic registrations, Authorisations and traditionally complicated and frustrating transactions.

I take it there is no charge to access these services.

Correct. The average broker does not possess the necessary operational capacity to assist with these aspects, which is why they tend to refer their members to the administrator of the fund. We operate differently, having come to understand that by servicing these individuals properly, and with absolutely no expectations, we can build a future relationship.

Our unique business model, which capitalises on service, has been responsible for as much as 40 percent of our growth, originating from members seeking assistance with service, rather than advice on benefits.

“As much as 40% of our growth originates from members seeking assistance with service, rather than advice on benefits.”

This way of conducting business is a game-changer in the industry and we are at the tipping point of pushing this proposition out into the market.

Could you also tell us about the quoting tool website which Optivest owns the trademark for? How has this tool benefited your business?

Our talented team of product designers in conjunction with our dedicated marketing partner, have developed a broad quoting engine tool – GetQuote – that is comprehensive benefit and price comparator, and allows practitioners and consumers to obtain comparative quotes on their medical scheme plans and gap cover products.

Today, medical aid and gap cover cannot work in isolation, as was the case when the concept of medical gap cover was first introduced into the market. The growing complexities around medical aid and gap cover benefits and how they can best work together to suit someone’s respective healthcare needs, call for careful consideration of what the various schemes and gap cover providers have on offer, before blindly signing up with service providers that could lead to disappointment and frustration.

Important questions for the consumer to bear in mind, before settling on a particular provider would be: What do they cover? What are the benefit levels? Which gap cover product will best suit the medical plan I have chosen, and most importantly, at what price?

It is vitally important that your medical scheme plan matches your gap cover plan at benefits level, and this is where GetQuote can be of enormous help to advisors when assisting prospective members.

GetQuote is proving to be an invaluable tool, as it illustrates on both medical aid plans and gap cover. What’s more, if the consumer is already on a medical aid plan, a detailed benefit OR price comparison can guide the member to the most suited combination for their needs.

Speaking of gap cover, how important is this particular product offering in the market, and how does Optivest align with the various gap cover providers in the market?

Currently, we work closely with 12 open medical aid schemes and 12 preferred gap cover providers, with TRA ranking in our top three of providers we recommend.

This is largely due to the relationship we have built with TRA from the very beginning, (incidentally, TRA has also been operating for 25 years).

Over the years, TRA has retained brand strength and product innovation, courtesy of their scientific approach to product development, data analysis and marketing. Their careful approach to developing new products, coupled with knowing how to adjust to the demographics and changes in the market, makes them a credible partner.

Unfortunately, this is not the case for all gap cover providers, with some pushing out cover without taking these important market aspects into account.

To answer the first part of your question, gap cover is becoming increasingly important for the consumer, to avoid being hit with any shortfalls that medical aid schemes will not cover.

What are your thoughts on the NHI? How soon do you believe it will be implemented and should consumers consider cancelling their medical aid plans?

First, let me say that universal access to healthcare, in principle, is a good thing, and I’m not providing you with a politically correct answer when I say this.

That being said, the way government is attempting to fulfill their obligations in this regard, is where we disagree. In our view, privatisation and collaboration with existing providers is important, as it would ensure the NHI possesses sufficient capacity of service providers to tackle the country’s dire healthcare needs.

The controversial debate on the NHI (which now spans close on 13 years), continues without much resolve as to how the NHI will be funded and executed. The overall concept remains vague and I believe it will take several more years of debate and contemplation for the NHI to be effectively introduced.

For anyone considering cancelling their medical aid subscriptions, I would strongly advise against it. In my view, you cannot cut medical schemes out of the equation. Understandably, the unpredictability of the current government makes it challenging to make an informed decision on this, but to cancel on the back of some ill-advised article in the press, would be extremely irresponsible.

How is Optivest gearing up to meet the challenges that could arise from the implementation of the NHI?

We have been repositioning ourselves for years, so as to be able to re-invent and provide suitable products as an intermediary. As such, we have tested all the likely scenarios and are suitably prepared, whichever way the NHI and its implementation eventually plays out.

Intermediaries are equally important to the equation as there has to be a way for government

“Our robust, yet nimble business model is our saving grace.”

to communicate the eventual solutions to consumers, as an intermediary. Optivest alone, administers more than 105 000 policies, placing us in a powerful position in this regard.

I believe that existing relationships with clients – both individual and corporate – will prove crucial, both by way of communicating on the NHI outcomes to the consumer as well as with regard to developing suitable products in the future.

