



We value your ongoing trust and will continue to provide you with the best support possible. The Policy Schedule confirms your personal information and product selection. This document provides an overview of the benefits included in your chosen plan based on the information that you have provided, and any incorrect details or lack of information can affect your cover. However, the below must be read together with the [Policy Document](#) and any other disclosed documentation which sets out the terms and conditions that govern our relationship.

1 YOUR PLAN AND COVER

Your chosen HealthCare Plan includes both insurance and non-insurance Value-Added Service (VAS) benefits. The insurance benefit is underwritten by Centriq Life Insurance Company Limited (“Centriq Life”), a licensed life Insurer and authorised Financial Services Provider, FSP No. 7370, which offers cover up to R22 000 (Prestige) or R10 000 (Gold) per year dependent on your chosen family or individual plan. If you are admitted as an in-patient to a hospital for more than 48 consecutive hours then we shall, subject to the terms and conditions pay a capped daily insurance cash benefit per day starting from the first day of admission by a specialist but limited to a maximum period of 4 days per hospitalisation event. This insurance cash benefit is limited to 20 hospitalisation days per year per Policy. The Policy covers you, and with family plans your spouse and up to 5 (five) unmarried children under 18 (eighteen). You must all be South African permanent residents or be in possession of a valid permit, which allows you to legally work and reside in South Africa. The Policy recognises a spouse in accordance with the applicable South African laws or a nominated life partner you’ve resided with for 6 (six) months or more as defined in your [Policy Document](#).

BEST SELLER

<p>PRESTIGE</p> <hr style="width: 50%; margin: auto;"/> <p>UP TO R22 000 HOSPITAL CASH BACK PER POLICY PER YEAR</p>	<p>GOLD</p> <hr style="width: 50%; margin: auto;"/> <p>UP TO R10 000 HOSPITAL CASH BACK PER POLICY PER YEAR</p>
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Plan type	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL
Cover Amount (Subject to Ts&Cs)	R1 100 per day (Max 4 days)	R1 100 per day (Max 4 days)	R500 per day (Max 4 days)	R500 per day (Max 4 days)
Monthly Plan fee – below 61 years	R275 Incl. R165 insurance premium	R165 Incl. R110 insurance premium	R125 Incl. R75 insurance premium	R75 Incl. R50 insurance premium
Policyholder	✓	✓	✓	✓
Spouse	✓	x	✓	x
Children under 18 (Max 5)	✓	x	✓	x
Emergency response and transportation ^[VAS]	✓	✓	✓	✓
24/7 telephonic nurse on call ^[VAS]	✓	✓	✓	✓
Trauma counselling ^[VAS]	✓ R10 000 counselling per family R5 000 counselling per individual	✓ R5 000 counselling per individual	✓ R10 000 counselling per family R5 000 counselling per individual	✓ R5 000 counselling per individual
Access to the online Health Hub ^[VAS]	✓	✓	✓	✓



Monthly Plan fee From 61-70 years	R413 Incl. R248 insurance premium	R248 Incl. R166 insurance premium	R188 Incl. R113 insurance premium	R113 Incl. R75 insurance premium
Monthly Plan fee From 71-80 years	R440 Incl. R264 insurance premium	R264 Incl. R176 insurance premium	R200 Incl. R120 insurance premium	R120 Incl. R80 insurance premium
Monthly Plan fee From 81-90 years	R468 Incl. R281 insurance premium	R281 Incl. R188 insurance premium	R213 Incl. R128 insurance premium	R128 Incl. R85 insurance premium
Monthly Plan fee From 91 years and above years	R495 Incl. R297 insurance premium	R297 Incl. R198 insurance premium	R225 Incl. R135 insurance premium	R135 Incl. R90 insurance premium

2 PAYMENTS AND WAITING PERIOD

You must pay the amount (Plan fee) on the due date in the Policy Schedule. There is no waiting period in the event of admissions as a result of an accident. However, there is a waiting period of 3 (three) months for admission due to natural causes or illnesses and a waiting period of 12 (twelve) months if admission is due to pre-existing conditions. If your Plan Fee is unpaid, you will have a 20 (twenty) day Grace Period to pay the outstanding amount from the day that we notify you of non-payment. If the Plan fee is not paid within the Grace Period, you may be subject to waiting periods. If your Plan Fee is unpaid for 2 (two) successive due dates, we will automatically cancel your plan. Your policy may remain active to use the Value-Added Services, but no insurance benefit will apply. Should a claim related to an event occur during an unpaid period, the Plan fees for this period may be deducted from the applicable cover amount.

