

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. If any information is incorrect or changes, please notify us immediately. Incorrect details or lack of information can affect your cover. This document provides an overview of the benefits included in your plan based on the information you have provided us with. 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.

YOUR PLAN AND COVER

Your plan provides cover of up to R20 000 per year subject to being admitted as an in-patient to a hospital for more than 48 consecutive hours as a result of an accident, injury or illness, then we shall, subject to the terms and conditions of this policy, pay a daily hospitalisation benefit of up to R1 000 per day starting from the first day of admission, limited to a maximum period of 4 (four) days per hospitalisation event. This benefit is limited to 20 (twenty) hospitalisation days per year per Policy.

FAMILY	COUPLE	INDIVIDUAL
ONLY R150 per month	ONLY R100 per month	ONLY R75 per month

	Up to R20 000 cover per year	Up to R20 000 cover per year	Up to R20 000 Cover per year
Hospital Cash Back cover We pay you a cash benefit of up to R1 000 per day starting from the first day of hospital admission, provided that you have been admitted for more than 48 consecutive hours as a result of an accident, injury or illness, limited to a maximum period of 4 (four) days per hospitalisation event. This benefit is limited to 20 (twenty) hospitalisation days per year per policy.			
• Main Member	✓	✓	✓
• Spouse	✓	✓	✗
• Children under 18 (maximum of five children)	✓	✗	✗

Terms & Conditions apply*

PREMIUM AND WAITING PERIOD

You must pay the amount (premium) in the Policy Schedule. In the event of hospitalisation as a result of an accident, it is a requirement that you need to be a customer for at least 1 (one) full day, calculated from inception date and time and further subjected to the conditions and exclusions under the Policy.

A waiting period of 3 (three) months together with 3 (three) consecutive premium payments from the date of first premium paid will apply in the event of a life assured being hospitalised due to natural causes (namely internal factors like an illness).

A waiting period of 12 (twelve) months together with 12 (twelve) consecutive premium payments from the date of first premium paid will apply in the event of a life assured being hospitalised for any medical condition, including but not limited to physical defect, illness, bodily injury or disability that existed prior to the inception date where admission is directly or indirectly as a result of or contributed to by such pre-existing condition.

If your premium is unpaid, you will have a 20 (twenty) day grace period to pay the premium, which period will run from the date you receive written notice of non-receipt of premium. If we do not receive outstanding premiums during the grace period, your policy may be cancelled, and you will receive written notice of cancellation of your policy.

INCREASES

We may increase the premium yearly. The cover amount may increase by an approximate corresponding percentage, provided that the cover amount may not exceed that allowed by legislation. We will send you 31 (thirty-one) days written notice before the increase takes effect. If you are unhappy with the increase, you may select a more affordable



plan (if available), or you may cancel within 1 (one) month of receiving notification thereof, failing which the increase will come into effect.

CLAIMS

To submit a claim, please contact us by calling [0860 765 223](tel:0860765223), or email info@solacebenefits.co.za and follow our claims procedure as set out in the Policy Document. We must be notified within 30 (thirty) days of discharge of any person covered under your Plan failing which we may elect to repudiate any claim. You must further disclose all material facts relevant to any claim you make under your Plan. Incorrect information, non-disclosure or misrepresentation of information may result in a claim being repudiated or cancellation of the Policy.

EXCLUSIONS

Your Policy Document sets out terms and conditions of cover and general exclusions. It is agreed that, regardless of any contributory cause(s), the Insurer may not cover any deaths caused or contributed directly or indirectly from but not limited to that listed under clause 9 of the Policy Document. The burden of proving the contrary shall be upon the insured. In addition, the Policy Document does have certain restrictions and obligations regarding your rights following repudiation of a claim under clause 13.

PERSONAL INFORMATION

Your information shall be kept confidential, however, we may disclose it to certain third parties (as required in the normal course of our business) for the specific purpose to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance which may limit the need for future premium increases. This is done in the public interest and in the interest of all current and potential Policyholders. This document is to be read together with our Privacy and POPI Policy as well as our PAIA Policy which is available on our website www.legalandtax.co.za. By insuring or renewing your insurance, you hereby consent to information sharing and waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. If at any time, you feel that your personal information has been processed 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 popi@solacebenefits.co.za.