As CEO of a successful brokerage, what leadership principles or strategies have guided you in building and maintaining Optivest’s strong position in the market?

I firmly believe in the principle of collective ownership and accountability in achieving business results. In Optivest, we have established and strive to maintain a culture of “Self-managed Accountability”, at all levels of work. This can only be achieved through clear contracting, enabling every staff member to do their job and finally holding people to account for contracted results.

None of the above can be achieved without first establishing a position of mutual trust underpinned by sound values of integrity and respect.

Combine the above with exceptional stakeholder relationships and you have a very good chance of success.... in my humble opinion.

Looking ahead, what are Optivest’s main strategic goals for the next five years?

I would say that our willingness and ability to continue changing and adapting will remain uppermost in our mind, as we navigate a changing landscape.

Our robust, yet nimble business model is our saving grace and we will continue to build on this, without allowing politics to side-track us from our core business.

Continuing to strengthen our market position on the back of exceptional client service, will remain our core strategy for the foreseeable future.

CONTROVERSY SURROUNDING VACCINES CONTINUES

By Liana Shaw



When the US Senate voted to confirm Robert F Kennedy Jr's appointment as the next Secretary of Health and Human Services, in February, the decision was met with dismay amongst Democrats and their voter base, who did not support the nomination, due, in part, to Kennedy's long record of vaccine hesitancy and his skepticism of scientific research on infectious diseases. But, despite Kennedy's unorthodox stance on vaccines, the recent measles outbreak in the USA, has led him to relent on his former rhetoric, backing the measles vaccine while admitting the disease was serious.

What is behind the controversy surrounding vaccines, and what has led many people to deny their young children being administered what are seen as life-saving vaccinations, in particular, the MMR (Measles, Mumps, Rubella) immunisation jab,

which is proven to be highly effective at protecting children against these three serious viral infections? With these infections being extremely contagious among people who are not vaccinated, and the likelihood they could cause severe health complications, the Center for Disease Control

(CDC) recommends that most people receive the vaccine.

And yet, the hesitancy remains. Why is this? According to Wikipedia.org, this is due to a fraudulent research paper, authored by Andrew Wakefield and published in The Lancet, in the early 1990s, which claimed the vaccine was linked to colitis and autism spectrum disorders - a claim that sparked widespread concern and outcry, especially for parents with children diagnosed with autism.

This led to a sharp drop in vaccination rates, further leading to an increase in the incidence of measles and mumps, resulting in deaths and serious permanent injuries.

Subsequently, an investigation by journalist Brian Deer, found that Wakefield, the author of the original research paper linking the vaccine to autism, had multiple undeclared conflicts of interest, had manipulated evidence and had broken other ethical codes.

The Lancet paper was fully retracted in 2010, while Wakefield was found guilty by the General Medical Council of serious professional misconduct in May 2010 and was struck off the Medical Register, prohibiting him from practicing as a physician in the United Kingdom.

In the end, the scientific consensus is that there is no link between the MMR vaccine and autism and that the vaccine's benefits greatly outweigh its potential risks.

And yet, despite Wakefield's findings being declared fraudulent, and his controversial paper being retracted, it is still being cited by anti-vaccine activists as credible scientific evidence supporting their theory.

In the years that followed, in 2012, the Cochrane Library (www.cochranelibrary.com), published a review of dozens of scientific studies involving about 14 700 000 children, which found no credible evidence of an involvement of MMR with either autism or Crohn's Disease.

Furthermore, a June 2014 meta-analysis (according to AI, a meta-analysis is a statistical method that combines data from multiple studies to draw conclusions), involving more than 1.25 million children, found vaccinations are not associated with the development of autism or autism spectrum disorder, and that the components of the vaccine (thimerosal or mercury), or multiple vaccines (MMR), are not associated with the development of autism or autism spectrum disorder.

The Covid-19 pandemic that precipitated the rapid development of a vaccine, further serves to compound vaccine hesitancy around the world, with people questioning vaccine safety and efficacy.

The world at large stands divided on this issue.

What is your take?

Do you believe vaccines are essential to preventing infectious disease?

[TAKE PART IN OUR POLL](#)



TAKE PART IN OUR INTERACTIVE POLL



Do you believe vaccines are essential to preventing infectious disease?

Yes

No

I don't have a strong opinion either way

In our previous issue we asked you to take part in our online survey to test your risk factors for Skin Cancer.

