PPS PROVIDER™ POLICY
Policy Document
Version 1
Changes to the Policy Document which became effective on 1 April 2017 are included in this document

Contents

1. Definitions
2. PPS Insurance
3. Financial Adviser
4. Communicating with the Policyholder
5. The Contract
6. Amending the Terms of the PPS Provider™ Policy
7. Cooling Off Period
8. Cancelling the PPS Provider™ Policy or Products or Benefits in terms of the PPS Provider™ Policy
9. The Duration of the PPS Provider™ Policy
10. The Policyholder's Contractual Rights
11. The Policyholder's Contractual Obligations
12. The Law
13. Currency
14. Jurisdiction and Legal Address
15. Beneficiaries
16. Cessions
17. Change of Occupation
18. Changes in Smoking Status
19. Material Non-disclosures and Misrepresentations
20. Premiums
21. The Claims Process
22. Late Submission of Claims
23. Loadings and Exclusions
Benefits in terms of the PPS Provider™ Policy
24. Overview
24.1 The Immediate Cover Benefit
24.2 The Free Cover Benefit
24.3 The PPS KickStart Package
The PPS Professional Life Provider™ Product
25. Term Life Cover
26. Whole Life Cover
27. Terminal Illness Benefit
28. Immediate Needs Benefit
29. Accidental Death Benefit
30. Professional Disability Benefit
31. OSRB Professional Disability Benefit
32. Term Accelerated Critical Illness Cover Benefit
33. Whole Life Accelerated Critical Illness Cover Benefit
34. Term Accelerated Critical Illness Cover Benefit with Core 100% Cover
35. Whole Life Accelerated Critical Illness Cover Benefit with Core 100% Cover
36. Term Accelerated Critical Illness Cover Benefit with CI 100% Cover
37. Whole Life Accelerated Critical Illness Cover Benefit with CI 100% Cover
38. Accelerated CatchAll Cover
The PPS Accidental Death Product
39. Accidental Death Benefit
The PPS Critical Illness Product
40. Term Critical Illness Cover
41. Whole Life Critical Illness Cover

42. Term Critical Illness Cover with Core 100% Cover
43. Whole Life Critical Illness Cover with Core 100% Cover
44. Term Critical Illness Cover with CI 100% Cover
45. Whole Life Critical Illness Cover with CI 100% Cover
46. CatchAll Cover
47. Pregnancy Complications Cover
The PPS Professional Disability Provider™ Product
48. Disability Cover
49. OSRB Disability Cover
50. Severe Illness Benefit
51. The Sickness and Permanent Incapacity Benefit
52. The PPS Education Cover™ Product
53. The PPS Profit-Share Account™
Appendix A
Appendix B
Appendix C
Appendix D
Appendix E
Appendix F

1. DEFINITIONS

In the PPS Provider™ Policy the following words have the following meaning unless the context clearly indicates a contrary intention:

Contract	The agreement between the Policyholder and PPS Insurance, constituting a long-term policy as defined in the Long-term Insurance Act, in terms of which PPS Insurance agrees to provide benefits against payment of premiums. The latest Policy Certificate issued by PPS Insurance together with the PPS Provider™ Policy Document and any endorsement thereto, forms the contract between the Policyholder and PPS Insurance.
Policy	Has the same meaning as "contract".
Declared Annual Increases	Annual increases in benefits declared at the sole discretion of PPS Insurance to reduce the eroding effects of inflation.
Sickness	Any significant inability to carry out the life insured's usual professional duties due to disease, injury, accident or other cause or condition, requiring optimal medical or dental treatment or supervision in the form of hospitalisation, surgery, rehabilitation or medication.
Life insured	The person to whose life, or to the functional ability or health of whose mind or body, this long-term policy relates. The name of the Life insured is reflected on the latest policy certificate issued by PPS Insurance. The Life insured is the same person as the Policyholder.
Policyholder	The person who owns the policy and who is, subject to the terms and conditions of the PPS Provider™ Policy, entitled to be provided with the policy benefits under this long-term policy. The name of the Policyholder is reflected on the latest Policy Certificate issued by PPS Insurance. The Life insured is the same person as the Policyholder.
Student Policyholder	A policyholder who is under the age of 34 and who is registered with a university or other educational institution as a student in training for one of the professions eligible for membership of the Professional Provident Society Holdings Trust and who has satisfied the Professional Provident Society Holdings Trust that he has progressed sufficiently with his studies to be considered for such membership.
Sum Assured	The Sum Assured applicable to the particular benefit as set out in the Policy Certificate including any reductions or increases in the Sum Assured as allowed for in the Policy Document regardless of whether a new Policy Certificate was issued to reflect such increased or reduced Sum Assured.
Premium(s)	The amount of money, which must be paid for policy benefits, including premium increases, if applicable.
PPS Insurance	Professional Provident Society Insurance Company Limited (Registration Number 2001/017730/06).
Professional Provident Society Holdings Trust	Professional Provident Society Holdings Trust (Trust Number IT 312/2011).

In the PPS Provider™ Policy, unless the context clearly indicates a contrary intention:

1. the words importing only one gender shall include the other gender;
2. the singular shall include the plural and vice versa.

2. PPS INSURANCE

PPS Insurance means PROFESSIONAL PROVIDENT SOCIETY INSURANCE COMPANY LIMITED (Registration Number 2001/017730/06). PPS Insurance is a Long-term Insurer, registered in terms of the Long-term Insurance Act, 1998 and regulated by the Financial Services Board. PPS Insurance is registered as a Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act, 2002 – license number 1044.

PPS Insurance is a member of the Association for Savings and Investment in South Africa (ASISA) and is subject to the Codes of Conduct prescribed by the association.

The Policyholder can contact PPS Insurance if any information or assistance is required. PPS Insurance cannot assist the Policyholder with financial advice. For financial advice the Policyholder must contact his Financial Adviser.

3. FINANCIAL ADVISER

The Financial Adviser has a duty to furnish the policyholder with his personal details in the form of a Provider and Representative Disclosure Letter.

PPS Insurance is only responsible for the financial advice or intermediary services provided by a Financial Adviser that is an authorised representative of PPS Insurance if that Financial Adviser acts in terms of his contract with PPS Insurance.

4. COMMUNICATING WITH THE POLICYHOLDER

PPS Insurance can deal with the Policyholder and his affairs electronically and all parties must treat electronic communication (E-mail, fax, telephone etc.) as being the same as written communication, authority and confirmation. Where the Policyholder chooses to use such electronic methods to transact with PPS Insurance, the Policyholder will carry the risk of such use.

5. THE CONTRACT

The contract between the Policyholder and PPS Insurance is a long-term insurance policy.

Participation in the benefits under this contract is restricted to members of the Professional Provident Society Holdings Trust. The requirements for membership of the Professional Provident Society Holdings Trust are specified in the Trust Deed of the Professional Provident Society Holdings Trust. For the purposes of the Trust Deed of the Professional Provident Society Holdings Trust this contract shall, where applicable, be deemed to be the Master Contract.

For the purposes of the Trust Deed of the Professional Provident Society Holdings Trust, an Ordinary Member is a policyholder:

1. who has not exercised the Vested PPS Profit-Share Account option (Please refer to the section titled THE PPS PROFIT-SHARE ACCOUNT™ for the requirements in this regard); and
2. with respect to whom PPS Insurance did not implement the Vested PPS Profit-Share Account option (Please refer to the section titled THE PPS PROFIT-SHARE ACCOUNT™ for the requirements in this regard); and
3. with respect to whom the PPS Profit-Share Account™ was not paid out for whatever reason (Please refer to the section titled THE PPS PROFIT-SHARE ACCOUNT™ for the requirements in this regard).

A policyholder who does not meet the requirements of an Ordinary Member as set out above will be “any other participant in any product offered by PPS Insurance” and an Associate Member for the purpose of the Trust Deed of the Professional Provident Society Holdings Trust.

The latest Policy Certificate issued by PPS Insurance together with the PPS Provider™ Policy Document and any endorsement thereto, forms the contract between the Policyholder and PPS Insurance. The application form forms the basis of the contract between PPS Insurance and the Policyholder.

The PPS Provider™ Policy Document provides comprehensive information about all the products and benefits offered in terms of the PPS Provider™ Policy. Details of the products and benefits which are applicable to the Policyholder will be reflected on the latest Policy Certificate issued by PPS Insurance. The Policyholder must ensure that the information contained in the latest Policy Certificate issued by PPS Insurance correctly reflects the agreement between the Policyholder and PPS Insurance. If this is not the case the Policyholder must inform PPS Insurance in writing of the incorrect details. If a specific product and / or benefit is not reflected in the latest Policy Certificate issued by PPS Insurance, such product and / or benefit will not be applicable to the contract entered into between PPS Insurance and the Policyholder.

The version number of the PPS Provider™ Policy must correspond with the version number of the PPS Provider™ Policy as reflected on the latest Policy Certificate issued by PPS Insurance. It is possible that different versions of the PPS Provider™ Policy may be applicable to different products and / or benefits selected by the Policyholder.

6. AMENDING THE TERMS OF THE PPS PROVIDER™ POLICY

The Policyholder may from time to time require changes to the products, benefits or terms of the PPS Provider™ Policy as the Policyholder's circumstances change.

The PPS Provider™ Policy Document reflects the products, benefits or terms that can be changed and the circumstances under which such changes will be effected subject to the approval and / or conditions imposed by PPS Insurance.

Requests for changes should be in writing and in the manner prescribed by PPS Insurance from time to time, signed by the Policyholder and sent to PPS Insurance.

No changes to the initial contract will be valid unless PPS Insurance issues a new Policy Certificate reflecting the new products, benefits or terms. The latest Policy Certificate issued by PPS Insurance will always replace all previously issued Policy Certificates with respect to this policy.

If the policyholder applies to PPS Insurance for the reduction of the Sum Assured of any product or benefit, PPS Insurance can allow the reduction in its sole discretion and upon terms and conditions, including minimum Sum Assured as determined by PPS Insurance from time to time. Upon the reduction of the Sum Assured the last additional cover taken out will be reduced first. This will lead to the removal of loadings and exclusions relating solely to the portion of the Sum Assured being cancelled.

Please refer to the sections titled BENEFICIARIES and CESSIONS for the requirements regarding cession notifications and beneficiary nominations.

PPS Insurance may change the contractual terms of the policy, without compensating the Policyholder, if any laws or practices affecting this policy are changed.

PPS Insurance may in its sole discretion, by way of endorsement:

- amend or rescind any of the provisions contained in this policy; and
- make new provisions in addition to or in substitution of any of the provisions contained in this policy.

Policyholders will be informed in advance of such endorsements to the contract in writing.

7. COOLING OFF PERIOD

The Policyholder may:

a) where no claims have been made with respect to the insurance transaction or an event insured against has not yet occurred; and

b) within a period of 30 days of receipt of a Policy Summary, or from a reasonable date on which it can be deemed that the Policyholder received the Policy Summary, cancel the insurance transaction in respect of which the Policy Summary is sent, by sending a written cancellation notice to PPS Insurance.

All premiums paid by the Policyholder to PPS Insurance in terms of the cancelled insurance transaction shall be refunded to the Policyholder subject to the deduction of the cost of any risk cover actually enjoyed by the Policyholder.

An "insurance transaction" means the entering into or amendment of a policy and includes variations of such policy, for example the purchase of additional products or benefits or cancellation of products or benefits, resulting in a change to the premium, products and / or benefits in terms of the policy. The cooling off period is not applicable to any contractually pre-determined or determinable variation.

8. CANCELLING THE PPS PROVIDER™ POLICY OR PRODUCTS OR BENEFITS IN TERMS OF THE PPS PROVIDER™ POLICY

The Policyholder has the right to cancel the PPS Provider™ Policy or any products or benefits in terms of the PPS Provider™ Policy by written cancellation notice to PPS Insurance. The effective date of the cancellation will be the last day of the calendar month during which PPS Insurance received the written cancellation notice from the Policyholder. Please refer to the specific products or benefits in this PPS Provider™ Policy Document to determine whether any benefits will be payable to the Policyholder upon such cancellation.

The Policyholder acknowledges being aware that a cancellation as aforementioned or the replacement of a policy may, for various reasons, not be in the interest of the Policyholder. When a policy is replaced by another insurance policy the Policyholder must complete the appropriate replacement form and annex it to the application form for the replacement policy.

If the Policyholder cancels the PPS Provider™ Policy or products or benefits in terms of the PPS Provider™ Policy, PPS Insurance will not be liable for the payment of any Sum Assured or portion thereof in respect of the products or benefits that were cancelled, after the last day of the calendar month during which PPS Insurance received the written cancellation notice from the Policyholder.

9. THE DURATION OF THE PPS PROVIDER™ POLICY

Commencement

The commencement date of the contract between the Policyholder and PPS Insurance is reflected on the latest Policy Certificate issued by PPS Insurance.

The commencement date of the Policyholder's entitlement to the products or benefits is reflected on the latest Policy Certificate issued by PPS Insurance, subject to the provisions of paragraphs 24.1 and 24.2 of this Policy Document.

The Benefit Term

The benefit terms of the respective products or benefits are reflected on the latest Policy Certificate issued by PPS Insurance.

Termination

The PPS Provider™ Policy will terminate upon the first of the following events occurring:

1. on the day when the life insured no longer is eligible for membership of the Professional Provident Society Holdings Trust; or
2. on cancellation of the PPS Provider™ Policy by the Policyholder; or
3. on cancellation of the PPS Provider™ Policy by PPS Insurance; or
4. when PPS Insurance has performed all its contractual obligations; or
5. on the death of the life insured.

Where the Policyholder is a Student Policyholder, all products and benefits in terms of the PPS Provider™ Policy will terminate on the last day of the month during which the Student Policyholder attains the age of 34 years, if, on that day he has not yet qualified for the relevant degree or other tertiary qualification required by PPS Insurance for membership of the Professional Provident Society Holdings Trust. However where the failure to qualify is as a result of an accident or illness for which the Student Policyholder is receiving a permanent incapacity benefit under the Student Sickness and Permanent Incapacity Benefit, the policy will continue for as long as the permanent incapacity award continues to be made.

10. THE POLICYHOLDER'S CONTRACTUAL RIGHTS

If the Policyholder meets his contractual obligations, the Policyholder will be entitled to:

1. the products or benefits reflected on the latest Policy Certificate issued by PPS Insurance, unless there is a valid and enforceable beneficiary nomination or a valid and enforceable cession in place in respect of that benefit, and subject to the terms of the PPS Provider™ Policy.
2. information regarding the contract between the Policyholder and PPS Insurance, unless the information is protected from disclosure.
3. personal information being kept confidential, subject to the limitations contained in the application form signed by the Policyholder, the terms of the Promotion of Access to Information Act, 2000, the terms of the Financial Intelligence Centre Act, 2001, or any other relevant legislation.
4. appoint or change a beneficiary, subject to the conditions contained under BENEFICIARIES in this PPS Provider™ Policy Document.
5. cede this policy, subject to the conditions contained under CESSIONS in this PPS Provider™ Policy Document.

11. THE POLICYHOLDER'S CONTRACTUAL OBLIGATIONS

The Policyholder is obliged to:

1. ensure that PPS Insurance underwriting and claims requirements are complied with within a reasonable time.
2. ensure that full and honest disclosure of all material factors concerning the assessment of risk and any claim have been made to PPS Insurance.
3. comply with the terms and conditions contained in this PPS Provider™ Policy Document.

12. THE LAW

The laws of the Republic of South Africa govern this policy.

13. CURRENCY

All amounts payable in terms of this policy must be paid in the currency of the Republic of South Africa in South Africa.

14. JURISDICTION and LEGAL ADDRESS

The courts having jurisdiction over Johannesburg will have jurisdiction in all legal proceedings that may arise between the Policyholder and PPS Insurance. Process in any legal proceedings against PPS Insurance may be served at the Head Office located at:

PPS Insurance
6 Anerley Road
Parktown

The physical address of the Policyholder as reflected on the latest Policy Certificate Issued by PPS Insurance shall be the chosen *domicilium citandi et executandi* and address for all purposes under this PPS Provider™ Policy.

15. BENEFICIARIES

Subject to the rights of any cessionary, the Policyholder is entitled to nominate beneficiaries with respect to products or benefits. Beneficiaries must be nominated in writing, including any electronic form, in the manner prescribed by PPS Insurance from time to time. Beneficiaries will be reflected in the latest Policy Certificate issued by PPS Insurance.

Beneficiaries will be entitled to the percentage of the Sum Assured as reflected on the **PPS Insurance Beneficiary Nomination Form,** including any electronic variation of such form as prescribed by PPS Insurance from time to time, and Policy Certificate, payable in terms of specific benefits upon the death of the Policyholder.

If no beneficiaries are nominated with respect to a benefit or a percentage of that benefit that benefit will be paid to the Policyholder's estate to be dealt with by the Executor in terms of the laws governing testate or intestate succession.

The Policyholder is also entitled to nominate a second beneficiary ("secondary beneficiary") in respect of each nominated beneficiary ("primary beneficiary"). In the event that the nominated primary beneficiary is already deceased at the time of the Policyholder's death, or in the event that the nominated primary beneficiary is unable, for whatever reason, or unwilling to accept the beneficiary nomination following the Policyholder's death, the benefit will be paid by PPS Insurance to the nominated secondary beneficiary who shall be entitled to the same percentage of the Sum Assured as the nominated primary beneficiary. In the event that the nominated primary beneficiary dies simultaneously with the Policyholder, or within a period of 14 calendar days from the date of the Policyholder's death, and the death of the nominated primary beneficiary and the Policyholder occurred as a result of the same incident, the benefit will be paid by PPS Insurance to the nominated secondary beneficiary who shall be entitled to the same percentage of the Sum Assured as the nominated primary beneficiary. The onus to prove the exact time or circumstances of the death of the Policyholder, or any nominated primary or secondary beneficiary, shall at all relevant times rest on the person claiming entitlement to the benefit and PPS Insurance may in this regard, and at its discretion, require such person to furnish it with such information or proof relating to the time or circumstances of death as PPS Insurance deems necessary. In the event that a nominated secondary beneficiary is unable, for whatever reason, or unwilling to accept the beneficiary nomination following the Policyholder's death, the benefit will be paid to the Policyholder's estate to be dealt with by the Executor in terms of the laws governing testate or intestate succession.

Revocation of existing beneficiary nominations and beneficiary nominations will not be valid, unless a **PPS Insurance Beneficiary Nomination Form,** including any electronic variation of such form as prescribed by PPS Insurance from time to time, is duly completed, signed by the Policyholder, and reached the head office of PPS Insurance before the insured event occurred.

In the event of a valid cession, the beneficiary nomination will not be cancelled or otherwise affected, but the cession will take precedence over the beneficiary nomination. Please refer to the section titled CESSIONS.

16. CESSIONS

The Policyholder may not cede the PPS Provider™ Policy in any way except as provided for in the PPS Provider™ Policy Document under the headings **Partial Security Cessions** and **Complete Security Cessions.**

The Policyholder cannot cede products or benefits during a period when PPS Insurance agreed to a temporary cessation of payment of premiums. PPS Insurance will not allow a temporary cessation of payment of premiums when any products or benefits are ceded.

PPS Insurance is not a party to any cession agreement between the Policyholder and the third party and PPS Insurance is not responsible for the wording of or the appropriateness or efficacy of the cession in relation to the Policyholder's requirements. PPS Insurance will not interpret the agreement between the Policyholder and the third party in respect of the cession. PPS Insurance will act in terms of the information contained in the relevant PPS Insurance **Cession Notification Form.**

Notwithstanding notification of the cession, PPS Insurance bears no responsibility for the validity, enforceability or any other matter arising from the cession. PPS Insurance will not act on a cession unless PPS Insurance received the relevant duly completed PPS Insurance **Cession Notification Form** signed by the Policyholder and submitted to PPS Insurance before the insured event occurred.

Partial Security Cessions

The Policyholder is entitled to cede a part of his rights to the following products, including all the benefits under that product, to a third party as security:

- THE PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT
- THE PPS CRITICAL ILLNESS COVER PRODUCT
- THE PPS ACCIDENTAL DEATH PRODUCT

The Policyholder may only part cede a product in its entirety as aforementioned. The Policyholder cannot part cede only certain benefits under a product. Where a product is part ceded the amount ceded will be paid from the first valid claim under any one of the benefits under the ceded product.

Where the PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT is part ceded for security, the amount ceded to the cessionary/ies will be paid to the security cessionary/ies by PPS Insurance from the proceeds of the:

- TERM LIFE COVER benefit and / or the WHOLE LIFE COVER benefit in the event of a valid claim; and / or
- TERMINAL ILLNESS BENEFIT in the event of a valid claim; and / or
- PROFESSIONAL DISABILITY BENEFIT in the event of a valid claim; and / or
- OSRB PROFESSIONAL DISABILITY BENEFIT in the event of a valid claim; and / or
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT and / or the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT in the event of a valid claim; and / or
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER and / or the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER in the event of a valid claim; and / or
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER and / or the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER in the event of a valid claim; and / or
- ACCIDENTAL DEATH BENEFIT in the event of a valid claim; and / or
- ACCELERATED CatchAll Cover in the event of a valid claim.
- The IMMEDIATE NEEDS BENEFIT will be suspended until the cancellation of the Partial Security Cession.

Where the PPS ACCIDENTAL DEATH PRODUCT is part ceded for security, the amount ceded to the cessionary/ies will be paid to the security cessionary/ies by PPS Insurance from the proceeds of the:

- ACCIDENTAL DEATH BENEFIT in the event of a valid claim.

Where the PPS CRITICAL ILLNESS COVER PRODUCT is part ceded for security the amount ceded to the cessionary/ies will be paid to the security cessionary/ies by PPS Insurance from the proceeds of the:

- TERM PPS CRITICAL ILLNESS COVER or the WHOLE LIFE PPS CRITICAL ILLNESS COVER in the event of a valid claim; and / or
- TERM PPS CRITICAL ILLNESS COVER with CORE 100% COVER and / or the WHOLE LIFE PPS CRITICAL ILLNESS COVER with CORE 100% COVER in the event of a valid claim; and / or
- TERM PPS CRITICAL ILLNESS COVER with CI 100% COVER and / or the WHOLE LIFE PPS CRITICAL ILLNESS COVER with CI 100% COVER in the event of a valid claim; and / or
- CATCHALL COVER in the event of a valid claim; and / or
- PREGNANCY COMPLICATIONS COVER in the event of a valid claim.

Upon payment of the amount ceded to the security cessionary by PPS Insurance, the partial security cession will be cancelled.

The aforementioned products may not be part ceded as security for an amount of less than R250 000 or such other amount that PPS Insurance, in its sole discretion, may decide on from time to time.

The aforementioned products may be part ceded to more than one security cessionary, but it may never be part ceded to more than 4 different security cessionaries at the same time.

If the Policyholder informs PPS Insurance of the fact that he part ceded his rights to the aforementioned products for security to a third party by completing a PPS Insurance **Part Security Cession Notification Form**, signed by the Policyholder, and such form is submitted to PPS Insurance before the insured event occurred:

1. PPS Insurance will issue a new Policy Certificate reflecting the security cessionary;
2. The amount ceded as security will be reflected on the Policy Certificate and PPS Insurance will pay that amount to the security cessionary in the event of a valid claim.
3. If the Policyholder informs PPS Insurance on the PPS Insurance **Part Security Cession Notification Form** that his rights as aforesaid are ceded to more than one security cessionary, all the security cessionaries will be reflected on the Policy Certificate.
4. A part security cession will not cancel or otherwise affect the nomination of beneficiaries by the Policyholder, but the part security cession will take precedence over the nomination of beneficiaries. Any benefits payable in excess of the amounts payable to the part security cessionaries will be paid by PPS Insurance to the nominated beneficiaries. Accordingly, all amounts ceded to the part cessionary/ies will be a first charge against the insurance benefits, and the beneficiaries will be entitled to only the balance, if any, after discharge of the Policyholder’s liability to the cessionary/ies secured by the cession.

Complete Security Cessions

The Policyholder is entitled to cede his rights to the following products to a third party as security:

- THE PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT
- THE PPS CRITICAL ILLNESS COVER PRODUCT
- THE PPS ACCIDENTAL DEATH PRODUCT

Where the PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT is ceded for security all the proceeds of the:

- TERM LIFE COVER benefit and the WHOLE LIFE COVER benefit will be paid to the security cessionary in the event of a valid claim;
- TERMINAL ILLNESS BENEFIT will be paid to the security cessionary in the event of a valid claim;
- PROFESSIONAL DISABILITY BENEFIT will be paid to the security cessionary in the event of a valid claim;
- OSRB PROFESSIONAL DISABILITY BENEFIT will be paid to the security cessionary in the event of a valid claim;
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT and the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT will be paid to the security cessionary in the event of a valid claim;
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER and the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will be paid to the security cessionary in the event of a valid claim;
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER and the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will be paid to the security cessionary in the event of a valid claim;
- ACCELERATED CATCHALL COVER will be paid to the security cessionary in the event of a valid claim;
- The ACCIDENTAL DEATH BENEFIT will be paid to the security cessionary in the event of a valid claim.
- The IMMEDIATE NEEDS BENEFIT will be suspended until the cancellation of the Complete Security Cession.

Where the PPS ACCIDENTAL DEATH PRODUCT is ceded for security all the proceeds of the:

- ACCIDENTAL DEATH BENEFIT COVER will be paid to the security cessionary in the event of a valid claim.

Where the PPS CRITICAL ILLNESS COVER PRODUCT is ceded for security all the proceeds of the:

- TERM PPS CRITICAL ILLNESS COVER and the WHOLE LIFE PPS CRITICAL ILLNESS COVER will be paid to the security cessionary in the event of a valid claim;
- TERM PPS CRITICAL ILLNESS COVER with CORE 100% COVER and the WHOLE LIFE PPS CRITICAL ILLNESS COVER with CORE 100% COVER will be paid to the security cessionary in the event of a valid claim;
- TERM PPS CRITICAL ILLNESS COVER with CI 100% COVER and the WHOLE LIFE PPS CRITICAL ILLNESS COVER with CI 100% COVER will be paid to the security cessionary in the event of a valid claim;
- CATCHALL COVER will be paid to the security cessionary in the event of a valid claim;
- PREGNANCY COMPLICATIONS COVER will be paid to the security cessionary in the event of a valid claim.

If the Policyholder informs PPS Insurance of the fact that he complete ceded his rights to the aforementioned products for security to a third party by completing a PPS Insurance **Complete Security Cession Notification Form**, signed by the Policyholder, and such form is submitted to PPS Insurance before the insured event occurred:

1. PPS Insurance will issue a new Policy Certificate reflecting the security cessionary;
2. The complete security cession will not cancel or otherwise affect the nomination of beneficiaries by the Policyholder, but the complete security cession will take precedence over the nomination of beneficiaries;
3. Until the cancellation of the complete security cession by the cessionary, no changes may be made to the benefits or products. Declared annual increases in products or benefits will however continue, unless the policyholder specifically requested declared annual increases to cease when the **Complete Security Cession Notification Form** was completed.

If the security cessionary informs PPS Insurance of the cancellation of a security cession in writing and PPS Insurance is informed as aforesaid before the insured event occurred:

1. PPS Insurance will issue a new Policy Certificate on which the security cessionary will no longer be reflected as a security cessionary.
2. The rights of the security cessionary will terminate.

17. CHANGE OF OCCUPATION

The Policyholder will inform PPS Insurance in writing of a change in the life insured's occupation; or if the life insured is no longer substantially practising the occupation reflected on the latest Policy Certificate issued by PPS Insurance, within 30 days from the date on which the life insured changed his occupation or no longer substantially practices the occupation reflected on the latest Policy Certificate issued by PPS Insurance.

PPS Insurance is entitled, in its sole discretion:

- to cancel the PPS Provider™ Policy or products or benefits there under from the end of the month during which the life insured's occupation changed or the life insured no longer substantially practices the occupation reflected on the latest Policy Certificate issued by PPS Insurance. If PPS Insurance cancels the PPS Provider™ Policy or benefits there under, PPS Insurance will return all premiums paid from the date of cancellation, but PPS Insurance will be entitled to deduct all costs incurred as a result of the Policyholder's failure to inform PPS Insurance as aforesaid before refunding the premiums.
- to review the terms of the products or benefits granted from the end of the month during which the life insured's occupation changed or the life insured no longer substantially practices the occupation reflected on the latest Policy Certificate issued by PPS Insurance. If PPS Insurance changes the terms or the benefits, PPS Insurance will inform the Policyholder of the new terms and a new Policy Certificate reflecting the new terms will be issued.

18. CHANGES IN SMOKING STATUS

Premiums may be paid on smoking or non-smoking rates depending on the smoking status of the life insured. The smoking status of the life insured is reflected on the latest Policy Certificate issued by PPS Insurance.

A Policyholder who is paying a premium based on smoking rates may apply to PPS Insurance to pay a premium as a non-smoker provided that:

- The life insured undergoes a cotinine test at the time of applying for any cover or increased cover confirming his status as a non-smoker; and
- After a waiting period of twelve months a further cotinine test performed on the life insured confirms his status as a non-smoker.
- The life insured may be obliged to undergo a further cotinine test at the time of making any claim.
- The premium will revert to smoker rates from the beginning of any month in which the life insured starts smoking again.

PPS Insurance may allow the change of the premium based on smoking rates to a premium based on non-smoking rates in its sole discretion and upon terms and conditions as determined by PPS Insurance from time to time.

The Policyholder must inform PPS Insurance in writing if the life insured starts smoking.

The Policyholder warrants that the life insured will be a non-smoker as long as premiums are paid on non-smoking rates.

PPS Insurance is entitled to review the terms of the policy if the life insured starts smoking.

19. MATERIAL NON-DISCLOSURES and MISREPRESENTATIONS

If the Policyholder made any representation to PPS Insurance which representation is not true in all respects; or if the Policyholder failed to disclose any information to PPS Insurance, which information materially affected the assessment of the risk by PPS Insurance at the time of the issue or at the time of any variation of the policy, PPS Insurance may in its discretion:

- terminate from the date of such misrepresentation or from any date thereafter, this PPS Provider™ Policy or terminate the products or benefits to which such misrepresentation relates or exclude from such cover any product or benefit to which the misrepresentation relates; or
- impose any additional premium, limitation or condition which it could have imposed had such misrepresentation not been made with effect from such date as PPS Insurance may determine.

The Policyholder has an obligation to disclose all material information. If there has been a deterioration in the state of health of the life insured between the date of his application for any products or benefits in terms of the PPS

Provider™ Policy and the date on which the entitlement to the product or benefit commences, the policyholder must advise PPS Insurance in writing of such a deterioration of health, upon which PPS Insurance will be entitled in its absolute discretion, to re-assess the risk and the conditions upon which the cover was granted.

A representation or non-disclosure shall be regarded as material if a reasonable, prudent person would consider that the particular information constituting the representation or which was not disclosed, as the case may be, should have been correctly disclosed to PPS Insurance so that PPS Insurance could form its own view as to the effect of such information on the assessment of the relevant risk.

PPS Insurance will adjust the product and / or benefit if the life insured's date of birth was misrepresented to PPS Insurance. The adjusted product and / or benefit will be equal to that which could have been secured by the premiums paid, if the correct age was disclosed. If the product and / or benefit would not have been granted had the life insured's correct age been disclosed, PPS Insurance will cancel the product and / or benefit from inception. Upon cancellation as aforesaid, PPS Insurance will return the premiums from the date of cancellation after deducting all costs and expenses incurred by PPS Insurance.

The Policyholder has a continuous duty of good faith whenever dealing with PPS Insurance for the duration of this policy. PPS Insurance will be entitled to cancel the policy, products or benefits from inception if the policyholder breaches this duty of good faith in any way.

20. PREMIUMS

The premium initially payable by the Policyholder in respect of the products and benefits selected by the Policyholder is reflected in the latest Policy Certificate issued by PPS Insurance.

The premium pattern can be:

- **Age Related:** the premiums increase each year on the 1st of the month following the life insured's birthday or on such a date or intervals as determined by PPS. The increases may follow the underlying risk curve applicable to the benefits as determined by PPS Insurance in its sole discretion or may be a pre-determined percentage increase. The pre-determined increases are reflected on the latest Policy Certificate issued by PPS Insurance.

- **PPS Whole Life:** the premiums increase each year on the 1st of the month following the life insured's birthday. The percentage increases pre-retirement are based on PPS Insurance's expectation of a typical professional's likely earnings progression pre-retirement, and for post-retirement are based on current expectations of inflation. The percentage increases combine initial affordability (where earnings increases at younger ages are low) with subsequent increases in the professional's significant earning years, which allows PPS Insurance to restrict post-retirement premium increases to be more closely aligned to current expectations of inflation, rather than the underlying risk curve increases. The percentage increases are determined by PPS Insurance in its sole discretion. This premium pattern is applicable to whole life benefits.

- **Level:** a level premium pattern may be selected on certain products. The premium pattern selected is reflected on the latest Policy Certificate issued by PPS Insurance.

The premium pattern applicable to the respective products or benefits is reflected on the latest Policy Certificate issued by PPS Insurance.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

The premium rates are not guaranteed and may be revised from time to time at the discretion of PPS Insurance. Policyholders will be given notice in advance of any changes to the premiums.

Premiums are payable monthly, quarterly, semi-annually or annually in advance. For products and / or benefits that the policyholder had on or before 1 June 2010, a discount of 5% will be granted on premiums paid twelve months in advance and a discount of 2.5% will be granted on premiums paid six months in advance.

A premium will be regarded as being paid once PPS Insurance's bank account has been credited and provided that payment is not subsequently reversed.

Subject to the provisions of paragraphs 24.1 and 24.2 of this Policy Document, all products and benefits in terms of this PPS Provider™ Policy are suspended until PPS Insurance receives the first premium payable in respect of that benefit.

Premiums shall be paid on or before the fifteenth day of the month in which the premium is payable.

PPS Insurance will inform the Policyholder of a premium default if the premiums are not paid on the due date. If the premiums are not paid within sixty days from the due date PPS Insurance will calculate the remaining value of such a Policyholder's Provider™ Policy (if any), in accordance with the rules prescribed by PPS Insurance subsequent to the relevant provisions of the Long-Term Insurance Act No. 52 of 1998, as substituted and/or amended from time to time, and will deal with such a Policyholder's policy, product or benefit accordingly. In the event that the Policyholder's Provider™ Policy has no remaining value, or in the event that the remaining value is insufficient as determined with reference to the prescribed rules, PPS Insurance will cancel the policy, product or benefit in respect of which the premium is outstanding and no further benefits in terms of the cancelled policy, product or benefit will be available to the Policyholder.

If, within three calendar months after the date of cancellation of the policy, product or benefit by PPS Insurance due to the non-payment of premiums, the Policyholder applies to PPS Insurance in the manner prescribed by PPS Insurance for the policy, product or benefit to be reinstated, PPS Insurance may at its discretion and on receipt of such medical evidence as it may require, reinstate the policy, product or benefit from the date of cancellation or any subsequent date subject to such conditions as it may determine.

Premiums may be paid on smoking or non-smoking rates depending on the smoking status of the life insured. Please refer to the section titled CHANGES IN SMOKING STATUS.

Premiums are payable until the termination of the policy, product or benefit in respect of that premium. Premiums will remain payable even in the event of a claim being admitted in respect of a benefit, unless the PPS Provider™ Policy specifically states that no further premiums will be payable by the policyholder or PPS Insurance informs the policyholder in writing that no further premiums are payable.

Temporary Cessation of Payment of Premiums

The Policyholder may be entitled to a temporary cessation of payment of premiums in respect of premiums for the SICKNESS AND PERMANENT INCAPACITY BENEFIT; TERM CRITICAL ILLNESS COVER (which includes CATCHALL and PREGNANCY COMPLICATIONS COVER), WHOLE LIFE CRITICAL ILLNESS COVER (which includes CATCHALL and PREGNANCY COMPLICATIONS COVER), TERM PPS CRITICAL ILLNESS COVER with CORE 100% COVER (which includes CATCHALL and PREGNANCY COMPLICATIONS COVER), WHOLE LIFE PPS CRITICAL ILLNESS COVER with CORE 100% COVER (which includes CATCHALL and PREGNANCY COMPLICATIONS COVER), TERM PPS CRITICAL ILLNESS COVER with CI 100% COVER (which includes CATCHALL and PREGNANCY COMPLICATIONS COVER), WHOLE LIFE PPS CRITICAL ILLNESS COVER with CI 100% COVER (which includes CATCHALL and PREGNANCY COMPLICATIONS COVER), DISABILITY COVER and/ or the OSRB DISABILITY COVER.

A policyholder who has paid premiums for at least three months can apply to PPS Insurance in writing in the manner prescribed by PPS Insurance for a temporary cessation of payment of premiums prior to the cessation of premiums. PPS Insurance will inform the policyholder in writing whether it will allow a temporary cessation of premiums. PPS Insurance will not allow a temporary cessation of premiums during any period when the policy is ceded.

A policyholder can apply to PPS Insurance in writing in the manner prescribed by PPS Insurance for an extension of the abovementioned period at least 2 months before the end of the expiry of the period. PPS Insurance will inform the policyholder in writing whether it will allow an extension of the temporary cessation of payment of premiums.

