



## **Linar Funeral Plan**

### **Section A: Policy Terms and Conditions**

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**This product is a Funeral Policy offering cover at Death. This product is underwritten by Linar (Pty) LTD (FSP License Number 50188) and administered by Linar (Pty) Ltd (FSP License Number 50188) and its appointed agents and intermediaries.**

#### **0. OPERATIVE CLAUSE**

In return for the timeous and prior payment of the required monthly premium by the Policyholder and receipt thereof by the Insurer and subject to the terms of cover, a Benefit Amount will be paid within 2 (two) days of receipt of the necessary Claim documentation based on the following:

- The insured event occurs within the Period of Insurance;
- The event giving rise to a Claim is covered in terms of the Exclusions and/or the terms and conditions of this Policy;
- The truth and accuracy of the information given at the time of application;
- The Claim event arises outside any applicable Waiting Period(s);
- You provide Us with all the relevant documents that we may require; and
- The Claim is reported within the prescribed periods.

The cover is provided to the:

- Policyholder
- Other Insureds as reflected in the Cover schedule
- Stillborn after at least 26 weeks of pregnancy (maximum R 1250). This cover is applicable to affiliated Policyholder/Other Insureds.

The Benefit Amount payable will be based on the following:

- In the event of Accidental Death, the Benefit will be a lump sum amount payable to the Beneficiary.
- In the event of Natural Death, after the initial Waiting Period where applicable, the Benefit will be lump sum amount payable to the Beneficiary.
- In the event of Natural Death during the initial Waiting Period, no Benefit will be paid.



## 1. DEFINITIONS

‘Accident’	: means the sudden, unforeseen and uncertain event, which could not reasonably be expected to occur, which is caused by violent, external, physical and visible means at an identifiable time and place, resulting directly and independently of any other cause, in Bodily Injury. The Accident must have occurred within the Period of Insurance.
‘Accidental Death’	: means Bodily Injury which (directly and independently of any other cause) results in the death of the Insured within 60 days of the injury and shall exclude Natural Death.
‘Administrator’	: means a manager appointed by the Policyholder to be the link to the insurer, this may include notifying the insurer of claims, amendments, and new members in the group. An example would be a Treasurer in a church who liaises with the insurer to update church member details.
‘Age’	: age next birthday when determining Premium at Entry Date.
‘Beneficiary’	: means the person nominated by the Policyholder to whom the Benefit Amount is payable on the death of the Policyholder. The Beneficiary must have a valid South African bank account into which the Benefit will be paid. Should the beneficiary not have a valid South African bank account, the Claim will be paid to the Administrator who will then process payment to Beneficiary via money transfer. Should the benefit be over the maximum allowed amount on money transfer, the balance will be paid to a bank account nominated by the Policyholder.
‘Benefit/Benefit Amount’	: means the pre-selected option of cover based on the application form completed and for which the appropriate Premium has been paid monthly and for which payment is up to date at the date of the Claim Event.
‘Bodily Injury’	: means physical bodily injury to the Life Insured caused by an Accident.
‘Business Day’	: means any Day excluding a Saturday, Sunday or recognized public holiday.
‘Claim’	: means, unless the context indicates otherwise, a demand for benefits under this Policy by a Claimant, irrespective of whether or not the Claimant’s demand is valid, made by submitting a completed and signed claim form with supporting documentation to the Administrator.
‘Claimant’	: means a person who makes a Claim in relation to this Policy.
‘Claim Event’	: means the risk insured, occurring during the currency of this Policy, being the Accidental Death or Natural Death of an Insured.