Here are the results >>>

- 57.14% I have light hair and light colour eyes
- 42.86% I have moles, but do not go for mole analysis
- 57.14% I sustained sunburn before the age of 18
- 28.57% I spend a lot of time outdoors, but do not always apply sunscreen or wear a hat
- 71.43% I do not go for regular skin screening

PRIVATE HOSPITALS AND MEDICAL SCHEMES IN SA TAKE NHI TO COURT

According to an article in *Business Day*, on 27 February, South Africa's leading private hospital association (HASA), is challenging the National Health Insurance Act, in court.

In its application, the Hospital Association of South Africa (HASA) hones in on the financial implications of NHI and challenges health minister Aaron Motsoaledi's assertion that the scheme did not need to be costed before implementation.

HASA, representing major private healthcare providers, including Life Healthcare and Netcare, recently delisted Mediclinic and independent non-listed groups such as Lenmed Group and Joint Medical Holdings.

Collectively, HASA members provide a range of facilities, including acute care hospitals, day hospitals, renal centres, mental health and rehabilitation centres.

HASA's legal papers, submitted to the Gauteng High Court in Pretoria at the end of January, argue that the NHI should be set aside because it is constitutionally invalid.

Simultaneously, on 3 March, *Business Tech* published that The Board of Healthcare Funders (BHF) - a voluntary association advocating for its members' interests within the broader healthcare policy environment - has also voiced its concerns over NHI.

Currently representing 40 medical schemes, BHF is further claiming the Act, in its present form, will not achieve government's objective of universal health coverage for all, and is therefore asking the court to overturn Ramaphosa's decision to sign the NHI Act into law.



[Read the article. Click here.](#)

CAN YOU SWITCH MEDICAL AIDS, IF SO, WHEN?

If you are considering switching medical aids, converting to a different plan or downgrading, know that this is possible. However, changing medical aids in South Africa requires careful planning and understanding of the policies governing medical schemes.

CONSIDERATIONS BEFORE YOU MAKE A CHANGE

- Does your new plan offer better benefits than your current one?
- Will you have access to your preferred doctors and specialists?
- How does the new plan handle pre-existing conditions?
- Are you comfortable with the waiting period?
- Do you know how long your notice period is with your current provider?
- What is the cost difference, does it fit your budget and does it cover what it needs to cover?

COMPARING BENEFITS AND COVER

Before switching medical aids, evaluate the benefits offered by the new plan.

Here are a few things to consider:

- Medical cover for chronic conditions
- Day-to-day benefits and hospital cover
- Medical aid savings and out-of-pocket expenses
- Network providers and accessibility
- Specific coverage that would stand out for you (for example, maternity care or oncology).

WHEN CAN YOU SWITCH MEDICAL AIDS?

You can switch to a new medical aid scheme at any time of the year. However, suppose you are switching to another plan within your current scheme. In that case, this is usually only allowed during the last quarter of the year, with the changes taking effect on 1 January of the following year. This prevents individuals from upgrading mid-year to access additional benefits without paying the full annual cost of a higher plan.

TIP #1: Ensure your timing is right when switching medical aids because you cannot be insured by two different medical aids. In South Africa, it is illegal (fraudulent) to belong to two medical aid schemes simultaneously.

TIP #2: Be cognisant that there is no break in cover, otherwise you might be left in a window with no cover. For example, if you notify your current insurer to end the cover (usually a month's notice – so let them know by 31 December 2024) on 31 January 2025, you must apply for the new cover to start on exactly 1 February 2025.

CAN YOU DOWNGRADE YOUR MEDICAL AID PLAN?

Yes, you can downgrade your medical aid plan at any time. However, it is important to note that you may lose benefits that you rely on. A lower-tier plan could reduce your medical cover for chronic conditions and major medical expenses such as cancer treatment or hospitalisation.

TIP #3: Always review the prescribed minimum benefits offered by your new plan to ensure they still meet your needs.

UNDERSTANDING WAITING PERIODS

When switching to a new medical aid, you may be subjected to waiting periods.

These include:

- General waiting period: A three-month waiting period where you may not claim for non-emergency treatments.
- Condition-specific waiting periods: If you have a pre-existing condition, the scheme may impose a 12-month waiting period before covering treatment related to that condition.

These waiting periods make it more difficult for patrons to switch mid-year; anticipate the waiting period when you plan to change your medical aid plans.

THE COST OF MEDICAL AID PLANS

The cost of medical is a major factor for most South

Africans. While affordability is important, choosing a plan solely based on price could leave you underinsured.