In exercising its discretion, PPS Insurance may from time to time impose and amend the conditions upon which any temporary cessation of payment of premiums will be granted or extended including conditions relating to the period or maximum period or any extension thereof, the manner of application for such indulgence, the requirements of PPS Insurance as to medical and financial underwriting prior to resumption of payment of premiums, the amount of premiums to be paid on resumption thereof, the total number of periods of temporary cessation permitted during the period of the policy and the premiums to which the indulgence applies.

The policyholder may in the absolute discretion of PPS Insurance retain his benefit for a period not exceeding 12 months without payment of premiums in respect of such period provided that all premiums due up to the commencement of the period have been paid. An insured event that occurs during this period, and the three months following the expiry of such period, will be excluded.

If the policyholder wishes to reduce the period of the cessation of premiums after PPS Insurance agreed to the temporary cessation in writing, PPS Insurance may at its discretion and on receipt of such medical evidence as it may require, reduce the period of cessation of premiums subject to such conditions and terms as it may determine. The aforementioned conditions and terms may include loadings or exclusions.

21. THE CLAIMS PROCESS

The benefits in terms of the PPS Provider™ Policy will be paid once the Policyholder has complied with PPS Insurance's claims requirements, PPS Insurance are in receipt of all the information requested by PPS Insurance to assess the claim, PPS Insurance is satisfied that the insured event occurred and PPS Insurance has established that the person claiming the benefits is entitled thereto. PPS Insurance may request all information and evidence which it considers necessary to determine the admissibility and amount of the claim. This may include but is not limited to the completion of forms and obtaining of reports.

Claims for benefits in terms of the PPS Provider™ Policy must be submitted to PPS Insurance in writing on a PPS Insurance claim form. Claim forms can be obtained from PPS Insurance. Please refer to the section titled LATE SUBMISSION OF CLAIMS.

PPS Insurance reserves the right to have the life insured medically examined, by medical advisers or other suitably qualified persons appointed by PPS Insurance, to determine the validity of the claim. If the life insured fails to undergo the medical examination PPS Insurance will not pay benefits in respect of the claim.

PPS Insurance is entitled to deduct from any benefits payable in terms of this policy any sum or sums owing by the Policyholder to PPS Insurance.

Unclaimed Benefits

In the event that the policyholder becomes entitled to payment of any benefits in terms of the PPS Provider Policy PPS Insurance will attempt to contact the policyholder in order to obtain instructions in respect of the bank account into which the benefits should be paid, should the bank account details not have been provided. In the event that PPS Insurance, despite its reasonable efforts to contact the policyholder, is unsuccessful in obtaining instructions from the policyholder as aforesaid any PPS Profit-Share Account benefits will be paid into the bank account from which the premiums in respect of the PPS Provider benefits were being paid at the time that the PPS Profit-Share Account benefits first became due to the policyholder (the premium paying account). All other benefits will be deemed to be unclaimed benefits and will not be paid out until PPS received clear instructions on payment from the policyholder or beneficiaries, as the case may be. PPS will comply with the Association for Savings and Investment SA (ASISA's) prescribed tracing process in its attempts to procure instructions from the policyholder or beneficiaries, as the case may be.

ASISA's prescribed tracing process for unclaimed benefits involves, amongst other things, the following:

- PPS Insurance will attempt to contact the policyholder in order to advise him of the available benefits;
- In the event that PPS Insurance is unsuccessful in its initial efforts to contact the policyholder PPS Insurance will use reasonable efforts to determine the last known contact information and address of the policyholder by utilising the PPS Insurance internal database. Where appropriate PPS Insurance will also use reasonable efforts to compare the policyholder's contact information as it appears on the PPS Insurance database with information on an external database or databases;
- In the event that PPS Insurance is still unsuccessful in its efforts to contact the policyholder an external tracing company will be employed to trace the policyholder;
- Any direct administrative-, tracing- and management costs Incurred by PPS Insurance after a period of 6 months from the date on which the benefits first became due to the policyholder will be charged against the remaining value of the unclaimed benefits. These costs may change from time to time and will be published in the annual correspondence that PPS Insurance sends to all of its policyholders every year;
- PPS Insurance will cease all attempts to trace the policyholder in the event that the remaining value of the unclaimed benefits is less than the minimum value prescribed by ASISA from time to time (R 1000. 00 as at 1 June 2013) and the costs of tracing exceed the benefits of tracing.

It is the policyholder's responsibility to ensure that his personal- and contact particulars, as reflected on the latest Policy Certificate issued by PPS Insurance, is correct. If this is not the case, or in the event that the policyholder's personal- and/or contact particulars change, it is the policyholder's responsibility to inform PPS Insurance in writing of the incorrect particulars or the change in particulars, as the case may be. PPS Insurance will not accept any responsibility for any loss, damages or inconvenience suffered by the policyholder, howsoever caused, as a direct or indirect result of incorrect personal- and/or contact particulars.

22. LATE SUBMISSION OF CLAIMS

Claims for benefits in terms of the PPS Provider™ Policy should be submitted as soon as possible after the occurrence of the event that gave rise to the claim in order to ensure efficient claims processing. A claim is submitted when PPS Insurance is in receipt of a duly completed PPS Insurance Claim Form. Claims submitted to PPS Insurance after the expiry of six months from the occurrence of the event giving rise to the claim will not be paid by PPS Insurance unless PPS Insurance is satisfied that the failure to submit the claim within the prescribed 6 months were unavoidable in the circumstances of the case.

23. LOADINGS AND EXCLUSIONS

Specific Underwriting Exclusions and Loadings

On application for any benefit or additional benefits in terms of the PPS Provider™ Policy, PPS Insurance will be entitled to add premium loadings and / or exclude any benefits.

PPS Insurance will not pay a claim for any benefit, if the claim falls within one of the excluded events.

Specific underwriting exclusions are reflected on the latest Policy Certificate issued by PPS Insurance.

Standard Exclusions

No benefits will be paid in terms of the PROFESSIONAL DISABILITY BENEFIT, OSRB PROFESSIONAL DISABILITY BENEFIT, DISABILITY COVER, SEVERE ILLNESS BENEFIT, OSRB DISABILITY COVER, TERM CRITICAL ILLNESS COVER , WHOLE LIFE CRITICAL ILLNESS COVER, TERM ACCELERATED CRITICAL ILLNESS COVER, WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT, TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER, WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER, TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER, WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER, ACCELERATED CATCHALL COVER, TERM PPS CRITICAL ILLNESS COVER with CORE 100% COVER, WHOLE LIFE PPS CRITICAL ILLNESS COVER with CORE 100% COVER, TERM PPS CRITICAL ILLNESS COVER with CI 100% COVER, WHOLE LIFE PPS CRITICAL ILLNESS COVER with CI 100% COVER, ACCIDENTAL DEATH BENEFIT, PREGNANCY COMPLICATIONS COVER, CATCHALL COVER, TERMINAL ILLNESS BENEFIT, SICKNESS BENEFIT, PERMANENT INCAPACITY BENEFIT, ADMISSION RIDER BENEFIT FAMILY RESPONSIBILITY RIDER BENEFIT, EDUCATION COVER BENEFIT AND PERMANENT INCAPACITY BOOSTER BENEFIT if a claim for benefits arose directly or indirectly from any of the following events:

1. deliberate involvement of the life insured in war, invasion, hostility, civil war, rebellion, act of foreign enemy, warlike operations and accidental or deliberate explosion of weapons of war, during war or as a result of previous war;
2. deliberate involvement of the life insured in terrorism, sabotage, or other acts involving violence or the use of force or not, which acts, from its nature or context are done in connection with political, social, religious, ideological or similar causes or objectives;
3. deliberate involvement in strikes, labour disturbances, riots and civil commotion;
4. atomic energy, nuclear fission or reaction;
5. directly or indirectly attributable to, continued by or aggravated by excessive indulgence in liquor or drugs, immorality or disorderly conduct;
6. directly or indirectly attributable to, continued by or aggravated by intentionally self-inflicted or intentionally self-induced events, circumstances, disease, illness, injury or disability.
7. the result of the consumption of a poisonous substance that would be known by a reasonable person to be harmful;
8. due to an act committed by the life insured that constitutes a breach of any law.

No benefits will be paid in terms of the TERM LIFE COVER or WHOLE LIFE COVER (which includes the IMMEDIATE NEEDS BENEFIT) or EDUCATION COVER if the death of the life insured is the result of suicide, while sane or insane, committed within 24 months after either the date of commencement or, where applicable, the date of reinstatement of cover or in the event of the execution of the death sentence on account of an offence committed before or within 24 months after commencement or reinstatement of cover.

No benefits for the increased Sum Assured will be paid in terms of the TERM LIFE COVER or WHOLE LIFE COVER (which includes the IMMEDIATE NEEDS BENEFIT) if the death of the life insured is the result of suicide, while sane or insane, committed within 24 months after the commencement of the increase of the Sum Assured, or in the event of the execution of the death sentence on account of an offence committed before or within 24 months after commencement of the increase of the Sum Assured.

No benefits will be paid in respect of any products or benefits if the insured event occurred during a period of Temporary Cessation of Payment of Premiums and the three months following the expiry of such period (Please refer to the section titled PREMIUMS).

There may be other exclusions applicable to specific products or benefits in terms of the PPS Provider™ Policy. Please refer to the specific products and benefits in this regard.

The life insured is not restricted in regard to travel or residence or participating in hazardous pursuits.

BENEFITS IN TERMS OF THE PPS PROVIDER™ POLICY

24. OVERVIEW

This PPS Provider™ Policy contains comprehensive information regarding all the products and benefits available in terms of the PPS Provider™ Policy. Details of the products and benefits applicable to the Policyholder are reflected in the latest Policy Certificate issued by PPS Insurance. Subject to the provisions of paragraphs 24.1 and 24.2 of this Policy Document, the Policyholder is only entitled to the products and benefits reflected in the latest Policy Certificate issued by PPS Insurance. If a product or benefit is not reflected in the latest Policy Certificate issued by PPS Insurance, the Policyholder will not be entitled to such product or benefit.

The following PRODUCTS are available in terms of the PPS Provider™ Policy:

- THE PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT
- THE PPS ACCIDENTAL DEATH PRODUCT
- THE PPS CRITICAL ILLNESS COVER PRODUCT
- THE PPS PROFESSIONAL DISABILITY PROVIDER™ PRODUCT
- THE SICKNESS AND PERMANENT INCAPACITY BENEFIT
- THE PPS KICKSTART PACKAGE
- THE PPS EDUCATION COVER™ PRODUCT
- Automatically included in the PPS Provider™ Policy: THE PPS PROFIT-SHARE ACCOUNT™

The following BENEFITS are available in terms of the PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT:

- TERM LIFE COVER, which automatically includes:
  - TERMINAL ILLNESS BENEFIT
  - IMMEDIATE NEEDS BENEFIT
- WHOLE LIFE COVER, which automatically includes:
  - TERMINAL ILLNESS BENEFIT
  - IMMEDIATE NEEDS BENEFIT
- Optional rider: ACCIDENTAL DEATH BENEFIT
- Optional rider: PROFESSIONAL DISABILITY BENEFIT
- Optional rider: PROFESSIONAL DISABILITY BENEFIT with Occupation Specific Rider Benefit™ (OSRB PROFESSIONAL DISABILITY BENEFIT)
- Optional rider: TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT
- Optional rider: WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT
- Optional rider: TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER
- Optional rider: WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER
- Optional rider: TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER
- Optional rider: WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER
- Optional rider: ACCELERATED CATCHALL COVER

The following BENEFITS are available in terms of the PPS ACCIDENTAL DEATH PRODUCT:

- ACCIDENTAL DEATH BENEFIT

The following BENEFITS are available in terms of the PPS CRITICAL ILLNESS COVER PRODUCT:

- TERM CRITICAL ILLNESS COVER
- WHOLE LIFE CRITICAL ILLNESS COVER
- TERM PPS CRITICAL ILLNESS COVER with CORE 100% COVER
- WHOLE LIFE PPS CRITICAL ILLNESS COVER with CORE 100% COVER
- TERM PPS CRITICAL ILLNESS COVER with CI 100% COVER
- WHOLE LIFE PPS CRITICAL ILLNESS COVER with CI 100% COVER

- Optional rider: CATCHALL COVER
- Optional rider: PREGNANCY COMPLICATIONS COVER

The following BENEFITS are available in terms of the PPS PROFESSIONAL DISABILITY PROVIDER™ PRODUCT:

- DISABILITY COVER
- DISABILITY COVER with Occupation Specific Rider Benefit™ (OSRB DISABILITY COVER)
- SEVERE ILLNESS BENEFIT

The PPS KICKSTART PACKAGE consists of the following BENEFITS:

- ACCIDENTAL DEATH BENEFIT
- SICKNESS BENEFIT

The following BENEFITS are available in terms of the PPS EDUCATION COVER™ PRODUCT:

- WHOLE LIFE DEATH COVER
- WHOLE LIFE DEATH AND DISABILITY COVER
- WHOLE LIFE DEATH, DISABILITY AND SEVERE ILLNESS COVER
- Optional rider: PRE-SCHOOL BENEFIT
- Optional rider: EXTRA BENEFIT
- Optional rider: SCHOOL TRIPS BENEFIT
- Optional rider: MATRIC BENEFIT
- Optional rider: MY FIRST CAR BENEFIT

24.1 THE IMMEDIATE COVER BENEFIT

Notwithstanding anything else contained in this Policy Document PPS shall, where a policyholder (the term "policyholder" shall for the purpose of this clause 24.1 also include a prospective policyholder) has applied for life cover under the PPS Professional Life Provider product or the PPS Accidental Death product, pay the life cover sum assured to the policyholders' nominated beneficiaries in the event of a valid claim even though PPS has not yet granted the benefits applied for or issued a Policy Certificate in respect of such benefits.

The benefit will be paid to the beneficiaries nominated by the policyholder on his application form, or failing this to his estate.

Commencement
Cover in terms of the Immediate Cover Benefit will commence on the date that the policyholder submits a duly completed and signed application form for the PPS Professional Life Provider product or the PPS Accidental Death product to PPS Insurance, and the application form is recorded by the PPS Insurance Head Office in its records.

Termination
The Immediate Cover Benefit will end automatically on the first of the following events occurring:

- The date on which PPS communicates its underwriting decision in respect of the PPS Professional Life Provider product or the PPS Accidental Death product to the policyholder; or
- After a period of 30 (thirty) days has elapsed from the date on which the PPS Insurance Head Office recorded the duly completed and signed application form in its records.

Sum Assured
The sum assured in terms of the Immediate Cover Benefit shall in all instances be limited to the lesser amount of the life cover applied for in terms of the PPS Professional Life Provider product or the PPS Accidental Death product, and the maximum Accidental Death benefit sum assured as determined and published by PPS from time to time (R 2 528 731 as at 1 September 2013).

Conditions
A policyholder will only qualify for the Immediate Cover Benefit if **all** of the following conditions are met:

- The policyholder (life insured) is under the age of 62 (actual age) at the date when the application for the PPS Professional Life Provider product or the PPS Accidental Death product is recorded by the PPS Insurance Head Office in its records; and
- Provision is made by the policyholder, to the satisfaction of PPS, for the payment of the first premium in respect of the PPS Professional Life Provider product or the PPS Accidental Death product. The first premium will be deducted from the sum assured before any payment is made to a deceased policyholders' beneficiaries or to his estate; and

- PPS will only make payment in respect of the Immediate Cover Benefit if the death of the policyholder (life insured) was as a result of an accident as defined in paragraphs 29 and 39 of this Policy Document.

Exclusions
All of the standard exclusions listed in paragraph 23 of this Policy Document shall apply in respect of the Immediate Cover Benefit. In addition any exclusions applicable to the Accidental Death Benefit in paragraphs 29 and 39 of this Policy Document shall also apply to the Immediate Cover Benefit.

24.2 THE FREE COVER BENEFIT

Notwithstanding anything else contained in this Policy Document PPS shall, where a policyholder (the term "policyholder" shall for the purpose of this clause 24.2 also include a prospective policyholder) has applied for any of the products or benefits in terms of this PPS Provider Policy (with the exception of products or benefits with an initial waiting period) pay the sum assured in terms of the relevant product or benefit to the policyholder or his nominated beneficiaries, whichever is applicable, in the event of a valid claim even though PPS has not yet received the first premium in respect of the relevant product or benefit.

Commencement
Cover in terms of the Free Cover Benefit will commence on the latest of the following dates:

- The date of underwriting acceptance by PPS; or
- 30 (thirty) days prior to the inception date selected by the policyholder in the relevant application form for the product or benefit, provided that underwriting acceptance has taken place.

For the purpose of this paragraph 24.2 the term "underwriting acceptance" shall mean one of the following:

- The date on which PPS communicates its decision to accept the product or benefit applied for, free from any encumbrances (premium loadings and/or cover exclusions), to the policyholder; or
- The date on which PPS communicates its counter-offer in respect of the products or benefits applied for to the policyholder. The Free Cover Benefit will cease in the event that the policyholder rejects PPS' counter-offer.

Termination
The Free Cover Benefit will end automatically on the inception date of the relevant product or benefit as indicated in the latest Policy Certificate issued by PPS. In the event that the policyholder requests PPS to move the inception date to a later date, the Free Cover Benefit will cease immediately.

Sum Assured
The sum assured in terms of the Free Cover Benefit shall be the sum assured of the product or benefit to which the Free Cover Benefit applies.

Conditions
A policyholder will only qualify for the Free Cover Benefit if **all** of the following conditions are met:

- The policyholder (life insured) is under the age of 62 (actual age) at the date when the application for the relevant product or benefit is recorded by the PPS Insurance Head Office in its records; and
- Provision is made by the policyholder, to the satisfaction of PPS, for the payment of the first premium in respect of the relevant product or benefit. The first premium will be deducted from the sum assured of the relevant product or benefit before any payment is made to the policyholder, a deceased policyholders' beneficiaries or to his estate; and
- The policyholder has a duty to inform PPS of any deterioration in the state of health of the policyholder (life insured) between the date of his application for the relevant product or benefit and the date of underwriting acceptance; and
- The normal requirements applicable to the particular product or benefit, as outlined in this Policy Document, shall apply to any claim submitted in terms of the Free Cover Benefit.

Exclusions
All of the standard exclusions listed in paragraph 23 of this Policy Document, as well as any standard exclusions applicable to the specific product or benefit, shall apply in respect of the Free Cover Benefit. In addition any specific underwriting exclusions imposed by PPS underwriting on the relevant product or benefit shall apply in respect of the Free Cover Benefit.

24.3 THE PPS KICKSTART PACKAGE

Notwithstanding anything else contained in this Policy Document, anyone under the age of 33 who is eligible for PPS Membership or Student Membership may apply for cover under the PPS KickStart Package.

Commencement and Termination
The benefits will commence on the date of application (free cover applicable) and the Sickness benefit (described in the Sick Pay Benefit section in 51. SICKNESS AND PERMANENT INCAPACITY) will end at the end of the month in which the member turns 34 actual age (35 next). Members who are claiming Sickness at this time will only be paid up to the end of the month in which they turn 34 actual age (35 next).

The Accidental Death Benefit (described in 39. ACCIDENTAL DEATH BENEFIT) will continue to actual age 79 (80 next). If a Student Member fails to complete their four year degree before the age of 34, their student membership together with all benefits in force will automatically be cancelled at the end of the month in which they turn 34.

Sum Assured
Accidental Death Cover of R200 000, 00 which may be increased up to the normal maximum cover amount, but may not be reduced to below R200 000, 00 and Monthly Sickness Benefit

Cover of R2 000, 00 based on 187 Supplementary A Units of Benefit.

Members or Student Members who purchase the PPS KickStart Package will qualify for Annual Automatic Benefit Increases, but will not otherwise be able to increase Sickness cover.

Conditions
All of the standard exclusions listed in paragraph 23 of this Policy Document, as well as any standard exclusions applicable to the specific product or benefit shall apply and although no medical underwriting is required for the PPS KickStart Package, a pre-existing condition exclusion will be applied to the Sickness Benefit.

A member or student member may not have the PPS KickStart Package together with any other PPS benefits. In order to apply for other PPS Benefits the PPS KickStart Package will have to be cancelled.

25. TERM LIFE COVER

If the life insured dies during the benefit term, PPS Insurance will pay the Sum Assured due in respect of the TERM LIFE COVER.

The Sum Assured will be reduced by the amount for which PPS Insurance has admitted liability with respect to the following benefits:

- TERMINAL ILLNESS BENEFIT automatically included in the TERM LIFE COVER; and
- IMMEDIATE NEEDS BENEFIT automatically included in the TERM LIFE COVER; and
- PROFESSIONAL DISABILITY BENEFIT that is linked to the TERM LIFE COVER; and
- OSRB PROFESSIONAL DISABILITY BENEFIT that is linked to the TERM LIFE COVER; and
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT that is linked to the TERM LIFE COVER; and
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER that is linked to the TERM LIFE COVER; and
- TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER that is linked to the TERM LIFE COVER; and
- ACCELERATED CATCH ALL COVER that is linked to the TERM LIFE COVER.

After the reduction of the Sum Assured of the TERM LIFE COVER as aforesaid, the premium payable in respect of the reduced TERM LIFE COVER will be reduced or, where the Sum Assured is reduced to R0, TERM LIFE COVER will automatically end.

The TERM LIFE COVER will commence on the commencement date reflected on the Policy Certificate.

The TERM LIFE COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured attains the age of 66 years; or
- The date selected by the Policyholder for termination of the TERM LIFE COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance; or
- Reduction of the Sum Assured to R0 due to payment of the abovementioned linked or included benefits.

The Policyholder can at any time, but at least 2 months prior to the date selected by the Policyholder for termination of the TERM LIFE COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance, apply to PPS Insurance in writing in the manner prescribed by PPS Insurance for the TERM LIFE COVER to be changed to WHOLE LIFE COVER. The conversion of the TERM LIFE COVER to WHOLE LIFE COVER will be at the discretion of PPS Insurance and if granted will be on the conditions and terms imposed by PPS Insurance.

Sum Assured

The Sum Assured in respect of the TERM LIFE COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is entitled to apply to PPS Insurance for the Sum Assured to be increased. The Sum Assured will be increased subject to the acceptance of the application to increase the Sum Assured by PPS Insurance and subject to the requirements and conditions imposed by PPS Insurance. An application to increase the Sum Assured must be made in writing in the manner prescribed by PPS Insurance.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting period

There is no waiting period in respect of TERM LIFE COVER.

Increase in premiums

The premium pattern is reflected on the latest Policy Certificate issued by PPS Insurance.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The

premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

26. WHOLE LIFE COVER

If the life insured dies during the benefit term, PPS Insurance will pay the Sum Assured due in respect of the WHOLE LIFE COVER.

The Sum Assured will be reduced by any amount for which PPS Insurance has admitted liability with respect to the following benefits:

- TERMINAL ILLNESS BENEFIT automatically included in the WHOLE LIFE COVER; and
- IMMEDIATE NEEDS BENEFIT automatically included in the WHOLE LIFE COVER; and
- PROFESSIONAL DISABILITY BENEFIT that is linked to the WHOLE LIFE COVER; and
- OSRB PROFESSIONAL DISABILITY BENEFIT that is linked to the WHOLE LIFE COVER; and
- WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT that is linked to the WHOLE LIFE COVER; and
- WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% Cover that is linked to the WHOLE LIFE COVER; and
- WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% Cover that is linked to the WHOLE LIFE
- ACCELERATED CATCHALL COVER that is linked to the WHOLE LIFE COVER.

After the reduction of the Sum Assured of the WHOLE LIFE COVER as aforesaid, the premium payable in respect of the reduced WHOLE LIFE COVER will be reduced or, where the Sum Assured is reduced to R0, WHOLE LIFE COVER will automatically end.

The WHOLE LIFE COVER will commence on the commencement date reflected on the Policy Certificate.

The WHOLE LIFE COVER will cease automatically on the first of the following events occurring;

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- Reduction of the Sum Assured to R0 due to payment of the abovementioned linked or included benefits.

Sum Assured

The Sum Assured in respect of the WHOLE LIFE COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is entitled to apply to PPS Insurance for the Sum Assured to be increased. The Sum Assured will be increased subject to the acceptance of the application to increase the Sum Assured by PPS Insurance and subject to the requirements of and conditions imposed by PPS Insurance. An application to increase the Sum Assured must be made in writing in the manner prescribed by PPS Insurance.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting period

There is no waiting period in respect of WHOLE LIFE COVER.

Increase in premiums

The premium pattern is reflected on the latest Policy Certificate issued by PPS Insurance.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

27. TERMINAL ILLNESS BENEFIT

The TERMINAL ILLNESS BENEFIT is part of the TERM LIFE COVER and / or WHOLE LIFE COVER ("LIFE COVER"). The TERMINAL ILLNESS BENEFIT is automatically included in the LIFE COVER and no premium is payable in respect of the TERMINAL ILLNESS BENEFIT.

The TERMINAL ILLNESS BENEFIT will commence and cease on the same date as the LIFE COVER which it forms part of.

If the life insured is diagnosed with a terminal illness which results in the life insured being likely, in the opinion of PPS Insurance, to have less than 12 months to live, PPS Insurance will pay the Sum Assured in respect of the TERMINAL ILLNESS BENEFIT.

Following one successful claim for a TERMINAL ILLNESS BENEFIT no further claims for a TERMINAL ILLNESS BENEFIT will be allowed.

The LIFE COVER will be reduced by the amount paid in terms of the TERMINAL ILLNESS BENEFIT. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced.

Sum Assured

The Sum Assured is 50% of the LIFE COVER benefit.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting Period
There is no waiting period in respect of the TERMINAL ILLNESS BENEFIT.

28. IMMEDIATE NEEDS BENEFIT

The IMMEDIATE NEEDS BENEFIT is part of the TERM LIFE COVER and / or WHOLE LIFE COVER ("LIFE COVER"). The IMMEDIATE NEEDS BENEFIT is automatically included in the LIFE COVER and no premium is payable in respect of the IMMEDIATE NEEDS BENEFIT.

The IMMEDIATE NEEDS BENEFIT will commence and cease on the same date as the LIFE COVER which it forms part of as reflected on the latest Policy Certificate issued by PPS Insurance.

In terms of the IMMEDIATE NEEDS BENEFIT the Sum Assured will be paid to the beneficiary or beneficiaries nominated by the Policyholder, in accordance with the rules relating to beneficiary nominations (see section 15 above), to receive the IMMEDIATE NEEDS BENEFIT. The Sum Assured will be paid within 2 working days from the time when PPS Insurance received a valid death certificate with respect to the life insured at its Head Office.

The LIFE COVER will be reduced by the amount paid in terms of the IMMEDIATE NEEDS BENEFIT even if the person(s) to whom PPS Insurance, in good faith, made payment of the IMMEDIATE NEEDS BENEFIT was/were not in fact entitled to receive the IMMEDIATE NEEDS BENEFIT.

The payment of the IMMEDIATE NEEDS BENEFIT is no indication of the validity of any claim for LIFE COVER or the entitlement of the person(s) to whom the IMMEDIATE NEEDS BENEFIT is paid to receive any further amounts with respect to the LIFE COVER.

If, for whatever reason, the claim for LIFE COVER is not valid, PPS Insurance will be entitled to reclaim the amount paid in respect of the IMMEDIATE NEEDS BENEFIT.

Cession
Where LIFE COVER is ceded, the IMMEDIATE NEEDS BENEFIT will be suspended until the cancellation of the cession.

Sum Assured
The Sum Assured will be the lesser of the remaining LIFE COVER Sum Assured and R50 000. The R50 000 may change from time to time at the discretion of PPS Insurance.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting Period
There is no waiting period in respect of the IMMEDIATE NEEDS BENEFIT.

29. ACCIDENTAL DEATH BENEFIT

The ACCIDENTAL DEATH BENEFIT is only available to Policyholders who have either TERM LIFE COVER and / or WHOLE LIFE COVER ("LIFE COVER"). Each ACCIDENTAL DEATH BENEFIT will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured dies during the benefit term, and the death of the life insured results directly, and independently of all other causes, from:

- Bodily injury caused solely by external, violent and accidental means; or
- From accidental drowning

where:

- the death occurs less than 90 days after the bodily injury or accidental drowning occurred and
- the bodily injury or accidental drowning is not traceable, even indirectly, to the life insured's state of mental or physical health before the bodily injury or accidental drowning occurred.

PPS Insurance will pay the Sum Assured due in respect of the ACCIDENTAL DEATH BENEFIT.

The ACCIDENTAL DEATH BENEFIT will commence on the commencement date reflected on the Policy Certificate.

The ACCIDENTAL DEATH BENEFIT will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured attains the age of 66 years if the ACCIDENTAL DEATH BENEFIT is linked to TERM LIFE COVER and on the last day of the month during which the life insured attains the age of 79 years if the ACCIDENTAL DEATH BENEFIT is linked to WHOLE LIFE COVER; or
- When the Policyholder no longer has the LIFE COVER to which the ACCIDENTAL DEATH BENEFIT is linked; or
- The date selected by the Policyholder for termination of the ACCIDENTAL DEATH BENEFIT, which date is reflected in the latest Policy Certificate issued by PPS Insurance.

Sum Assured

The Sum Assured in respect of the ACCIDENTAL DEATH BENEFIT is reflected on the latest Policy Certificate issued by PPS Insurance. The Sum Assured will, subject to minimum and maximum Sums Assured allowed by PPS Insurance from time to time, be the same as the Sum Assured of the LIFE COVER to which the ACCIDENTAL DEATH BENEFIT is linked. The Sum Assured will, subject to minimum and maximum Sums Assured allowed by PPS Insurance from time to time, automatically change when the Sum Assured of the LIFE COVER to which the ACCIDENTAL DEATH BENEFIT is linked, is changed. This will result in a change to the premium.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting period

There is no waiting period in respect of ACCIDENTAL DEATH BENEFIT.

Increase in premiums

The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

30. PROFESSIONAL DISABILITY BENEFIT

The PROFESSIONAL DISABILITY BENEFIT is only available to Policyholders who have either TERM LIFE COVER and / or WHOLE LIFE COVER (“LIFE COVER”). Each PROFESSIONAL DISABILITY BENEFIT will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

The PROFESSIONAL DISABILITY BENEFIT will commence on the commencement date reflected in the latest Policy Certificate issued by PPS Insurance.

The PROFESSIONAL DISABILITY BENEFIT will cease automatically on the first of the following events occurring:

- On the last day of the month during which the life insured reaches the age of 66 years; or
- When the Policyholder no longer has the LIFE COVER to which the PROFESSIONAL DISABILITY BENEFIT is linked; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- A successful claim for a PROFESSIONAL DISABILITY BENEFIT.

The Policyholder will inform PPS Insurance in writing of a change in the life insured’s occupation. Please refer to the section titled CHANGE OF OCCUPATION.

If the life insured is disabled during the benefit term, PPS Insurance will pay the Sum Assured in respect of the PROFESSIONAL DISABILITY BENEFIT. The PROFESSIONAL DISABILITY BENEFIT will only be payable if:

- the life insured is in the opinion of PPS Insurance significantly unable to use his professional training and knowledge to carry out his own profession as well as any other profession that could be carried out by persons with similar or comparable qualifications as a result of a disease, injury or accident; and
- the disability is in the opinion of PPS Insurance permanent, significant and severe.

The LIFE COVER to which the PROFESSIONAL DISABILITY BENEFIT is linked will be reduced with the amount paid in terms of the PROFESSIONAL DISABILITY BENEFIT. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced or, where the LIFE COVER Sum Assured is reduced to R0, the LIFE COVER will automatically end.

Sum Assured

The initial Sum Assured in respect of the PROFESSIONAL DISABILITY BENEFIT is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is entitled to apply to PPS Insurance for the Sum Assured to be increased. The Sum Assured will be increased subject to the acceptance of the application to increase the Sum Assured by PPS Insurance and subject to the requirements and conditions imposed by PPS Insurance. An application to increase the Sum Assured must be made in writing in the manner prescribed by PPS Insurance.

The Sum Assured can never be more than the Sum Assured in respect of the LIFE COVER to which the PROFESSIONAL DISABILITY BENEFIT is linked. If the LIFE COVER to which the PROFESSIONAL DISABILITY BENEFIT is linked is reduced for any reason, and such reduction has the effect that the Sum Assured in respect of the PROFESSIONAL DISABILITY BENEFIT is more than the Sum Assured in respect of the LIFE COVER, the Sum Assured for the PROFESSIONAL DISABILITY BENEFIT will automatically be reduced to an amount equal to the Sum Assured in respect to the LIFE COVER and the premium payable in respect of the reduced PROFESSIONAL DISABILITY BENEFIT will be reduced.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting Period

There is no waiting period in respect of the PROFESSIONAL DISABILITY BENEFIT.

Increase in premiums

The premium pattern is reflected on the latest Policy Certificate issued by PPS Insurance.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured’s age next birthday at the time of the increase.

31. OSRB PROFESSIONAL DISABILITY BENEFIT

The PROFESSIONAL DISABILITY BENEFIT with Occupation Specific Rider Benefit™ (OSRB PROFESSIONAL DISABILITY BENEFIT) is only available to Policyholders who have either TERM LIFE COVER and / or WHOLE LIFE COVER (“LIFE COVER”). Each OSRB PROFESSIONAL DISABILITY BENEFIT will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

The OSRB PROFESSIONAL DISABILITY BENEFIT will commence on the commencement date reflected in the latest Policy Certificate issued by PPS Insurance.

The OSRB PROFESSIONAL DISABILITY BENEFIT will cease automatically on the first of the following events occurring:

- On the last day of the month during which the life insured reaches the age of 66 years; or
- When the Policyholder no longer has the LIFE COVER to which the OSRB PROFESSIONAL DISABILITY BENEFIT is linked; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- A successful claim for an OSRB PROFESSIONAL DISABILITY BENEFIT.

The Policyholder will inform PPS Insurance in writing of a change in the life insured’s occupation within 30 days from the date on which the life insured changed his occupation or no longer substantially practices the occupation reflected on the latest Policy Certificate issued by PPS Insurance. Please refer to the section titled CHANGE OF OCCUPATION.

If the life insured is disabled during the benefit term, PPS Insurance will pay the Sum Assured in respect of the OSRB PROFESSIONAL DISABILITY BENEFIT. The OSRB PROFESSIONAL DISABILITY BENEFIT will only be payable if:

- the life insured is in the opinion of PPS Insurance significantly unable to perform his own specifically nominated occupation as a result of a disease, injury or accident. The occupation nominated for this purpose is reflected in the latest Policy Certificate issued by PPS Insurance; and
- the disability is in the opinion of PPS Insurance permanent, significant and severe.

The LIFE COVER to which the OSRB PROFESSIONAL DISABILITY BENEFIT is linked will be reduced with the amount paid in terms of the OSRB PROFESSIONAL DISABILITY BENEFIT. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced or, where the LIFE COVER Sum Assured is reduced to R0, the LIFE COVER will automatically end.

Sum Assured

The initial Sum Assured in respect of the OSRB PROFESSIONAL DISABILITY BENEFIT is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is entitled to apply to PPS Insurance for the Sum Assured to be increased. The Sum Assured will be increased subject to the acceptance of the application to increase the Sum Assured by PPS Insurance and subject to the requirements and conditions imposed by PPS Insurance. An application to increase the Sum Assured must be made in writing in the manner prescribed by PPS Insurance.

The Sum Assured can never be more than the Sum Assured in respect of the LIFE COVER to which the OSRB PROFESSIONAL DISABILITY BENEFIT is linked. If the LIFE COVER to which the OSRB PROFESSIONAL DISABILITY BENEFIT is linked is reduced for any reason, and such reduction has the effect that the Sum Assured in respect of the OSRB PROFESSIONAL DISABILITY BENEFIT is more than the Sum Assured in respect of the LIFE COVER, the Sum Assured for the OSRB PROFESSIONAL DISABILITY BENEFIT will automatically be reduced to an amount equal to the Sum Assured in respect to the LIFE COVER and the premium payable in respect of the reduced OSRB PROFESSIONAL DISABILITY BENEFIT will be reduced.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting Period

There is no waiting period in respect of the OSRB PROFESSIONAL DISABILITY BENEFIT.

Increase in premiums

The premium pattern is reflected on the latest Policy Certificate issued by PPS Insurance.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase.

32. TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT is only available to Policyholders who have TERM LIFE COVER ("LIFE COVER"). Each TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT according to the Severity Level indicated in Appendix A.

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured reaches the age of 66 years; or
- When the Policyholder no longer has the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT is linked; or
- The date selected by the Policyholder for termination of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT, which date is reflected in the latest Policy Certificate issued by PPS Insurance.
- 100% of the Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT has been paid out.

The Benefits due in terms of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

More than 1 valid claim can be paid from the same or different benefit category. The benefit paid will be the Sum Assured according to the Severity Level thereof less any claims, from the same or different benefit category, previously paid.

The LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT is linked will be reduced with the amount paid in terms of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced or, where the LIFE COVER Sum Assured is reduced to R0, the LIFE COVER will automatically end.

Sum Assured

The initial Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Sum Assured can never be more than the Sum Assured in respect of the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT is linked. If the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT is linked is reduced for any reason, and such reduction has the effect that the Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT is more than the Sum Assured in respect of the LIFE COVER, the Sum Assured for the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT will automatically be reduced to an amount equal to the Sum Assured in respect to the LIFE COVER and the premium payable in respect of the reduced TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT will be reduced.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting Period
There is no initial waiting period applicable to a claim for a TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT.

Survival Period
The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's TERM ACCELERATED CRITICAL ILLNESS COVER up to a maximum of R200 000, subject to all of the requirements for TERM ACCELERATED CRITICAL ILLNESS COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

33. WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT is only available to Policyholders who have WHOLE LIFE COVER ("LIFE COVER"). Each WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT according to the Severity Level indicated in Appendix A.

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- When the Policyholder no longer has the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT is linked.
- 100% of the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT has been paid out.

The Benefits due in terms of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

More than 1 valid claim can be paid from the same or different benefit category. The benefit paid will be the Sum Assured according to the Severity Level thereof less any claims, from the same or different benefit category, previously paid.

The LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT is linked will be reduced with the amount paid in terms of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced or, where the LIFE COVER Sum Assured is reduced to R0, the LIFE COVER will automatically end.

Sum Assured
The initial Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Sum Assured can never be more than the Sum Assured in respect of the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT is linked. If the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT is linked is reduced for any reason, and such reduction has the effect that the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT is more than the Sum Assured in respect of the LIFE COVER, the Sum Assured for the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT will automatically be reduced to an amount equal to the Sum Assured in respect to the LIFE COVER and the premium payable in respect of the reduced WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT will be reduced.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting period
There is no initial waiting period applicable to a claim for a WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT.

Survival Period
The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is the PPS Whole Life premium pattern. Premiums will increase annually by a percentage on the 1st of the month following the life insured's birthday. The percentage increases are determined by PPS Insurance in its sole discretion from time to time and are based on the life insured's age next birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Child Critical Illness Benefit

The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER up to a maximum of R200 000, subject to all of the requirements for WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:

No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

34. TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is only available to Policyholders who have TERM LIFE COVER ("LIFE COVER"). Each TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER according to the Severity Level as indicated in Appendix A..

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured reaches the age of 66 years; or
- When the Policyholder no longer has the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is linked; or
- The date selected by the Policyholder for termination of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance.
- 100% of the Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER has been paid out.

The Benefits due in terms of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT are a proportion of

the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

More than 1 valid claim can be paid from the same or different benefit category. The benefit paid will be the Sum Assured according to the Severity Level thereof less any claims, from the same or different benefit category, previously paid.

The LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is linked will be reduced with the amount paid in terms of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced or, where the LIFE COVER Sum Assured is reduced to R0, the LIFE COVER will automatically end.

Sum Assured
The initial Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Sum Assured can never be more than the Sum Assured in respect of the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is linked. If the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is linked is reduced for any reason, and such reduction has the effect that the Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is more than the Sum Assured in respect of the LIFE COVER, the Sum Assured for the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will automatically be reduced to an amount equal to the Sum Assured in respect to the LIFE COVER and the premium payable in respect of the reduced TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will be reduced.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.
Please note the specific exclusions in Appendix A.

Waiting Period
There is no initial waiting period applicable to a claim for a TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER.

Survival Period
The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's TERM ACCELERATED CRITICAL ILLNESS COVER with CORE 100% COVER up to a maximum of R200 000, subject to all of the requirements for TERM ACCELERATED CRITICAL ILLNESS COVER with CORE 100% COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

35. WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is only available to Policyholders who have WHOLE LIFE COVER ("LIFE COVER"). Each WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER according to the Severity Level as indicated in Appendix A.

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- When the Policyholder no longer has the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is linked.
- 100% of the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER has been paid out.

The Benefits due in terms of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

More than 1 valid claim can be paid from the same or different benefit category. The benefit paid will be the Sum Assured according to the Severity Level thereof less any claims, from the same or different benefit category, previously paid.

The LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is linked will be reduced with the amount paid in terms of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced or, where the LIFE COVER Sum Assured is reduced to R0, the LIFE COVER will automatically end.

Sum Assured
The initial Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Sum Assured can never be more than the Sum Assured in respect of the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is linked. If the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is linked is reduced for any reason, and such reduction has the effect that the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is more than the Sum Assured in respect of the LIFE COVER, the Sum Assured for the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will automatically be reduced to an amount equal to the Sum Assured in respect to the LIFE COVER and the premium payable in respect of the reduced WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER will be reduced.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting Period
There is no initial waiting period applicable to a claim for a WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER.

Survival Period
The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER with CORE 100% COVER up to a maximum of R200 000, subject to all of the requirements for WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER with CORE 100% COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

36. TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is only available to Policyholders who have TERM LIFE COVER ("LIFE COVER"). Each TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER according to the Severity Level as indicated in Appendix A.

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured reaches the age of 66 years;
- When the Policyholder no longer has the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is linked; or
- The date selected by the Policyholder for termination of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance.
- 100% of the Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER has been paid out.

The Benefits due in terms of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be two severity levels namely:

- 100% of the Sum Assured.
- 25% of the Sum Assured.

More than 1 valid claim can be paid from the same or different benefit category. The benefit paid will be the Sum Assured according to the Severity Level thereof less any claims, from the same or different benefit category, previously paid.

The LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is linked will be reduced with the amount paid in terms of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced or, where the LIFE COVER Sum Assured is reduced to R0, the LIFE COVER will automatically end.

Sum Assured
The initial Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Sum Assured can never be more than the Sum Assured in respect of the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is linked. If the LIFE COVER to which the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is linked is reduced for any reason, and such reduction has the effect that the Sum Assured in respect of the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is more than the Sum Assured in respect of the LIFE COVER, the

Sum Assured for the TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will automatically be reduced to an amount equal to the Sum Assured in respect to the LIFE COVER and the premium payable in respect of the reduced TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will be reduced.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting Period
There is no initial waiting period applicable to a claim for a TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER.

Survival Period
The TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider^{TM} Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's TERM ACCELERATED CRITICAL ILLNESS COVER with CI 100% COVER up to a maximum of R200 000, subject to all of the requirements for TERM ACCELERATED CRITICAL ILLNESS COVER with CI 100% COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

37. WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is only available to Policyholders who have WHOLE LIFE COVER ("LIFE COVER"). Each WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will be linked to one specific LIFE COVER benefit as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER according to the Severity Level as indicated in Appendix A.

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- When the Policyholder no longer has the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is linked.
- 100% of the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER has been paid out.

The Benefits due in terms of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be two severity levels namely:

- 100% of the Sum Assured.
- 25% of the Sum Assured.

More than 1 valid claim can be paid from the same or different benefit category. The benefit paid will be the Sum Assured according to the Severity Level thereof less any claims, from the same or different benefit category, previously paid.

The LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is linked will be reduced with the amount paid in terms of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER. After the reduction of the Sum Assured of the LIFE COVER as aforesaid, the premium payable in respect of the reduced LIFE COVER will be reduced or, where the LIFE COVER Sum Assured is reduced to R0, the LIFE COVER will automatically end.

Sum Assured

The initial Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Sum Assured can never be more than the Sum Assured in respect of the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is linked. If the LIFE COVER to which the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is linked is reduced for any reason, and such reduction has the effect that the Sum Assured in respect of the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is more than the Sum Assured in respect of the LIFE COVER, the Sum Assured for the WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will automatically be reduced to an amount equal to the Sum Assured in respect to the LIFE COVER and the premium payable in respect of the reduced WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER will be reduced.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting Period
There is no initial waiting period applicable to a claim for a WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER.

Survival Period
The WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this ProviderTM Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER with CI 100% COVER up to a maximum of R200 000, subject to all of the requirements for WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER with CI 100% COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

38. ACCELERATED CATCHALL COVER

The ACCELERATED CATCHALL COVER is only available to Policyholders who have either a TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT and / or a WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT and / or a TERM ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER and / or a WHOLE LIFE ACCELERATED CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER and / or TERM CRITICAL ILLNESS COVER with CI 100% COVER and / or WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER (the "BASIC BENEFIT"). Each ACCELERATED CATCHALL COVER benefit will then be a rider benefit on one specific BASIC BENEFIT as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured is under the age of 75:
PPS Insurance will pay the Sum Assured in respect of the ACCELERATED CATCHALL COVER BENEFIT if the life insured suffers a dread disease, trauma or physical impairment pursuant to the occurrence of a serious medical or physical condition that is permanent and unlikely to change in spite of further medical or surgical treatment and results in a score of at least 5 points according to the Functional Ability table (appended hereto as Appendix C). The Benefits due in terms of the ACCELERATED CATCHALL COVER are a proportion of the Sum Assured depending on the severity of the condition as indicated in Appendix A. There shall be three severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.

If the life insured is over the age of 75:
PPS Insurance will pay the Sum Assured in respect of the ACCELERATED CATCHALL COVER BENEFIT if the life insured suffers a dread disease, trauma or physical impairment pursuant to the occurrence of a serious medical or physical condition that

- Results in impairment scoring 10 or more points according to the Functional Ability Table (appended hereto as Appendix C); and
- results in confinement to a bed or wheelchair, for lives assured older than 75; and
- is permanent and unlikely to change in spite of further medical or surgical treatment.

The ACCELERATED CATCHALL COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The ACCELERATED CATCHALL COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- If the Policyholder is no longer entitled to the BASIC BENEFIT; or
- Once 100% of the Sum Assured has been paid in terms of this benefit.

If a valid claim is submitted under the CATCHALL COVER BENEFIT for a condition that is the same or related to a claim already paid under the BASIC BENEFIT, CATCHALL COVER or PREGNANCY COMPLICATIONS COVER, the benefit payable will be the percentage benefit the life insured qualifies for in terms of the CATCHALL COVER less the percentage benefit that was already paid.

A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

Sum Assured
The Sum Assured of the ACCELERATED CATCHALL COVER benefit will always be the same as the Sum Assured in respect of the BASIC BENEFIT.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting period
There is no initial waiting period applicable to a claim for an ACCELERATED CATCHALL COVER.

Survival Period
The ACCELERATED CATCHALL COVER is paid subject to a general survival period of 14 days. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in Premiums
The premium pattern applicable to the BASIC BENEFIT will be applicable to the ACCELERATED CATCHALL BENEFIT.

The premium will increase when the Sum Assured with respect to the BASIC BENEFIT is increased.

39. ACCIDENTAL DEATH BENEFIT

If the life insured dies during the benefit term, and the death of the life insured results directly, and independently of all other causes, from:

- Bodily injury caused solely by external, violent and accidental means; or
- From accidental drowning

where:

- the death occurs less than 90 days after the bodily injury or accidental drowning occurred and
- the bodily injury or accidental drowning is not traceable, even indirectly, to the life insured's state of mental or physical health before the bodily injury or accidental drowning occurred.

PPS Insurance will pay the Sum Assured due in respect of the ACCIDENTAL DEATH BENEFIT.

The ACCIDENTAL DEATH BENEFIT will commence on the commencement date reflected on the Policy Certificate.

The ACCIDENTAL DEATH BENEFIT will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured attains the age of 79 years.

Sum Assured

The Sum Assured in respect of the ACCIDENTAL DEATH BENEFIT is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting period

There is no waiting period in respect of ACCIDENTAL DEATH BENEFIT.

Increase in premiums

The premiums are level up to age 34 whereafter premiums will escalate every 5 to 10 years in the month directly following the policyholder's birthday.

40. TERM CRITICAL ILLNESS COVER

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the TERM CRITICAL ILLNESS COVER according to the Severity Level indicated in Appendix A.

The TERM CRITICAL ILLNESS COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The TERM CRITICAL ILLNESS COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured reaches the age of 66 years; or
- The date selected by the Policyholder for termination of the TERM CRITICAL ILLNESS COVER , which date is reflected in the latest Policy Certificate issued by PPS Insurance.

The Benefits due in terms of the TERM CRITICAL ILLNESS COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

The benefit categories, including a cardiovascular benefit category, is listed in Appendix A.

The Cardiovascular benefit category includes the conditions Heart attack, Cardiac Surgery and Procedures, Cardiomyopathy and Aortic surgery. Once 100% has been claimed from the cardiovascular benefit category no further claims will be paid from this benefit category. Benefits for the cardiovascular benefit category can be claimed at any severity until 100% of the sum assured has been paid.

Claims for the other benefit categories never exhaust these benefit categories and claims for unrelated events qualifying for a claim under the same benefit category will be paid, regardless of previous payments from that benefit category.

More than 1 valid claim can therefore be paid from the same or different benefit category. The benefit paid will then differ for Related Claims and Unrelated Claims.

- Related Claims:
  A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

  The benefit paid will be the Sum Assured according to the Severity Level thereof less any Related Claims, from the same or different benefit category, previously paid.

- Unrelated Claims:
  The benefit paid will be the Sum Assured according to the Severity Level thereof (regardless of any previous claims).

The Policyholder can at any time, but at least 2 months prior to the date selected by the Policyholder for termination of the TERM CRITICAL ILLNESS COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance, apply to PPS Insurance in writing in the manner prescribed by PPS Insurance for the TERM CRITICAL ILLNESS COVER to be changed to WHOLE LIFE CRITICAL ILLNESS COVER. The conversion of the TERM CRITICAL ILLNESS COVER to WHOLE LIFE CRITICAL ILLNESS COVER will be at the discretion of PPS Insurance and if granted will be on the conditions and terms imposed by PPS Insurance, which terms will include an increase in the premiums.

Sum Assured
The Sum Assured in respect of the TERM CRITICAL ILLNESS COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is entitled to apply to PPS Insurance for the Sum Assured to be increased. The Sum Assured will be increased subject to the acceptance of the application to increase the Sum Assured by PPS Insurance and subject to the requirements of and conditions imposed by PPS Insurance. An application to increase the Sum Assured must be made in writing in the manner prescribed by PPS Insurance.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting Period
There is no initial waiting period applicable to a claim for a TERM CRITICAL ILLNESS COVER.

Survival Period
The TERM CRITICAL ILLNESS COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Temporary Cessation of Payment of Premiums
The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's TERM CRITICAL ILLNESS COVER up to a maximum of R200 000, subject to all of the requirements for TERM CRITICAL ILLNESS COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

41. WHOLE LIFE CRITICAL ILLNESS COVER

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the WHOLE LIFE CRITICAL ILLNESS COVER according to the Severity Level indicated in Appendix A.

The WHOLE LIFE CRITICAL ILLNESS COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The WHOLE LIFE CRITICAL ILLNESS COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance.

The Benefits due in terms of the WHOLE LIFE CRITICAL ILLNESS COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

The benefit categories, including a cardiovascular benefit category, is listed in Appendix A.

The Cardiovascular benefit category includes the conditions Heart attack, Cardiac Surgery and Procedures, Cardiomyopathy and Aortic surgery. Once 100% has been claimed from the cardiovascular benefit category no further claims will be paid from this benefit category. Benefits for the cardiovascular benefit category can be claimed at any severity until 100% of the sum assured has been paid.

Claims for the other benefit categories never exhaust these benefit categories and claims for unrelated events qualifying for a claim under the same benefit category will be paid, regardless of previous payments from that benefit category.

More than 1 valid claim can therefore be paid from the same or different benefit category. The benefit paid will then differ for Related Claims and Unrelated Claims.

- Related Claims:
  A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

  The benefit paid will be the Sum Assured according to the Severity Level thereof less any Related Claims, from the same or different benefit category, previously paid.

- Unrelated Claims:
  The benefit paid will be the Sum Assured according to the Severity Level thereof (regardless of any previous claims).

The Sum Assured

The Sum Assured in respect of the WHOLE LIFE CRITICAL ILLNESS COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is entitled to apply to PPS Insurance for the Sum Assured to be increased. The Sum Assured will be increased subject to the acceptance of the application to increase the Sum Assured by PPS Insurance and subject to the requirements of and conditions imposed by PPS Insurance.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting period
There is no initial waiting period applicable to a claim for a WHOLE LIFE CRITICAL ILLNESS COVER.

Survival Period
The WHOLE LIFE CRITICAL ILLNESS COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is the PPS Whole Life premium pattern. Premiums will increase annually by a percentage on the 1st of the month following the life insured's birthday. The percentage increases are determined by PPS Insurance in its sole discretion from time to time and are based on the life insured's age next birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Temporary Cessation of Payment of Premiums
The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's WHOLE LIFE CRITICAL ILLNESS COVER up to a maximum of R200 000, subject to all of the requirements for WHOLE LIFECRITICAL ILLNESS COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

42. TERM CRITICAL ILLNESS COVER with CORE 100% COVER

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the TERM CRITICAL ILLNESS COVER with CORE 100% COVER according to the Severity Level thereof.

The TERM CRITICAL ILLNESS COVER with CORE 100% COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The TERM CRITICAL ILLNESS COVER with CORE 100% COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured reaches the age of 66 years; or
- The date selected by the Policyholder for termination of the TERM CRITICAL ILLNESS COVER with CORE 100% COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance.

The Benefits due in terms of the TERM CRITICAL ILLNESS COVER with CORE 100% COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

The benefit categories, including a cardiovascular benefit category, is listed in Appendix A.

The Cardiovascular benefit category includes the conditions Heart attack, Cardiac Surgery and Procedures, Cardiomyopathy and Aortic surgery. Once 100% has been claimed from the cardiovascular benefit category no further claims will be paid from this benefit category.

Claims for the other benefit categories never exhaust these benefit categories and claims for unrelated events qualifying for a claim under the same benefit category will be paid, regardless of previous payments from that benefit category.

More than 1 valid claim can therefore be paid from the same or different benefit category. The benefit paid will then differ for Related Claims and Unrelated Claims.

- Related Claims:
  A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

  The benefit paid will be the Sum Assured according to the Severity Level thereof less any Related Claims, from the same or different benefit category, previously paid.

- Unrelated Claims:
  The benefit paid will be the Sum Assured according to the Severity Level thereof (regardless of any previous claims).

The Policyholder can at any time, but at least 2 months prior to the date selected by the Policyholder for termination of the TERM CRITICAL ILLNESS COVER with CORE 100% COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance, apply to PPS Insurance in writing in the manner prescribed by PPS Insurance for the TERM CRITICAL ILLNESS COVER with CORE 100% COVER to be changed to WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER. The conversion of the TERM CRITICAL ILLNESS COVER with CORE 100% COVER to WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER will be at the discretion of PPS Insurance and if granted will be on the conditions and terms imposed by PPS Insurance, which terms will include an increase in the premiums.

Sum Assured
The Sum Assured in respect of the TERM CRITICAL ILLNESS COVER with CORE 100% COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting Period
There is no initial waiting period applicable to a claim for a TERM CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER.

Survival Period
The TERM CRITICAL ILLNESS COVER with CORE 100% COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Temporary Cessation of Payment of Premiums
The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's TERM CRITICAL ILLNESS COVER with CORE 100% COVER up to a maximum of R200 000, subject to all of the requirements for TERM CRITICAL ILLNESS COVER with CORE 100% COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

43. WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER according to the Severity Level thereof.

The WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or

- Cancellation of the benefit by PPS Insurance.

The Benefits due in terms of the WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

The benefit categories, including a cardiovascular benefit category, is listed in Appendix A.

The Cardiovascular benefit category includes the conditions Heart attack, Cardiac Surgery and Procedures, Cardiomyopathy and Aortic surgery. Once 100% has been claimed from the cardiovascular benefit category no further claims will be paid from this benefit category.

Claims for the other benefit categories never exhaust these benefit categories and claims for unrelated events qualifying for a claim under the same benefit category will be paid, regardless of previous payments from that benefit category.

More than 1 valid claim can therefore be paid from the same or different benefit category. The benefit paid will then differ for Related Claims and Unrelated Claims.

- Related Claims:
  A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

  The benefit paid will be the Sum Assured according to the Severity Level thereof less any Related Claims, from the same or different benefit category, previously paid.

- Unrelated Claims:
  The benefit paid will be the Sum Assured according to the Severity Level thereof (regardless of any previous claims).

The Sum Assured
The Sum Assured in respect of the WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting period
There is no initial waiting period applicable to a claim for a WHOLE LIFE CRITICAL ILLNESS COVER BENEFIT with CORE 100% COVER.

Survival Period
The WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is the PPS Whole Life premium pattern. Premiums will increase annually by a percentage on the 1st of the month following the life insured’s birthday. The percentage increases are determined by PPS Insurance in its sole discretion from time to time and are based on the life insured’s age next birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Temporary Cessation of Payment of Premiums
The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER up to a maximum of R200 000, subject to all of the requirements for WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit

44. TERM CRITICAL ILLNESS COVER with CI 100% COVER

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the TERM CRITICAL ILLNESS COVER with CI 100% COVER according to the Severity Level thereof.

The TERM CRITICAL ILLNESS COVER with CI 100% COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The TERM CRITICAL ILLNESS COVER with CI 100% COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- On the last day of the month during which the life insured reaches the age of 66 years; or
- The date selected by the Policyholder for termination of the TERM CRITICAL ILLNESS COVER with CI 100% COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance.

The Benefits due in terms of the TERM CRITICAL ILLNESS COVER with CI 100% COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be two severity levels namely:

- 100% of the Sum Assured.
- 25% of the Sum Assured.

The benefit categories, including a cardiovascular benefit category, is listed in Appendix A.

The Cardiovascular benefit category includes the conditions Heart attack, Cardiac Surgery and Procedures, Cardiomyopathy and Aortic surgery. Once 100% has been claimed from the cardiovascular benefit category no further claims will be paid from this benefit category.

Claims for the other benefit categories never exhaust these benefit categories and claims for unrelated events qualifying for a claim under the same benefit category will be paid, regardless of previous payments from that benefit category.

More than 1 valid claim can therefore be paid from the same or different benefit category. The benefit paid will then differ for Related Claims and Unrelated Claims.

- Related Claims:
  A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

  The benefit paid will be the Sum Assured according to the Severity Level thereof less any Related Claims, from the same or different benefit category, previously paid.

- Unrelated Claims:
  The benefit paid will be the Sum Assured according to the Severity Level thereof (regardless of any previous claims).

The Policyholder can at any time, but at least 2 months prior to the date selected by the Policyholder for termination of the TERM CRITICAL ILLNESS COVER with CI 100% COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance, apply to PPS Insurance in writing in the manner prescribed by PPS Insurance for the TERM CRITICAL ILLNESS COVER with CI 100% COVER to be changed to WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER. The conversion of the TERM CRITICAL ILLNESS COVER with CI 100% COVER to WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER will be at the discretion of PPS Insurance and if granted will be on the conditions and terms imposed by PPS Insurance, which terms will include an increase in the premiums.

Sum Assured
The Sum Assured in respect of the TERM CRITICAL ILLNESS COVER with CI 100% COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting Period
There is no initial waiting period applicable to a claim for a TERM CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER.

Survival Period
The TERM CRITICAL ILLNESS COVER with CI 100% COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Temporary Cessation of Payment of Premiums
The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's TERM CRITICAL ILLNESS COVER with CI 100% COVER up to a maximum of R200 000, subject to all of the requirements for TERM CRITICAL ILLNESS COVER with CI 100% COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

45. WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER

If the life insured suffers from and meets the claims criteria of any of the dread diseases, trauma and physical impairments listed in Appendix A, PPS Insurance will pay a percentage of the Sum Assured in respect of the WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER according to the Severity Level thereof.

The WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance.

The Benefits due in terms of the WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix A of which there shall be two severity levels namely:

- 100% of the Sum Assured.
- 25% of the Sum Assured.

The benefit categories, including a cardiovascular benefit category, is listed in Appendix A.

The Cardiovascular benefit category includes the conditions Heart attack, Cardiac Surgery and Procedures, Cardiomyopathy and Aortic surgery. Once 100% has been claimed from the cardiovascular benefit category no further claims will be paid from this benefit category.

Claims for the other benefit categories never exhaust these benefit categories and claims for unrelated events qualifying for a claim under the same benefit category will be paid, regardless of previous payments from that benefit category.

More than 1 valid claim can therefore be paid from the same or different benefit category. The benefit paid will then differ for Related Claims and Unrelated Claims.

- Related Claims:
  A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

  The benefit paid will be the Sum Assured according to the Severity Level thereof less any Related Claims, from the same or different benefit category, previously paid.

- Unrelated Claims:
  The benefit paid will be the Sum Assured according to the Severity Level thereof (regardless of any previous claims).

Sum Assured
The Sum Assured in respect of the WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix A.

Waiting period
There is no initial waiting period applicable to a claim for a WHOLE LIFE CRITICAL ILLNESS COVER BENEFIT with CI 100% COVER.

Survival Period
The WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix A. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums
The premium pattern is the PPS Whole Life premium pattern. Premiums will increase annually by a percentage on the 1st of the month following the life insured's birthday. The percentage increases are determined by PPS Insurance in its sole discretion from time to time and are based on the life insured's age next birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Temporary Cessation of Payment of Premiums
The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

Child Critical Illness Benefit
The Policyholder will be entitled to claim a lump sum benefit of an amount equal to 10% of the Sum Assured of the Policyholder's WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER up to a maximum of R200 000, subject to all of the requirements for WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER and severity levels, as set out herein and Appendix A.

For the purpose of the Child Critical Illness Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the illness which gave rise to a claim under the Child Critical Illness Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

Upon receipt of any claim under the Child Critical Illness Benefit, PPS Insurance may request the Policyholder to submit such proof as PPS Insurance, in its sole discretion, may require in order to satisfy itself that the requirements for a valid claim under the Child Critical Illness Benefit have been met. This may include, but will not necessarily be limited to, proof of hospitalisation, medical reports from the Child's treating doctors, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, etc. Children will not be medically underwritten nor will any information or data be collected or stored at application stage.

Exclusions specific to Child Critical Illness Benefit:
No claim will be paid under the Child Critical Illness Benefit for any condition that existed in the Child prior to the date on which the Policyholder became eligible for the Child Critical Illness Benefit and this exclusion applies where any symptoms experienced by the Child could have revealed the illness or condition prior to the Policyholder becoming eligible for the Child Critical Illness Benefit.

46. CATCHALL COVER

The CATCHALL COVER is only available to Policyholders who have either TERM CRITICAL ILLNESS COVER or WHOLE LIFE CRITICAL ILLNESS COVER or TERM CRITICAL ILLNESS COVER with CORE 100% COVER or WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER or TERM CRITICAL ILLNESS COVER with CI 100% COVER or WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER (the "BASIC BENEFIT"). Each CATCHALL COVER benefit will then be a rider benefit on one specific BASIC BENEFIT as reflected on the latest Policy Certificate issued by PPS Insurance.

If the life insured is under the age of 75:
PPS Insurance will pay the Sum Assured in respect of the CATCHALL COVER BENEFIT if the life insured suffers a dread disease, trauma or physical impairment pursuant to the occurrence of a serious medical or physical condition that is permanent and unlikely to change in spite of further medical or surgical treatment and results in a score of at least 5 points according to the Functional Ability table (appended hereto as Appendix C). The Benefits due in terms of the CATCHALL COVER are a proportion of the Sum Assured depending on the severity of the condition as indicated in Appendix A. There shall be three severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.

If the life insured is over the age of 75:
PPS Insurance will pay the Sum Assured in respect of the CATCHALL COVER BENEFIT if the life insured suffers a dread disease, trauma or physical impairment pursuant to the occurrence of a serious medical or physical condition that:

- Results in impairment scoring 10 or more points according to the Functional Ability Table (appended hereto as Appendix C); and
- results in confinement to a bed or wheelchair, for lives assured older than 75; and
- is permanent and unlikely to change in spite of further medical or surgical treatment.

The CATCHALL COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The CATCHALL COVER will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- If the Policyholder is no longer entitled to the BASIC BENEFIT; or
- Once 100% of the Sum Assured has been paid in terms of this benefit.

If a valid claim is submitted under the CATCHALL COVER BENEFIT for a condition that is the same or related to a claim already paid under the BASIC BENEFIT, CATCHALL COVER or PREGNANCY COMPLICATIONS COVER, the benefit payable will be the percentage benefit the life insured qualifies for in terms of the CATCHALL COVER less the percentage benefit that was already paid.

A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

Sum Assured
The Sum Assured of the CATCHALL COVER benefit will always be the same as the Sum Assured in respect of the BASIC BENEFIT.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting period
There is no initial waiting period applicable to a claim for a CATCHALL COVER.

Survival Period
The CATCHALL COVER is paid subject to a general survival period of 14 days. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in Premiums
The premium pattern applicable to the BASIC BENEFIT will be applicable to the CATCHALL BENEFIT.

The premium will increase when the Sum Assured with respect to the BASIC BENEFIT is increased.

47. PREGNANCY COMPLICATIONS COVER

The PREGNANCY COMPLICATIONS COVER is only available to Policyholders who have either TERM CRITICAL ILLNESS COVER or WHOLE LIFE CRITICAL ILLNESS COVER or TERM CRITICAL ILLNESS COVER with CORE 100% COVER or WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER or TERM CRITICAL ILLNESS COVER with CI 100% COVER or WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER. The Policyholder can only apply for the PREGNANCY COMPLICATIONS COVER simultaneously with an application for TERM CRITICAL ILLNESS COVER or WHOLE LIFE CRITICAL ILLNESS COVER or TERM CRITICAL ILLNESS COVER with CORE 100% COVER or WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER or TERM CRITICAL ILLNESS COVER with CI 100% COVER or WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER. The PREGNANCY COMPLICATIONS COVER will then be a rider benefit on the TERM CRITICAL ILLNESS COVER or WHOLE LIFE CRITICAL ILLNESS COVER or TERM CRITICAL ILLNESS COVER with CORE 100% COVER or WHOLE LIFE CRITICAL ILLNESS COVER with CORE 100% COVER or TERM CRITICAL ILLNESS COVER with CI 100% COVER or WHOLE LIFE CRITICAL ILLNESS COVER with CI 100% COVER (the “BASIC BENEFIT”).

If the life insured suffers from and meets the claims criteria of any of the pregnancy complications listed in Appendix B, PPS Insurance will pay a percentage of the Sum Assured in respect of the PREGNANCY COMPLICATIONS COVER according to the Severity Level thereof.

The PREGNANCY COMPLICATIONS COVER will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The PREGNANCY COMPLICATIONS COVER will end automatically on the first of the following events occurring:

- On the last day of the month during which the life insured reaches the age of 44 years; or
- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- It the Policyholder is no longer entitled to the BASIC BENEFIT; or
- When an aggregate of 100% of the Sum Assured has been paid to the policyholder.

The Benefits due in terms of the PREGNANCY COMPLICATIONS COVER are a proportion of the Sum Assured calculated according to the Severity Level of the event as defined in Appendix B of which there shall be four severity levels namely:

- 100% of the Sum Assured.
- 75% of the Sum Assured.
- 50% of the Sum Assured.
- 25% of the Sum Assured.

Sum Assured
The Sum Assured in respect of the PREGNANCY COMPLICATIONS COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is not entitled to apply to PPS Insurance for the Sum Assured to be increased.

The Policyholder will be entitled to claim more than once but will not be entitled to a benefit exceeding an aggregate of 100% of the Sum Assured.

The Child Critical Illness benefit does not apply to the Pregnancy Complications Cover.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please note the specific exclusions in Appendix B.

Waiting Period
No claim will be paid in respect of pregnancy related conditions occurring within 12 months after either the date of commencement or, where applicable, the date of reinstatement of cover.

Survival Period
The PREGNANCY COMPLICATIONS COVER is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix B. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in Premiums
The premium pattern is age related. Premiums will increase annually on the 1st of the month following the life insured's birthday.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase.

48. DISABILITY COVER

The DISABILITY COVER will commence on the commencement date reflected in the latest Policy Certificate issued by PPS Insurance.

The DISABILITY COVER will cease automatically on the first of the following events occurring:

- On the last day of the month during which the life insured reaches the age of 66 years (upon which the SEVERE ILLNESS BENEFIT will automatically commence); or
- The date selected by the Policyholder for termination of the DISABILITY COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- A successful claim for a DISABILITY COVER.

The DISABILITY COVER will automatically convert into the SEVERE ILLNESS BENEFIT if the terms and conditions set out in the section titled SEVERE ILLNESS BENEFIT are met.

The Policyholder will inform PPS Insurance in writing of a change in the life insured's occupation within 30 days from the date on which the life insured changed his occupation or no longer substantially practices the occupation reflected on the latest Policy Certificate issued by PPS Insurance. Please refer to the section titled CHANGE OF OCCUPATION.

If the life insured is disabled during the benefit term, PPS Insurance will pay the Sum Assured in respect of the DISABILITY COVER. The DISABILITY COVER will only be payable if:

- the life insured is in the opinion of PPS Insurance significantly unable to use his professional training and knowledge to carry out his own profession as well as any other profession that could be carried out by persons with similar or comparable qualifications as a result of a disease, injury or accident; and
- the disability is in the opinion of PPS Insurance permanent, significant and severe.

Sum Assured

The initial Sum Assured in respect of the DISABILITY COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is entitled to apply to PPS Insurance for the Sum Assured to be increased. The Sum Assured will be increased subject to the acceptance of the application to increase the Sum Assured by PPS Insurance and subject to the requirements and conditions imposed by PPS Insurance. An application to increase the Sum Assured must be made in writing in the manner prescribed by PPS Insurance.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting Period

There is no waiting period in respect of the DISABILITY COVER.

Increase in premiums

The premium pattern is reflected on the latest Policy Certificate issued by PPS Insurance.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Temporary Cessation of Payment of Premiums

The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

49. OSRB DISABILITY COVER

The OSRB DISABILITY COVER will commence on the commencement date reflected in the latest Policy Certificate issued by PPS Insurance.

The OSRB DISABILITY COVER will cease automatically on the first of the following events occurring:

- On the last day of the month during which the life insured reaches the age of 66 years (upon which the SEVERE ILLNESS BENEFIT will automatically commence); or
- The date selected by the Policyholder for termination of the OSRB DISABILITY COVER, which date is reflected in the latest Policy Certificate issued by PPS Insurance; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- A successful claim for an OSRB DISABILITY COVER.

The OSRB DISABILITY COVER will automatically convert into the SEVERE ILLNESS BENEFIT if the terms and conditions set out in the section titled SEVERE ILLNESS BENEFIT are met.

The Policyholder will inform PPS Insurance in writing of a change in the life insured's occupation within 30 days from the date on which the life insured changed his occupation or no longer substantially practices the occupation reflected on the latest Policy Certificate issued by PPS Insurance. Please refer to the section titled CHANGE OF OCCUPATION.

If the life insured is disabled during the benefit term, PPS Insurance will pay the Sum Assured in respect of the OSRB DISABILITY COVER. The OSRB DISABILITY COVER will only be payable if:

- the life insured is in the opinion of PPS Insurance significantly unable to perform his own specifically nominated occupation as a result of a disease, injury or accident. The occupation nominated for this purpose is reflected in the latest Policy Certificate issued by PPS Insurance; and
- the disability is in the opinion of PPS Insurance permanent, significant and severe.

Sum Assured

The initial Sum Assured in respect of the OSRB DISABILITY COVER is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly.

The Policyholder is entitled to apply to PPS Insurance for the Sum Assured to be increased. The Sum Assured will be increased subject to the acceptance of the application to increase the Sum Assured by PPS Insurance and subject to the requirements and conditions imposed by PPS Insurance. An application to increase the Sum Assured must be made in writing in the manner prescribed by PPS Insurance.

Exclusions

Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting Period

There is no waiting period in respect of the OSRB DISABILITY COVER.

Increase in premiums

The premium pattern is reflected on the latest Policy Certificate issued by PPS Insurance.

At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Temporary Cessation of Payment of Premiums The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

50. SEVERE ILLNESS BENEFIT

The SEVERE ILLNESS BENEFIT will automatically commence (without any underwriting) on the first day after the day:

- on which DISABILITY COVER or OSRB DISABILITY COVER automatically ceased as a result of the life insured reaching the age of 66 years; or
- on which DISABILITY COVER or OSRB DISABILITY COVER automatically ceased as a result of the termination date for the cover as reflected in the latest Policy Certificate issued by PPS Insurance being reached **and** the life insured being at least 59 years old on the date on which DISABILITY COVER or OSRB DISABILITY COVER automatically ceased; or
- on which the DISABILITY COVER or OSRB DISABILITY COVER was cancelled by PPS Insurance upon receipt of notification by the policyholder in terms of the requirements set out in the section titled CHANGE OF OCCUPATION of the fact that the life insured is no longer employed **and** the life insured being at least 59 years old on the date on which DISABILITY COVER or OSRB DISABILITY COVER is cancelled.