'Cooling-off Period'	: means the period of 31 (thirty-one) Days from the date the Policyholder receives this Policy document, or from a reasonable date on which it can be deemed that the Policyholder received this Policy document or from the Entry Date of the Policy in which the Policyholder can cancel this Policy, provided that no Benefit Amount has yet been paid or claimed or the Claim Event insured against has not yet occurred, by giving notice to the Administrator and any Premium paid will be refunded in full.
'Day'	: means a 24 (twenty-four) hour period and 'Days' has a corresponding meaning.
'Death'	: means the Accidental Death or the Natural Death of the Insured.
'Entry Date'	: the date on which cover commenced and will be the day when a Premium is paid.
'Exclusion'	: means the losses or risk events not covered under this Policy.
'(Extended) Family'	: means relatives outside of the immediate circle of the policyholder's spouse or children. Extended family includes Grandparents, Parents, aunts, uncles, cousins, siblings, grandchildren, brother/sister-in-laws, nieces/nephews, and stepfathers/mothers. These relations are defined in section B of this document.
Stillborn	: A stillbirth is the death or loss of a baby before or during delivery, after at least 26 weeks of pregnancy.
Grace Period	: means the period of 30 (thirty) days after the Premium payment due date where the cover is still in force, but the Premium has not been paid. If any Claim Event occurs during this period which results in a valid Claim, the unpaid Premium/s will be deducted from any Benefit payable. Failure to pay the Premium/s by the expiry of this period will result in the Policy lapsing. A Claim Event that arises in the period after the Policy has lapsed will not be covered.
Immediate Family	: this refers to the Policyholder's Spouse and Children (as defined in section B of this document) only.
'Insured'	: means You, the person who has successfully applied for this Policy, and other nominated life as is listed in the Cover Schedule and for whom the full Premium has been paid up to date.
'Insurer'	: shall mean a long-term insurer, namely Linar Insurance with Registration Number 2016/570996/07 and FSP Number 50188.
'Main member'	: means You, the person who has successfully applied for this Policy.



‘Misrepresentation’	: the conscious decision to provide inaccurate or incorrect information in relation to any personal details or to change the true facts to mislead an interested party.
‘Natural Death’	: shall refer to death that is not Accidental Death.
‘Period of Insurance’	: the period for which Premiums remain paid and the Policy remains in force.
‘Personal Information’	: means personal information as defined in the Protection of Personal Information Act 4 of 2013.
‘Policy’	: refers to the Cover Schedule, the terms and conditions contained in this document, and any endorsements thereto.
‘Policyholder’	: means the Person in whose name the Policy is issued and who pays the Premium.
‘Premium’	: the monthly amount payable as stated in the Cover Schedule or any endorsement issued in terms of this Policy.
‘Premium Payer’	: the person who pays the premium for this policy.
‘Repudiate’	<p>: means, in relation to a Claim, any action by which the Insurer rejects or refuses to pay a Claim or any part of a Claim, for any reason, and includes instances where a Claimant lodges a Claim:</p> <ul style="list-style-type: none"><li>(i) in respect of a loss event or risk not covered under this Policy; and</li><li>(ii) in respect of a loss event or risk covered under this Policy but the Premium(s) payable in respect of this Policy has/have not been paid (and the policy has lapsed)</li></ul> <p>and ‘Repudiation’ shall have a corresponding meaning.</p>
‘Sum Assured’	: means the Benefit amount as stated on the Schedule.
‘Variation’	<p>: means any act that results in a change to:</p> <ul style="list-style-type: none"><li>(i) the Premium;</li><li>(ii) any terms;</li><li>(iii) any condition;</li><li>(iv) any Policy benefit;</li><li>(v) any exclusion; or</li><li>(vi) the duration of this Policy,</li></ul> <p>and ‘Vary’ and ‘Variations’ shall have corresponding meanings.</p>
‘We, Us, Our’	: means Linar (Pty) LTD (‘Linar’) – an authorized Financial Services Provider, FSP No. 50188.



**‘You, Your’** : the person named as the Policyholder in the Cover Schedule. You must be 18 (eighteen) years of age and must have a South African Identity Document residing in South Africa.

**‘Waiting Period’** : means a period of 6 (six) months starting from the Entry Date and which is applicable for Natural Death and is the period during which an Insured is not covered for Natural Death and where the occurrence of such Claim Event will result in no entitlement for any Policy Benefit. There is no Waiting Period for Accidental Death.

There will be no Waiting Period for Natural Death imposed in instances where an Insured was covered on a similar policy with an alternate insurer in the 31 (thirty-one) days prior to the Entry Date of this Policy provided such Waiting Period on the similar policy with the alternate insurer had already expired. The Waiting Period on this Policy will, in such an instance, be waived, provided this is a replacement policy for the similar policy held with the alternate insurer. If the waiting period is partially completed Linar may impose a waiting period for the uncompleted part of the waiting period. Proof will be required in such instances confirming the alternate policy remained cancelled failing which the full Waiting Period, as defined, will be applicable on this Policy. If there are changes to the nominated immediate/extended family members or any increases in the cover level, then a new waiting period will apply for newly added members and/or for the additional cover amount added.

**‘Welcome Letter’** : means the letter issued to the Policyholder from the Administrator confirming inter alia that the application for this Policy has been successful and which letter, specifies the scope of cover with information relating to the significant Exclusions, covered Insured’s Benefit amount and Premium payable.