CANCELLING YOUR PLAN

You may cancel your policy within the first 31 (thirty-one) days of receipt of your policy documentation (cooling-off period) and we will refund any premium paid. You may cancel at any time by giving 31 (thirty-one) days' notice. You can either call us or send a written request by letter or email to info@solacebenefits.co.za.

COMPLAINTS

To submit a complaint related to our insurance products and services, you can call our Customer Care Department on [0860 765 223](tel:0860765223) or submit it to us in writing to complaints@solacebenefits.co.za. Procedures for the submission of complaints are detailed in your Policy Document and our Complaints Resolution Policy which is available on our website www.legalandtax.co.za. Complaints may also be lodged directly with the Insurer (complaints@centriq.co.za), the FAIS Ombud (Tel: +27 (12) 470 9080) or with the Long-term Insurance Ombudsman (Tel: 0860 103 236).

The Financial Advisory and Intermediary Services (FAIS) Act requires compliance by Product Suppliers (insurers) and Financial Services Providers (intermediaries or brokers) with a General Code of Conduct which was implemented to assist you in making informed decisions about the insurance products that you purchase. Providers must render financial services honestly, fairly, with due skill, care and diligence and in your interests and the integrity of the financial services industry. Your Disclosure Notice associated hereto provides additional details about your Product Supplier (insurer) being Centriq Life Insurance Company Limited, and Financial Services Provider (intermediary) being Legal&Tax, together with general information for the Ombuds and the Authority.



IMPORTANT INFORMATION – PLEASE CAREFULLY READ THIS DISCLOSURE IN TERMS OF THE FINANCIAL ADVISORY & INTERMEDIARY SERVICES (FAIS) ACT 37 OF 2002, AS THIS STATUTORY NOTICE DOES NOT FORM PART OF THE INSURANCE CONTRACT OR ANY OTHER DOCUMENT.

Your insurance contract is governed by, but not limited to your voice-recorded calls, policy document and Schedule. Legal&Tax is an approved Financial Services Provider (FSP no. 28566), who operates according to the provisions of the Act and as such, we are authorised as a non-mandated intermediary to provide financial advice and intermediary services on personal lines, life insurance products as underwritten by the Product Supplier (Insurer).

As a life insurance Policyholder, or prospective Policyholder, you have the right to the following information:

1. About your financial services provider and binder holder (intermediary)

Your financial services provider should provide this information to you within a reasonable time from the time you take out a policy or amend your policy. If your financial services provider does not do so after you have requested it, please contact the product supplier

Name	Legal and Tax Services (Pty) Ltd
Company registration number	2001/011518/07
FSP number	28566
Postal address	PO BOX 95275, Grant Park, 2051
Physical address	3rd Floor, Acacia Grove, Houghton Estate Office Park, 2 Osborn Road, Houghton, 2196
Telephone number	0860 587 587 or +27 (11) 242 5000
Fax number	+27 (11) 728 0910
Email	info@solacebenefits.co.za
Website	www.legalandtax.co.za
Legal status of Financial Services Provider	We are an authorised Financial Services Provider in terms of the FAIS Act and may render advice and intermediary services in respect of Category A, Long Term insurance products. We accept liability for all financial advice and or intermediary services provided by our representatives.
Whether professional indemnity insurance & fidelity guarantee is held	We hold professional indemnity insurance and fidelity guarantees.
Whether more than 10% of insurer's shares are held and whether more than 30% of total remuneration was received from the insurer in the preceding year / last 12 months	We do not hold more than 10% of the insurer's shares and we have received more than 30% of our remuneration from the insurer in the last 12 months
Details of complaints procedure <i>All complaints must be reduced to writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request.</i>	Department: Legal and Tax Customer Care Telephone number: 0860 587 587 Fax number: +27 (11) 728 0910 Email: complaints@solacebenefits.co.za If your complaint is not resolved to your satisfaction, you may refer it to Centriq Life Insurance Company Limited at the contact details provided under section 2 below.
Details of financial services provider's compliance arrangements	Compliance Practice: ISS Compliance (Pty) Ltd Practice Number: CO28