TIP #4: Find a balance, look at hospital plans and network options, which often offer the same cover as non-network plans but at reduced costs, provided you use specified healthcare providers.

THE IMPORTANCE OF PRESCRIBED MINIMUM BENEFITS (PMBs)

According to the Medical Schemes Act, all medical schemes must cover 271 medical conditions and 26 chronic conditions under PMBs. Ensure that your new medical aid covers your pre-existing conditions under this provision, and understand any potential co-payments or exclusions.

STEPS TO SWITCHING YOUR MEDICAL AID

1. **Research and Compare:** Use medical aid comparison tools online or consult a broker.
2. **Review Your Needs:** Consider your healthcare requirements and budget.
3. **Check for Waiting Periods:** Ensure you understand the waiting periods applicable to the new scheme.
4. **Request a Membership Certificate:** Obtain a certificate of membership from your current provider to prove continuous cover as this could potentially reduce your waiting periods.
5. **Give Notice to Your Current Scheme:** Follow the required cancellation process as per your scheme's rules.
6. **Complete the Application for the New Medical Aid:** Submit all required documentation and await approval.
7. **Ensure Seamless Transition:** Confirm activation dates to avoid any lapse in medical cover.

DON'T FALL FOR THESE COMMON PITFALLS

- Always check for waiting periods: Some schemes impose up to 12 months for pre-existing conditions.
- Don't switch too late: Ensure the transition happens smoothly without gaps in medical cover.
- Investigate Network Restrictions: Using out-of-network providers could result in additional co-payments.

Switching to a new medical aid can be beneficial if done correctly. However, understanding the waiting periods, benefits, and cost implications is crucial.

Conduct thorough research, compare medical schemes, and consult professionals if needed. By taking these steps, you can ensure your transition is smooth, providing you with the medical cover you and your family need and can afford.



ASK DR AVRON

Do you have a general health-related question you would like answered? For the next edition of The Gap Insider, we will open the 'Ask Dr. Avron' platform to receive general health-related questions from policyholders, across any topic.

Dr. Avron will be heading up TRA's new exciting project – contracting provider networks who have agreed to offer medical services at predetermined rates, in partnership with TRA, that will be beneficial for YOU, the member!

More on this in our Winter edition in which we will be featuring **Dr. Avron**, to explain in detail, his involvement with this exciting new development.

Dr. Avron will also be generating health-related podcasts on trending and relevant health issues in upcoming editions, so keep a look out for these, in the weeks ahead.

In the meantime, pose your question to askdravron@totalrisksa.co.za.

Please note that Dr. Avron cannot answer your personal health queries; you would have to consult your personal health practitioners for this.

No personal medical advice consults will be provided.

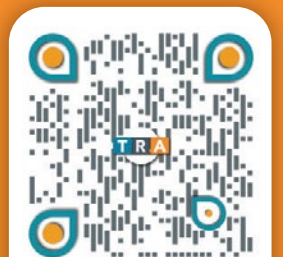
Disclaimer: Questions submitted to The Gap Insider will be reviewed by our Chief Medical Officer. While all will receive a private response, not all questions will be published. Policyholders will be asked to confirm whether they are comfortable with their question being featured in the magazine, either with their name, anonymously, or not at all. Only questions with clear written consent will be considered for publication. All submissions and responses will be handled in accordance with the Protection of Personal Information Act (POPIA), and due regard will be given to the sensitivity of personal medical information. We are committed to maintaining strict confidentiality and will not disclose any personal details without your explicit permission.



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TRA/BIS U/13 FOOTBALL TOURNAMENT OFFICIALLY LAUNCHES

The second TRA Border Icons in Sport (BIS) U/13 Football Tournament was officially launched on Friday, 11 April 2025, at A W Barnes Primary School in East London, marking another milestone in BIS and TRA's commitment to school sport development, community upliftment and youth engagement through structured sporting opportunities.

The launch event brought together school representatives, sponsors, community leaders and members of the broader football fraternity, all eager to witness the beginning of a tournament that promises to not only showcase young talent, but also strengthen grassroots football structures.

The highlight of the day was the official issuing of playing kits to all participating schools. Each school received a full set of professional-standard gear, which included jerseys, shorts, socks, a bag and soccer ball – a gesture that not only ensures uniformity and pride but also removes a major barrier to participation for many learners.

Plus, the referees appointed for the tournament were also fully kitted, receiving their gear to ensure they are professionally presented and equipped for officiating duties.