## **2. ELIGIBILITY**

To be eligible for cover under the policy, you must meet the following conditions at the start date:

- You have a South African Identity Document.
- You have an active South African Bank Account
- You reside permanently within the borders of South Africa.
  - It is Your responsibility to inform the Insurer if You, or any Life Insured under the policy, leave South Africa on a permanent basis. This will subsequently end the cover for the respective Life Insured, with no premium refund due.
- You are a foreign national permanently residing in South Africa with a valid and permanent working permit.
- At the Entry Date of the Policy you meet the age limitations as described in the Cover Schedule.



- For the Policyholder, this translates to a minimum age of 18 (eighteen) age next birthday and a maximum age 65 (sixty five) years age next birthday.

### **3. BENEFITS PAYABLE**

Payment of a Benefit under this Policy will only be considered or made if an Insured has complied with all the terms and conditions of this Policy, and if an Insured or his/her representative has complied with all the requirements of the Claims process.

#### **3.1 DEATH BENEFIT**

An amount equal to, but not exceeding, the Benefit selected at application stage will be paid to your nominated Beneficiary should You pass away from either Natural Death or Accidental Death. For purposes of this Benefit, a Waiting Period for Natural Death is applicable for the first 3 (three) months from the Entry Date, unless there is proof that the Insured was covered on a similar policy with an alternate insurer in the 31 (thirty-one) days prior to the Entry Date and waiting period had already expired and where this Policy is a replacement policy for such similar policy with the alternate insurer. There is no Waiting Period for any Accidental Death.

### **4. GENERAL EXCLUSIONS**

The Insurer shall not be obliged to make any payment in respect (of any Claim) of any condition or event which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with, traceable to or resulting from any of the following:

- Intentionally self-inflicted injury, suicide or a suicide attempt (whether sane or insane) within the first 12 (twelve) months from the Entry Date; If there are changes to the nominated immediate or extended family members or any increases in the cover level, then a new 12 month exclusion period will apply for newly added members and/or for the additional cover amount added.
- The Insured committing any breach of (any) law or criminal law. This is where, for example the Insured intentionally kills the life assured in order to get a policy benefit.
- The Insured's participation in any criminal activities; this is for example , where the Insured is involved in a crime or dies while committing a crime e.g., stealing, shootout with law enforcement officers, active participation in an armed war or acts of terrorism.
- Nuclear accidents, radioactivity, war or armed conflict (whether war be declared or not), terrorist or insurgency activities, rebellion, civil commotion, sedition, sabotage or any activity associated with the foregoing, or the defense, quelling, investigation or containment thereof by any security force;

### **5. SPECIFIC RESTRICTIONS ON LIABILITY**

The Insurer's liability in terms of the Policy shall cease in the event of a Claim settlement being made for the Benefit of an Insured.

### **6. TERMINATION OF THE POLICY**



This Policy will terminate or end on the earliest of the following:

- On the date that all claims in the policy are paid;
- On the expiry of the Period of Insurance;
- When either You or Us cancel the Policy.
- On the death of the Policyholder

We may immediately cancel this Policy, or place it on hold, refuse any transaction or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal activity.

## **7. COOLING-OFF PERIOD, CANCELLATION PROCEDURE AND CONSEQUENCES**

This Policy can be cancelled by the Policyholder within the Cooling-off Period provided no Benefit Amount has been paid or claimed or the Claim Event insured against, has not yet occurred and any Premium paid during this Cooling-off Period will be refunded in full.

You have the right to cancel this Policy at any time by giving us 31 (thirty-one) days' notice of the intention to cancel. Such cancellation, after the initial 31 (thirty-one) day Cooling-off Period from the Entry Date, will not attract a refund of any Premiums paid.

## **8. NO SURRENDERS OR CESSIONS**

This Policy acquires no surrender, paid-up or loan values. There is no cumulative effect of Premiums paid and each monthly Premium is used to cover the risk for that specific month. Each month a Premium is to be paid to renew the cover

## **9. PREMIUM PAYMENT AND COMPUTATION**

A Premium is payable at the beginning of each month. If We do not receive Your Premium on the due date, a period of 30 (thirty) days (Grace Period) will be given to the Insured in which to make payment to keep the Policy up to date. Should a Premium remain unpaid for a period longer than the grace period, a double Premium will be submitted (to the Premium Payer for Group Cover) for collection the following month. Should 2 (two) consecutive Premiums remain unpaid, the Policy will lapse automatically, and all benefits will cease to provide any further cover. Any Claim lodged in a month where a Premium has not been paid will be considered and if approved, the outstanding Premium will be deducted from the benefit amount. Any Claim lodged in a month after the Policy has either lapsed or cancelled will be declined.