The SEVERE ILLNESS BENEFIT will not commence if the DISABILITY COVER or OSRB DISABILITY COVER ceased or was cancelled for any reason other than the abovementioned reasons or if any premiums were outstanding with respect to the DISABILITY COVER or OSRB DISABILITY COVER.

If the life insured suffers any of the dread diseases, trauma or physical impairments listed in Appendix D, PPS Insurance will pay 100% of the Sum Assured in respect of the SEVERE ILLNESS BENEFIT.

If the life insured suffers a dread disease, trauma or physical impairment that is not listed in Appendix D, PPS Insurance will pay 100% of the Sum Assured in respect of the SEVERE ILLNESS BENEFIT if the life insured suffers a dread disease, trauma or physical impairment pursuant to the occurrence of a serious medical or physical condition that:

- Results in at least a class 4 rating in the American Medical Association “Guidelines to the Evaluation of Permanent Impairment” and results in a Whole Person Impairment (WPI) severity of at least 35%; and
- results in confinement to a bed or wheelchair, for lives assured older than 75; and
- is permanent and unlikely to change in spite of further medical or surgical treatment.

The SEVERE ILLNESS BENEFIT will end automatically on the first of the following events occurring:

- Death of the life insured; or
- Cancellation by the Policyholder; or
- Cancellation of the benefit by PPS Insurance; or
- Payment of the Sum Assured.

The section titled CHANGE OF OCCUPATION will not be applicable to the SEVERE ILLNESS BENEFIT.

Sum Assured
The Sum Assured will be the lesser of:
- The Sum Assured of the relevant DISABILITY COVER or OSRB DISABILITY COVER from which the SEVERE ILLNESS BENEFIT was converted on the day it ceased; and
- The maximum Sum Assured with respect to the SEVERE ILLNESS BENEFIT as determined by PPS Insurance in its sole discretion from time to time.

The Sum Assured in respect of the SEVERE ILLNESS BENEFIT is reflected on the latest Policy Certificate issued by PPS Insurance.

Declared annual increases will increase the Sum Assured on the 1st of January each year at the discretion of PPS Insurance, without proof of insurability. Upon such an increase, the premium will increase accordingly. Please refer to the section titled PREMIUMS.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Please refer to any specific exclusions included in Appendix D.

Any specific underwriting loadings or exclusions applicable to the relevant DISABILITY COVER or OSRB DISABILITY COVER from which the SEVERE ILLNESS BENEFIT was converted will automatically apply to the SEVERE ILLNESS BENEFIT and will be reflected on the latest Policy Certificate issued by PPS Insurance.

Waiting period
There is no initial waiting period applicable to a claim for a SEVERE ILLNESS BENEFIT.

Survival Period

The SEVERE ILLNESS BENEFIT is paid subject to a general survival period of 14 days together with any further survival period reflected in Appendix D. The life insured must survive for a period of 14 days after the event occurs or the condition is diagnosed.

Increase in premiums

The premium pattern is reflected on the latest Policy Certificate issued by PPS Insurance. At the sole discretion of PPS Insurance, annual increases in benefits may be declared to reduce the eroding effects of inflation. Benefits will increase by the declared percentage for effective cover on the 1st of January each year. The premium for additional benefits will be based on the life insured's age next birthday at the time of the increase. Notwithstanding anything else contained in this Provider™ Policy, a Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

51. SICKNESS AND PERMANENT INCAPACITY

The Sickness and Permanent Incapacity Benefit consists of the Sick Pay Benefit, including the Actual Business Expense Benefit, and the Permanent Incapacity Benefit. The benefits applicable to, or where appropriate the benefits selected by, each Policyholder or Student Policyholder will be reflected in the latest Policy Certificate issued by PPS Insurance.

If a Sickness and Permanent Incapacity Policyholder is unable to attend to his usual professional duties due to sickness or permanent incapacity as defined in the PPS Provider™ Policy, PPS Insurance will pay a Sick Pay Benefit or Permanent Incapacity Benefit due in terms of the SICKNESS AND PERMANENT INCAPACITY BENEFIT, subject to the terms and conditions set out in the PPS Provider™ Policy.

If a PPS KickStart Policyholder is unable to attend to his usual professional duties due to sickness as defined in the PPS Provider™ Policy, PPS Insurance will pay a Sick Pay Benefit due in terms of the PPS KICKSTART SICKNESS BENEFIT, subject to the terms and conditions set out in the PPS Provider™ Policy.

The SICKNESS AND PERMANENT INCAPACITY BENEFIT and PPS KICKSTART SICKNESS BENEFIT will commence on the commencement date reflected on the latest Policy Certificate issued by PPS Insurance.

The SICKNESS AND PERMANENT INCAPACITY BENEFIT will end on the first of the following events occurring:

- death of the Policyholder;
- cancellation by the Policyholder;
- termination of the PPS Provider™ Policy or cancellation of the SICKNESS AND PERMANENT INCAPACITY BENEFIT by PPS Insurance as provided for in the contract;
- at the end of the month during which the Policyholder retires from practice or is, in the opinion of PPS Insurance, no longer substantially practicing his profession;
- upon the Policyholder reaching the respective expiry ages for the Sick Pay Benefit and Permanent Incapacity Benefit as reflected in the latest Policy Certificate issued by PPS Insurance, provided that if the Policyholder is in receipt of a Permanent Incapacity Benefit in terms of his contract on the day that he reaches the expiry age for the Permanent Incapacity Benefit both his Sick Pay Benefit and Permanent Incapacity Benefit will end;
- where the Policyholder is a Student Policyholder in terms of his contract, on the day that he attains the age of 34 years, if, on the day before he attains this age, he had not yet qualified for the relevant degree or other tertiary qualification required by PPS Insurance. If the failure to qualify is as a result of an accident or illness for which the policyholder is receiving a total permanent incapacity award, the policy will continue for as long as the policyholder continues to meet the criteria for a total permanent incapacity award.

The PPS KICKSTART SICKNESS BENEFIT will end on the first of the following events occurring:

- death of the Policyholder;
- cancellation by the Policyholder;
- termination of the PPS Provider™ Policy or cancellation of the Sick Pay Benefit by PPS Insurance as provided for in the contract;
- on the day the Policyholder attains the age of 34 years.

The PPS KICKSTART SICKNESS BENEFIT consists of the Sick Pay Benefit only, i.e. a Policyholder does not have the Permanent Incapacity Benefit.

SICK PAY BENEFIT

The waiting period in respect of the Sick Pay Benefit will be reflected in the latest Policy Certificate issued by PPS Insurance and can be either a 7 day or a 30 day waiting period.

7 day waiting period: The Policyholder will qualify for a Total Sick Pay Benefit if he was totally unable to carry out his professional duties for at least seven consecutive days due to sickness. The Total Sick Pay Benefit will be paid retrospectively from the first day of his inability to carry out his professional duties due to sickness. The Policyholder will only be deemed to be totally unable to carry out his professional duties where he is totally unable to carry out any of his professional duties due to sickness. If he is able to carry out some of his professional duties, even on a very limited scale, he does not qualify for a Total Sick Pay Benefit. If, however, after a period of qualifying for a Total Sick Pay Benefit as set out before for at least seven consecutive days, the Policyholder recovered to such extent that he is able to carry out at least some of his professional duties, but due to the same sickness he is not able to carry out his normal duties or work his normal hours, he may qualify for a Partial Sick Pay Benefit. If a subsequent claim for a Sick Pay Benefit is submitted to PPS Insurance following a previous successful claim for the same condition, the 7 day waiting period will be waived by PPS Insurance and the Policyholder will qualify for a Total or Partial Sick Pay Benefit, whichever is applicable, from the first day on which he is unable to carry out his professional duties due to sickness.

If a Policyholder to whom the 7 day waiting period applies is not totally unable to carry out his professional duties for at least seven consecutive days as described above, such Policyholder may still qualify for a Sick Pay Benefit under the 30 day waiting period as described hereunder.

30 day waiting period: The Policyholder will qualify for a Sick Pay Benefit provided that he is unable, either totally or partially, to carry out his professional duties for at least 30 consecutive days due to sickness. In such an event the Sick Pay Benefit will be paid on either a Total or a Partial basis, whichever is applicable, prospectively from the 31st day of consecutive sickness. If a subsequent claim for a Sick Pay Benefit is submitted to PPS Insurance within a period of three months of a previous successful claim for the same condition, the 30 day waiting period will be waived by PPS Insurance and the Policyholder will qualify for a Total or Partial Sick Pay Benefit, whichever is applicable, from the first day on which he is unable to carry out his professional duties due to sickness.

Student Policyholders: A Student Policyholder will qualify for a Total Sick Pay Benefit if he was totally unable to attend to his normal duties or activities for at least seven consecutive days due to sickness. The Total Sick Pay Benefit will be paid retrospectively from the first day of his inability to attend to his normal duties or activities due to sickness. A Student Policyholder will not qualify for any Partial Sick Pay Benefits. If a subsequent claim for a Total Sick Pay Benefit is submitted to PPS Insurance following a previous successful claim for the same condition, the 7 day waiting period will be waived by PPS Insurance and the Student Policyholder will qualify for a Total Sick Pay Benefit from the first day on which he is totally unable to attend to his normal duties or activities due to sickness.The quantum of any Sick Pay Benefit payable to a Student Policyholder will not be limited due to the fact that he is not earning any income from the practice of any profession.

In no instance will any Sick Pay Benefit be payable to any Policyholder for an amount in excess of the maximum cover amounts as determined by PPS Insurance from time to time.

For the purposes of his contract, the Policyholder will be deemed to be practicing his profession if, subject to the normal eligibility criteria of the Professional Provident Society Holdings Trust, he carries out such professional duties as his qualifications and experience enable him to carry out, irrespective of whether he carries out such duties in private practice or not.

Pregnancy Related Sickness

Where a sickness is directly or indirectly attributable to pregnancy, confinement or miscarriage, a Sick Pay benefit will be payable to the Policyholder provided that, in addition to meeting the normal requirements for Sick Pay Claims listed in this contract, the specific sickness contracted by the policyholder is also one of the conditions listed in Appendix E under either the 7 day or 30 day waiting period pregnancy complication sickness benefit criteria (The waiting period applicable to each individual Policyholder is reflected in the latest Policy Certificate issued by PPS Insurance), and provided further that such sickness meets the description and all of the claim criteria and benefit requirements listed in Appendix E. A sickness will be deemed to be directly or indirectly attributable to pregnancy, confinement or miscarriage if it is established that, in spite of one or more intervening events or conditions, such sickness would not have been contracted by the policyholder, had it not been for the pregnancy, confinement or miscarriage. Sick Pay Benefits are in all instances limited to illnesses contracted by the policyholder and no Sick Pay Benefit will be payable under any circumstances in respect of any sickness contracted by an unborn child or a new-born child.

Payment in respect of the conditions listed in Appendix E will in all instances be limited to the maximum periods or number of days specified in Appendix E. All Sick Pay Benefits paid in terms of Appendix E will cease automatically on the day of delivery of the unborn child or on termination of the pregnancy, unless expressly stated otherwise.

Where a sickness is directly or indirectly attributable to pregnancy, confinement or miscarriage, but the specific sickness contracted by a policyholder to whom the 7 day waiting period applies (Refer to the latest Policy Certificate issued by PPS Insurance) is not one of the conditions listed in Appendix E and/or the sickness does not meet all of the claim criteria and benefit requirements listed in Appendix E, the payment of a Sick Pay Benefit will be limited to the period that the policyholder was hospitalised, provided that this hospitalisation period was at least a period of 4 consecutive days. In such instance payment will be made retrospectively from the first day of hospitalisation up until the date on which the Policyholder is discharged or the date of delivery of the unborn child or on termination of the pregnancy, whichever occurs first.

Where a sickness is directly or indirectly attributable to pregnancy, confinement or miscarriage, but the specific sickness contracted by a policyholder to whom the 30 day waiting period applies (Refer to the latest Policy Certificate issued by PPS Insurance) is not one of the conditions listed in Appendix E and/or the sickness does not meet all of the claim criteria and benefit requirements listed in Appendix E, the payment of a Sick Pay Benefit will be limited to the period that the policyholder was hospitalised, provided that this hospitalisation period was at least a period of 30 consecutive days. In such instance payment will be made prospectively from the thirty first day of hospitalisation up until the date on which the Policyholder is discharged or the date of delivery of the unborn child or on termination of the pregnancy, whichever occurs first.

Requirements for Sick Pay Claims

A Policyholder, who is totally or partially unable to attend to his usual professional duties on account of sickness and who complies with all the applicable requirements of his contract for valid claims, may receive Sick Pay Benefit in terms of his contract, provided that:

1. he submits to PPS Insurance without delay and not more than six months from the date of onset of the sickness, a claim for Sick Pay Benefit and a certificate from the medical or dental practitioner or any other practitioner who attended to him, which practitioner has to be both registered with the Health Professions Council of South Africa and approved by PPS Insurance (both the claim and the certificate must be on the prescribed form provided by PPS Insurance).
2. he makes on such claim form, a declaration setting out the precise nature of the professional duties that he was carrying out before his sickness and the periods for which he was totally or partially unable to carry out such usual professional duties as a result of such sickness; and
3. the medical or dental practitioner certifies on such certificate that he personally examined and attended to the Policyholder during his sickness, describes the nature and cause of such sickness and states that in his opinion the Policyholder was as a consequence of such sickness totally or partially unable to carry out the professional duties stated by the Policyholder for the periods stated by him.
4. In order to satisfy itself that the Policyholder is or continues to be unable to attend to his professional duties, PPS Insurance may at any time (and if the Policyholder has been in receipt of Sick Pay Benefit for a continuous period of 182 days, PPS Insurance shall) either:
   - 4.1. obtain a special report from; or
   - 4.2. require the Policyholder to submit himself to medical examination by such medical practitioner as PPS Insurance may determine.
5. The Policyholder will during the continuation of his sickness send to PPS Insurance at weekly intervals or other intervals as determined by PPS Insurance, a certificate from his usual medical attendant certifying that he is still suffering from sickness (the nature of which again has to be stated) and has been unable to carry out his professional duties since the date of the previous certificate issued by the medical attendant.
6. The Policyholder will on recovery from sickness submit a certificate from his usual medical attendant stating the date from which he was again able to attend to his professional duties. In lieu of such certificate the medical attendant may, on the last of the certificates issued by him as set out above, state the day from which in his opinion the Policyholder will be able to resume his professional duties.
7. PPS Insurance will have the right to ask any other member of the Professional Provident Society Holdings Trust to visit such sick Policyholder at such intervals as it may determine and to obtain from such visiting member a report in writing.
8. The Policyholder will only qualify for Sick Pay Benefit if he continues to pay premiums to PPS Insurance during such period of sickness.
9. The Policyholder will only qualify for Sick Pay Benefit if he provides to PPS Insurance such information as it may require in respect of his income from the practice of his profession.
10. The Policyholder will only qualify for a Sick Pay Benefit if he complies with the processes and procedures for claiming a Sick Pay Benefit, as determined by PPS Insurance from time to time.

PPS Insurance may waive all or any of the above requirements for a claim for Sick Pay Benefit where it is satisfied that any failure to comply with the prescribed procedure was unavoidable in the circumstances of the case.

PPS Insurance may examine any claim for Sick Pay Benefit and its supporting medical certificate and may, after giving the claimant an opportunity to make representations (a) reduce the period for which the Policyholder has claimed such benefit if in its opinion the nature of the sickness is such that the period of time claimed for is excessive or (b) change a claim for Total Sick Pay Benefit to a claim for Partial Sick Pay Benefit in respect of periods when the Policyholder carried out some of his professional duties.

In reaching its decision in this regard PPS Insurance will refer its enquiries to the medical or dental attendant who signed the medical certificate in question and may thereafter have recourse to its own medical experts or may call for such further medical evidence, reports or opinions as it deems necessary.

If a Policyholder submits a claim for Sick Pay Benefit containing deliberate false statements, PPS Insurance will refuse to pay such claim and will cancel his entire PPS Provider™ Policy with effect from the day upon which the claim

containing the false statement was submitted to PPS Insurance and will claim a refund of any amounts already paid in respect of a claim.

Sick Pay Benefit, in respect of the same, a consequential or related sickness will be payable for a maximum aggregate period of 728 days, irrespective of whether such Sick Pay Benefit consisted of Total or Partial Sick Pay Benefit. PPS Insurance may however, in its sole and absolute discretion, extend the Sick Pay Benefit of any Policyholder for a further period not exceeding 180 days whereafter the Policyholder will then be assessed for the Permanent Incapacity Benefit in accordance with the Permanent Incapacity Assessment Process.

A Policyholder who is in receipt of Sick Pay Benefit, will continue to pay premiums during such period of sickness.

The Sick Pay Benefit has been designed to support the professional Policyholder during the initial sickness period so that any realignment of his usual professional duties within his profession, or reasonable adaptations to his work methods / duties can be made whilst receiving Total or Partial Sick Pay Benefits. At the end of a 728 day Sick Pay Benefit period for any sickness as described above, the Policyholder is then assessed for the Permanent Incapacity Benefit and any residual effects of the sickness on his ability to perform his usual professional duties is evaluated and the appropriate award is made to compensate the Policyholder for the loss of his ability to generate professional earnings. If the Policyholder is then awarded a Permanent Incapacity Benefit as described hereunder, such Permanent Incapacity Benefit shall be paid in substitution of any Sick Pay Benefit for the particular sickness.

PERMANENT INCAPACITY BENEFIT

Permanent Incapacity shall mean that PPS Insurance deems, in accordance with the Permanent Incapacity Assessment Process, that a Policyholder presents with an impairment that affects his ability to perform his usual professional duties. Permanent Incapacity could be awarded as either Total Permanent Incapacity or Partial Permanent Incapacity.

Total Permanent Incapacity shall mean that PPS Insurance deems, in accordance with the Permanent Incapacity Assessment Process, that a Policyholder is totally unable to work and to perform his usual professional duties, even with adaptations to his work methods/duties, and the realignment of his professional duties within his profession is not feasible in view of the significance of his condition and/or his age, experience and knowledge.

Partial Permanent Incapacity shall mean that PPS Insurance deems, in accordance with the Permanent Incapacity Assessment Process, that a Policyholder is partially but not totally unable to perform his usual professional duties.

Permanent Incapacity Assessment Process shall mean the process undertaken by PPS Insurance to evaluate, determine and assess whether a policyholder is Permanently Incapacitated and which process involves consideration of amongst other factors the following:

a) the payment of a valid Sick Pay Claim of at least seven consecutive days of sickness according to the definition of sickness contained in this contract. If the Policyholder applies for a Permanent Incapacity Benefit prior to having exhausted a maximum period of 728 days of Sickness Benefits, PPS Insurance will only consider a Permanent Incapacity award if it can establish that the Policyholder’s impairment will permanently affect his ability to perform his usual professional duties and any further improvement in his functional/vocational capacity is unlikely. Policyholders who first acquired the Sickness and Permanent Incapacity Benefit on or after 1 March 2015 (i.e. the benefit incepted on or after 1 March 2015) will only be assessed for the Permanent Incapacity Benefit after the full 728 days of Sickness Benefits for a particular sickness or accident have been exhausted;
b) usual professional duties shall mean the professional duties that the Policyholder was carrying out immediately before the onset of his sickness, as recorded by the Policyholder on his Sickness Benefit Claim Forms;
c) a Policyholder’s ability to apply his mental and decision making skills, required to perform his usual professional duties, as a primary consideration;
d) a Policyholder’s physical/cognitive/functional and vocational capacity vs. the physical/cognitive/ functional and vocational demands of his usual professional duties;
e) the Policyholder’s ability, as assessed by PPS Insurance, to perform his usual professional duties with reasonable adaptations to his work methods/duties;
f) in determining the level of permanent incapacity awards, a Policyholder’s ability, as assessed by PPS Insurance, to realign his usual professional duties within his profession, taking into account his professional knowledge, skills, age and experience. For the purposes of this subsection, a Policyholder’s profession shall be limited to jobs, vocations, fields or trades for which the Policyholder’s professional qualification(s) is a requirement;
g) all medical reports and evidence furnished by the Policyholder to PPS Insurance;
h) all medical reports and evidence requested by PPS Insurance;
i) the completion of Claims Questionnaires; and
j) any other information that PPS Insurance may require or considers relevant for the purposes of assessment.

Levels of Permanent Incapacity
If PPS Insurance deems, in accordance with the Permanent Incapacity Assessment Process, that the Policyholder is capable of performing more than 80% of his usual professional duties, with or without minor adaptations to his work methods/duties, he will not qualify for any Permanent Incapacity award.

A Partial Permanent Incapacity award will be either 20% or 60%. This percentage will be determined in accordance with the Permanent Incapacity Assessment Process.

A Policyholder who first acquired the SICKNESS AND PERMANENT INCAPACITY BENEFIT prior to 1 March 2015 (i.e. the benefit incepted before 1 March 2015) and who has been awarded a Partial Permanent Incapacity award of 20% or 60%:

- and remains working within his profession may elect whether or not to continue paying premiums. Where such a Policyholder elects to continue paying premiums he will still be allowed to file claims for any sickness unrelated to that for which he is receiving a permanent incapacity award. Such a policyholder will only be allowed to file claims for Total Sickness Benefits which, if successful, will be paid in substitution of the Partial Permanent Incapacity award for the relevant claim period;
- and ceases to work within his profession, will not pay any further premiums and will not be entitled to make claims for any sickness unrelated to that for which he is receiving a permanent incapacity award. He will still be entitled to an upward review of his partial permanent incapacity award.

A Policyholder who first acquired the SICKNESS AND PERMANENT INCAPACITY BENEFIT on or after 1 March 2015 (i.e. the benefits incepted on or after 1 March 2015) and who has been awarded a Partial Permanent Incapacity award of 20% or 60% will not continue to pay premiums and will not be allowed to file any further Sickness Benefit claims. Such a Policyholder may however apply for a review of his Partial Permanent Incapacity award in accordance with the Permanent Incapacity Assessment Process.

A Total Permanent Incapacity award will be 100%. A Policyholder who has been awarded a Total Permanent Incapacity award of 100% will not pay any further premiums and will also not be entitled to file any further sick pay claims.

Student Policyholders will only qualify for Total Permanent Incapacity. A Student Policyholder will not qualify for any Partial Permanent Incapacity award. Once a Student Policyholder attains the relevant degree or other tertiary qualification and is eligible for membership of the Professional Provident Society Holdings Trust he/she can retain the benefits which he/she held as a Student Policyholder. Application for further benefits will be subject to PPS' underwriting policy.

Review of Permanent Incapacity Awards
A Policyholder may at any stage apply for a review of his existing Permanent Incapacity award provided that he submits new medical evidence to PPS Insurance. In addition PPS Insurance may at its sole discretion at any stage decide to review a Policyholder's existing Permanent Incapacity award. Any review of an existing Permanent Incapacity award will be done in accordance with the Permanent Incapacity Assessment Process. For the purpose of any review of an existing Permanent Incapacity award PPS Insurance may require a Policyholder to submit to medical examination by a medical practitioner appointed by PPS Insurance or may gather evidence concerning his state of health from any other source. If at any time PPS Insurance is of the opinion that:

1. the extent of the Policyholder's permanent incapacity has changed, PPS Insurance may make a fresh determination in terms of this contract and the amount of his Permanent Incapacity Benefit shall be adjusted from the date of such change in the extent of his permanent incapacity;

2. the Policyholder is no longer permanently incapacitated, his Permanent Incapacity Benefit will cease to be paid and he will be regarded as having temporarily ceased to practise his profession from a date determined by PPS Insurance and be subject to the conditions under which PPS Insurance is prepared to allow a temporary cessation of payment of premiums unless he resumes fully his previous profession and, if he has ceased payment of premiums, resumes payment of premiums in respect of the benefit, when he shall again become entitled to all the cover available in terms of such benefit;

3. the Policyholder remains permanently incapacitated except that he is endeavouring to resume his usual professional duties or to carry out such other professional duties as his professional qualifications and experience enable him to carry out, PPS Insurance may, in its discretion and on consideration of such additional evidence as it may require, continue to pay the Permanent Incapacity Benefit for a period not exceeding 182 days while he so endeavours; or

4. the Policyholder continues to be, or is again in the opinion of PPS Insurance permanently incapacitated, he shall continue to be entitled to a Permanent Incapacity Benefit in terms of this contract.

Where it is necessary for the purposes of determining any incapacity, or inability to carry out usual professional duties, or the extent thereof, the incapacity shall be determined on the basis of the medical reports and other medical

evidence together with other reports, information or opinions, and submissions by the Policyholder obtained by PPS Insurance in the course of investigating the claim and for this purpose PPS Insurance will use its own medically qualified employees. The Policyholder acknowledges that the determination of incapacity or inability to work is a value judgment and he agrees to be bound by the decision of PPS Insurance unless he demonstrates that any decision taken by PPS Insurance was:

a. clearly influenced by a material error of law; or

b. taken for a reason not authorised by this contract; or

c. taken for an ulterior motive or in bad faith or arbitrary or capriciously; or

d. taken because irrelevant considerations were taken into account or relevant considerations were not considered.

Maximum age for receipt of Permanent Incapacity Benefit
The Permanent Incapacity Benefit will end upon the Policyholder reaching the expiry age for the Permanent Incapacity Benefit as reflected in the latest Policy Certificate issued by PPS Insurance.

Benefit Options
The Benefit options described under (a) to (e) hereunder only apply to Policyholders who first acquired the SICKNESS AND PERMANENT INCAPACITY BENEFIT prior to 1 March 2015, i.e. the benefit incepted before 1 March 2015.

The Policyholder may qualify for the following benefit options in the discretion of PPS Insurance:

(a) Ordinary Benefit Option: Units of Ordinary Benefit entitle the Policyholder to either Sick Pay Benefit or Permanent Incapacity Benefit. The payment rates in respect of Units of Ordinary Benefit are determined by PPS Insurance. The monthly benefit amounts that a Policyholder will be entitled to receive in respect of claims for the Total Sick Pay Benefit and the Partial Sick Pay Benefit and the Total Permanent Incapacity Benefit are reflected in the latest Policy Certificate issued by PPS Insurance. Where the Policyholder was not Sick or Permanently Incapacitated for an entire month he will be entitled to receive a pro-rata daily benefit for each day of Sickness or Incapacity. Where the Policyholder qualifies for a Partial Permanent Incapacity Benefit, he will be paid the amount reflected in the Policy Certificate multiplied by the benefit percentage awarded to him for each day of permanent incapacity.

Where the Policyholder has not yet attained the age of 30 years when Units of Ordinary Benefit are issued to him, he may elect to pay a reduced premium for each such Unit of Ordinary Benefit issued to him before the day he attains the age of 30 years. He will continue to pay such reduced rate until the day before he attains the age of 30 years. He will commence paying the full rate on the day that he attains the age of 30 years or on any earlier date chosen by him. A Policyholder who has commenced paying the full rate will not be permitted again to pay a reduced rate.

(b) A Supplementary Benefit Option: Units of A Supplementary Benefit entitle the Policyholder to Sick Pay Benefit. The payment rates in respect of Units of A Supplementary Benefit are determined by PPS Insurance. The monthly benefit amounts that a Policyholder will be entitled to receive in respect of claims for the Total Sick Pay Benefit and the Partial Sick Pay Benefit are reflected in the latest Policy Certificate issued by PPS Insurance. Where the Policyholder was not Sick for an entire month he will be entitled to receive a pro-rata daily benefit for each day of Sickness.

A Policyholder's Units of A Supplementary Benefit will be cancelled on the day that he attains the expiry age for the Sickness Benefit as reflected in the latest Policy Certificate issued by PPS Insurance. No further premiums or benefits will thereafter be payable in respect of such cancelled units.

(c) B Supplementary Benefit Option: Units of B Supplementary Benefit entitle the Policyholder to Sick Pay Benefit. The Policyholder will not be entitled to receive Sick Pay Benefit in respect of Units of B Supplementary Benefit within the first 90 days immediately following the effective date of issue of such units of benefit. This waiting period does not apply to Units of B Supplementary Benefit issued to the Policyholder in terms of an annual increase of Benefits declared by PPS Insurance.

The payment rates in respect of Units of B Supplementary Benefit are determined by PPS Insurance. The monthly benefit amounts that a Policyholder will be entitled to receive in respect of claims for the Total Sick Pay Benefit and the Partial Sick Pay Benefit are reflected in the latest Policy Certificate issued by PPS Insurance. Where the Policyholder was not Sick for an entire month he will be entitled to receive a pro-rata daily benefit for each day of Sickness.

Sick Pay Benefit in respect of Units of B Supplementary Benefit will be paid for periods of sickness totalling not more than 182 days in any one cycle of 364 days. The first such cycle will commence on the date from which the Policyholder becomes sick and entitled to Sick Pay Benefit and will expire 364 days later. If he is sick on the date of

expiry of a cycle, a new cycle will commence immediately after such date. If he is not sick on the date of expiry of such cycle, a new cycle will commence on the day when he again becomes sick.

His Units of B Supplementary Benefit will be cancelled on the day that he attains the age of 66 years. No further premiums or benefits will thereafter be payable in respect of such cancelled units.

(d) Deferred Benefit Option: Units of Deferred Benefit entitle the Policyholder to Permanent Incapacity Benefit. The payment rates in respect of Units of Deferred Benefit are determined by PPS Insurance. The monthly benefit amounts that a Policyholder will be entitled to receive in respect of claims for the Total Permanent Incapacity Benefit are reflected in the latest Policy Certificate issued by PPS Insurance. Where the Policyholder was not Permanently Incapacitated for an entire month he will be entitled to receive a pro-rata daily benefit for each day of Incapacity. Where the Policyholder qualifies for a Partial Permanent Incapacity Benefit, he will be paid the amount reflected in the Policy Certificate multiplied by the benefit percentage awarded to him for each day of Permanent Incapacity.

His Units of Deferred Benefit will be cancelled on the day that he attains the expiry age for the Permanent Incapacity Benefit as reflected in the latest Policy Certificate issued by PPS Insurance. No further premiums or benefits will thereafter be payable in respect of such cancelled units.

(e) Accident Benefit Option: Units of Accident Benefit entitle the Policyholder to either Sick Pay Benefit or Permanent Incapacity Benefit. Sick Pay Benefit or Permanent Incapacity Benefit will only be paid in respect of Units of Accident Benefit if such sickness or permanent incapacity is the result only of a visible bodily injury, solely caused violently and accidentally by external and visible means and (a) the disability suffered by the Policyholder is not one that is ordinarily considered to be an illness, (b) the sickness has occurred within six months of the date of the injury that caused the sickness, and (c) the injury has not occurred before the effective date of issue of such Units of Accident Benefit.

The payment rates in respect of Units of Accident Benefit are determined by PPS Insurance. The monthly benefit amounts that a Policyholder will be entitled to receive in respect of claims for the Total Sick Pay Benefit, the Partial Sick Pay Benefit and the Total Permanent Incapacity Benefit are reflected in the latest Policy Certificate issued by PPS Insurance. Where the Policyholder was not Sick or Permanently Incapacitated for an entire month he will be entitled to receive a pro-rata daily benefit for each day of Sickness or Incapacity. Where the Policyholder qualifies for a Partial Permanent Incapacity Benefit, he will be paid the amount reflected in the Policy Certificate multiplied by the benefit percentage awarded to him for each day of Permanent Incapacity.

His Units of Accident Benefit will be cancelled on the day that he attains the age of 71 years. No further premiums or benefits will thereafter be payable in respect of such units.

Rider Benefits
The Policyholder may qualify for the following rider benefits:

(a) Admission Rider Benefit: In order to acquire this rider benefit, the Policyholder has to apply for the Admission Rider Benefit. Provided that he complies with the requirements of his contract for Admission Rider Benefit, it entitles him to an Admission Rider Benefit that shall be equal to the monthly Admission Rider Benefit amount displayed in the Policy Certificate, paid pro-rata for the days on which the Policyholder was hospitalised and unable to work.

He will not be entitled to receive benefits in terms of the Admission Rider Benefit within the first 30 days after the effective date of issue of the Admission Rider Benefit. After such initial waiting period, he will qualify for payment of benefits provided that he was hospitalised for at least four consecutive days.

If, in addition to qualifying for benefits in terms of the Admission Rider Benefit, he also complies with the requirements of this contract for Sick Pay Benefit, such Sick Pay Benefit will be paid simultaneously with, and in addition to, the Admission Rider Benefit.

Benefits in terms of the Admission Rider Benefit will be paid for periods of hospitalisation totalling not more than 182 days in any one cycle of 364 days. The first such cycle will commence on the date from which the Policyholder is hospitalised and entitled to benefits in respect of the Admission Rider Benefit and will expire 364 days later. If he is hospitalised on the date of expiry of a cycle, a new cycle will commence immediately after such date. If he is not hospitalised on the date of expiry of a cycle, a new cycle will commence on the day when he again becomes hospitalised.

His Admission Rider Benefit will be cancelled on the day that he attains the expiry age for the Sickness Benefit as reflected in the latest Policy Certificate issued by PPS Insurance. In the event that the Sickness Benefit does not have an expiry age (i.e. the Policyholder enjoys whole of life Sickness Benefit Cover) the Admission Rider Benefit will be cancelled at the end of the month during which the Policyholder attains the age of 65 years.

(b) Family Responsibility Rider Benefit: The Family Responsibility Rider Benefit is available as a rider benefit in respect of the Sick Pay Benefit.

Policyholders who acquired the Family Responsibility Rider Benefit prior to 1 April 2017:

Provided that he complies with the requirements of his contract for the Family Responsibility Rider Benefit, the Policyholder will be entitled to a Family Responsibility Rider Benefit that shall be equal to the monthly Family Responsibility Rider Benefit amount displayed in the Policy Certificate, paid pro-rata for the days on which the Policyholder's Spouse or Child was hospitalised.

The Policyholder will be entitled to receive a daily benefit for each day that the Policyholder's Spouse or any Child of the Policyholder is hospitalised, provided that the hospitalisation lasts for at least 4 consecutive days (3 consecutive nights). The benefit will then be paid retrospectively from the 1st day of hospitalisation. The Family Responsibility Rider Benefit will pay for a maximum of 182 days in a calendar year if the Spouse or Child is a member or dependent on the Profmed Medical Scheme and 91 days in a calendar year in all other circumstances. If multiple family members are hospitalised at the same time, the Family Responsibility Rider Benefit pays only a single benefit for the family member hospitalised the longest up to the maximum days described.

Policyholders who acquired the Family Responsibility Rider Benefit, or varied the terms of their existing Family Responsibility Rider Benefit, on or after 1 April 2017:

For the purpose of the Family Responsibility Rider Benefit a variation of an existing Family Responsibility Rider Benefit shall include, but not necessarily be limited to:

- any direct or consequential increase or reduction in the Family Responsibility Rider Benefit Sum Assured, with the exception of increases in the Sum Assured as a result of annual benefit increases declared by PPS Insurance in respect of all Family Responsibility Rider Benefit Policyholders in order to reduce the eroding effects of inflation on benefits;
- any direct or consequential change in the premium pattern applicable to the Family Responsibility Rider Benefit; and
- any direct or consequential change in the expiry age of the Family Responsibility Rider Benefit.

Provided that he complies with the requirements of his contract for the Family Responsibility Rider Benefit, the Policyholder will be entitled to a Family Responsibility Rider Benefit that shall be equal to the monthly Family Responsibility Rider Benefit amount displayed in the Policy Certificate, paid pro-rata for the days on which the Policyholder's Spouse or Child was hospitalised. The maximum amount payable in terms of the Family Responsibility Rider Benefit shall be limited to R 3000 (Three Thousand Rand) per day as at 1 April 2017, which maximum shall escalate annually from 1 April 2018 onwards with a percentage equal to the annual Consumer Price Index (CPI) inflation rate for the preceding year as published by Statistics South Africa.

The Policyholder will be entitled to receive a daily benefit for each day that the Policyholder's Spouse or any Child of the Policyholder is hospitalised, provided that the hospitalisation lasts for at least 3 consecutive days (2 consecutive nights). The benefit will then be paid retrospectively from the 1st day of hospitalisation. The Family Responsibility Rider Benefit will pay for a maximum of 91 days in a calendar year. If multiple family members are hospitalised at the same time, the Family Responsibility Rider Benefit pays only a single benefit for the family member hospitalised the longest up to the maximum days described.

Child Terminal Illness Benefit: The Policyholder will be entitled to receive a lump sum payment of an amount equal to 12 month's Family Responsibility Rider Benefits, subject to a maximum payment limit of R 600 000, if a Child of the Policyholder is diagnosed with a terminal illness and is given less than 12 months to live. A survival period of 14 days applies, i.e. the Child has to survive for at least 14 days following the diagnosis of the Terminal Illness before the Child Terminal Illness benefit will be paid. The Policyholder will not be entitled to claim Family Responsibility Rider Benefits for the child during this 12 month period.

Child Death Benefit: If a Child of the Policyholder dies **and** no benefit was payable to the Policyholder in respect of that Child under the Child Terminal Illness Benefit, the Policyholder will nevertheless be entitled to receive a lump sum payment of an amount equal to 1 month's Family Responsibility Rider Benefits, subject to a maximum payment limit of a) R10 000 if the Child is under the age of 6 years; or b) R30 000 if the Child is under the age of 14 years; or c) R50 000 if the Child is over the age of 14 years.