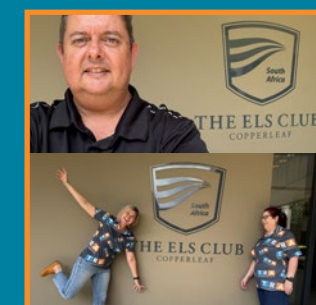
This moment symbolised the spirit of inclusion, professionalism and preparedness that TRA and BIS aims to promote throughout the tournament.

TRA and BIS extends its heartfelt thanks to all partners, schools and supporters. The journey continues – and the future of community football looks bright.



EXCITING
NEWS

We are proud to announce that we are once again hosting the **TRA / Border Icons in Sport Celebrity Golf Challenge** at The Els Club Copperleaf Golf Estate on the 28th August. We will be inviting some amazing sports celebrities, and in conjunction with Border Icons in Sport, will be doing some fundraising for some local charities.



Our TRA Events team getting acquainted with the new venue.

Why do we need SUB LIMIT COVER?



Most Medical Aid Schemes have introduced Sub-Limits into various benefit categories as part of their hospital authorisation programmes. Where members reach these sub-limits, the resulting shortfalls have to be paid to the supplier concerned. Fortunately, these can be claimed back from a typical gap cover policy.

Medical Aid Scheme confirms it will cover a procedure but the rules of the scheme impose a sub-limit on certain aspects of the procedure, e.g. internal prostheses, scans, scopes, etc.

WITHOUT GAP COVER POLICY

AUTHORISED
PROCEDURE
COVERED BY
MEDICAL AID

Sub-limits
reached and
shortfall for
member's
pocket

WITH GAP COVER POLICY

AUTHORISED
PROCEDURE
COVERED BY
MEDICAL AID

Sub-limits
reached and
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REFER AND EARN!



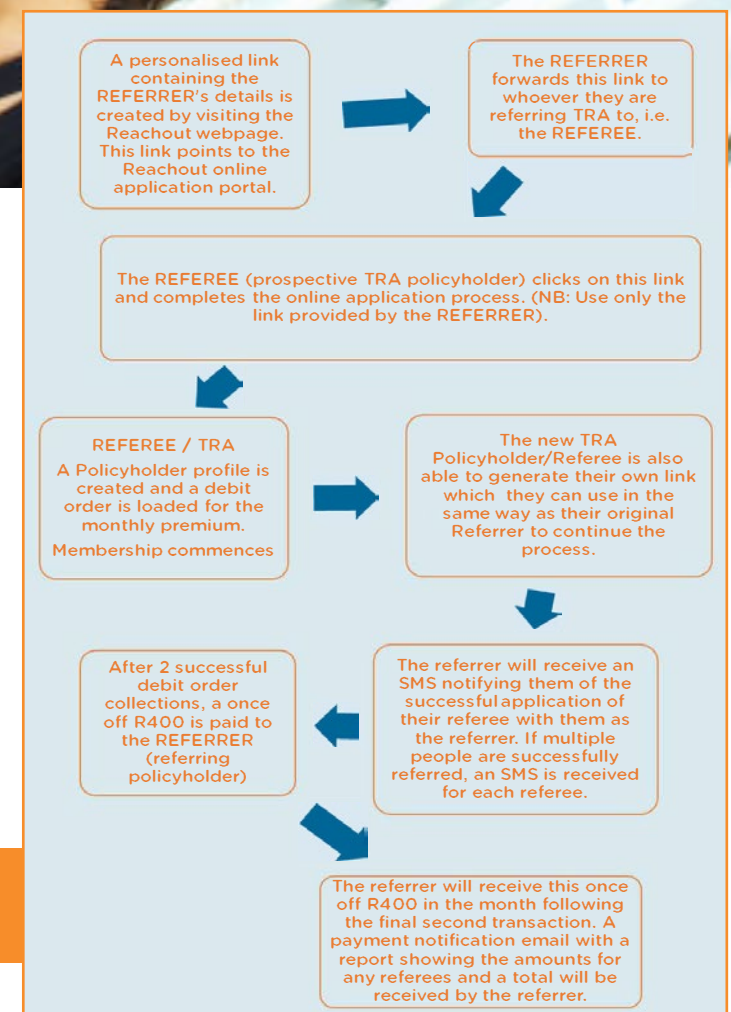
TRA "REACHOUT" REFERRAL PROGRAM - Our Gap Cover policyholders, **who are not registered with brokers**, are reminded of the **REACHOUT** campaign, whereby you can refer TRA to your family, friends and colleagues and if they sign up you will receive a once-off payment of **R400 per referral**.