3 INCREASES

We may increase the Plan fee each year by an amount not exceeding 10% based on product review performance or benefit additions. The maximum cover amount may increase by an approximate corresponding percentage provided that it does not exceed that allowed by legislation. You will have 31 (thirty-one) days' notice before the increase takes effect. If you are dissatisfied with the increase, you may select a more affordable Plan (if applicable), or you may cancel, failing which the increase will come into effect. If your claim has been approved, the maximum cover amount may not increase due to the annual increase in your Plan fee but will remain at the amount applicable when the claim was approved.

4 CONDITIONS AND EXCLUSIONS

We wish to remind you that the Policy has conditions of cover as explained in the Policy Document, namely (but not limited) to: participation in mass action or protest, any criminal or prohibited act, substance abuse, mental illnesses, hazardous sports, self-inflicted injuries and suicide, undiagnosed, investigative or routine treatments, pain management treatments, pregnancy, infertility or abortion and claims based on fraudulent, false or non-disclosed information.

5 CLAIMS

We must be notified within 30 (thirty) days of the admission of any person covered under your Plan. To submit a claim, call our Customer Services Department on [0860 587 587](tel:0860587587) or email info@legalandtax.co.za. Once you have met all our requirements and submitted a claim sheet with all supporting information and documents, claims can be paid within 24 (twenty-four) hours, excluding weekends and public holidays. Our claims procedure is detailed in the "How to report claims" clause of your Policy Document.

6 CANCELLING YOUR PLAN

The Policy comes with a 31-day cooling off period from date of inception. Should you not be entirely satisfied with your Plan, you may cancel and request a refund within the first 31 days of receiving your Policy Document. The Policy can be cancelled at any other time thereafter by giving us 31 days' notice by calling [0860 587 587](tel:0860587587) or emailing info@legalandtax.co.za. This is a month-to-month policy, and any Plan fees paid after the cooling-off period is not automatically refunded. If you wish to reinstate your Policy, you may do so within 2 (two) months of it being cancelled, but you may be subject to waiting periods if not previously satisfied.



7 COMPLAINTS

If you have a complaint, please submit it to us in writing to complaints@legalandtax.co.za as per the “Complaints” clause of the Policy Document and our [Complaints Resolution Policy](#). Complaints may also be lodged directly with the insurer Centriq Life to complaints@centriq.co.za. In the event that we are unable to resolve your complaint, you can also refer the matter to the FAIS Ombud, The National Financial Ombud Scheme or the Financial Sector Conduct Authority as detailed in your Disclosure Notice.

8 POPI

If at any time, you feel that your personal information has been processed by us without your consent or that your rights in terms of the POPI (Protection of Personal Information) Act have been violated in any way, you may send a complaint through to our Information Officer at the following email address popi@legalandtax.co.za, or you may submit your complaint directly to the Information Regulator. Herewith a copy of our [POPI and Privacy Policy](#) and [PAIA Policy](#).

9 TCF

We have adopted a values-based approach where the spirit of the legislation is embraced to ensure that customers are treated fairly. Our [TCF](#) (Treating Customers Fairly) and [Conflict-of-Interest](#) policies can be accessed on our website www.legalandtax.co.za. We have considered the conflict-of-interest provisions in terms of the FAIS Act 37 of 2002 and the Policyholder Protection Rules and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates or distribution channels as defined. This is reviewed at least annually and reported on to the Financial Sector Conduct Authority (FSCA).

NEED MORE INFORMATION

If you have any questions regarding your Policy and chosen plan, you may contact our Customer Service Department on [0860 587 587](tel:0860587587) or send a WhatsApp message to [+27 \(71\) 526 8527](tel:+27715268527) or email info@legalandtax.co.za.