For the purpose of the Family Responsibility Rider Benefit a "Child" shall mean a person who is either a biological Child, a legally adopted Child, or a step Child of the Policyholder and who is the biological or legally adopted child of the spouse of the Policyholder, at the date of diagnosis of the sickness which gave rise to the claim under the Family Responsibility Rider Benefit, and who is between the ages of 4 months and 21 years old. The Policyholder's cover will therefore commence on the later date of the date when the Child attains the age of 4 months or on the commencement date of the Policy and cover will cease on the Child's 21st birthday.

For the purpose of the Family Responsibility Rider Benefit a "Spouse" shall mean a person to whom the Policyholder is married at the date of the diagnosis of the sickness which gave rise to the claim under the Family Responsibility Rider Benefit and who is under the age of 70 years. A "Marriage" for the purpose of the Family Responsibility Rider Benefit shall be restricted to the following relationships:

- a Civil Marriage concluded and duly registered in terms of the Marriage Act of 1961; or
- a Customary Marriage concluded and duly registered in terms of the Customary Marriages Act of 1998; or
- A Civil Union, in the form of either a marriage or civil partnership, concluded and duly registered in terms of the Civil Union Act of 2006; and

for which a valid marriage certificate can be produced.

A Policyholder's cover will therefore commence on the later date of the date on which the person became the Spouse of the Policyholder or on the commencement date of the Policy and cover will cease on the Spouse's 70th birthday.

Upon receipt of any claim under the Family Responsibility Rider Benefit PPS Insurance may request the Policyholder to submit such proof as PPS Insurance may, in its sole discretion, require in order to satisfy itself that the requirements for a valid claim under the Family Responsibility Rider Benefit have been complied with. This may include, but will not necessarily be limited to, proof of hospitalisation, a medical report from the Child's or Spouse's treating doctor, a copy of the unabridged birth certificate of the Child, a copy of the official adoption court order and/or official proof of the registration of the adoption with the Registrar of Adoptions, a copy of the marriage certificate pertaining to the Spouse etc. Where PPS Insurance, in its sole discretion, deems it necessary it may also request the Policyholder to submit medical records pertaining to the Policyholder's Spouse or Child and any failure by the Policyholder to submit such records, or to procure the necessary consent from his/her Spouse or Child for the release of such records, may lead to the rejection by PPS of the Policyholder's claim under the Family Responsibility Rider Benefit.

Exclusions:

- In respect of Policyholders who acquired the Family Responsibility Rider Benefit prior to 1 April 2017, no claim will be paid under the Family Responsibility Rider Benefit (including the Child Terminal Illness Benefit and the Child Death Benefit) for any condition that existed in the Child or Spouse prior to the date on which the Policyholder became eligible for the Family Responsibility Rider Benefit. The exclusion also applies to conditions that directly or indirectly caused or aggravated the claim event. Lastly the exclusion also applies to all symptoms experienced by the Child or Spouse that could have revealed the illness or condition before the Policyholder became eligible for the Family Responsibility Rider Benefit in respect of such Child or Spouse.
- In respect of Policyholders who acquired the Family Responsibility Rider Benefit, or varied the terms of their existing Family Responsibility Rider Benefit, on or after 1 April 2017, no claim will be paid under the Family Responsibility Rider Benefit (excluding the Child Terminal Illness Benefit and the Child Death Benefit) for any condition that existed in the Child or Spouse within a period of 12 months prior to the date on which the Policyholder became eligible for the Family Responsibility Rider Benefit. However if the Policyholder had, for a period of at least 90 days prior to acquiring the Family Responsibility Rider Benefit, another policy with materially similar benefits to that of the Family Responsibility Rider Benefit and had completed a condition specific waiting period in respect of that policy, PPS Insurance will not enforce the 12 month waiting period in respect of that particular condition or, where the condition specific waiting period under the previous policy had not expired prior to the Policyholder acquiring the Family Responsibility Rider Benefit, PPS Insurance will only impose a waiting period in respect of the particular condition that is equal to the unexpired period of the condition specific waiting period of the previous policy.

  In respect of the Child Terminal Illness Benefit and the Child Death Benefit no claim will be paid under the Family Responsibility Rider Benefit for any condition that existed in the Child or Spouse prior to the date on which the Policyholder became eligible for the Family Responsibility Rider Benefit.

  The above exclusions also apply to conditions that directly or indirectly caused or aggravated the claim event. Lastly the exclusions also apply to all symptoms experienced by the Child or Spouse that could have revealed the illness or condition.
- No claim will be paid under the Family Responsibility Rider Benefit (including the Child Terminal Illness Benefit and the Child Death Benefit) if the condition which the Child or Spouse suffers from is a result of a wilful or negligent act committed by the Policyholder or the Policyholder's Spouse.
- No claim will be paid for routine pregnancy or childbirth. Hospitalisation for pregnancy complications prior to delivery will be considered.
- In respect of Policyholders who acquired the Family Responsibility Rider Benefit prior to 1 April 2017, no claim will be paid under the Family Responsibility Rider Benefit (including the Child Terminal Illness Benefit and the Child Death Benefit) for the first 182 days after the effective date of issue of the Family Responsibility Rider Benefit.

- In respect of Policyholders who acquired the Family Responsibility Rider Benefit, or varied the terms of their existing Family Responsibility Rider Benefit, on or after 1 April 2017, no claim will be paid under the Family Responsibility Rider Benefit (excluding the Child Terminal Illness Benefit and the Child Death Benefit) for the first 90 days after the effective date of issue of the Family Responsibility Rider Benefit.

  No claim will be paid under the Child Terminal Illness Benefit and the Child Death Benefit for the first 182 days after the effective date of issue of the Family Responsibility Rider Benefit.

The Family Responsibility Rider Benefit will cease on the day that the Policyholder attains the expiry age reflected in the latest Policy Certificate issued by PPS Insurance.

(c) Permanent Incapacity Booster: In order to acquire this Rider Benefit, the Policyholder has to apply for the Permanent Incapacity Booster. It is available as a rider benefit in respect of the Permanent Incapacity Benefit. Provided that he complies with the requirements set out in his contract for benefits in terms of this rider benefit, he will be entitled to payment of a Permanent Incapacity Booster Benefit on a monthly basis in substitution for any Partial Permanent Incapacity Benefit being paid in terms of this contract. The monthly benefit payable to him will be equivalent to the maximum Permanent Incapacity Benefit payable. No further benefits in terms of Sick Pay Benefit and/or Permanent Incapacity Benefit are available once the Permanent Incapacity Booster award has been made and all premiums for these benefits will cease accordingly.

Requirements for acquiring the Permanent Incapacity Booster Benefit: The Policyholder will only qualify for this rider benefit if he, at the time of applying for this rider benefit:

(i) holds Permanent Incapacity cover;
(ii) has not yet attained the age of 62 years;
(iii) is not in receipt of Sick Pay Benefit or Permanent Incapacity Benefit;
(iv) is not a Student Policyholder as defined in this contract; and
(v) has included the required comprehensive description of the exact nature of his Nominated Specific Occupation which will be used as basis for determining permanent incapacity in terms of this rider benefit.

The Permanent Incapacity Booster Benefit will only be issued by PPS Insurance as a rider benefit in respect of a Policyholder's Permanent Incapacity cover (excluding any Units of Accident Benefit). Should the Policyholder's Permanent Incapacity cover be increased or reduced in terms of this contract, the Permanent Incapacity Booster Benefit will be increased or reduced accordingly by PPS Insurance.

The Policyholder will qualify for payment of benefits in terms of this rider benefit if:

(i) he suffers a disability due to a disease, injury, accident or other cause;
(ii) he has received Sick Pay Benefit for a maximum aggregate period of 728 days for the same, a consequential or related sickness; and
(iii) he has been assessed as qualifying for a Partial Permanent Incapacity award in terms of the Permanent Incapacity Assessment Process.

Change of occupation: If the Policyholder changes his nominated specific occupation or the tasks undertaken by him in the course of practicing such nominated specific occupation, he must deliver to PPS Insurance, within six months of any such change, a new comprehensive description in the form required by PPS Insurance of the exact nature of his changed nominated specific occupation. PPS Insurance will, when assessing whether his functioning and ability to practice the nominated specific occupation is continuously, permanently and significantly restricted, take into account only those details of his nominated specific occupation which are contained in the original application form or any amendment thereof provided within six months of any such change. Upon receipt of information with respect to a change of occupation, PPS Insurance will be entitled to review the terms of this rider benefit.

Exclusions: In addition to all standard exclusions imposed under the contract and any specific exclusions imposed as a result of application of the underwriting criteria of PPS Insurance and reflected on the latest Policy Certificate issued to the Policyholder, no benefit will be payable in terms of the Permanent Incapacity Booster Benefit in respect of:

(i) Chronic fatigue syndrome (also known as yuppie flu or myalgic encephalomyelitis (ME);
(ii) Fibromyalgia; and
(iii) Mental Illness.

The exclusions listed in (i) to (iii) above apply only to the Permanent Incapacity Booster Benefit and do not impact on any award made in terms of the Permanent Incapacity Assessment Process.

Duration of benefits: Irrespective of any change in the Policyholder's functioning and ability to practice his nominated specific occupation, his benefits in terms of the Permanent Incapacity Booster Benefit, once awarded by PPS Insurance, will not be reviewed. The Permanent Incapacity Booster Benefit will expire on the same day that the

Policyholder's Permanent Incapacity cover expires as indicated in the latest Policy Certificate issued by PPS Insurance.

Restrictions on the amount of cover held by the Policyholder
PPS Insurance will determine the minimum and maximum amount of cover that a Policyholder may hold. Subject to such minimums and maximums, a Policyholder may hold any amount of cover provided that his cover will at no stage exceed the following limits:

- Cover under the Sick Pay Benefit will be limited to the greater of either a) 2/3rds of the Policyholder's Gross Personal Income (the Policyholder's Gross Professional Income before taxes and other deductions minus his actual business expenses, as determined by PPS) and 100% of the Policyholder's actual business expenses (expenses paid to 3rd parties in the normal operation of the Policyholder's business, as determined by PPS) prior to any claim or b) the Policyholder's Net of Tax Personal Income (the Policyholder's Gross Professional Income after taxes and other deductions minus his actual business expenses, as determined by PPS) plus 100% of the Policyholder's actual business expenses prior to any claim
- Cover under the Permanent Incapacity Benefit will be limited to the Policyholder's Net of Tax personal income, as determined by PPS, prior to any claim.

A Student Policyholder and a PPS KickStart Policyholder may hold such amounts of cover as is determined by PPS Insurance from time to time irrespective of whether he earns an income from the practice of any profession or not.

Annual increase of Benefits declared by PPS Insurance
PPS Insurance may annually issue additional benefits to the Policyholder if in its opinion the value of the Policyholder's benefits has during the year under consideration for any reason been eroded or diminished, provided that at no stage will such issue of benefits cause the Policyholder's cover to exceed the maximums as determined by PPS Insurance from time to time or as determined by reference to the Policyholder's income derived from the practice of his profession.

The following conditions will apply to such an issue of benefits:

1. Each year PPS Insurance will consider the economic factors and indicators which it believes relevant or applicable to Policyholders' benefits in terms of this contract, including but not limited to the consumer price index, and if PPS Insurance is of the opinion that inflation and/or any other circumstances have resulted in the value of the benefits enjoyed by Policyholders being eroded or diminished, then PPS Insurance may in its entire discretion, decide upon percentages by which the benefits of all Policyholders will be increased on 1 January of the following year.
2. The percentage increase so determined will be calculated on each Policyholder's existing benefits as at 31 December of the immediately preceding year.
3. The Policyholder will pay a premium for the additional benefits so issued to him at the applicable rate for his age at the date of issue.
4. The benefits so issued will be subject to the premium loadings and/or exclusions that applied to the immediately preceding issue of benefits to the Policyholder.
5. Subject to the rights of Policyholders who are in receipt of Partial Permanent Incapacity Benefits that remain working and elect to still pay premiums, Policyholders who have been declared permanently incapacitated will not be issued with these additional benefits.
6. Policyholders who are in receipt of Sick Pay Benefit or Partial Permanent Incapacity Benefit that remain working and still pay premiums, shall be issued with these additional benefits and subject to payment of the premiums in respect thereof shall be entitled to the benefits from the date on which they are issued.
7. A Policyholder who has reached the age of 71 years shall not receive any declared annual increases in his benefits on the 1st of January of any year unless such a Policyholder has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Bonus benefits for permanently incapacitated Policyholders
PPS Insurance may annually issue bonus benefits in respect of those benefits held by the Policyholder that provide for Permanent Incapacity cover, to those Policyholder's who have been declared permanently incapacitated (excluding Policyholders who have been declared partially permanently incapacitated that remain working and elect to still pay premiums) subject to the following conditions:

1. The value of the bonus benefits to be issued in any year shall be determined in the entire discretion of PPS Insurance after it has considered and approved its annual audited accounts. These bonus benefits shall then be issued from a date to be determined by PPS Insurance.
2. The permanently incapacitated Policyholder will not be required to pay any premiums in respect of such bonus benefits. The bonus benefits will qualify for bonus allocations in respect of the Policyholder's apportionment account as described hereafter.
3. In the event that a Policyholder for any reason ceases to be deemed permanently incapacitated in terms of this contract, he will retain the bonus benefits issued to him in the past. He will pay a premium for the retained

bonus benefits as calculated by PPS Insurance from the first day of the month following the month in which he so ceased to be deemed to be permanently incapacitated. These bonus benefits will be deemed to be benefits for all purposes under his contract.

Applying for Additional Benefits
A Policyholder may apply for additional benefits provided that the amount of cover held by him after issue of such additional benefits will not exceed the maximums as determined by PPS Insurance from time to time or as determined by reference to his income derived from the practice of his profession.

The issue of such additional benefits will be subject to the underwriting policy as determined by PPS Insurance from time to time.

Policyholders who are in receipt of Permanent Incapacity Benefits in terms of this contract or PPS KickStart Policyholders will not be entitled to apply for additional benefits.

Guaranteed right to additional Units of Benefit
Notwithstanding the other provisions of this contract, Policyholders, excluding Policyholders who are Student Policyholders, may take up additional Units of Ordinary and / or A Supplementary and/or Deferred Benefit without further proof of insurability on the following conditions:

1. The Guaranteed Right may only be claimed by a Policyholder who:
   (a) had the SICKNESS AND PERMANENT INCAPACITY BENEFIT continuously from 1 June 2005; and
   (b) is under 40 years of age at the time that he applies for Units of Benefit in terms of this section; and
   (c) held at least 100 Units of Ordinary Benefit immediately after applying for cover under this contract or after last applying for additional Units of Benefit otherwise than under this section; and
   (d) has satisfied PPS Insurance that he has no reason to suppose that he might be infected with the human immunodeficiency virus; and
   (e) at the time of applying for cover under the SICKNESS AND PERMANENT INCAPACITY BENEFIT or when last applying for additional Units of Benefit was granted cover or additional units without the imposition of an additional premium of more than 5 cents per unit per month.
2. The units issued in terms of this section shall in each option be subject to the payment of the additional premiums and/or the limitation of benefits that applied to the immediately preceding issue of units to the Policyholder in each respective benefit option.
3. In addition to the additional premium and/or limitation of benefits imposed as aforementioned, PPS Insurance shall be entitled to impose any further premium or limitation of benefits required in order to satisfy its statutory actuary that the premiums, benefits and other values are actuarially sound having regard to the additional units applied for.
4. The number of Units of Benefit that a Policyholder shall be entitled to take up in terms of this Guaranteed Right shall be limited to and by the following provisions:
   (a) if a Policyholder is under the age of 32 at the time that he first claims Units of Benefit in terms of this section then:
      (i) the maximum number of Units of Benefit that he is entitled to take up shall be the difference between the number of units (in each option) held by him at the date when he was last issued with units (of whatsoever benefit option) by PPS Insurance and the maximum number of Units of Benefit (in each benefit option) offered by PPS Insurance at the time that the Policyholder first claims Units of Benefit in terms of this section; and
      (ii) he shall be entitled to take up one-fifth of the maximum number of Units of Benefit calculated in accordance with sub-paragraph (i) above, in each benefit option, at the time that he first claims Units of Benefit in terms of this section, and thereafter only on each of the 2nd, 4th, 6th and 8th anniversaries of the date on which he first claimed Units of Benefit in terms of this section;
   (b) if a Policyholder is 32 years of age or older at the time that he first claims Units of Benefit in terms of this section then:
      (i) the number of Units of Benefit that he is entitled to take up shall be the maximum number of units calculated, in accordance with paragraph (a)(i) above, but reduced by one-fifth for each completed two-year period, or part thereof, that the age of the Policyholder exceeds 32 years;
      (ii) he may take up the units to which he is entitled (in each benefit option) only as to one-fifth of the maximum number of units calculated in accordance with paragraph (a) (i) above at the time that he first claims Units of Benefit in terms of this section and thereafter only on each of the anniversaries of this date, referred to in paragraph (a) (ii) above, that falls before his fortieth birthday.
5. After a Policyholder has taken up his first one-fifth entitlement calculated in accordance with paragraph (4) above, the Policyholder shall be required to give notice of his intention to take up any subsequent one-fifth entitlement, within 60 days prior to the relevant anniversary date referred to in paragraph (4) above, failing which his right to take up that entitlement shall lapse. This notice must be in writing and must reach PPS Insurance within the said 60-day period.
6. Fractions of units will not be issued and accordingly if a fraction of a unit results from the calculation of the abovementioned one-fifth entitlement then the number of Units of Benefits to be issued (in each or any benefit option) shall in respect of the first issue of units to a Policyholder in terms of this section, be increased to the

nearest whole number and the Policyholder's remaining entitlement/s (if any) shall be reduced to the nearest whole number so that the Policyholder's total entitlement in terms of this section is issued to him in tranches consisting of whole numbers of units, which tranches are as near as possible equal to one another and which tranches together do not exceed the Policyholder's total entitlement.

7. If a Policyholder reaches 40 years of age before having exercised his right to take up all or any Units of Benefit in terms of this section, his Guaranteed Right shall lapse.
8. The Guaranteed Right to Units of Benefit may only be exercised by a Policyholder who is in good standing and who has fully paid all premiums due to PPS Insurance.
9. If a Policyholder is in receipt of sick pay benefits from PPS Insurance at the time that he becomes entitled to take up any portion of Units of Benefit in terms of this section, he shall nevertheless be entitled to take up such units and to be paid sick pay in respect of these Units of Benefit.
10. From the date that a Policyholder is declared Permanently Incapacitated his right to take up any Units of Benefit in terms of this section, shall lapse.
11. The Guaranteed Right shall lapse when for any reason a Policyholder ceases to have a SICKNESS AND PERMANENT INCAPACITY BENEFIT.
12. A policyholder cannot take up Units of Benefit (or any portion thereof) in terms of this section, whilst in a period of temporary cessation of payment of premiums.
13. The Guaranteed Right may not be claimed in respect of Units of Accident or Admission Rider Benefit.
14. Except insofar as has been provided in this section, the terms of this contract shall apply to all Units of Benefit issued to Policyholders in terms of this section.

Reduction of Benefits

A Policyholder may, subject to the approval of PPS Insurance, reduce the benefits held by him at any time provided that the amount of cover held by him after such reduction will not be less than the minimums prescribed by PPS Insurance from time to time. From the date upon which such reduction is approved, he shall receive Sick Pay Benefit or Permanent Incapacity Benefit only in respect of such reduced benefits.

The benefits to be cancelled will be the benefits last issued to him. The reduction of premiums will be the cost of the specific benefits so cancelled.

If a Policyholder’s income derived from the practice of his profession is reduced at any stage, he is obliged to request PPS Insurance to reduce the benefits held by him in order to ensure that at no stage the benefits held by him will cause his cover to exceed the maximum limits as determined by PPS Insurance.

Temporary cessation of payment of premiums

The policyholder can apply to PPS Insurance for a temporary cessation of payment of premiums. Please refer to the section titled PREMIUMS.

The policyholder will receive no Sick Pay Benefit or Permanent Incapacity Benefit in respect of sickness or injury during such period or during an interval of three months following the expiry of such period; and no bonus allocations will be credited to his apportionment account as described hereafter in respect of such period.

Participation from age 66 onwards

In addition to the rules and requirements in respect of the Sick Pay Benefit as described elsewhere in this contract, and with the only exception being Policyholders who’s Permanent Incapacity Benefits expire at the age of 70 years (refer to the latest Policy Certificate issued by PPS Insurance), the following additional restriction will apply to a Policyholder’s Sick Pay Benefit from the date on which he attains the age of 66 years. From the age of 66 years the Policyholder will only be entitled to claim the Sick Pay Benefit, on either a Total or a Partial basis, for a maximum aggregate period of 182 days in any 365 day cycle.

Any Policyholder who has attained the age of 71 years will be allowed to retain his Sick Pay Benefit held in terms of his contract, without additional medical examination, subject to the conditions that:

1. he will not be entitled to claim any Partial Sick Pay Benefits;
2. a Policyholder to whom the 7 day waiting period applies (refer to the latest Policy Certificate issued by PPS Insurance) will only qualify for Total Sick Pay Benefits if he was totally unable to carry out his professional duties for at least 14 consecutive days due to sickness. The benefit will then pay retrospectively from the 1st day on which the Policyholder was totally unable to carry out his professional duties due to sickness;
3. a Policyholder to whom the 30 day waiting period applies (refer to the latest Policy Certificate issued by PPS Insurance) will only qualify for Total Sick Pay Benefits if he was totally unable to carry out his professional duties for at least 30 consecutive days due to sickness. The benefit will then pay prospectively form the 31st day on which the Policyholder was totally unable to carry out his professional duties due to sickness;
4. he will only be entitled to claim total Sick Pay Benefits for a maximum aggregate period of 90 days in any 365 day cycle;
5. he will not be entitled to request a temporary cessation of payment of premiums.

6. he shall not receive any declared annual increases in his benefits on the 1st of January of any year unless he has specifically instructed PPS Insurance to increase his benefits with the declared percentage for that year.

Exclusions

In addition to (a) any specific underwriting exclusions reflected on the latest Policy Certificate issued to the Policyholder by PPS Insurance and (b) the exclusions set out hereafter or elsewhere in this contract, no Sick Pay or Permanent Incapacity Benefit will be payable in respect of sickness or permanent incapacity directly or indirectly attributable to any event included in the Standard Exclusions set out in the PPS Provider™ Policy.

No Sick Pay or Permanent Incapacity Benefit will be payable in respect of sickness or permanent incapacity directly or indirectly attributable to surgery or other procedures of a cosmetic nature.

No Sick Pay Benefit will be paid in terms of the Admission Rider Benefit in respect of any sickness arising out of a condition or injury which predates the issue of the Admission Rider Benefit by twelve months or less.

The PPS KICKSTART SICKNESS BENEFIT excludes any medical conditions affecting the life insured which were diagnosed before or after policy inception and where symptoms started or any treatment was required (including over the counter medication, prescribed medication or counselling) prior to commencement of cover. It also includes any condition that required time off studies or work.

Benefit limitations applicable to the Sickness and Permanent Incapacity Benefit

Should a claim be awarded under the Sickness and Permanent Incapacity Benefit, the Total Sickness Benefit will be limited to R1.2 million per year (R100 000 per month), the Partial Sickness Benefit will be limited to R600 000 per year (R50 000 per month) and the Permanent Incapacity Benefit will be limited to R1.2 million per year (R100 000 per month) multiplied by the Permanent Incapacity award of 20%, 60% or 100%. This limitation will apply to any psychiatric, psychological or emotional disorders or symptoms, or treatment side effects, related to any pain or headache disorder or syndrome, including substance use, fibromyalgia, chronic fatigue syndrome, burn out, stress related disorders, myalgic encephalitis, ‘yuppie flu’, or similar conditions.

52. EDUCATION COVER

The EDUCATION COVER™ PRODUCT pays the actual public or private school and university fees of the child-beneficiary, up to PPS determined maximum, directly to the education facility at the beginning of the academic year, upon receipt of a valid invoice, in the event of:

- Death;
- Death and Disability*; or
- Death, Disability* and Severe Illness** of the life insured.

*Disability Definition for the EDUCATION COVER™ PRODUCT:

The policyholder is considered to be disabled if the policyholder is in the opinion of PPS significantly unable to perform his or her own specifically nominated occupation as a result of a disease, injury or accident. In addition to this the disability needs to be, in the opinion of PPS, permanent, significant and severe,

**Severe Illness definition for the EDUCATION COVER™ PRODUCT:

The policyholder suffers from and meets the claims criteria of any of the dread diseases, trauma or physical impairments listed in Appendix F. Note that the listed severe illnesses covered under the EDUCATION COVER™ PRODUCT as found in Appendix F has a different claims assessment criteria than that listed under the CRITICAL ILLNESS COVER in Appendix A.

The policyholder has the option to select between public or private school benefits and the selection will be reflected on the latest policy certificate issued to the policyholder.

The maximum cover levels for either public or private schools are determined in the sole discretion of PPS. To combat the eroding effects of increasing education costs, the benefit maximums will increase each year by a percentage as determined by PPS in its sole discretion. The benefit maximums will be reflected on the latest policy certificate issued to the policyholder.

The EDUCATION COVER™ PRODUCT comprises of an Education Cover Benefit and a Necessities Benefit component.

The Education Cover Benefit will pay the actual school or tuition fees, up to the benefit maximum directly to the education institutions upon receipt of a valid invoice. The following levels of schooling are covered:

Pre-primary:	1 year (Grade 0/ R)
Primary school:	7 years (Grade 1 to Grade 7)
Secondary school:	5 years (Grade 8 to Grade 12)
Tertiary education:	An undergraduate and postgraduate degree, diploma, or certificate at a South African University, Universities of Technology and other tertiary institutions registered with the department of Higher Education (or the relevant Education authority in the country where the child-beneficiary resides), provided the total duration of study does not exceed 6 years. If the child-beneficiary is accepted at any of the listed international tertiary institutions approved by PPS in its sole discretion, the International Tertiary benefit maximums will apply. A complete list of approved institutions is available on request and will be communicated to the child-beneficiary once in claim.

The Necessities Benefit provides the following benefits:

- School level: An annual text books, stationary and uniform allowance (Grade 0 to Grade 12). PPS will pay an additional 25% of the benefit amount if a child-beneficiary participates in a sport or cultural activity on a provincial or national level.
- An allowance for a career counselling session in Grade 11.
- Tertiary level: An annual text books and stationary allowance.
- Residential fees at tertiary level will be paid for as long as the child-beneficiary is registered as a full-time student at an approved tertiary education institution.

The Necessities Benefit will be paid out to the legal guardian whilst the child-beneficiary is a minor. Thereafter the benefits will be paid out to the child-beneficiary directly.

The Necessities Benefit is automatically included in the EDUCATION COVER^{TM} PRODUCT at no extra premium. The benefit amounts are pre-determined and will escalate annually by a percentage as determined by PPS in its sole discretion.

For the purpose of the EDUCATION COVER^{TM} PRODUCT a "Child" shall mean a person who is a biological Child, a legally adopted Child, or a step Child of the policyholder and who is the biological or legally adopted child of the spouse of the Policyholder. At underwriting or claim stage PPS may require proof of relationship, that the nominated child-beneficiary is indeed related to the policyholder.

The benefits in terms of the EDUCATION COVER^{TM} PRODUCT are subject to aggregation across all policies held with all companies including PPS.

The claim payment made towards the education of a child-beneficiary will cease at the earliest of:

- The child completing their education in line with the product rules, or
- The child's death.

If a claim event has occurred the premium for the EDUCATION COVER^{TM} PRODUCT will cease and benefits will become payable. All outstanding school fees for that year of education will be paid-up to the pro-rata benefit maximums.

If no claim is made the cover will end on the child's 24th birthday. If a claim is made before the child turns 24, the remaining education fees and rider benefits will be paid in accordance with the product rules.

The cover and premiums for Disability and Severe Illness events will cease at the end of the month in which the life assured turns 66. Thereafter a claim will only be paid (subject to the product rules) if the life insured dies.

Optional rider benefits can be added to the EDUCATION COVER^{TM} PRODUCT. The following optional rider benefits are available:

Pre-school benefit:
The pre-school benefit will pay the actual pre-school fees up to an annual maximum for the child-beneficiary between new-born and the year in which the child-beneficiary turns five. The benefit maximum will escalate annually by a percentage as determined by PPS in its sole discretion. The proceeds will be payable directly to the relevant institution, upon receipt of a valid invoice, annually in advance. If no claim is made the premiums of this benefit will cease at the end of the year in which the child turns five.

Extra benefit:
In the event of a claim the benefit will be paid annually as a lump sum and can be used for any regular school related expenses. The sum assured is displayed in the policy certificate and it will escalate annually with the Consumer Price Index. The benefit includes a fixed, once-off transport benefit to cover the travelling cost of the child beneficiary for a period following the claim event (applicable to Grade 0 to Grade 12). In claim the sum assured will be paid to the legal guardian whilst the child-beneficiary is a minor. Thereafter the proceeds will be paid directly to the child-beneficiary. If no claim is made the premiums of this benefit will cease at the end of the year in which the child turns 18.

School trips benefit:
If the event of a claim the school trips benefit will pay the actual cost of school trips or camps up to a maximum as determined by PPS in its sole discretion, for primary and secondary school level (applicable to Grade 0 to Grade 12). The sum assured will escalate annually with the Consumer Price Index. The proceeds will be paid directly to the relevant institution upon receipt of a valid invoice. If no claim is made the premiums of this benefit will cease at the end of the year in which the child turns 18.

Matric benefit:
If in claim the sum assured will be paid at the beginning of the child-beneficiary's matric year. If the child-beneficiary achieves four or more distinctions in Grade 12, PPS will pay an additional 25% of the sum assured when the matric results are announced. The sum assured will escalate annually with the Consumer Price Index. The proceeds will be paid to the legal guardian whilst the child-beneficiary is still a minor. Thereafter, the proceeds will be paid directly to the child-beneficiary. If no claim is made the premiums will cease at the end of the year in which the child-beneficiary turns 18. Even though the premiums will cease at the end of the child-beneficiary's 18th year, the benefit will only cease at the end of a child-beneficiary's 19th year. A claim will only be considered in the child-beneficiary's 19th year if he/she is in matric in his/her 19th year and no Matric benefit has been paid to date. The Matric benefit will only be paid once and if the child-beneficiary repeats the matric year the benefit will not be payable.

My first car benefit
If in claim the sum assured will be paid on the child-beneficiary's 18th birthday and the proceeds of this benefit can be used by the child-beneficiary to purchase a car. The sum assured is displayed in the policy certificate and it will escalate annually with the Consumer Price Index. If a claim event occurs partway through the child-beneficiary's 18th year (before or after the child-beneficiary's 18th birthday), the full benefit will be paid. The proceeds will be paid directly to the child-beneficiary. The premiums will cease at the end of the year in which the child-beneficiary turns 18.

Benefit maximums
The benefit maximums will increase annually by a percentage determined by PPS in its sole discretion. The maximum amounts in respect of the EDUCATION COVER™ are reflected in the latest Policy Certificate issued by PPS Insurance.

Exclusions
Please refer to the section titled LOADINGS AND EXCLUSIONS.

Waiting periods
There is no waiting periods in respect of the EDUCATION COVER™ PRODUCT.

Increase in premiums
Premiums will escalate annually, on the 1st of January, at a set percentage as determined by PPS in its sole discretion. To combat the eroding effects of increasing education costs, the benefit maximums will increase at the same time. The premium escalation percentage is not guaranteed and might be adjusted if increases in education fees are significantly and consistently different from the assumed fee increases. This will be the only premium increase and no further increases will be applicable.

Temporary cessation of payment of Premiums
The policyholder will not be allowed to apply for a temporary cessation of payment of premiums on the EDUCATION COVER™ PRODUCT.

Free cover for children
If the policyholder has at least one EDUCATION COVER™ PRODUCT in force, unborn biological children will enjoy free cover until the end of the month before they are due. If a claim event occurs during this period, the unborn child will enjoy the same benefits as the child/(ren) already covered under this policy. If any of the children is covered for Public school benefits, the unborn child will also enjoy Public school benefits; otherwise the unborn child will enjoy Private school benefits. Premium payments in respect of subsequent children will start in the month in which the child is due. This benefit is restricted to biological children born within 9 months from the date of the claim event (excluding surrogacies).

An EDUCATION COVER™ PRODUCT can be taken out for an adopted child as soon as the policyholder can present the adoption court order, provided that the child is under the age of 18. An EDUCATION COVER PRODUCT can be taken out for a stepchild as soon as the policyholder can present a marriage certificate and an unabridged birth certificate to prove that the child is his/her spouse's biological or adopted child, provided the child is under the age of 18. Should the policyholder divorce the parent of the child-beneficiary, the EDUCATION COVER™ PRODUCT will continue for as long as premiums are being paid.

Gap year(s)
A child-beneficiary may take up to two years off between the completion of his/her secondary education and commencement of his/her tertiary education, if in claim. No claim payments will be made during this period. If the child beneficiary chooses not to study thereafter the benefit will end.

If the claim event occurs after the child-beneficiary completed his/her secondary education and before commencement of his/her tertiary education, the tertiary education benefit will be paid if the child-beneficiary enrolls at a tertiary institution within a year of the claim event.

Changing schools whilst in claim
If a child changes schools after the tuition fees for the year has been paid, the parent / legal guardian will have to request a reimbursement from the school and pay the new school. If the tuition for the new school is higher than the previous school, PPS will pay the difference for the remaining months (pro-rata) subject to the benefit maximums.

Failing at school or tertiary level whilst in claim
Payment of tuition fees will be made regardless of whether a child-beneficiary passes or not. The maximum number of years per education level will however apply. At tertiary level the standard duration of a specific qualification will be covered as per the product rules. If a claim is accepted partway through schooling or tertiary education, the maximum number of years will reduce to the remaining years needed for the child to complete the relevant schooling level if each year is completed successfully.

If the child-beneficiary fails a year, PPS will cover the cost of one repeat year. No necessities benefits will be paid at tertiary level in respect of the repeat year.

Changing courses at tertiary level
If a child changes to a course that has the same or a longer standard duration than the one initially enrolled for, the benefit will pay for the standard number of years it takes to complete the new course minus the number of years already paid for the first course.

If a child-beneficiary changes to a course that has a shorter standard duration than the one initially enrolled for, the benefit will be paid for the standard duration of the new course up to a maximum of the standard duration of the first course minus the number of years already paid for the first course.

If at the time of changing courses PPS has not yet paid for a repeat year, the student can use the repeat year to cover an additional year of the new course. Note: at tertiary level no Necessities benefit will be paid at tertiary level in respect of a repeat year. In these cases PPS will pay for a second or post-graduate qualification provided the child-beneficiary has successfully completed the first or undergraduate qualification.

PPS will pay schooling tuition in line with the product rules if a child-beneficiary attends a registered education institution (public and private schools, schools for learners with special needs and home schooling) as per the South African Schools Act, 1996.

PPS will pay tertiary education tuition in line with the product rules if a child-beneficiary enrolls at a tertiary education institution that is registered with the South African Department of Higher Education (or the relevant Education authority in the country where the child-beneficiary resides) up to the local tertiary benefit maximums. If the child-beneficiary is accepted at any of the listed International Universities, tuition will be paid up to the international tertiary benefit maximums. The list of International Universities is determined in PPS' sole discretion, updated and published from time to time.

Special needs institutions
If a child-beneficiary has to attend a special needs school or facility for the physically or mentally challenged, PPS will cover the fees of the selected institution to a maximum of 150% of the normal Rand maximums as published by PPS. PPS reserves the right to approve these institutions. If grades are not applicable, claim payments will end at the end of the year in which the child-beneficiary turns 18.

Global cover
If a child-beneficiary attends an education facility outside of the borders of South Africa, the maximum Rand benefit amounts corresponding to the relevant schooling level will apply. The education facility would need to be registered with the relevant Education authority.

Profit-Share Account
The EDUCATION COVER™ PRODUCT is a standalone, qualifying product and policyholders will receive direct profit allocations to their Profit-Share Accounts, calculated as a percentage of premium (life cover premium only – excluding rider benefits and loading premiums).

53. PPS PROFIT-SHARE ACCOUNT™

When the PPS Provider™ Policy is issued to a Policyholder for the first time who is under the age of 66 years, PPS Insurance shall create a PPS Profit-Share Account™ for such Policyholder.

When the PPS Provider™ Policy is issued to a Policyholder for the first time who is 66 years or older, and where such Policyholder has not elected to take the Sickness and Permanent Incapacity product, PPS Insurance shall create a Vested PPS Profit-Share Account™ for such Policyholder (refer to section 7 below entitled "The Vested PPS Profit-Share Account Option"). Where such Policyholder has elected to take the Sickness and Permanent Incapacity product PPS Insurance shall create a PPS Profit-Share Account™ for such Policyholder.

1. The PPS Profit-Share Account™ is a non-vesting account divided into two parts – the "Apportionment Account" and the "Special Benefit Account".