Remember, you will be helping those near and dear to you to be covered for those unbudgeted in-hospital shortfalls.

Click [HERE](#) for further information on the Reachout webpage. A personalised referral link has also been emailed to you previously, but should you not be able access to this link, please contact membership@totalrisksa.co.za or call (011) 372-1540 for assistance.

Terms and conditions apply.

HOW IT WORKS >>>



YOUR TRAVEL EXPERIENCE ENHANCED

Travel is a time to relax, destress and enjoy life's pleasures. But it can also be frustrating if you do not have your 'ducks-in-a-row', should things not go according to plan.

Theft, accidental damage, flight delays, and baggage delays are but a few of the unexpected occurrences that could detract from your overall experience. Thankfully, all **TRA Gap Cover** policyholders under the age of 71, can embark on their trip with peace of mind, knowing they are covered for these types of eventualities, via TRA's Travel Benefit, which covers the following:

- Emergency Medical and Related expenses R1 000 000
- Medical Evacuation, Repatriation, or Transportation to a Medical Centre (Actual expense covered when arranged by Hepstar Financial Services)
- Personal Accident Cover Death: R25 000 / Permanent Disability: up to R25 000
- Theft or Accidental Damage during trip R 5 000 / Single item limit: R 1 500
- Theft, Damage or loss by Airline R5 000 / Single item limit: R 1 500
- Baggage Delay (more than 4 hours) R500
- Baggage Delay (more than 24 hours) R1 000

This travel insurance is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer, and administered by Hepstar Financial Services (Pty) Ltd, both being registered Financial Services Providers. Click [HERE](#) for full details. Should you plan to travel and have any enquiries about the cover or wish to request the documentation confirming cover, please contact Hepstar Financial Services (Pty) Ltd on +27 (0)86 144 4548 or email info@hepstar.com.

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To enter, go to www.totalrisksa.co.za/care and answer the following question:

How much can you earn by referring someone to TRA Gap Cover if you're already a policyholder?

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Click [HERE](#) to read the terms and conditions.



Congratulations to Renate van Tonder who won our Care Competition and scored a GoPro HERO 4K worth R4,999!

A huge thank you to everyone who entered- stay tuned for more exciting giveaways!

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Compliance

The FSCA hosted a conference in March 2025 focusing on emerging technologies, cyber security and resilience, the two-pot system, financial consumer education, unclaimed financial assets, COFI Bill, grey-listing and sustainable finance. Of interest is the COFI Bill that is due to reach parliament in the course of this year. We are also closer to exiting the grey list, with two items that remain outstanding.

You are reminded of the upcoming deadlines:

- Continuing Professional Development (CPD) deadline of 31 May which representatives and key individuals should complete.
- Gain valuable CPD hours and attend our FIC Refresher webinar. Contact admin@nfsgroup.co.za to book.
- FSPs with February financial year-ends are required to submit their annual financial statements by end of June. Understanding financial soundness requirements can sometimes be tricky. Reach out should you require assistance. With the FSCA's move to a paperless environment, FSPs are reminded that submission of financial statements can only be done on the online e-portal.

As always, feel free to reach out to compliance@nfsgroup.co.za should you require assistance on anything compliance related.

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ON A
LIGHTER NOTE...

My favorite is a true story. During residency, I got paged at 3AM to the SICU. I called them, a bit curious as to what was going on, as 3AM calls to the neurologist rarely come from the SICU. When I introduced myself as the on-call neurologist, the very southern-sounding nurse loudly exclaimed: "Neurology? I wanted Urology. I got the wrong end!"

I just posted this one on the pathology subreddit, coincidentally enough:

An internist, a plastic surgeon, and a pathologist on death row are about to be executed by electric chair. The executioner takes the internist to the chair, and asks if he has any last words. The internist shakes his head, and the executioner sits him down in the chair, and turns on the switch to begin the electrocution. Miraculously, the chair doesn't turn on, the internist is safe.

"In my 30 years as an executioner, I've never seen this before," says the executioner. "Today is your lucky day, I'm going to let you live." The plastic surgeon's turn comes, and the executioner asks if he has any last words. "Nope!" he says, with the slightest smile on his face as he eyes the chair. He is placed in the chair, and the executioner flips the switch, and another miracle occurs, the chair doesn't turn on.

"This is your lucky day," says the executioner, astounded by the miracle that just took place. The plastic surgeon is free to leave. The executioner summons the pathologist. "Any last words, sir?" "The chair isn't plugged in."

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