<p><i>All complaints must be reduced to writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request.</i></p>	<p>Telephone number: 0860 587 587 Email: compliance@legalandtax.co.za Physical address: 140A Kelvin Drive, Morningside, Sandton</p>
<p>Contractual arrangements with product suppliers including any restrictions or conditions</p>	<p>We act as an Intermediary and thereby enjoy up to, but not exceeding, the regulated commission in terms of the Long-Term Insurance Act. We further have a binder holder agreement with the insurer in terms of which we receive a binder fee of 9% of the gross written premium for performing certain binder functions which include claims settlement.</p>

2. About the product supplier (insurer)

Name	Centriq Life Insurance Company Limited
Company registration number	1943/016409/06
FSP number	7370
Postal address	PO Box 55674, Northlands, 2116
Physical address	The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Telephone number	+27 (11) 268 6490
Fax number	+27 (11) 268 6495
Email	info@centriq.co.za
Website	www.centriq.co.za
Details of the compliance department	The Internal Compliance Officer is assisted by Compli-Serve (Pty) Ltd, and is contactable at the numbers above. Email: compliance@centriq.co.za
Details of claims department	The Claims Specialist is contactable at the numbers above. Email: claims@centriq.co.za
Details of complaints department <i>All complaints must be reduced to writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request.</i>	In the event of a complaint, please contact the Claims Specialist at the numbers above. Email: faiscomplaints@centriq.co.za complaints@centriq.co.za

3. About the service

<p><i>The Product - Life Insurance Policy</i> <i>The financial services provider has an agreement with the product supplier in terms of which the following remuneration is payable for the insurance business:</i></p>			
Party	Description	Remuneration	Frequency
Intermediary (Financial Services Provider)	Commission	20% of the premium payable	Monthly
Intermediary (Binder holder)	Binder holder fee	9% of the premium payable	Monthly



4. Particulars of FAIS ombud

Name	The FAIS Ombud
Postal address	PO Box 74571, Lynwood Ridge, 0040
Physical address	Kasteel Park Office Park, Orange Building, 2 nd Floor, c/o Nossob & Jochemus Street, Erasmus Kloof, Pretoria, 0048
Telephone number	+27 (12) 470 9080
Fax number	+27 (12) 348 3447
Email	info@faisombud.co.za
Website	www.faisombud.co.za

5. Particulars of Long-Term Insurance Ombud

Name	The Ombudsman for Long-Term Insurance
Postal address	Private Bag X45, Claremont, Cape Town, 7735
Physical address	Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7700
Telephone number	0860 103 236 / +27 (21) 657 5000
Fax number	+27 (21) 674 0951
Email	info@ombud.co.za
Website	www.ombud.co.za

6. Particulars of the FSCA

Name	Financial Sector Conduct Authority
Postal address	PO Box 35655, Menlo Park, 0102
Physical address	Riverwalk Office Park, Block B, 41 Matroosberg Road (Corner Garsfontein and Matroosberg Roads), Ashlea Gardens, Extension 6, Menlo Park, Pretoria
Telephone number	+27 (12) 428 8000
Fax number	+27 (12) 347 0221
Email	info@fsc.co.za
Website	www.fsc.co.za

7. Procedures for registering claims or complaints



Procedures for the submission of claims are detailed in your policy document and are important. If you have difficulties in determining the correct procedures, please contact your financial services provider for assistance. Generally, you are required to advise the financial services provider within a prescribed number of days of a loss, provide written details of the loss, provide proof in support of the claim and provide any other details that may be required by the financial services provider. Should you remain dissatisfied with the assistance provided, then you may contact the Compliance Officer at the address provided herein. In addition, the addresses of both the Ombud and Authority are provided should your complaint not be satisfactorily resolved.