2. PPS Insurance shall create Investment Reserves from which the Special Benefit Account will be derived from, which shall be credited or debited, as the case may be:

(1) at the end of each financial year or more frequently if thought fit with:

(a) profits or losses realised on the sale of investments net of any tax; and

(b) amounts by which PPS Insurance has decided to write up or down the value of some or all of the investments;

(2) at the end of each financial year or more frequently if thought fit with:

(a) such amounts derived from the ordinary revenue of PPS Insurance as PPS Insurance may determine; and

(b) bonus allocations as set out hereafter.

3. (1) For the purpose of establishing Apportionment Accounts:

(a) "Revenue" shall mean:

(i) premiums and interest on arrear premiums;

(ii) investment income earned on Policyholder risk reserves (such reserves are determined by the statutory actuary);

(iii) amounts forfeited by Policyholders where all their products or benefits are cancelled before having attained the age of 60 years;

(iv) unclaimed moneys reverting to PPS Insurance;

(v) such other moneys as PPS Insurance shall from time to time determine to be revenue of PPS Insurance.

(b) "Expenditure" shall mean:

(i) moneys spent in providing any benefits under the PPS Provider™ Policy;

(ii) part refunds of premiums in terms of paragraph 6.6 hereafter;

(iii) expenses of administration;

(iv) any tax, *impost* or levy; and

(v) such other amounts as PPS Insurance shall from time to time determine to be expenditure.

(c) "Benefit Option" shall mean any of the following:

1. The Sickness and Permanent Incapacity Benefit Option (first acquired prior to 1 March 2015 (i.e. the benefit incepted before 1 March 2015)) Comprising of the following:
   - 1.1. Ordinary Benefit Option;
   - 1.2. A Supplementary Benefit Option with Admission Rider benefit;
   - 1.3. B Supplementary Benefit Option with Admission Rider benefit;
   - 1.4. Accident Benefit Option with Admission Rider benefit;
   - 1.5. Ordinary Benefit Option with Admission Rider benefit;
   - 1.6. A Supplementary Benefit Option;
   - 1.7. B Supplementary Benefit Option;
   - 1.8. Accident Benefit Option; and
   - 1.9. Deferred Benefit Option.

2. The Professional Life Provider Benefit Option, provided that the premiums payable by the Policyholder in respect of this Benefit Option are calculated by taking into account the policyholder's gender and smoking status.
3. The Critical Illness Cover Benefit Option.
4. The Professional Disability Provider Benefit Option, provided that the premiums payable by the Policyholder in respect of this Benefit Option are calculated by taking into account the policyholder's gender and smoking status.
5. The Accidental Death Benefit Option
6. Sickness and Permanent Incapacity Benefit Option (acquired from 1 March 2015 (i.e. the benefit incepted on or after 1 March 2015))
7. The Education Cover™ Benefit Option.
8. Any other product or benefit option as determined by PPS Insurance from time to time.

(d) "Income" shall mean:
item (i) and (v) of the definition of revenue in paragraph (a) that for each of Benefit Options 2, 3, 4, 5, 6, 7 and 8 is in respect of that Benefit Option.

(e) "Outgo" shall mean:
1) Items (i) to (v) of the definition of expenditure in paragraph (b) that for each of Benefit Options 2, 3, 4, 5, 6, 7 and 8 is in respect of that Benefit Option; and
2) "Outgo" will include any amounts required to be transferred to or released from Policyholder reserves; or any other adjustments made by PPS Insurance to ensure the equitable treatment of policyholders. Such transfers and adjustments will be determined annually by the statutory actuary to PPS Insurance.

(2) The Apportionment Account created for each Policyholder under this contract shall be credited or debited (as the case may be) each year with interest allocations and profit or loss allocations as described hereafter

(3) At the end of each financial year:

(a) Interest shall be credited to each Policyholder's Apportionment Account which interest shall be calculated at a rate to be determined by PPS Insurance in consultation with the statutory actuary on the amount, if any, standing to the credit of such Apportionment Account at the end of the immediately preceding financial year. Such interest credits shall be termed "interest allocations".

(b) For each of the Benefit Options in 2 to 8 there shall be calculated for each Policyholder in that Benefit Option his aggregate premium, being the total premium (Excluding optional rider benefits and premium loadings applied) in such Benefit Option held by him at the end of each month of such year for which premiums were paid.

(c) PPS Insurance shall determine the income and outgo for such financial year in respect of each of Benefit Options 2 to 8. The income less outgo shall, if positive (being a surplus) be credited or if negative (being a deficiency) be debited to each Policyholder's Apportionment Account. The surplus or deficiency will be in the proportion that the Policyholder's aggregate premium paid (excluding optional rider benefits and any premium loadings applied) for each Benefit Option bears to the total of the aggregate premiums paid (excluding optional rider benefits and any premium loadings applied) of all Policyholders holding sums assured in each Benefit Option. Such surplus or deficiency shall be termed "bonus allocation".

(d) For Benefit Options 1.1 to 1.9 there shall be calculated for each Policyholder holding Units of Benefit in that Benefit Option his aggregate unit holding, being the sum of the number of units in such Benefit Option held by him at the end of each month of such year for which premiums were paid, or are not payable for a Policyholder who is Permanently Incapacitated (Refer to Section 51 which deals with Permanent Incapacity). For options 1.1 and 1.5 the aggregate unit holding shall be calculated separately for Full Premium Policyholders and for Reduced Premium Policyholders.

(e) PPS Insurance shall determine the revenue and expenditure of PPS Insurance.

(f) The sum of:
(i) the revenue; and
(ii) the sum of all deficiencies in benefit options 2 to 8; less the sum of:
(iii) the expenditure; and
(iv) the interest allocations; and
(v) the sum of all surpluses in benefit options 2 to 8; and
(v) any amounts required to be transferred to or released from Policyholder reserves which are required in terms of the Long-Term Insurance Act 1998 or any other adjustments made by PPS Insurance to ensure the equitable treatment of policyholders (Such transfers and adjustments will be determined annually by the statutory actuary to PPS Insurance);

shall, if positive, be hereinafter referred to as the Sickness and Permanent Incapacity Benefit (Benefit Options 1.1 to 1.9) surplus, or, if negative, be hereinafter referred to as the Sickness and Permanent Incapacity Benefit (Benefit Options 1.1 to 1.9) deficiency, and shall be dealt with respectively as set out hereafter. The Sickness and Permanent Incapacity Benefit surplus or deficiency shall be allocated to each Policyholder's Apportionment Account with reference to his aggregate unit holding in each Sickness and Permanent Incapacity Benefit Options 1.1 to 1.9. Such surplus or deficiency shall be termed "Sickness and Permanent Incapacity bonus allocation".

(g) If the “Sickness and Permanent Incapacity bonus allocation” for Benefit Option 1.1 exceeds 13 cents, a Full Premium Policyholder shall have allocated to his Apportionment Account an amount of 13 cents, multiplied by his aggregate unit holding in option 1.1. The balance of the “Sickness and Permanent Incapacity bonus allocation” for Benefit Option 1.1 over the amount so allocated shall be credited to the Apportionment Account of each Full Premium Policyholder and Reduced Premium Policyholder in the proportion that his aggregate unit holding in Benefit Option 1.1 bears to the total of the aggregate unit holdings of all such Policyholders in Benefit Option 1.1.

(h) If the ”Sickness and Permanent Incapacity bonus allocation” for Benefit Option 1.1 is less than 13 cents, the Sickness and Permanent Incapacity Benefit surplus shall be credited to each Full Premium Policyholder's Apportionment Account in the proportion that his aggregate unit holding in Benefit Option 1.1 bears to the total of the aggregate unit holdings of all such Policyholders in Benefit Option 1.1 and no part of the ”Sickness and Permanent Incapacity bonus allocation” for Benefit Option 1.1 shall be allocated to the Apportionment Accounts of Reduced Premium Policyholders.

(4) Any residual surplus or shortfall not allocated to policyholders or reserves in terms of clause 3 above will be allocated to reserves or policyholders in a manner deemed equitable by PPS Insurance in conjunction with the statutory actuary.

4. In addition to interest and bonus allocations to Policyholders' Apportionment Accounts as set out above, PPS Insurance may annually credit the following special bonus allocations to the Apportionment Accounts of the following Policyholders:

(1) PPS Insurance may annually credit a special bonus allocation to the Apportionment Accounts of those Policyholders (the Retirement Annuity Fund holding Policyholders) who have taken retirement annuity policies with the Professional Provident Society Retirement Annuity Fund (the RA Fund). In determining this special bonus, PPS Insurance shall at the end of each financial year determine the revenue received by PPS Insurance in the administration of this Fund.

If this revenue exceeds expenditure, the excess or such portion thereof as PPS Insurance in its sole discretion may determine (the RA Fund excess), shall annually be credited as a special bonus allocation to the apportionment accounts of the RA Fund holding Policyholders.

The special bonus allocation credited to each RA Fund holding Policyholder in respect of a financial year shall be equal to his aggregate premium paid to the RA Fund during such financial year divided by the aggregate RA premiums paid by all RA Fund holding Policyholders multiplied by the RA Fund excess.

(2) PPS Insurance may annually credit a special bonus allocation to the Apportionment Accounts of those Policyholders (the PPS Investments holding Policyholders) who hold products of Professional Provident Society Investments (PPS Investments). In determining this special bonus, PPS Insurance shall at the end of each financial year determine the profits received by it from PPS Investments. PPS Insurance shall thereafter, in its sole discretion, determine the portion of such operating profits to be credited as special bonus allocations to the Apportionment Accounts of such PPS Investments holding Policyholders. The special bonus allocation credited to each PPS Investments holding Policyholder shall be in the proportion that his average fund value over the course of the financial year bears to the overall fund value of PPS Investments over the course of the financial year. For the purpose of this special bonus allocation a PPS Investments holding Policyholder’s average fund value shall include all “qualifying assets” as determined and defined by PPS Investments from time to time.

(3) PPS Insurance may annually credit a special bonus allocation (the Medical Aid Products Bonus Allocation) to the Apportionment Accounts of those Policyholders who are also members of the Profmed Medical Scheme (Profmed holding Policyholders). In determining this special bonus, PPS Insurance shall at the end of each financial year determine the revenue received by Professional Medical Scheme Administrators (Pty) Ltd, a wholly owned subsidiary company of PPS Insurance, in the administration of the Profmed Medical Scheme.

If this revenue exceeds expenditure, the excess or such portion thereof as PPS Insurance in its sole discretion may determine shall annually be credited as a special bonus allocation to the Apportionment Accounts of the Profmed holding Policyholders.

The special bonus allocation credited to each Profmed holding Policyholder in respect of a financial year shall be in proportion that the Policyholder’s aggregate premium paid to the Profmed Medical

Scheme bears to the total of the aggregate premiums paid by all Profmed holding Policyholders to the Profmed Medical Scheme.

5. In addition to any other interest and bonus allocations, PPS Insurance shall annually, or more frequently as it may in its sole discretion decide, allocate a special Black Economic Empowerment (BEE) bonus as follows:

5.1 For the initial period commencing 31 December 2006 the entire special BEE bonus will be applied to the recoupment of the initial funding arrangements that were put in place to facilitate the BEE restructuring;

5.2 Once the initial funding arrangements (including all interest and all other costs of such funding) have been recouped, the special BEE bonus will be allocated to the Apportionment Account of each Qualifying Black Policyholder in the proportion that his holding of Qualifying Units of Benefit bears to the aggregate of all Qualifying Units of Benefit held by all Qualifying Black Policyholders. The initial funding arrangements will be deemed to be recouped when the accumulated value of the entire special BEE bonus allocation equates to the initial funding amount plus interest and other costs the net rate of investment return earned on PPS Insurance Policyholder funds.

5.3 For the purposes of this paragraph 5, Qualifying Black Policyholders shall be all existing Black Policyholders who hold Units of Ordinary Benefit or who only hold Units of Accident Benefit at 31 December 2008 and:

(1) a Black Policyholder shall be a Black person for the purposes of the Broad Based Black Economic Empowerment Act, 2003;
(2) only the Units of Ordinary Benefit held by Ordinary Policyholders and Units of Accident Benefit held by Accident Policyholders, who are Black Policyholders at 31 December 2008, shall be classified as Qualifying Units of Benefit (QUB). Any additional Units of Benefit purchased after 31 December 2008, including those purchased as a result of declared annual increases, shall not be classified as QUB. Once a QUB has been cancelled or terminated in any way it shall not be reinstated;
(3) the special BEE bonus per QUB shall be calculated as a % of the Operating Profit plus a % of the Investment Profit earned each year, Divided by the number of QUB at 31 December 2008; where the % of the Operating Profit and Investment Profit are set so that the aggregate Special BEE bonus (if calculated at 31 December 2006 on a prospective basis) would result in at least 25% of the Economic Interest being distributed to Black Policyholders;
(4) the Economic Interest is 10% of the Profit; and
(5) the Profit is the operating profit plus the investment profit of the business as a whole determined by PPS Insurance.

6. Benefits payable to the Policyholder

Benefits will become due and payable to the Policyholder in the following circumstances:

6.1 Where all the products and benefits held by him in terms of the PPS Provider™ Policy are cancelled prior to him having attained the age of 60 years, and in the event that PPS Insurance has at any time during the Policy term calculated the remaining value of the Policy and used the whole or any part of such remaining value in order to offset any premium(s) owed to PPS Insurance under the Policy, the amount payable to the Policyholder shall be determined with reference to the rules prescribed by PPS Insurance subsequent to the relevant provisions of the Long-Term Insurance Act No. 52 of 1998, as substituted and/or amended from time to time.

Where all the products and benefits held by him in terms of the PPS Provider™ Policy are cancelled prior to him having attained the age of 60 years under any other circumstances, the amount payable to him will be an amount equal to the full amount standing to his credit in his Apportionment Account less such amount in interest allocations to his Apportionment Account as PPS Insurance in its full and absolute discretion may decide, which amount shall be forfeited to PPS Insurance. This amount, however, will not exceed the amount of interest allocations credited to him during the last two financial years of him being a policyholder in terms of the PPS Provider™ Policy. In addition to this, PPS Insurance in its sole discretion may pay to or in respect of such Policyholder a special benefit derived from the investment reserves of PPS Insurance. Such special benefit shall constitute the Special Benefit Account. In determining such benefit, PPS Insurance shall have regard to his Apportionment Account balance and the duration of him being a Policyholder in terms of the PPS Provider™ Policy. The special benefit will, however, not be paid where cover is terminated by PPS Insurance in terms of the provisions of this contract or where, for a reason other than death, cover ceases within three years of his becoming a Policyholder.

6.2 Where all the products and benefits (Excluding the PPS Profit-Share Account™ Benefit) held by him in terms of the PPS Provider™ Policy are cancelled on or after the day on which he attained the age of 60 years but before he attains the age of 66 years, and in the event that PPS Insurance has at any time during the Policy term calculated the remaining value of the Policy and used the whole or any part of such remaining value in order to offset any premium(s) owed to PPS Insurance under the Policy, the amount due to the Policyholder shall be determined with reference to the rules prescribed by PPS Insurance subsequent to the relevant provisions of the Long-Term Insurance Act No. 52 of 1998, as substituted and/or amended from time to time. The amount due to the Policyholder shall be transferred to the Vested PPS Profit-Share Account Option in accordance with the terms and conditions of such option (refer to par. 7 below).

Where all the products and benefits (Excluding the PPS Profit-Share Account™ Benefit) held by him in terms of the PPS Provider™ Policy are cancelled on or after the day on which he attained the age of 60 years but before he attains the age of 66 years under any other circumstances, the full amount standing to his credit in his PPS Profit-Share Account™ will be transferred to the Vested PPS Profit-Share Account Option in accordance with the terms and conditions of such option (refer to par. 7 below).

6.3 Where the Sickness and Permanent Incapacity benefit is cancelled on or after the day on which he attained the age of 60 years but before he attains the age of 66 years, and in the event that PPS Insurance has at any time during the Policy term calculated the remaining value of the Policy and used the whole or any part of such remaining value in order to offset any premium(s) owed to PPS Insurance under the Policy, the amount due to the Policyholder shall be determined with reference to the rules prescribed by PPS Insurance subsequent to the relevant provisions of the Long-Term Insurance Act No. 52 of 1998, as substituted and/or amended from time to time.

Where the Sickness and Permanent Incapacity benefit is cancelled on or after the day on which he attained the age of 60 years but before he attains the age of 66 years under any other circumstances, the full amount standing to his credit in his PPS Profit-Share Account™ will become due to him.

In both of the above instances the Policyholder may exercise the following options:

a) Provided that at least one of the other PPS Provider Policy Benefits (Excluding the PPS Profit-Share Account™ Benefit) remains in force the Policyholder may select to keep his PPS Profit-Share Account™ benefit in force as a notional benefit until he reaches the age of 66. PPS shall continue to credit or debit such a Policyholder's notional PPS Profit-Share Account™ with interest and profit or loss allocations as described above; or
b) The Policyholder may select to exercise the Vested PPS Profit-Share Account option as set out hereafter in which case the full amount standing to his credit in his PPS Profit-Share Account™ will be transferred in accordance with the terms and conditions of such option (refer to par. 7 below); or
c) In the event that the Policyholder does not have any other PPS Provider Policy Benefits (Excluding the PPS Profit-Share Account™ Benefit) in force PPS Insurance shall implement the Vested PPS Profit-Share Account option as described hereafter (refer to par. 7 below).

The Policyholder shall inform PPS Insurance of his selection in writing at its Head Office in the manner prescribed by PPS Insurance from time to time. In the event that the Policyholder fails to exercise an option at the time of the cancellation of his Sickness and Permanent Incapacity benefit in accordance with this paragraph 6.3, the option described in paragraph a) above shall automatically apply if at least one of the other PPS Provider Policy Benefits (Excluding the PPS Profit-Share Account™ Benefit) remains in force and the option described in paragraph c) above shall automatically apply in all other instances.

6.4 When a Policyholder attains the age of 66 years, and in the event that PPS Insurance has at any time during the Policy term calculated the remaining value of the Policy and used the whole or any part of such remaining value in order to offset any premium(s) owed to PPS Insurance under the Policy, the amount due to the Policyholder shall be determined with reference to the rules prescribed by PPS Insurance subsequent to the relevant provisions of the Long-Term Insurance Act No. 52 of 1998, as substituted and/or amended from time to time.

When a Policyholder attains the age of 66 years in any other circumstances the full amount standing to his credit in his PPS Profit-Share Account™ will become due to him notwithstanding the fact that any of the PPS Provider Policy Benefits still remain in force.

In both of the above instances the following shall apply:

a) Provided that the Sickness and Permanent Incapacity benefit remains in force the Policyholder may select to keep his PPS Profit-Share Account™ benefit in force as a notional benefit. PPS

shall continue to credit or debit such a Policyholder's notional PPS Profit-Share Account™ with interest and profit or loss allocations as described above; or

b) The Policyholder may select to exercise the Vested PPS Profit-Share Account option as set out hereafter in which case the full amount standing to his credit in his PPS Profit-Share Account™ will be transferred in accordance with the terms and conditions of such option (refer to par. 7 below); or

c) In the event that the Policyholder does not have a Sickness and Permanent Incapacity benefit in force PPS Insurance shall implement the Vested PPS Profit-Share Account option as described hereafter (refer to par. 7 below).

The Policyholder shall inform PPS Insurance of his selection in writing at its Head Office in the manner prescribed by PPS Insurance from time to time. In the event that the Policyholder fails to exercise an option at the time of his 66th birthday the option described in paragraph a) above shall automatically apply as long as there is an in-force Sickness and Permanent Incapacity benefit. If there is no in-force Sickness and Permanent Incapacity benefit then the option described in paragraph c) above shall automatically apply.

6.5 Where the PPS Provider™ Policy is terminated due to his death, and in the event that PPS Insurance has at any time during the Policy term calculated the remaining value of the Policy and used the whole or any part of such remaining value in order to offset any premium(s) owed to PPS Insurance under the Policy, the amount due shall be determined with reference to the rules prescribed by PPS Insurance subsequent to the relevant provisions of the Long-Term Insurance Act No. 52 of 1998, as substituted and/or amended from time to time.

Where the PPS Provider™ Policy is terminated due to his death in any other circumstances, the full amount standing to his credit in his PPS Profit-Share Account™ will become due.

In both of the above instances the amount due will be paid to the person or persons nominated by him as beneficiaries in accordance with the relevant provisions of the PPS Provider™ Policy (refer to section 15 above entitled "Beneficiaries").If payment is made after the end of the third calendar month following receipt by PPS Insurance of sufficient information to enable PPS to make a decision as to the payment of the death benefits, interest will be paid at a rate to be determined by PPS Insurance in respect of the period from the end of such third calendar month to date of payment.

6.6 In addition to the payments referred to in this paragraph 6, there shall be paid to or in respect of a Policyholder who ceases to be a Policyholder other than at the end of a financial year and whose Apportionment Account, therefore, receives no profit or loss allocation as set out above in respect of such year, a part refund of the premiums due and paid or payable by the Policyholder whilst he was a Policyholder during such year. Such refund shall be one-twelfth of the profit or loss allocation per Unit of Benefit or per aggregate premium paid (excluding optional rider benefits and any premium loadings applied), whichever is applicable, of the Benefit Option held, declared in respect of the preceding financial year, for each month from 1 January of such year to the date on which his participation terminates, less a discount of 10 per cent. If, at the time of termination of cover, no profit or loss allocation had been declared yet in respect of such preceding financial year, the profit and loss allocation declared most recently will, for the purposes of this section, be deemed to have also been declared in respect of such preceding financial year. Such refund shall not in any event exceed 50 per cent of the premiums paid or payable by the Policyholder during such year. The refund shall not be payable where this contract is terminated by PPS Insurance or where for a reason other than death, benefits cease within six months of his becoming a Policyholder.

6.7 No benefit will be payable where the Policyholder's policy is cancelled, for a reason other than his death, within six months of the policy having been issued to him.

7. The Vested PPS Profit-Share Account Option:

When the PPS Provider™ Policy is issued to a Policyholder for the first time who is 66 years or older, and where such Policyholder has not elected to take the Sickness and Permanent Incapacity product, PPS Insurance shall create a Vested PPS Profit-Share Account™ for such Policyholder.

Policyholders may exercise the Vested PPS Profit-Share Account option in the following circumstances:

(1) where all the products and benefits held by a Policyholder in terms of the PPS Provider™ Policy (Excluding the PPS Profit-Share Account™ Benefit) are cancelled in accordance with the provisions of paragraph 6.2 above; or

(2) Where the Sickness and Permanent Incapacity benefit is cancelled in accordance with the provisions of paragraph 6.3 above; or

(3) Where a Policyholder attains the age of 66 years in accordance with the provisions of paragraph 6.4 above.

Where the Vested PPS Profit-Share Account option is created, exercised or implemented as provided for in this contract, the funds available in a Policyholder's PPS Profit-Share Account™ will be transferred by PPS Insurance to

an Investment Portfolio selected by the Policyholder, or where this is not possible or practicable to an Investment Portfolio selected by PPS Insurance in its (PPS') own discretion, for the purpose of the initial investment of such a Policyholder's Vested PPS Profit-Share Account Benefit. Following the initial investment of the Policyholder's Vested PPS Profit-Share Account Benefit PPS Insurance will, from time to time and at its discretion, present the Policyholder with a list of Investment Portfolios from which the Policyholder may choose for the purpose of the subsequent investment of such a Policyholder's Vested PPS Profit-Share Account Benefit.

From the day on which the Vested PPS Profit-Share Account option was created, exercised or implemented as provided for in this contract, the Apportionment Account will not exist as a separate entity under the Vested PPS Profit-Share Account any longer. All special bonus allocations from such Policyholder's PPS Retirement Annuity Fund and PPS Investments products, if applicable, will thereafter be credited directly to his Vested PPS Profit-Share Account. All allocations to his PPS Profit-Share Account™ as described above in respect of the PPS Provider products will cease.

The Policyholder, who holds a Vested PPS Profit-Share Account, may from time to time withdraw funds from such account.

The Policyholder's Vested PPS Profit-Share Account will not be cancelled merely because all funds have been withdrawn from such account.

Notwithstanding anything else contained in this contract, the Vested PPS Profit-Share Account option may not be exercised by the Policyholder where his PPS Provider™ Policy is cancelled due to the following reasons:

(a) non-disclosure by the Policyholder of, or misrepresentation by the Policyholder in respect of, information material to the assessment of the risk insured against by PPS Insurance;
(b) a false claim for benefits submitted by the Policyholder knowing such claim to be false;
(c) a claim submitted by the Policyholder where he knows and conceals the fact that the materialisation of the insured event is attributable to excessive indulgence in liquor or drugs, immorality or disorderly conduct, or where the sickness is intentionally self-inflicted or self-induced; or
(d) improper, unworthy or disgraceful conduct by the Policyholder which will materially at the time of issue or at the time of any variation affect the risk under this contract.

Appendix A

PPS Critical Illness Cover Claim Definitions (Standalone and Accelerated)

CARDIOVASCULAR

HEART ATTACK	Basic	Core 100%	CI 100%
Heart Attack is the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The following diagnostic criteria should be confirmed by a cardiologist approved by PPS: • *Clinical features including typical chest pain;* • *Confirmatory new electrocardiogram (ECG) changes;* • *Currently accepted diagnostic elevation of specific cardiac markers, such as CK-MB or troponin indicating the heart attack* ***Exclusions:*** • *Acute coronary syndrome without infarction; stable or unstable angina.* • *Payment of this benefit category excludes Cardiomyopathy benefits and vice versa*			
On diagnosis of a heart attack as described above	25%	100%	100%
Four out of the following have to apply 30 days after the event: 1. Substantial recovery, with minimal cardiac symptoms (Grade I NYHA) 2. Resting ECG: Persistent Q-waves 3. Stress ECG: significant ST changes of 1 - 2 mm but no cardiovascular symptoms (chest pain, dizziness) 4. 30 Day post infarction ejection fraction ≥50% and echocardiographic evidence of myocardial damage, e.g. akinesis or dyskinesis 5. Angiography (if performed): at least two main vessels (Circumflex, Right Coronary Artery, Left Anterior Descending) significantly diseased* 6. No additional cardiac medication other than prophylactic medication e.g. aspirin, statins; Betablockers 7. No persisting arrhythmias	50%	100%	100%
Four out of the following have to apply 30 days after the event: 1. Occasional cardiac symptoms on exertion (Grade II NYHA) 2. Resting ECG: Persistent Q-waves 3. Stress ECG: Significant ST segment changes of 1 – 2 mm or cardiac symptoms occurring during exercise (chest pain, dizziness, dyspnoea) 4. 30 Day post infarction ejection fraction 40 - 49% and echo evidence of myocardial damage, e.g. akinesis or dyskinesis 5. Angiography (if performed): Three main vessels (Circumflex, Right Coronary Artery, Left Anterior Descending) significantly diseased* 6. Any cardiac medication to control cardiac symptoms in addition to prophylactic medication e.g. aspirin, statins; Betablockers 7. Persisting arrhythmias (atrial fibrillation or supraventricular tachycardia)	75%	100%	100%
Four out of the following have to apply 30 days after the event: 1. Persisting pathological cardiovascular symptoms such as chest pain, dyspnoea (Grade III – IV NYHA), ankle swelling. 2. Resting ECG: Persistent Q-waves 3. Stress ECG: ST segment changes > 2 mm in any stage of exercise or exercise terminated due to cardiac symptoms (chest pain, dizziness) 4. 30 Day post infarction ejection fraction less than 40% and echocardiographic evidence of myocardial damage, e.g. akinesis or dyskinesis 5. Angiography (if performed): Three or more main coronary vessels (Circumflex, Right Coronary Artery, Left Anterior Descending) significantly diseased* 6. On-going appropriate medication to control cardiac symptoms, e.g. ACE inhibitors; Betablockers; Angiotensin II Receptor Blockers; plus Prophylactic medication 7. Persisting arrhythmias (atrial fibrillation or supraventricular tachycardia)	100%	100%	100%

CARDIAC SURGERY AND PROCEDURES	Basic	Core 100%	CI 100%
The performing of cardiac surgery by a cardio-thoracic surgeon. Submissions from the hospital and reports from the cardio-thoracic surgeon or cardiologist will be required.			
• Coronary artery disease involving 2 or more vessels necessitating a PTCA and/or stenting to at least 1 vessel • Coronary artery disease requiring a second PTCA with at least 1 stent, more than 6 months after the initial procedure. • Percutaneous valvotomy	25%	25%	25%
• Coronary artery bypass grafting (CABG) of any 1 vessel • Pericardiectomy or any heart valve repair procedure	50%	100%	100%
• Coronary artery bypass grafting (CABG) of 2 vessels	75%	100%	100%
• Heart valve replacement of one or more heart valves by means of open heart surgery (thoracotomy) • Coronary artery bypass grafting (CABG) of 3 or more vessels	100%	100%	100%

CARDIOMYOPATHY	Basic	Core 100%	CI 100%
Cardiomyopathy confirmed on echocardiogram and resulting in permanent and irreversible physical impairments to the degree of at least Class III of the New York Heart Association Classification of Cardiac Impairment with METS < 5 or EF ≤ 30% based on an average of 2 readings 3 months apart.	75%	75%	100%
Cardiomyopathy confirmed on echocardiogram and resulting in permanent and irreversible physical impairments to the degree of at least Class IV of the New York Heart Association Classification of Cardiac Impairment with METS < 3 or EF ≤ 20% based on an average of 2 readings 3 months apart.	100%	100%	100%

AORTIC SURGERY	Basic	Core 100%	CI 100%
Undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. **<u>Exclusion</u>:** Surgery performed using endarterial techniques only are specifically excluded.	50%	50%	100%

CANCER

CANCER	Basic	Core 100%	CI 100%
Means the presence of one or more malignant tumours characterised by uncontrolled growth and spread of malignant cells and the invasion or destruction of normal tissue. Must be confirmed by a histology report from an accredited pathology laboratory. ***<u>Exclusions</u>:*** • Tumours showing the malignant changes of Carcinoma-in-situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant are excluded. • All skin cancers localised or infiltrating including, but not limited to, the following are excluded: o Hyperkeratosis o basal cell carcinoma o squamous cell carcinoma o melanomas of less than 1.0mm (Breslow method) depth. • Non-life threatening prostatic cancers which are histologically described as TNM classification T1a and T1b (but not T1c) or of another equivalent or lesser qualification, papillary micro- carcinoma of the thyroid or bladder.			
• Cancer, Stage I, confined to the primary organ; CLL - Stage 0-1; Stage 1 Lymphomas; Hairy cell leukaemia • Medically necessary Prophylactic bilateral total mastectomy (not for cosmetic purposes)	25%	100%	100%

Cancer, Stage II, within organ of origin with contiguous spread to adjacent organs but no lymph node involvement; CLL - Stage 2; Stage 2 Lymphomas; Chronic Myeloid Leukaemia (not requiring bone marrow transplantation); Multiple Myeloma Stage 1 and 2.	50%	100%	100%
Cancer, Stage III, within organ of origin with spread to regional lymph nodes; Stage 3 Lymphomas.	75%	100%	100%
Cancer, Stage IV, showing lymphatic or blood spread to distant lymph nodes or distant metastases; Chronic Lymphocytic Leukaemia (CLL) - Stage 3 and 4; Stage 4 Lymphomas, Acute Myeloid Leukaemia (AML) - any Stage; Chronic Myeloid Leukaemia (requiring bone marrow transplant); Acute Lymphocytic Leukaemia - any Stage; Multiple Myeloma Stage 3.	100%	100%	100%

NEUROLOGICAL

STROKE	Basic	Core 100%	CI 100%
Stroke means any cerebrovascular incident producing neurological sequelae lasting more than 24 hours. It includes infarction of brain tissue, haemorrhage and embolisation. If required, evidence of permanent neurological damage must be confirmed by a neurologist approved by PPS Insurance 3 months after the event. Signs appropriate to the brain area affected must be present **Exclusions:** Transient ischaemic attacks (TIA's), cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system.			
On diagnosis of a stroke with or without full recovery (scoring between 1 and 4 points according to the Functional ability table)	25%	100%	100%
Impairment that results in a score of between 5 and 6 points according to the Functional ability table	50%	100%	100%
Impairment that results in a score of between 7 and 9 points according to the Functional ability table	75%	100%	100%
Impairment that results in a score of 10 or more points according to the Functional ability table	100%	100%	100%

MULTIPLE SCLEROSIS	Basic	Core 100%	CI 100%
Diagnosis of Multiple Sclerosis is characterised by the demyelination of myelinated axons in the brain or spinal cord. The diagnosis must be confirmed with clinical evidence and special investigations. There must have been more than one clearly distinct episode of well-defined neurological deficit causing persisting neurological deficit, which remains permanent. A consultant neurologist approved by PPS Insurance must confirm the diagnosis. ***Exclusion:*** *A single episode of Multiple Sclerosis from which remission occurred.*			
On diagnosis of a Multiple Sclerosis (scoring between 1 and 4 points according to the functional ability table)	25%	25%	100%
Impairment that results in a score of between 5 and 6 points according to the functional ability table	50%	50%	100%
Impairment that results in a score of between 7 and 9 points according to the functional ability table	75%	75%	100%
Impairment that results in a score of 10 or more points according to the functional ability table	100%	100%	100%

MUSCULAR DYSTROPHY	Basic	Core 100%	CI 100%
Unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist as approved by PPS Insurance.			
On diagnosis of a Muscular Dystrophy (scoring between 1 and 4 points according to the functional ability table)	25%	25%	100%
Impairment that results in a score of between 5 and 6 points according to the functional ability table	50%	50%	100%
Impairment that results in a score of between 7 and 9 points according to the functional ability table	75%	75%	100%
Impairment that results in a score of 10 or more points according to the functional ability table	100%	100%	100%

MOTOR NEURON DISEASE	Basic	Core 100%	CI 100%
Unequivocal diagnosis of Motor Neuron Disease (Amyotrophic lateral sclerosis) by a consultant neurologist as approved by PPS Insurance. ***Exclusions:*** *Nervous lesions of inflammatory or toxic origin.*			
On diagnosis of Motor Neuron Disease	100%	100%	100%

PARKINSON'S DISEASE	Basic	Core 100%	CI 100%
Unequivocal diagnosis of Parkinson's disease by a consultant neurologist as approved by PPS insurance where the condition cannot be significantly controlled with treatment and results in signs of progressive incapacity. ***Exclusions:*** *Parkinsonism resulting from the side effects of medication; alcohol, drug-induced or toxic causes of Parkinson's disease.*			
On diagnosis of Parkinson's disease (scoring between 1 and 4 points according to the Functional ability table)	25%	25%	100%
Impairment that results in a score of between 5 and 6 points according to the Functional ability table	50%	50%	100%
Impairment that results in a score of between 7 and 9 points according to the Functional ability table	75%	75%	100%
Impairment that results in a score of 10 or more points according to the Functional ability table	100%	100%	100%

DEMENTIA OR ALZHEIMER'S DISEASE	Basic	Core 100%	CI 100%
An appropriate specialist approved by PPS Insurance must confirm the diagnosis of Alzheimer's Disease or other Dementia. ***Whilst practicing as a professional:*** *The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment* for which no other recognisable cause can be identified.* ***In retirement:*** *The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment* needing constant supervision for which no other recognisable cause can be identified.* **Significant cognitive impairment means a deterioration or loss of intellectual capacity.* ***Exclusion:*** *Alcohol or drug related dementia.*			
Significant cognitive impairment with loss of intellectual capacity	100%	100%	100%

BRAIN TUMOUR CAUSING SYMPTOMS	Basic	Core 100%	CI 100%
Means a tumour in the brain, giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, seizures and sensory or motor impairment. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. ***Exclusions:*** *Cysts, granulomas, cholesteatomas, haematomas, malformations in or of the arteries or veins of the brain or spine.*			
• The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI.	25%	25%	100%

• Requiring surgery to the brain or spinal cord, OR • Deemed inoperable and causing neurological deficit that results in a score of between 5 and 6 points according to the Functional ability table	50%	50%	100%
• Post-surgery neurological deficit that results in a score of between 7 and 9 points according to the Functional ability table • Deemed inoperable and causing neurological deficit that results in a score of between 7 and 9 points according to the Functional ability table	75%	75%	100%
• Post-surgery neurological deficit that results in a score of 10 or more points according to the Functional ability table • Deemed inoperable and causing neurological deficit that results in a score of 10 or more points according to the Functional ability table	100%	100%	100%

MYASTHENIA GRAVIS	Basic	CORE 100%	CI 100%
The unequivocal diagnosis of Myasthenia Gravis which must be confirmed by a specialist or neurologist approved by PPS insurance.			
On diagnosis of Myasthenia Gravis (scoring between 1 and 4 points according to the Functional ability table)	25%	25%	100%
Impairment that results in a score of between 5 and 6 points according to the Functional ability table	50%	50%	100%
Impairment that results in a score of between 7 and 9 points according to the Functional ability table	75%	75%	100%
Impairment that results in a score of 10 or more points according to the Functional ability table	100%	100%	100%

GUILLAIN-BARRÉ SYNDROME	Basic	Core 100%	CI 100%
The unequivocal diagnosis of Guillain-Barré Syndrome which must be confirmed by a specialist or neurologist approved by PPS insurance.			
On diagnosis of Guillain-Barré Syndrome with full time care required for basic activities of daily living related to upper and lower limb impairment e.g. washing and bathing, mobilising, toileting and dressing which cannot be performed without assistance, for at least 2 consecutive months.	50%	50%	100%
On diagnosis of Guillain-Barré Syndrome • With mechanical ventilation for more than 2 consecutive months, OR • Causing permanent paralysis of one or more limbs, OR • Causing the life insured to be permanently wheelchair bound due to lower limb paralysis.	100%	100%	100%

INTRACRANIAL LESION CAUSING SYMPTOMS AND REQUIRING SURGERY	Basic	Core 100%	CI 100%
Intracranial or spinal cord neoplasm or injury with symptoms AND			
• Requiring surgery to the brain or spinal cord, OR • Deemed inoperable and causing neurological deficit that results in a score of between 5 and 6 points according to the Functional ability table	50%	50%	100%
• Post-surgery neurological deficit that results in a score of between 7 and 9 points according to the Functional ability table • Deemed inoperable and causing neurological deficit that results in a score of between 7 and 9 points according to the Functional ability table	75%	75%	100%
• Post-surgery neurological deficit that results in a score of 10 or more points according to the Functional ability table • Deemed inoperable and causing neurological deficit that results in a score of 10 or more points according to the Functional ability table	100%	100%	100%

TRANSPLANTS

MAJOR ORGAN TRANSPLANT	Basic	Core 100%	CI 100%
On a waiting list for or on completion of one or more transplants of the heart, lung, liver, kidney, small bowel or bone marrow as a recipient. **Exclusions:** The transplantation of the Islets of Langerhans only; stem cells; transplant of all other organs, parts of organs or tissue.	100%	100%	100%

MUSCULOSKELETAL

PARALYSIS (Quadriplegia/Paraplegia)	Basic	Core 100%	CI 100%
Total and permanent loss of function of two or more limbs as a result of injury to or disease of the spinal cord. Limb is defined as the complete arm or the complete leg. **Exclusions:** Partial or temporary paralysis.	100%	100%	100%

LOSS OF USE OF LIMBS (only 1 benefit will be paid in this instance)		Basic	Core 100%	CI 100%
Total, permanent and irreversible loss of or loss of use of any of the limbs listed either due to injury or disease. For loss of use of limbs, maximum medical improvement must have been reached with little or no chance of further improvement as approved by a specialist nominated by PPS Insurance.				
Limb	**Maximum benefit for condition***			
One foot	R 642,158	25%	25%	100%
One hand – non-dominant	R 1,070,266	25%	25%	100%
One leg	R 2,140,525	50%	50%	100%
Both feet	Sum Assured	50%	50%	100%
One hand – dominant	R 1,070,266	50%	50%	100%
One arm	R 1,605,394	75%	75%	100%
Both arms	Sum Assured	100%	100%	100%

Both legs	Sum Assured	100%	100%	100%
One arm and one leg	Sum Assured	100%	100%	100%
Both hands	Sum Assured	100%	100%	100%

*PPS Insurance may increase the maximum benefits annually at its sole discretion.
Note: Claim amount will be calculated as follows: Min (Sum assured * severity (25%, 50%, 75% or 100%) OR the maximum benefit for condition)

AMPUTATION		Basic	Core 100%	CI 100%
“Thumb” requires loss of the whole thumb from the metocarpo-phalangeal joint. *“Finger” requires loss of the whole finger from the metocarpo-phalangeal joint.*				
Amputation of:	**Maximum benefit for condition***			
Thumb	R 214,053	25%	25%	100%
Four toes and big toe	R 214,053	25%	25%	100%
1 or more fingers	R 171,242	25%	25%	100%
3 fingers and thumb	R 535,131	50%	50%	100%
4 fingers and thumb	R 856,210	50%	50%	100%

*PPS Insurance may increase the maximum benefits annually at its sole discretion.

KIDNEY AND UROLOGICAL

KIDNEY FAILURE	Basic	Core 100%	CI 100%
Stage III Kidney disease with a GFR of 40ml/min or less with persistent proteinuria (3g/L or more) for the past year, despite optimal treatment. **Exclusion:** Acute kidney failure requiring short-term dialysis.	50%	50%	100%
Chronic irreversible kidney failure requiring continuous regular dialysis. **Exclusion:** Acute kidney failure requiring short-term dialysis.	100%	100%	100%

TOTAL NEPHRECTOMY	Basic	Core 100%	CI 100%
Total Nephrectomy (removal) of one kidney **Exclusion:** Kidney donation	25%	25%	100%

AMPUTATION OF THE PENIS	Basic	Core 100%	CI 100%
Partial amputation of the penis **Exclusion**: Circumcision	25%	25%	100%
Total amputation of the penis	50%	50%	100%

CYSTECTOMY	Basic	Core 100%	CI 100%
Partial cystectomy (at least 50% of the bladder)	25%	25%	100%

Radical cystectomy resulting in the need for an external stoma bag or permanent catheterisation	100%	100%	100%

ORCHIDECTOMY	**Basic**	**Core 100%**	**CI 100%**
Unilateral or bilateral orchidectomy	25%	25%	100%

CONNECTIVE TISSUE

ACTIVE, UNRESPONSIVE RHEUMATOID ARTHRITIS	**Basic**	**Core 100%**	**CI 100%**
Sero-positive rheumatoid arthritis, as diagnosed by a consultant Rheumatologist as deemed by PPS. Despite adequate treatment with disease modifying drugs including biologics, the disease remains unresponsive and affects at least two major joint groups (e.g. feet, hands, hips, knees, wrists). In addition to this, three of five criteria are required: • Morning stiffness • Soft tissue swelling in 3 joint groups • Symmetrical swelling in joints • Presence of rheumatoid nodules • Appropriate radiographic changes	25%	25%	100%
Widespread chronic progressive joint destruction with significant deformity affecting at least three major joint groups (e.g. feet, hands, hips, knees, wrists). In addition to this, four of six criteria are required: • Morning stiffness • Soft tissue swelling in 3 joint groups • Symmetrical swelling in joints • Presence of rheumatoid nodules • Elevated rheumatoid factor • Appropriate radiographic changes	100%	100%	100%

SYSTEMIC LUPUS ERYTHEMATOSUS WITH NEPHRITIS	**Basic**	**Core 100%**	**CI 100%**
Systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus, which involve the kidneys (Type III to Type V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification). The final diagnosis is to be supported by a Rheumatologist or Physician as approved by PPS Insurance. **<u>Exclusions:</u>** Discoid lupus and those forms with only haematological and/or joint involvement.	100%	100%	100%
SCLERODERMA	**Basic**	**Core 100%**	**CI 100%**
A multisystem disorder of unknown cause characterised by fibrosis of the skin, blood vessels and visceral organs including the gastrointestinal tract, lungs, heart and kidneys. Diagnosis must be made by a PPS approved rheumatologist and supported by histology results. The disorder should have affected one of the following organ systems: pulmonary, cardiac, gastrointestinal, renal systems. **<u>Exclusions:</u>** Cutaneous scleroderma and sclerodactyly.	100%	100%	100%

GIANT CELL ARTERITIS OR TEMPORAL ARTERITIS	Basic	Core 100%	CI 100%
Diagnosis of Giant cell arteritis or temporal arteritis confirmed by a biopsy, blood tests and a histology report. Persistent inflammation of the walls of the temporal artery and symptoms such as severe headache, scalp tenderness, a low fever, and poor appetite must be present. A blood test should confirm a raised Erythrocyte sedimentation rate. Treatment should include corticosteroid drugs or immunosuppressants.	50%	50%	100%

WEGENER'S GRANULOMATOSIS	Basic	Core 100%	CI 100%
Multisystem disorder of unknown cause characterised by fibrosis of the skin, blood vessels and visceral organs including the gastrointestinal tract, lungs, heart and kidneys. Diagnosis must be supported by biopsy and the disorder should have affected any one or more of the following: pulmonary, cardiac, gastrointestinal, renal systems.	100%	100%	100%

RESPIRATORY

ESPIRATORY FAILURE	Basic	Core 100%	CI 100%
End stage lung disease. Both of the following must be fulfilled: • Proof of necessary and permanent oxygen therapy for at least 8hrs/day and • FEV1 test results of less than 1 litre	100%	100%	100%

LOBECTOMY	Basic	Core 100%	CI 100%
Removal of a lobe of a lung not for donor purposes	25%	25%	100%
Removal of one complete lung	50%	50%	100%

BRONCHOPLEURAL FISTULA REQUIRING SURGERY	Basic	Core 100%	CI 100%
Bronchopleural fistula having undergone surgery	25%	25%	100%

PULMONARY EMBOLISM	Basic	Core 100%	CI 100%
Pulmonary embolism following deep vein thrombosis. The diagnosis must be confirmed with relevant imaging	25%	25%	100%
Pulmonary embolism requiring surgical intervention	50%	50%	100%

RECURRENT PULMONARY EMBOLISM	Basic	Core 100%	CI 100%
Recurrent Pulmonary embolism despite optimal treatment with associated pulmonary hypertension (mean pulmonary artery pressure > 40mmHg	100%	100%	100%

ULCERATIVE COLITIS REQUIRING SURGERY	Basic	Core 100%	CI 100%
A definite diagnosis of Ulcerative colitis by a consultant gastroenterologist based on histopathological features. Despite optimal treatment which includes disease modifying drugs and diet restriction, the complications have resulted in surgical intervention other than for diagnostic purposes	50%	50%	100%
The diagnosis of Ulcerative colitis by a consultant gastroenterologist must be based on histopathological features and have resulted in any one or more of the following: • Fulminant Ulcerative Colitis with life threatening electrolyte disturbances associated with intestinal distension with or without intestinal rupture. • Involvement of the entire colon and resulting in surgery in the form of colectomy and/or ileostomy	100%	100%	100%

CROHN'S DISEASE REQUIRING SURGERY	Basic	Core 100%	CI 100%
A definite diagnosis of Crohn's disease made by a PPS approved consultant gastroenterologist as deemed by PPS. Despite optimal treatment which includes disease modifying drugs, it has resulted in surgical intervention other than for diagnostic purposes.	50%	50%	100%
Crohn's disease is a chronic granulomatous inflammatory disease. The diagnosis must have been confirmed by a PPS approved gastroenterologist with histopathology and the disease must have required a colectomy or surgery being done for one of the following: • fistula or abscess formation, or • intestinal obstruction, or • intestinal perforation of 2 or more sites. The characteristic post-surgical histopathological features must confirm the diagnosis	100%	100%	100%
CHRONIC LIVER FAILURE	**Basic**	**Core 100%**	**CI 100%**
Chronic liver dysfunction as diagnosed by a consultant hepatologist approved by PPS and classified as Child-Pugh class A caused by any one of the following: • Non-alcoholic fatty liver disease • Haemochromatosis • Viral Hepatitis A,B,C • Primary Sclerosing Cholangitis • Primary Biliary Cirrhosis PPS Insurance may in its sole discretion consider a claim for any other condition that is not caused or aggravated by alcohol abuse.	50%	50%	100%
Chronic liver dysfunction as diagnosed by a consultant hepatologist approved by PPS and classified as Child-Pugh class B caused by any one of the following: • Non-alcoholic fatty liver disease • Haemochromatosis • Viral Hepatitis A,B,C • Primary Sclerosing Cholangitis • Primary Biliary Cirrhosis PPS Insurance may in its sole discretion consider a claim for any other condition that is not caused or aggravated by alcohol abuse.	75%	75%	100%
End stage liver failure with permanent jaundice, ascites or encephalopathy	100%	100%	100%

CHRONIC PANCREATITIS	Basic	Core 100%	CI 100%
Partial pancreatectomy as a result of a disease or disorder	25%	25%	100%
A chronic inflammation of the pancreas, characterised by fibrosis and resulting in chronic pain, diabetes mellitus or persistent gastrointestinal tract disturbances. Diagnosis based on presentation of the following triad of findings: Pancreatic Calcification; Steatorrhea and established Diabetes mellitus or alternatively < 10% exocrine function remaining.	50%	50%	100%
Pancreas transplant including partial transplant of the pancreas.	100%	100%	100%

COLECTOMY	Basic	Core 100%	CI 100%
Total Colectomy (removal of the entire large intestine)	100%	100%	100%

COLOSTOMY	Basic	Core 100%	CI 100%
Permanent colostomy or ileostomy	100%	100%	100%

BLOOD

APLASTIC ANAEMIA	Basic	Core 100%	CI 100%
Irreversible bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. The diagnosis must be based on a bone marrow biopsy. Two out of the following three values must be present: 1. Absolute neutrophil count of 500 per cubic millimetre or less; 2. Absolute reticulocyte count of 20,000 per cubic millimetre or less; and 3. Platelet count of 20,000 per cubic millimetre or less.	100%	100%	100%

EAR NOSE AND THROAT

LOSS OF HEARING	Basic	Core 100%	CI 100%
Irrecoverable Loss of Hearing in both ears, with an auditory threshold of between 79 and 90 decibels at all frequencies. No benefits will be payable if in general specialist opinion a hearing aid, device, or implant could result in the partial or total restoration of hearing.	50%	50%	100%
Irrecoverable Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels at all frequencies. No benefits will be payable if in general specialist opinion a hearing aid, device, or implant could result in the partial or total restoration of hearing.	100%	100%	100%

LOSS OF SPEECH	Basic	Core 100%	CI 100%
Complete and irrecoverable loss of speech as a result of sickness or injury. No benefits will be payable if in general specialist opinion any aid, device, treatment or implant could result in the partial or total restoration of speech.	100%	100%	100%

VISUAL

LOSS OF SIGHT	Basic	Core 100%	CI 100%
Loss of sight in both eyes. Total irreversible loss of sight as confirmed by an ophthalmologist as a result of injury or disease with a best corrected visual acuity of 6/30 or less.	50%	50%	100%
Loss of sight in 1 eye (max benefit = R 428,106). Total irreversible loss of sight as confirmed by an ophthalmologist as a result of injury or disease with a best corrected visual acuity of 6/120 or less.	50%	50%	100%
Loss of sight in both eyes. Total irreversible loss of sight as confirmed by an ophthalmologist as a result of injury or disease with a best corrected visual acuity of 6/120 or less.	100%	100%	100%

DIABETIC RETINOPATHY	Basic	Core 100%	CI 100%
Grade III Irreversible diabetic retinopathy: Severe Non-Proliferative Diabetic Retinopathy At least one of the following has to be present: • Extensive (>20) intraretinal hemorrhages in each of 4 quadrants • Definite venous beading in 2+ quadrants • Prominent IRMA in 1+ quadrant	50%	50%	100%
Grade IV Irreversible diabetic retinopathy: Proliferative Diabetic Retinopathy At least one of the following has to be present: • Neovascularization • Vitreous/preretinal hemorrhage	100%	100%	100%

HEMIANOPIA	Basic	Core 100%	CI 100%
Irreversible Hemianopia in one eye	50%	50%	100%
Irreversible Hemianopia in both eyes	100%	100%	100%

TRAUMA

COMA	Basic	Core 100%	CI 100%
Failure of cerebral function characterised by total unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours. **Exclusion:** Coma resulting directly from alcohol or drug abuse.	100%	100%	100%

TRAUMATIC INJURY RESULTING IN PERMANENT IMPAIRMENT	Basic	Core 100%	CI 100%
Significant and traumatic injury caused directly by unforeseen, external or violent means and is independent from any other cause. The condition and treatments must be confirmed by a registered medical specialist within 24 months of the event.			
Admitted to hospital or a recognised rehabilitation centre for more than a continuous period of 30 days as a result of the injuries suffered.	25%	25%	100%
Resulting in impairment scoring between 5 and 6 points according to the Functional ability table	50%	50%	100%
Resulting in impairment scoring between 7 and 9 points according to the Functional ability table	75%	75%	100%
Resulting in impairment scoring 10 or more points according to the Functional ability table	100%	100%	100%

GUNSHOT WOUNDS	Basic	Core 100%	CI 100%
Penetrating gunshot wound to the head, neck, chest, abdomen or pelvic area requiring surgical intervention by means of a craniotomy, thoracotomy or laparotomy. **Exclusions:** Superficial gunshot wounds, gunshot wounds to the legs (including hips), gunshot wounds to the arms (including shoulders).	100%	100%	100%
3RD DEGREE BURNS	**Basic**	**Core 100%**	**CI 100%**
Tissue injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by the Rule of Nines or the Lund or Browder Body Surface Chart.	100%	100%	100%

ACCIDENTAL HIV INFECTION	Basic	Core 100%	CI 100%
Infection by any Human Immunodeficiency Virus or being diagnosed as having Acquired Immune Deficiency Syndrome if the infection can be proved to the satisfaction of PPS Insurance as being due to: • The result of an accident during the course of carrying out normal occupational duties as a medical or dental practitioner registered with the Health Professions Council of South Africa (HPCSA). • The transfusion of infected blood or blood products from a transfusion service recognised by PPS Insurance in the Republic of South Africa. The institution that provided the blood must admit liability. • Indecent assault. The offense must have resulted in the opening of a criminal case by the police. In the case of accidental HIV infection while carrying out normal occupational duties or as the result of indecent assault, any incident giving rise to a potential claim must be: • Reported to PPS Insurance within 10 days of the incident and • Be supported by a negative HIV antibody test, taken within 3 days of the incident. • Prophylactic treatment must be taken for a full period of 28 consecutive days to the satisfaction of PPS Insurance. **Exclusions:** Infection in any other manner, including infection as a result of sexual activity or intravenous drug use. This benefit will not apply in the case that an internationally recognised medical cure is found for AIDS.	100%	100%	100%

RECONSTRUCTIVE SURGERY FOR FACIAL DISFIGUREMENT DUE TO INJURY, ACCIDENT OR ASSAULT		Basic	Core 100%	CI 100%
The undergoing of the following reconstructive surgical procedures (single or multiple) for extensive and significant repair to facial bone and/or skin injuries, due to injury, accident or assault, which renders the applicant permanently facially disfigured. The surgery must, in the opinion of PPS Insurance, be deemed necessary. The face is defined as the front portion of the head – the eyes, nose, mouth, forehead, cheeks, and chin but excluding the ears. All corrective procedures should have been completed and the Reconstructive Surgeon in charge must indicate that no further surgery or procedures will provide any future enhancements/improvements to the injury. ***Exclusions**: Cosmetic procedures or cosmetic surgery for any other reason than restoration or reconstruction as described in the definition.*				
	Maximum benefit for condition*			
Significant disfigurement, as determined by PPS Insurance, of any one of the following: Nose, Cheek bone, Lips	R 267,567	25%	25%	100%
Disfigurement involving any quadrant of the face, or 25% of the area of the face as defined above.	R 535,131	50%	50%	100%
Disfigurement involving the entire area between the hairline and lower jaw on one side of the face or alternately, 50% of the facial area.	R 695,672	75%	75%	100%
Disfigurement involving the entire area between the hairline and lower jaw on both sides of the face.	R 1,070,266	100%	100%	100%

*PPS Insurance may increase the maximum benefits annually at its sole discretion)

ICU

ICU BENEFIT	Basic	Core 100%	CI 100%
The benefit will pay 100% of the sum assured if the life insured is admitted to an Itensive Care Unit with mechanical ventilation for at least 96 consecutive hours or without mechanical ventilation for at least 10 consecutive days due to disease or trauma. **Exclusion:** Admission to ICU as a result of cosmetic procedures or surgeries	100%	100%	100%

CHILD CRITICAL ILLNESS

The Benefit
The Child Critical illness benefit is automatically included and will be paid to the Policyholder if the Policyholder's child is diagnosed and meets the criteria of one of the listed critical illnesses.

The Child Critical Illness Sum assured
- The claim amount will be equal to: Critical Illness Cover sum assured x 10% x the severity level (25%, 50%, 75% or 100%), up to a maximum of R200,000
- If the Policyholder has any rider benefits e.g. Core 100%, CI 100% or CatchAll, it also applies to the Child Critical Illness benefit
- A maximum of 100% of the Child Critical Illness benefit is payable per child for a listed critical illness and any related critical illness
- If a child is diagnosed with another, unrelated critical illness, the Policyholder can again claim up to 100% of the Child Critical Illness benefit
- There is no restriction on the number of claims a Policyholder can submit
- A Child Critical Illness claim will not reduce any of the Policyholder's benefits.
- If more than one parent of a child who qualifies for a claim under this benefit holds a Critical Illness Cover product, the benefit will pay to each of them.

Definition of Child
For the purpose of this benefit a "Child" is:
- a biological, legally adopted, or step Child of the Policyholder, at the date of diagnosis of the condition which gave rise to a claim, and
- who is between the ages of 4 months and 21 years old

PPS Insurance may request proof of relationship at claim stage in the form of an unabridged birth certificate or adoption court order.

Commencement and end date of the benefit
The cover will commence on the later of:
- the date on which the Child attains the age of 4 months, or
- on the commencement date of the Policy

The cover will cease on the earlier of:
- the Child's 21st birthday, or
- on the end date of the Policy

Survival period
A 14 day survival period applies to the Child Critical Illness benefit

Exclusions
- No claim will be paid under this benefit for any condition that existed prior to the date on which the child became eligible for the benefit. It includes conditions that directly or indirectly caused or aggravated the claim event and all symptoms experienced by the Child that could have revealed the illness or condition before the child became eligible for this benefit.
- No claim will be paid under the Child Critical Illness Benefit if the condition which the Child suffers from is a result of a wilful or negligent act committed by the Policyholder or the Policyholder's Spouse.

PPS Critical Illness Cover: CatchAll Cover

CATCHALL COVER BENEFIT FOR MEMBERS UNDER THE AGE OF 75	
PPS Insurance will pay the Sum Assured in respect of this benefit if the life insured suffers a dread disease, trauma or physical impairment pursuant to the occurrence of a serious medical or physical condition that is permanent and unlikely to change in spite of further medical or surgical treatment; and:	
Results in impairment scoring between 5 and 6 points according to the Functional ability table	50%
Results in impairment scoring between 7 and 9 points according to the Functional ability table	75%
Results in impairment scoring 10 or more points according to the Functional ability table	100%

The Functional ability table is appended hereto as Appendix C

CATCHALL COVER BENEFIT FOR MEMBERS OVER THE AGE OF 75	
PPS Insurance will pay the Sum Assured in respect of this benefit if the life insured suffers a dread disease, trauma or physical impairment pursuant to the occurrence of a serious medical or physical condition that:	
• Results in impairment scoring 10 or more points according to the Functional ability table, and • results in confinement to a bed or wheelchair; and • is permanent and unlikely to change in spite of further medical or surgical treatment	100%

The Functinal ability table is appended hereto as Appendix C

If a valid claim is submitted under this benefit for a condition that is the same or related to a condition already claimed under the BASIC BENEFIT or PREGNANCY COMPLICATIONS COVER (if applicable) the benefit paid will be the CatchAll claim percentage less the percentage benefit already paid.

A related claim is a condition or illness which is directly or indirectly related to a past claim where, in the opinion of PPS Insurance, the subsequent condition is either a complication of, outcome of, or treatment for, any previous illness or condition resulting in an existing payment under this policy; or an event that shares a common cause or effect with any previous illness or condition resulting in a claim under this benefit.

Appendix B

PPS Critical Illness Cover: Pregnancy Complications Cover

	PREGNANCY COMPLICATIONS BENEFIT	Benefit
Abortion due to Amniocentesis	Miscarriage directly or indirectly caused by amniocentesis within 7 days of amniocentesis. The maximum benefit for this condition is R 39,495*.	25%
Abruptio Placentae	Total or partial premature detachment of the placenta from the uterus during pregnancy. Condition: • Must require hospitalisation and a blood transfusion and/or • Have disseminated intravascular coagulation (generation of blood clots in the circulating blood).	50%
Amniotic Fluid Embolism	Diagnosis of an amniotic fluid embolism requiring emergency treatment and intensive care admission.	100%
Ectopic Pregnancy	Development of a fertilised ovum outside of the uterus. The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.	25%
Hydatidiform mole	A growth of cysts forming in the uterus when the membrane surrounding the embryo degenerates. Confirmatory histological evidence will be required.	25%
Hyperemesis Gravidarum	Hyperemesis gravidarum is a severe and intractable form of nausea and vomiting in pregnancy. It may result in weight loss; nutritional deficiencies; and abnormalities in fluids, electrolyte levels, and acid-base balance. For the purposes of this policy treatment must require a minimum hospital admission for 4 (four) days. The maximum benefit for this condition is R 19,747*	25%
Placenta Praevia	The condition in which the placenta is implanted in the lower segment of the uterus, extending to the margin of the internal os of the cervix or partially or completely obstructing the os, and requiring Caesarean section for this condition. The maximum benefit for this condition is R 19,747*	25%
Pulmonary Embolism	Life threatening obstruction of the pulmonary artery or one of its main branches by an embolus (thrombus, air or fat embolism, foreign body). For this benefit, a claim is considered only during pregnancy or 2 weeks post-partum.	75%
Severe Pre-eclampsia and Eclampsia	*The diagnosis of severe pre-eclampsia or eclampsia by a gynaecologist or physician.*	
	Eclampsia. Convulsions, seizures or a coma occurring during or immediately after pregnancy as a complication of pre-eclampsia.	75%
	Severe Pre-eclampsia characterised by: Blood pressure of 150/110mmHg, marked oedema, albuminuria > or = 3+, visual disturbances or abdominal pain.	25%
Sheehan's Syndrome	Hypopituitarism postpartum as a result of pituitary necrosis; caused by ischaemia resulting from a hypotensive episode during delivery. Diagnosis must be confirmed by a neurologist.	100%
Uterine Rupture	Uterine rupture is the full thickness tear of the uterus into the abdominal cavity during labour.	50%

* PPS Insurance may increase the maximum benefits annually at its sole discretion

Appendix C

PPS Critical Illness Cover Functional Ability table

1 – 4 points = 25%
5 – 6 points = 50%
7 – 9 points = 75%
10 or more points = 100%

Diagnosis of Stroke, Multiple Sclerosis, Muscular Dystrophy, Parkinson's disease, Myasthenia Gravis, Benign Brain tumour or Intracranial Lesion requiring surgery, as defined in the benefit descriptions = 1 point

	UPPER LIMB	LOWER LIMB	VISUAL	COMMUNICATION	COGNITION	OTHER
2 points			Quadrantopia OR Diplopia OR Blurred vision not correctable with use of visual aid/surgery	Unilateral facial paralysis / slurred speech		
4 points	Limitation in use of upper limbs for self-care activities (bathing, toileting, feeding)	Weakness in one or both lower limbs but able to walk without aid or rest for at least 300m OR significant gait instability/imbalance				
6 points	Unilaterally unable to use upper limb for self-care activities (bathing, toileting, feeding)	Requires a walking aid - cane, crutch, etc. - to walk 200m with or without resting	Macular sparing homonymous hemianopia or Bilateral visual impairment leading to difficulties with ADL; not able to read or see well enough to drive	Totally unable to speak or totally unintelligible speech	Severe memory deficit, poor accuracy and poor attention	Permanent, irreversible incontinence (urinary or faecal)
10 points	Bilaterally unable to use upper limb for self-care activities (bathing, toileting, feeding)	Unable to be mobile independently or is bedridden	Equivalent in ADL to bilateral blindness	Complete aphasia; inability to interpret or respond to verbal or written language	Severe impairment of orientation, judgment, memory, insight and / or social functioning and behaviour	Neurogenic systemic impairment e.g. respiratory, dysphagia, cough syncope

Appendix D

CARDIOVASCULAR

a. HEART ATTACK

Definition:

Means the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis shall be supported and the severity level confirmed if the following criteria are present and confirmed by a cardiologist at least 30 days after the event.

- Clinical features including typical chest pain;
- Confirmatory new electrocardiogram changes (ECG) changes;
- Diagnostic elevation of specific cardiac markers, such as CK-MB or troponin.

Exclusions:

- Acute coronary syndrome without infarction; stable or unstable angina.
- Payment of this benefit category excludes Cardiomyopathy benefits and vice versa.

Severity A – 100%

Four out of the seven criteria to apply:

1. Occasional cardiac symptoms on exertion (Grade II NYHA)
2. Resting ECG: Persistent Q-waves remain over time
3. Stress ECG: Significant ST segment changes of 1 – 2 mm or cardiac symptoms occurring during exercise (chest pain, dizziness, dyspnoea)
4. 30 Day post infarction ejection fraction less than 49% and echocardiographic evidence of myocardial damage, e.g. akinesis or dyskinesis
5. Angiography (if performed): Three vessels* significantly diseased
6. Ongoing appropriate medication to control cardiac symptoms e.g. ACE inhibitors, Betablockers, Angiotensin II Receptor Blockers plus prophylactic medication
7. Persisting arrhythmias atrial fibrillation or supraventricular tachycardia

* Main vessels, e.g. Circumflex, Right Coronary Artery, Left Anterior Descending

b. CARDIAC SURGERY AND PROCEDURES

Definition:

The completion of cardiac surgery by a cardio-thoracic surgeon. Submissions from the hospital and reports from the cardio-thoracic surgeon or cardiologist will be required.

Severity A – 100%

- Heart valve replacement of one or more heart valves by means of open heart surgery (thoracotomy)

- Coronary artery bypass grafting (CABG) of 3 or more main vessels*

* Main vessels only e.g. Circumflex, Right Coronary Artery, Left Anterior Descending

c. CARDIOMYOPATHY

Definition:

Severity A – 100%

Cardiomyopathy confirmed on echocardiogram and resulting in permanent and irreversible physical impairments to the degree of at least Class III of the New York Heart Association Classification of Cardiac Impairment with METS < 5 or EF $\leq 30\%$ based on an average of 2 readings 3 months apart.

BLOOD

1. APLASTIC ANAEMIA

Severity A – 100%

Irreversible bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. The diagnosis must be based on a bone marrow biopsy.

Two out of the following three values must be present:

1. Absolute neutrophil count of 500 per cubic millimetre or less;
2. Absolute reticulocyte count of 20,000 per cubic millimetre or less; and
3. Platelet count of 20,000 per cubic millimetre or less.

NEUROLOGICAL

2. STROKE

Definition:

Any cerebrovascular incident or stroke producing neurological sequelae lasting more than **24 hours** and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. Evidence of permanent and significant neurological damage must be confirmed by a neurologist approved by PPS Insurance **3 months** after the event. Signs appropriate to the brain area affected must be present.

Exclusions:

Transient ischaemic attacks (TIA's), cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system are excluded.

Severity Levels:

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

Severity A – 100%

Whole Person Impairment of 20% or above

3. MULTIPLE SCLEROSIS

Definition:

Means the life insured has Multiple Sclerosis confirmed by CT or MRI scan, where the condition is characterised by the demyelination in the brain and spinal cord. There must be more than one clearly distinct episode of well-defined neurological deficit causing persisting neurological deficit, which remains permanent. A consultant neurologist approved by PPS Insurance must confirm the diagnosis.

Exclusions:

A single episode of Multiple Sclerosis from which remission occurred.

Severity Levels:

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

Severity A – 100%

Whole Person Impairment of 20% or above

4. MUSCULAR DYSTROPHY

Definition:

Unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist as approved by PPS Insurance.

Severity Levels:

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

Severity A – 100%

Whole Person Impairment of 20% or above

5. MOTOR NEURON DISEASE

Definition:

Unequivocal diagnosis of Motor Neuron Disease (Amyotrophic lateral sclerosis) by a consultant neurologist as approved by PPS Insurance.

Exclusions:

Nervous lesions of inflammatory or toxic origin.

Severity Levels:

Using the Whole Person Impairment rating from the American Medical Association Guide to the Evaluation of Permanent Impairment. This takes into account all parts of the body that may be affected.

Severity A – 100%

Whole Person Impairment of 20% or above

6. PARKINSON'S DISEASE

Definition:

Means the life insured has Parkinson's Disease where the condition cannot be significantly controlled with treatment and results in signs of progressive incapacity.

Exclusions:

Parkinsonism resulting from the side effects of medication; alcohol, drug-induced or toxic causes of Parkinson's disease.

Severity Levels:

Severity A – 100%

Whole Person Impairment of 25% or above.

7. DEMENTIA OR ALZHEIMER'S DISEASE

Definition:

Whilst practicing as a professional, means the life insured has Alzheimer's Disease or other Dementia. The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment for which no other recognisable cause can be identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity. An appropriate specialist approved by PPS Insurance must confirm the diagnosis.

In retirement, means the life insured has Alzheimer's Disease or other Dementia. The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment needing constant supervision for which no other recognisable cause can be identified. An appropriate specialist approved by PPS Insurance must confirm the diagnosis.

Exclusions:

Alcohol or drug related dementia.

Severity A – 100%

Significant cognitive impairment with loss of intellectual capacity.

8. BENIGN BRAIN TUMOUR

Severity A – 100%

Means a life-threatening, non-malignant tumour in the brain, giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit causing at least 25% Whole Person Impairment that is permanent. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, cholesteatomas, haematomas, malformations in or of the arteries or veins of the brain or spine are excluded.

TRANSPLANTS

9. MAJOR ORGAN TRANSPLANT

Severity A – 100%

On completion of one or more transplants of the heart, lung, liver, kidney, small bowel or bone marrow as a recipient.

Exclusions:

Excluding the transplantation of the Islets of Langerhans only; stem cells; transplant of all other organs, parts of organs or tissue is excluded.

CANCER

10. CANCER

Definition:

Means the presence of one or more malignant tumours characterised by uncontrolled growth and spread of malignant cells and the invasion or destruction of normal tissue. Must be confirmed by a histology report from an accredited pathology laboratory.

Exclusions:

- Tumours showing the malignant changes of Carcinoma-in-situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant are excluded.
- All skin cancers localised or infiltrating including, but not limited to, the following are excluded:
  - Hyperkeratosis
  - basal cell carcinoma
  - squamous cell carcinoma
  - melanomas of less than 1.0mm (Breslow method) depth.
- Non-life threatening prostatic cancers which are histologically described as TNM classification T1a and T1b (but not T1c) or of another equivalent or lesser qualification, papillary micro-carcinoma of the thyroid or bladder

Severity A – 100%

- Cancer, Stage IV, showing lymphatic or blood spread to distant lymph nodes or distant metastases, or
- Cancer, Stage III, within organ of origin with spread to regional lymph nodes
- Chronic Lymphocytic Leukaemia (CLL) Stage 3 or 4
- Stage 3 or 4 Lymphomas
- Acute Myeloid Leukaemia (AML) any stage
- Chronic Myeloid Leukaemia (requiring bone marrow transplant);
- Acute Lymphocytic Leukaemia any stage
- Multiple Myeloma Stage 3

MUSCULOSKELETAL

11. PARALYSIS (Quadriplegia/Paraplegia)

Severity A – 100%

Total and permanent loss of function of two or more limbs as a result of injury to or disease of the spinal cord. Limb is defined as the complete arm or the complete leg.

Exclusions:

Partial or temporary paralysis.

12. LOSS OF USE OF LIMBS (only 1 benefit should be paid in this instance)

Definition:

Total, permanent and irreversible loss of or loss of use of any of the limbs listed either due to injury or disease. For loss of use of limbs, maximum medical improvement must have been reached with little or no chance of further improvement as approved by a Specialist nominated by PPS.

Limb	Severity level
Both hands	A
One arm	A
Both arms	A
Both legs	A

TRAUMA

13. COMA

Severity A – 100%

Failure of cerebral function characterised by total unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least **96 hours**.

Exclusions:

Coma resulting directly from alcohol or drug abuse is excluded.

14. GUNSHOT WOUNDS

Severity A – 100%

Penetrating gunshot wound to the head, neck, chest, abdomen or pelvic area requiring surgical intervention by means of a craniotomy, thoracotomy or laparotomy.

Exclusions:

Superficial gunshot wounds, gunshot wounds to the legs (including hips), gunshot wounds to the arms (including shoulders).

15. 3RD DEGREE BURNS

Severity A – 100%

Tissue injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by the Rule of Nines or the Lund or Browder Body Surface Chart.

16. ACCIDENTAL HIV INFECTION

Severity A – 100%

Infection by any Human Immunodeficiency Virus or being diagnosed as having Acquired Immune Deficiency Syndrome if the infection can be proved to the satisfaction of PPS Insurance as being due to:

- The result of an accident during the course of carrying out normal occupational duties as a medical or dental practitioner registered with the Health Professions Council of South Africa (HPCSA).
- The transfusion of infected blood or blood products from a transfusion service recognised by PPS Insurance in the Republic of South Africa. The institution that provided the blood must admit liability.
- Indecent assault. The offense must have resulted in the opening of a criminal case by the police.

In the case of accidental HIV infection while carrying out normal occupational duties or as the result of indecent assault, any incident giving rise to a potential claim must be:

- Reported to PPS Insurance within **10 days** of the incident and
- Be supported by a negative HIV antibody test, taken within **3 days** of the incident.
- Prophylactic treatment must be taken for a full period of 28 consecutive days to the satisfaction of PPS Insurance.