8. Name, class or type of policy

Full details about the name, class and type of policy involved are reflected on your policy schedule and are also contained in the policy document and product summary or benefit statement. Policy schedules should always be read in conjunction with the policy document. Should you require any explanation about the terms, conditions, exclusions, provisions, premiums, or any other information, please contact your financial services provider for assistance.

9. Extent and nature of premium obligations

Your policy schedule and benefit statement reflect the premiums payable, the due date of payment and the frequency of payment (e.g., monthly or annually). The financial services provider is authorised to accept premium payment on behalf of the product supplier therefore you may make payment to the financial services provider. In the case of monthly premiums by debit order, you have authorised such payment via your financial services provider, who has authority to collect premiums on behalf of the product supplier.

10. Consequences of non-payment of premiums

The due date for the payment is reflected in your policy schedule, or any notice letter as the case may be. Your payment should be made on or before the due date reflected to avoid the cancellation of the policy. Should you fail to make payment on or before the due date, you have a period of grace for the payment of premiums. You will be notified of the non-payment and given a grace period of 20 days to pay the outstanding premium. Should your premium remain unpaid you may lose cover. In the case of a monthly policy, the provisions will apply with effect from the second month of the currency of the policy.

11. Cooling-off right

If this policy has a duration of 31 days or more, no benefit has yet been claimed or paid, and an event insured against has not yet occurred, you have the right to cancel this policy within 31 days after receipt of the policy document or from a reasonable date on which it can be deemed that you received this policy document. You must give notice hereof by either calling or sending an email to your financial services provider. They can refund all premiums or moneys paid by you and must comply with your request for cancellation within 31 days after the receiving your cancellation notice.

12. Other Matters of Importance

- a. You must be informed of any material changes to the information referred to herein.*
- b. If any complaint to the product supplier or financial services provider is not resolved to your satisfaction, you may submit your complaint to the Ombud and or Authority.*
- c. Polygraph or similar tests are not obligatory and claims may not be rejected solely on the basis of a failure of such a test.*
- d. The financial services provider must give you 31 days' notice in writing of its intention to cancel your policy.*
- e. The product supplier must give reasons in writing for the repudiation of any claim submitted by you.*
- f. You are entitled to a copy of your policy document free of charge.*



13. Warning

- a. Do not sign any blank or partially completed application form.
- b. Complete all forms in ink.
- c. Keep all documents you receive.
- d. Make notes as to what is said to you.
- e. Ask for a letter of authority from your financial services provider.
- f. Do not be pressured into buying the insurance product.
- g. Failure to provide correct or full relevant information may influence a product supplier on any claims arising from your contract of insurance.

14. Sharing of insurance information

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential Policyholders. The sharing of information includes, but is not limited to information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regards to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By accepting or renewing this insurance, you hereby consent to such information sharing with regards to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System. Sharing of insurance information is done in accordance with applicable legislation, as well as the Privacy Notice of the product supplier which can be found on their website: www.centriq.co.za

15. Use of your personal information

When you enter into this policy you will be giving us your personal information that may be protected by data protection legislation, including but not only, the Protection of Personal Information Act, 2013 ("POPI"). We will take all reasonable steps to protect your personal information and you authorise both the product supplier and financial services provider to:

- a. Process your personal information to
 - i. Communicate information to you that you ask us for.
 - ii. Provide you with insurance services.
 - iii. Verify the information you have given us against any source or database.
 - iv. Compile non-personal statistical information about you.
- b. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control.
- c. Transmit your personal information to any third-party service provide, that we may appoint to perform functions relating to your policy on our behalf.
- d. You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapsed.
- e. Processing of your personal information is always done in accordance with applicable legislation.

16. Waiver of rights



The General Code of Conduct stipulates that no financial services provider may request or induce in any manner a client to waive any right or benefit conferred on the client by/or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

17. Conflict of interest

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. We adopted a values-based approach where the spirit of the legislation is embraced. This is reviewed at least annually and reported on to the Financial Sector Conduct Authority. A conflict-of-interest policy is available to clients on the product supplier's website and upon request.