Exclusions:

Infection in any other manner, including infection as a result of sexual activity or intravenous drug use.

This benefit will not apply in the case that an internationally recognised medical cure is found for AIDS.

KIDNEY AND UROLOGICAL

17. KIDNEY FAILURE

Severity A – 100%

Chronic irreversible kidney failure requiring continuous regular dialysis.

Exclusion:

Acute kidney failure requiring short-term dialysis.

CONNECTIVE TISSUE

18. RHEUMATOID ARTHRITIS

Severity A – 100%

Widespread chronic progressive joint destruction with significant deformity affecting at least three major joint groups (e.g. feet, hands, hips, knees, wrists).

In addition to this, four of six criteria are required:

- Morning stiffness
- Soft tissue swelling in 3 joint groups
- Symmetrical swelling in joints
- Presence of rheumatoid nodules
- Elevated rheumatoid factor
- Appropriate radiographic changes

19. SYSTEMIC LUPUS ERYTHEMATOSUS WITH NEPHRITIS

Severity A – 100%

Systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus, which involve the kidneys (Type III to Type V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification). Other forms, discoid lupus and those forms with haematological and joint involvement will be specifically excluded. The final diagnosis is to be supported by a certified doctor specialising in Rheumatology and Immunology as approved by PPS Insurance.

Exclusions:

Discoid lupus and those forms with haematological and joint involvement will be specifically excluded.

20. SCLERODERMA

Severity A – 100%

A multisystem disorder of unknown cause characterised by fibrosis of the skin, blood vessels and visceral organs including the gastrointestinal tract, lungs, heart and kidneys.

Diagnosis must be supported by biopsy and the disorder should have affected one of the following; pulmonary, cardiac, gastro – intestinal, renal systems. Cutaneous scleroderma and sclerodactyly are specifically excluded.

RESPIRATORY

21. RESPIRATORY FAILURE

Severity A – 100%

End stage lung disease. Both of the following must be fulfilled:

- Proof of necessary and permanent oxygen therapy for at least 8hrs/day and
- FEV1 test results of less than 1 litre

GASTROINTESTINAL

22. ULCERATIVE COLITIS

Severity A – 100%

For the purposes of this policy, Ulcerative Colitis shall mean acute Fulminant Ulcerative Colitis with life threatening electrolyte disturbances usually associated with intestinal distention and a risk of intestinal rupture. It must involve the entire colon with severe bloody diarrhoea and systemic signs and symptoms and for which the treatment is total colectomy and/or ileostomy. Diagnosis must be based on histopathological features. Surgery in the form of colectomy and/or ileostomy should form part of the treatment.

23. CROHN'S DISEASE

Severity A – 100%

Crohn's disease is a chronic granulomatous inflammatory disease. The disease must require surgical intervention after one of the following:

- fistula formation, or
- intestinal obstruction, or
- intestinal perforation

of 2 or more sites.
The characteristic post-surgical histopathological features must confirm diagnosis.

24. LIVER FAILURE

Severity A – 100%

Liver Failure means end stage liver failure with permanent jaundice, ascites or encephalopathy

25. CHRONIC PANCREATITIS

Severity A – 100%

Pancreas transplant including partial transplant of the pancreas.

EAR NOSE AND THROAT

26. LOSS OF HEARING

Severity A – 100%

Means irrecoverable Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, as a result of sickness or injury. No benefits will be payable if in general specialist opinion a hearing aid, device, or implant could result in the partial or total restoration of hearing.

27. LOSS OF SPEECH

Severity A – 100%

Means the complete and irrecoverable loss of speech as a result of sickness or injury.

No benefits will be payable if in general specialist opinion any aid, device, treatment or implant could result in the partial or total restoration of speech.

VISUAL

28. LOSS OF SIGHT

Severity A – 100%

Total irreversible loss of sight in both eyes as confirmed by an ophthalmologist as a result of injury or disease with a best corrected visual acuity of 6/120 or less.

Exclusion:

Temporary visual impairment that can be corrected, by medical or surgical treatment, implants or appliances.

APPENDIX E

* **NOTE:** All Sick Pay Benefits paid in terms of Appendix E will cease automatically on the day of delivery of the unborn infant or on termination of the pregnancy, unless expressly stated otherwise.

* **NOTE:** Only Total Sick Pay claims will be considered for the pregnancy related conditions listed in Appendix E. Partial Sick Pay claims will not be considered.

7 Day waiting period pregnancy complication sickness benefit criteria

NOTE: Claims will only be paid after the 7 day waiting period if the policyholder has been totally booked-off from work for the full 7 day period by the treating obstetrician / gynaecologist. In such instance payment will be made retrospectively from the first day on which the policyholder was totally booked-off from work subject to the Maximum Payment Periods listed in the final column of the appendix.

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
Ectopic Pregnancy	A pregnancy developing outside the normal lining of the uterus.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• For a Laparoscopic procedure: 10 days, which shall include any period of hospitalisation; • For a Laparotomy: 42 days in total unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Severe Abruptio Placenta	• Placenta separates from the uterus wall; and • Ultrasound evidence of significant retroplacental blood clot; and • Evidence of maternal complications related to blood loss as evidenced by low haematocrit, or hypovolaemic shock, or acute renal failure.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	Duration of hospitalisation plus the remainder of the pregnancy, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Major Placenta Praevia	• The placenta totally covers the internal cervical os; and • Evidence of active bleeding which results in the policyholder requiring total bed rest.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• This benefit will only pay during the third trimester of the pregnancy; and • For the duration of hospitalisation plus the remainder of the pregnancy (in the third trimester only), unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Uterine Rupture	• May occur either prior to or during labour; and • Requires a hysterectomy.	• Proof of admission to hospital, and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	For a hysterectomy: 42 days in total unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Severe Hyperemesis Gravidarum	Severe vomiting and nausea during pregnancy. In addition to the above at least 3 of the following requirements must be met, as confirmed by the	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician, inclusive of copies of tests conducted which confirm the diagnosis; and • A claim form (Declaration by Doctor Form) completed by the	A total of 7 days per pregnancy, which shall include any period of hospitalisation.

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
	policyholders' treating obstetrician: • Weight loss; and/or • Dehydration indicated by blood tests; and/or • Hyponatraemia; and/or • Hypokalaemia; and/or • Hypochloraemic Acidosis; and/or • Abnormalities in liver function indicated by liver function tests; and/or • Ketonuria; and/or • Haemoconcentration indicated by full blood count.	policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	
Primary Post-Partum Haemorrhage	• Blood loss >500 ml at vaginal delivery or >1 litre at caesarean section within 24 hours after delivery; or • Bleeding associated with hypotension and tachycardia, or • Drop in haematocrit of 10 or more %; or • Bleeding requiring blood transfusion.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician including copies of all relevant blood tests; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• If no hysterectomy is required: period of hospitalisation plus 7 days, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work. • If a hysterectomy is required: 42 days in total unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Pre-eclampsia	Newly diagnosed hypertension on two occasions measured at least 6 hours apart, after 20 weeks gestation, with one or more of the following: • Generalised oedema as measured by weight gain >0.5kg per week, or pitting oedema of trunk or hands, or worsening of ankle oedema, or facial or sacral oedema; and/or • proteinuria >300mg/day; and/or • Impaired liver function with AST >40IU/l; and/or • Impaired renal function with plasma creatinine >100 micromol/l; and/or • Neurological problems including hyperreflexia (with clonus or severe headaches); and/or • Haematological disorders, thrombocytopaenia, and/or haemolysis.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician including copies of all relevant blood tests; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• 14 days in total, which shall include any period of hospitalization, for the initial/first claim period, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work. • Any further claims after the initial/first claim period will be assessed on receipt of the policyholders' treating obstetricians' motivational report and Declaration by Doctor form, and must include blood pressure readings and biochemical test results confirming the continued health impairment for the total further period claimed. Any further claims after the initial/first claim period will in all instances be assessed on a 14 day basis. Claims will be assessed on receipt of two- weekly declaration by doctor forms including aforementioned medical information confirming the continued health impairment for the duration of the claim period.

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
			The benefit will pay only if total bed rest is required as indicated by the obstetrician.
Eclampsia	Progression of pre-eclampsia leading to seizures and coma, occurring with pregnancy and having no other cause.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	Duration of the pregnancy plus 14 days post-delivery, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Hydatidiform Mole	Benign form of gestational trophoblastic disease.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• For treatment by suction curettage: Period of hospitalisation plus 7 days, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work. • For treatment by hysterectomy: 42 days in total unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Premature Rupture of Membranes	Membranes rupture before 37 weeks of pregnancy in the absence of uterine contractions.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	For the duration of hospitalisation plus the remainder of the pregnancy, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Premature Labour	Labour which begins prior to 37 weeks pregnancy or foetal mass estimated at <2500g. The benefit will only pay for true contractions of preterm labour diagnosed by contractions which are regular, painful, progressively increase in duration and frequency, and cause effacement and dilatation of the cervix. Braxton Hicks contractions are specifically excluded.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; including copies of medical reports and tocograms indicating how diagnosis was made; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	For the duration of hospitalisation plus the remainder of the pregnancy, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
High Risk Pregnancy	The following underlying maternal pathological conditions where the condition is aggravated by pregnancy and affects maternal health: - Cardiac disorders: valvular heart disease, cardiomyopathy,	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating	• For the duration of hospitalization, plus 7 days post discharge, for the initial/first claim period, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
	ischaemic disease, pericardial disease, heart failure; - Blood disorders: sickle cell disease; -Endocrine disorders: uncontrolled diabetes mellitus/ thyroid crisis; - Multiple pregnancy; - Chronic kidney disease; - Systemic lupus erythematosus; - Primary pulmonary hypertension; - Eisenmengers syndrome; - Current cancer chemotherapy or radiation therapy.	obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	work. • Any further claims after the initial/first claim period will be assessed on receipt of the policyholders' treating obstetricians' motivational report inclusive of copies of test results and Declaration by Doctor form, and must include clinical evidence to support the fact that time off work is still required.
Treatment of mother for Congenital Foetal Abnormalities/foetal death	Treatment of mother for foetal abnormalities/foetal death in pregnancy requiring management by caesarean section/ hysterectomy/hysterotomy/ vaginal extraction or evacuation of uterus.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• For caesarian section/ hysterotomy/vaginal extraction or evacuation: Duration of hospitalisation plus 7 days, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work. • For treatment by hysterectomy: 42 days in total unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Miscarriage: incomplete/inevitable/ complete/ abortion due to amniocentesis.	Terminated pregnancy before the foetus is viable or up until 28 weeks pregnancy.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	7 days, which shall include any period of hospitalisation.
Amniotic Fluid Embolism	Amniotic fluid in the general circulation.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	Duration of hospitalisation plus 14 days, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
Sheehan's Syndrome	Pituitary necrosis causing hypopituitarism.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician and copies of all clinical tests confirming the diagnosis; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	Duration of hospitalisation plus 14 days, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.
DeepVein Thrombosis or	Blood clot obstruction of a vein or pulmonary artery.	• Proof of admission to hospital; and • Treatment with heparin; and	Duration of hospitalisation plus 7 days.

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
Pulmonary Embolism		• A report from the policyholders' treating obstetrician including copies of all tests confirming the diagnosis; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	

30 Day waiting period pregnancy complication sickness benefit criteria.

NOTE: Claims will only be paid after the 30 day waiting period if the policyholder has been totally booked-off from work for the full 30 day period by the treating obstetrician / gynaecologist. In such instance payment will be made prospectively from the thirty first day on which the policyholder was totally booked-off from work subject to the Maximum Payment Periods listed in the final column of the appendix.

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
Ectopic Pregnancy	A pregnancy developing outside the normal lining of the uterus.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	For a Laparotomy: a maximum of 12 days unless the policyholder was booked-off post laparotomy from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work..
Severe Abruptio Placenta	• Placenta separates from the uterus wall; and • Ultrasound evidence of significant retroplacental blood clot; and • Evidence of maternal complications related to blood loss as evidenced by low haematocrit, or hypovolaemic shock, or acute renal failure.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	The maximum payment period is to the date of delivery unless the policyholder is booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work.
Major Placenta Praevia	• The placenta totally covers the internal cervical os; and • Evidence of active bleeding which results in the policyholder requiring total bed rest.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• This benefit will only pay during the third trimester of the pregnancy; and • The maximum payment period is to the date of delivery unless the policyholder is booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work.
Uterine Rupture	• May occur either prior to or during labour; and • Requires a hysterectomy.	• Proof of admission to hospital, and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	For a hysterectomy: a maximum of 12 days unless the policyholder was booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work.
Primary Post-Partum	• Blood loss >500 ml at vaginal delivery or >1 litre at caesarean	• Proof of admission to hospital; and	If a hysterectomy is required: a maximum of 12 days unless the

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
Haemorhage	section within 24 hours of delivery; or • Bleeding associated with hypotension and tachycardia, or • Drop in haematocrit of 10 or more %; or • Bleeding requiring blood transfusion.	• A report from the policyholders' treating obstetrician, including copies of all relevant blood tests; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	policyholder was booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work.
Pre-eclampsia	Newly diagnosed hypertension on two occasions measured at least 6 hours apart, after 20 weeks gestation, with one or more of the following: • Generalised oedema as measured by weight gain >0.5kg per week, or pitting oedema of trunk or hands, or worsening of ankle oedema, or facial or sacral oedema; and/or • proteinuria >300mg/day; and/or • Impaired liver function with AST >40IU/l; and/or • Impaired renal function with plasma creatinine >100 micromol/l; and/or • Neurological problems including hyperreflexia (with clonus or severe headaches); and/or • Haematological disorders, thrombocytopaenia, and/or haemolysis.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician including copies of all relevant blood tests; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• A maximum of 14 days for the initial/first claim period, unless the policyholder was booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work.. • Any further claims after the initial/first claim period will be assessed on receipt of the policyholders' treating obstetricians' motivational report and Declaration by Doctor form, and must include blood pressure readings and biochemical test results for the total further period claimed. Claims will be assessed on receipt of two- weekly declaration by doctor forms including aforementioned medical information confirming the continued health impairment for the duration of the claim period. The benefit will pay only if total bed rest is required as indicated by the obstetrician.
Eclampsia	Progression of pre-eclampsia leading to seizures and coma, occurring with pregnancy and having no other cause.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• The maximum payment period is to the date of delivery plus 14 days post-delivery, unless the policyholder was booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work. • Claims will be assessed on receipt of two- weekly motivational reports by the policyholders' treating obstetrician and Declaration by Doctor form, and must include blood pressure readings and biochemical test results confirming the continued health impairment for the total further period claimed. The benefit will pay only if total bed rest is required as indicated by the obstetrician.
Hydatidiform Mole	Benign form of gestational trophoblastic disease.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and	For treatment by hysterectomy: a maximum of 12 days unless the policyholder was booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work.

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
		• A claim form (Declaration by Member Form) completed by the policyholder.	
Premature Rupture of Membranes	Membranes rupture before 37 weeks of pregnancy in the absence of uterine contractions.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• The maximum payment period is to the date of delivery unless the policyholder is booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work. • Claims will be assessed on receipt of two- weekly motivational reports by the policyholders' treating obstetrician and Declaration by Doctor Form, for the total further period claimed. The benefit will pay only if total bed rest is required as indicated by the obstetrician.
Premature Labour	Labour which begins prior to 37 weeks pregnancy or foetal mass estimated at <2500g. The benefit will only pay for true contractions of preterm labour diagnosed by contractions which are regular, painful, progressively increase in duration and frequency, and cause effacement and dilatation of the cervix. Braxton Hicks contractions are specifically excluded.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; including copies of medical reports and tocograms indicating how diagnosis was made; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	The maximum payment period is to the date of delivery unless the policyholder is booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work. The benefit will pay only if total bed rest is required as indicated by the obstetrician.
High Risk Pregnancy	The following underlying maternal pathological conditions where the condition is aggravated by pregnancy and affects maternal health: - Cardiac disorders: valvular heart disease, cardiomyopathy, ischaemic disease, pericardial disease, heart failure; - Blood disorders: sickle cell disease; -Endocrine disorders: uncontrolled diabetes mellitus/ thyroid crisis; - Multiple pregnancy; - Chronic kidney disease; - Systemic lupus erythematosus; - Chronic lung disorders: primary pulmonary hypertension; pulmonary fibrosis, bronchiectasis; - Eisenmengers syndrome; - Current cancer chemotherapy or radiation therapy.	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician clearly indicating effect on ability to continue working in occupation; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	• A maximum of 7 days unless the policyholder was booked-off from work for a shorter period in which event payment will be made until the end of the period for which the policyholder was booked-off from work, for the initial/first claim period. • Any further claims after the initial/first claim period will be assessed on receipt of the policyholders' treating obstetricians' motivational report and Declaration by Doctor form, and must include clinical evidence to support the fact that time off work is still required.
Treatment of mother for Congenital Foetal Abnormalities/foetal death	Treatment of mother for foetal abnormalities/foetal death in pregnancy requiring management by hysterectomy	• Proof of admission to hospital; and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	For treatment by hysterectomy only a maximum of 12 days unless the policyholder was booked-off from work for a shorter period in which event payment will be made for the period for which the policyholder was booked-off from work.
Amniotic Fluid	Amniotic fluid in the general	• Proof of admission to hospital;	The duration of hospitalisation plus

Condition	Minimum Claim Criteria	Benefit Requirements	Maximum Payment Periods*
Embolism	circulation.	and • A report from the policyholders' treating obstetrician; and • A claim form (Declaration by Doctor Form) completed by the policyholders' treating obstetrician; and • A claim form (Declaration by Member Form) completed by the policyholder.	14 days, unless the policyholder was booked-off from work for a shorter period, in which event payment will be made for the period for which the policyholder was booked-off from work.

Appendix F

PPS Education Cover Severe Illness Claim Definitions

CARDIOVASCULAR

HEART ATTACK
Heart Attack is the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The following diagnostic criteria should be confirmed by a cardiologist approved by PPS: • Clinical features including typical chest pain; • Confirmatory new electrocardiogram (ECG) changes; • Currently accepted diagnostic elevation of specific cardiac markers, such as CK-MB or troponin indicating the heart attack **Exclusions:** • Acute coronary syndrome without infarction; stable or unstable angina. • Payment of this benefit category excludes Cardiomyopathy benefits and vice versa
Four out of the following have to apply 30 days after the event: 8. Occasional cardiac symptoms on exertion (Grade II NYHA) 9. Resting ECG: Persistent Q-waves 10. Stress ECG: Significant ST segment changes of 1 – 2 mm or cardiac symptoms occurring during exercise (chest pain, dizziness, dyspnoea) 11. 30 Day post infarction ejection fraction 40 - 49% and echo evidence of myocardial damage, e.g. akinesis or dyskinesis 12. Angiography (if performed): Three main vessels (Circumflex, Right Coronary Artery, Left Anterior Descending) significantly diseased* 13. Any cardiac medication to control cardiac symptoms in addition to prophylactic medication e.g. aspirin, statins; Betablockers 14. Persisting arrhythmias (atrial fibrillation or supraventricular tachycardia) **Or** **Four out of the following have to apply 30 days after the event:** 8. Persisting pathological cardiovascular symptoms such as chest pain, dyspnoea (Grade III – IV NYHA), ankle swelling. 9. Resting ECG: Persistent Q-waves 10. Stress ECG: ST segment changes > 2 mm in any stage of exercise or exercise terminated due to cardiac symptoms (chest pain, dizziness) 11. 30 Day post infarction ejection fraction less than 40% and echocardiographic evidence of myocardial damage, e.g. akinesis or dyskinesis 12. Angiography (if performed): Three or more main coronary vessels (Circumflex, Right Coronary Artery, Left Anterior Descending) significantly diseased* 13. On-going appropriate medication to control cardiac symptoms, e.g. ACE inhibitors; Betablockers; Angiotensin II Receptor Blockers; plus Prophylactic medication 14. Persisting arrhythmias (atrial fibrillation or supraventricular tachycardia)

CARDIAC SURGERY AND PROCEDURES	CARDIOMYOPATHY
The performing of cardiac surgery by a cardio-thoracic surgeon. Submissions from the hospital and reports from the cardio-thoracic surgeon or cardiologist will be required. Coronary artery bypass grafting (CABG) of 2 or more vessels **Or** Heart valve replacement of one or more heart valves by means of open heart surgery (thoracotomy)	Cardiomyopathy confirmed on echocardiogram and resulting in permanent and irreversible physical impairments to the degree of at least Class III of the New York Heart Association Classification of Cardiac Impairment with METS < 5 or EF ≤ 30% based on an average of 2 readings 3 months apart.

CANCER

CANCER

Means the presence of one or more malignant tumours characterised by uncontrolled growth and spread of malignant cells and the invasion or destruction of normal tissue. Must be confirmed by a histology report from an accredited pathology laboratory.
Exclusions:
• Tumours showing the malignant changes of Carcinoma-in-situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant are excluded.
• Skin cancers localised or infiltrating including, but not limited to, the following are excluded:
  o Hyperkeratosis
  o basal cell carcinoma
  o squamous cell carcinoma
  o melanomas of less than 1.0mm (Breslow method) depth.
• Non-life threatening prostatic cancers which are histologically described as TNM classification T1a and T1b (but not T1c) or of another equivalent or lesser qualification, papillary micro- carcinoma of the thyroid or bladder.

Cancer, Stage III, within organ of origin with spread to regional lymph nodes; Stage 3 Lymphomas

Or Cancer, Stage IV, showing lymphatic or blood spread to distant lymph nodes or distant metastases; Chronic Lymphocytic Leukaemia (CLL) - Stage 3 and 4; Stage 4 Lymphomas, Acute Myeloid Leukaemia (AML) - any Stage; Chronic Myeloid Leukaemia (requiring bone marrow transplant); Acute Lymphocytic Leukaemia - any Stage; Multiple Myeloma Stage 3.

NEUROLOGICAL

STROKE	MULTIPLE SCLEROSIS
Stroke means any cerebrovascular incident producing neurological sequelae lasting more than 24 hours. It includes infarction of brain tissue, haemorrhage and embolisation. Evidence of permanent neurological damage must be confirmed by a neurologist approved by PPS Insurance 3 months after the event. Signs appropriate to the brain area affected must be present Benefits will become due if the life insured suffers impairment resulting in a score of 7 or more points according to the Functional Ability Table. **Exclusions**: Transient ischaemic attacks (TIA's), cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system.	Diagnosis of Multiple Sclerosis is characterised by the demyelination of myelinated axons in the brain or spinal cord. The diagnosis must be confirmed with clinical evidence and special investigations. There must have been more than one clearly distinct episode of well-defined neurological deficit causing persisting neurological deficit, which remains permanent. A consultant neurologist approved by PPS Insurance must confirm the diagnosis. Benefits will become due if the life insured suffers impairment resulting in a score of 7 or more points according to the Functional Ability Table. **Exclusion:** A single episode of Multiple Sclerosis from which remission occurred.

MUSCULAR DYSTROPHY	MOTOR NEURON DISEASE
Unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist as approved by PPS Insurance. Benefits will become due if the life insured suffers impairment resulting in a score of 7 or more points according to the Functional Ability Table.	Unequivocal diagnosis of Motor Neuron Disease (Amyotrophic lateral sclerosis) by a consultant neurologist as approved by PPS Insurance. Benefits will become due on diagnosis of Motor Neuron Disease. **Exclusions:** Nervous lesions of inflammatory or toxic origin.

PARKINSON'S DISEASE	GUILLAIN-BARRÉ SYNDROME
Unequivocal diagnosis of Parkinson's disease by a consultant neurologist as approved by PPS insurance where the condition cannot be significantly controlled with treatment and results in signs of progressive incapacity. Benefits will become due if the life insured suffers impairment resulting in a score of 7 or more points according to the Functional Ability Table. **Exclusions:** Parkinsonism resulting from the side effects of medication; alcohol, drug-induced or toxic causes of Parkinson's disease.	The unequivocal diagnosis of Guillain-Barré Syndrome which must be confirmed by a specialist or neurologist approved by PPS insurance. Benefits will become due on diagnosis of Guillain-Barré Syndrome • With mechanical ventilation for more than 2 consecutive months, OR • Causing permanent paralysis of one or more limbs, OR • Causing the life insured to be permanently wheelchair bound due to lower limb paralysis.

BRAIN TUMOUR CAUSING SYMPTOMS	DEMENTIA OR ALZHEIMER'S DISEASE
Means a tumour in the brain, giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, seizures and sensory or motor impairment. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Benefits will become due if the life insured suffers post surgery neurological deficit that results in a score of 7 or more points according to the Functional Ability Table **Or** The tumour is deemed inoperable and causing neurological deficit that results in a score of 7 or more points according to the Functional Ability Table. **Exclusions:** Cysts, granulomas, cholesteatomas, haematomas, malformations in or of the arteries or veins of the brain or spine.	An appropriate specialist approved by PPS Insurance must confirm the diagnosis of Alzheimer's Disease or other Dementia. **Whilst practicing as a professional:** The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment* for which no other recognisable cause can be identified. **In retirement:** The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment* needing constant supervision for which no other recognisable cause can be identified. *Significant cognitive impairment means a deterioration or loss of intellectual capacity. Benefits will become due if the life insured suffers significant

	cognitive impairment with loss of intellectual capacity. **Exclusion:** Alcohol or drug related dementia.

MYASTHENIA GRAVIS	INTRACRANIAL LESION CAUSING SYMPTOMS AND REQUIRING SURGERY
The unequivocal diagnosis of Myasthenia Gravis which must be confirmed by a specialist or neurologist approved by PPS insurance. Benefits will become due if the life insured suffers impairment resulting in a score of 7 or more points according to the Functional Ability Table.	Intracranial or spinal cord neoplasm or injury with symptoms AND • Post surgery neurological deficit that results in a score of 7 or more points according to the Functional Ability Table, or • Deemed inoperable and causing neurological deficit that results in a score of 7 or more points according to the Functional Ability Table

TRANSPLANTS

MAJOR ORGAN TRANSPLANT
On a waiting list for or on completion of one or more transplants of the heart, lung, liver, kidney, small bowel or bone marrow as a recipient. **Exclusions:** The transplantation of the Islets of Langerhans only; stem cells; transplant of all other organs, parts of organs or tissue.

MUSCULOSKELETAL

PARALYSIS (Quadriplegia/Paraplegia)	LOSS OF USE OF LIMBS (only 1 benefit will be paid in this instance)
Total and permanent loss of function of two or more limbs as a result of injury to or disease of the spinal cord. Limb is defined as the complete arm or the complete leg. **Exclusions:** Partial or temporary paralysis.	Total, permanent and irreversible loss of or loss of use of • both hands, or • both arms, or • both legs, or • one arm and one leg; either due to injury or disease. For loss of use of limbs, maximum medical improvement must have been reached with little or no chance of further improvement as approved by a specialist nominated by PPS Insurance.

KIDNEY AND UROLOGICAL

KIDNEY FAILURE	CYSTECTOMY
Chronic irreversible kidney failure requiring continuous regular dialysis. **Exclusion:** Acute kidney failure requiring short-term dialysis.	Radical cystectomy resulting in the need for an external stoma bag or permanent catheterisation

CONNECTIVE TISSUE

ACTIVE, UNRESPONSIVE RHEUMATOID ARTHRITIS	SYSTEMIC LUPUS ERYTHEMATOSUS WITH NEPHRITIS
Widespread chronic progressive joint destruction with significant deformity affecting at least three major joint groups (e.g. feet, hands, hips, knees, wrists). In addition to this, four of six criteria are required: • Morning stiffness • Soft tissue swelling in 3 joint groups • Symmetrical swelling in joints • Presence of rheumatoid nodules • Elevated rheumatoid factor • Appropriate radiographic changes	Systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus, which involve the kidneys (Type III to Type V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification). The final diagnosis is to be supported by a Rheumatologist or Physician as approved by PPS Insurance. **Exclusions:** Discoid lupus and those forms with only haematological and/or joint involvement.

SCLERODERMA	WEGENER'S GRANULOMATOSIS
A multisystem disorder of unknown cause characterised by fibrosis of the skin, blood vessels and visceral organs including the gastrointestinal tract, lungs, heart and kidneys. Diagnosis must be made by a PPS approved rheumatologist and supported by histology results. The disorder should have affected one of the following organ systems: pulmonary, cardiac, gastrointestinal, renal systems. **Exclusions:** Cutaneous scleroderma and sclerodactyly.	Multisystem disorder of unknown cause characterised by fibrosis of the skin, blood vessels and visceral organs including the gastrointestinal tract, lungs, heart and kidneys. Diagnosis must be supported by biopsy and the disorder should have affected any one or more of the following: pulmonary, cardiac, gastrointestinal, renal systems.

RESPIRATORY

RESPIRATORY FAILURE	RECURRENT PULMONARY EMBOLISM
End stage lung disease. Both of the following must be fulfilled: • Proof of necessary and permanent oxygen therapy for at least 8hrs/day and • FEV1 test results of less than 1 litre	Recurrent Pulmonary embolism despite optimal treatment with associated pulmonary hypertension (mean pulmonary artery pressure > 40mmHg)

GASTROINTESTINAL

ULCERATIVE COLITIS REQUIRING SURGERY	CROHN'S DISEASE REQUIRING SURGERY
The diagnosis of Ulcerative colitis by a consultant gastroenterologist must be based on histopathological features and have resulted in any one or more of the following: • Fulminant Ulcerative Colitis with life threatening electrolyte disturbances associated with intestinal distension with or without intestinal rupture. • Involvement of the entire colon and resulting in surgery in the form of colectomy and/or ileostomy	Crohn's disease is a chronic granulomatous inflammatory disease. The diagnosis must have been confirmed by a PPS approved gastroenterologist with histopathology and the disease must have required a colectomy or surgery being done for one of the following: • fistula or abscess formation, or • intestinal obstruction, or • intestinal perforation of 2 or more sites. The characteristic post-surgical histopathological features must confirm the diagnosis

CHRONIC LIVER FAILURE	CHRONIC PANCREATITIS
Chronic liver dysfunction as diagnosed by a consultant hepatologist approved by PPS and classified as Child-Pugh class B caused by any one of the following: • Non-alcoholic fatty liver disease • Haemochromatosis • Viral Hepatitis A,B,C • Primary Sclerosing Cholangitis • Primary Biliary Cirrhosis • PPS Insurance may in its sole discretion consider a claim for any other condition that is not caused or aggravated by alcohol abuse. **Or** End stage liver failure with permanent jaundice, ascites or encephalopathy	Pancreas transplant including partial transplant of the pancreas.

COLECTOMY	COLOSTOMY
Total Colectomy (removal of the entire large intestine)	Permanent colostomy or ileostomy

BLOOD

APLASTIC ANAEMIA
Irreversible bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. The diagnosis must be based on a bone marrow biopsy. Two out of the following three values must be present: 4. Absolute neutrophil count of 500 per cubic millimetre or less; 5. Absolute reticulocyte count of 20,000 per cubic millimetre or less; and 6. Platelet count of 20,000 per cubic millimetre or less.

EAR NOSE AND THROAT

LOSS OF HEARING	LOSS OF SPEECH
Irrecoverable Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels at all frequencies. No benefits will be payable if in general specialist opinion a hearing aid, device, or implant could result in the partial or total restoration of hearing.	Complete and irrecoverable loss of speech as a result of sickness or injury. No benefits will be payable if in general specialist opinion any aid, device, treatment or implant could result in the partial or total restoration of speech.

VISUAL

LOSS OF SIGHT	HEMIANOPIA
Loss of sight in both eyes. Total irreversible loss of sight as confirmed by an ophthalmologist as a result of injury or disease with a best corrected visual acuity of 6/120 or less.	Irreversible Hemianopia in both eyes

DIABETIC RETINOPATHY
Grade IV Irreversible diabetic retinopathy: Proliferative Diabetic Retinopathy At least one of the following has to be present: • Neovascularization • Vitreous/preretinal hemorrhage

TRAUMA

COMA	TRAUMATIC INJURY RESULTING IN PERMANENT IMPAIRMENT
Failure of cerebral function characterised by total unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours. ***Exclusion:*** *Coma resulting directly from alcohol or drug abuse.*	*Significant and traumatic injury caused directly by unforeseen, external or violent means and is independent from any other cause. The condition and treatments must be confirmed by a registered medical specialist within 24 months of the event.* Benefits will become due if the life insured suffers impairment resulting in a score of 7 or more points according to the Functional Ability Table.

GUNSHOT WOUNDS	3RD DEGREE BURNS
Penetrating gunshot wound to the head, neck, chest, abdomen or pelvic area requiring surgical intervention by means of a craniotomy, thoracotomy or laparotomy. ***Exclusions:*** *Superficial gunshot wounds, gunshot wounds to the legs (including hips), gunshot wounds to the arms (including shoulders).*	Tissue injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by the Rule of Nines or the Lund or Browder Body Surface Chart.

ACCIDENTAL HIV INFECTION
Infection by any Human Immunodeficiency Virus or being diagnosed as having Acquired Immune Deficiency Syndrome if the infection can be proved to the satisfaction of PPS Insurance as being due to: • The result of an accident during the course of carrying out normal occupational duties as a medical or dental practitioner registered with the Health Professions Council of South Africa (HPCSA). • The transfusion of infected blood or blood products from a transfusion service recognised by PPS Insurance in the Republic of South Africa. The institution that provided the blood must admit liability. • Indecent assault. The offense must have resulted in the opening of a criminal case by the police. In the case of accidental HIV infection while carrying out normal occupational duties or as the result of indecent assault, any incident giving rise to a potential claim must be: • Reported to PPS Insurance within 10 days of the incident and • Be supported by a negative HIV antibody test, taken within 3 days of the incident. • Prophylactic treatment must be taken for a full period of 28 consecutive days to the satisfaction of PPS Insurance. ***Exclusions:*** *Infection in any other manner, including infection as a result of sexual activity or intravenous drug use. This benefit will not apply in the case that an internationally recognised medical cure is found for AIDS.*

RECONSTRUCTIVE SURGERY FOR FACIAL DISFIGUREMENT DUE TO INJURY, ACCIDENT OR ASSAULT
The undergoing of reconstructive surgical procedures (single or multiple) for extensive and significant repair to facial bone and/or skin injuries, due to injury, accident or assault, which renders the applicant permanently facially disfigured. The surgery must, in the opinion of PPS Insurance, be deemed necessary. The face is defined as the front portion of the head – the eyes, nose, mouth, forehead, cheeks, and chin but excluding the ears. All corrective procedures should have been completed and the Reconstructive Surgeon in charge must indicate that no further surgery or procedures will provide any future enhancements/improvements to the injury. Benefits become due if the disfigurement involves the entire area between the hairline and lower jaw on one or both sides of the face or alternately, at least 50% of the facial area. ***Exclusions****: Cosmetic procedures or cosmetic surgery for any other reason than restoration or reconstruction as described in the definition.*

ICU

ICU BENEFIT
Benefits will become due if the life insured is admitted to ICU with mechanical ventilation for at least 96 consecutive hours or without mechanical ventilation for at least 10 consecutive days due to disease or trauma.

CATCHALL COVER

CATCHALL COVER
Benefits will become due if the life insured suffers a dread disease, trauma or physical impairment pursuant to the occurrence of a serious medical or physical condition that is permanent and unlikely to change in spite of further medical or surgical treatment; and results in a score of 7 or more points according to the Functional Ability Table.

PPS Functional Ability Table

1 – 4 points = 25%
5 – 6 points = 50%
7 – 9 points = 75%
10 or more points = 100%

Diagnosis of Stroke, Multiple Sclerosis, Muscular Dystrophy, Parkinson's disease, Myasthenia Gravis, Benign Brain tumour or Intracranial Lesion requiring surgery, as defined in the benefit descriptions = 1 point

	UPPER LIMB	LOWER LIMB	VISUAL	COMMUNICATION	COGNITION	OTHER
2 points			Quadrantopia OR Diplopia OR Blurred vision not correctable with use of visual aid/surgery	Unilateral facial paralysis / slurred speech		
4 points	Limitation in use of upper limbs for self-care activities (bathing, toileting, feeding)	Weakness in one or both lower limbs but able to walk without aid or rest for at least 300m OR significant gait instability/imbalance				
6 points	Unilaterally unable to use upper limb for self-care activities (bathing, toileting, feeding)	Requires a walking aid - cane, crutch, etc. - to walk 200m with or without resting	Macular sparing homonymous hemianopia or Bilateral visual impairment leading to difficulties with ADL; not able to read or see well enough to drive	Totally unable to speak or totally unintelligible speech	Severe memory deficit, poor accuracy and poor attention	Permanent, irreversible incontinence (urinary or faecal)
10 points	Bilaterally unable to use upper limb for self-care activities (bathing, toileting, feeding)	Unable to be mobile independently or is bedridden	Equivalent in ADL to bilateral blindness	Complete aphasia; inability to interpret or respond to verbal or written language	Severe impairment of orientation, judgment, memory, insight and / or social functioning and behaviour	Neurogenic systemic impairment e.g. respiratory, dysphagia, cough syncope.