## **10. PREMIUM REVIEW AND PREMIUM INCREASES**

- Premium rates are guaranteed for the first 12 (twelve) months from the Entry Date and will be reviewed annually on the policy review date.
- Premiums will increase annually to reflect the following:
  - The Life Assured's increasing age



- Adverse changes to future experience examples including but are not limited to, deteriorating future mortality experience, an increase in future expenses, increases in future inflation rates.
- Any changes to the Premium rate will be notified to the Policyholder 31 (thirty-one) days prior to the change taking effect. Such notification will confirm the reason for the change to the Premium rate.

## **11. CLAIMS PROCESS**

The Claimant must let the Insurer (Linar) know of a Claim as soon as possible but not later than 3 (three) months from the date of the Claim Event occurring and provide all required Claim documentation within 6 (six) months from the date of the Claim Event occurring.

## **12. THE FOLLOWING DOCUMENTS WILL BE REQUIRED TO ASSESS THE CLAIM**

- Completed Linar claim form. Please contact your Broker or Linar for a copy of the Claim form. Alternatively, please download the claim form from Linar's website.
- Original or certified copy of the fully completed DHA1663 form;
- Original or Certified Identity Document, Passport of the deceased or an unabridged birth certificate in the event of a child death.
- Original or Certified Identity Document or Passport of the beneficiary
- The Beneficiary's banking details;
- A Police Report with details of the cause of accident, in case of an Accidental Death;
- Death certificate of the deceased. In the case of a still birth, a document certified by a registered medical practitioner.

This is not an exhaustive list and the Insurer has the right to request any additional documentation as may be required at claims stage to determine the validity of the claim.

No payment will be made under this Policy if the premiums have not been paid up to date or if the Policyholder has not complied with all the obligations and conditions of this Policy.

## **13. REJECTION OF THE CLAIM AND TIME BAR**

In the event of a Claim being rejected or the Claimant disputes the amount of the Benefit Amount paid by Us, the Claimant is entitled to make representation to Us in respect of our decision to reject the Claim or as to the manner in which the quantum of the Benefit Amount was calculated for a period of 180 (one hundred and eighty) days from the date of receipt of the letter of rejection or the date of the Claim payment.

If the representation is unsuccessful or the dispute is not resolved at the end of this 180 (one hundred and eighty) day period then the Claimant has an additional 6 (six) months to institute legal action against Us by way of a summons, failing which We will no longer be liable in respect of the Claim and such legal action will no longer be possible.





Representation must be submitted in writing to:

Linar (Pty) LTD

Address : 155 West Street, Sandton, 2194

Email : insurance@linar.co.za

Tel : +2778 738 0827

Where the Claimant is not satisfied with the response from Us, the Claimant is entitled to escalate the matter/a complaint to the FAIS Ombudsman on:

Postal : Private Bag X45, Claremont, 7735

Email : info@ombud.co.za

Tel : (021) 657-5000

Sharecall 0860 103 236

Fax : (021) 674-0951

In terms of Section 15 of the Financial Services Ombudsman Schemes Act No. 37 of 2004, that on receipt of the official referral to the aforementioned Ombudsman, any applicable time barring clause in terms of this Policy or the running of prescription in terms of the Prescription Act No 68 of 1969 from the date of referral to the date of withdrawal of the referral, or determination of the referral by the Ombudsman, shall be stayed. If the dispute is not satisfactorily resolved in this manner, legal action may be instituted against the Insurer for the enforcement of the claim by way of the service of summons against the Insurer. Summons must be served on the Insurer within 6 (six) months from the date the Claimant receives the outcome in respect of the representations made, failing which all benefits in respect of such Claim shall be forfeited and no liability can arise in terms of such claim.

#### **14. FRAUD**

If any claim under this Policy is in any way fraudulent or fraudulent means are used by You or anyone acting on Your behalf to obtain any Benefit Amount under this Policy or if any of the Claim Events insured against are occasioned by Your intentional act, or with Your connivance, all benefits under the Policy and all Premiums paid in terms of the Policy will be forfeited and the Policy will be voidable at Our option. Appropriate action will be taken as deemed necessary by the Insurer.

It is the responsibility of the Policyholder to inform the Administrator or the Insurer if any of her/his circumstances change and where this could affect the outcome of a potential Claim and or invalidate this Policy and its Benefits.

#### **15. POLICY VARIATION**

The Insurer reserves the right to Vary this Policy by giving the Administrator written notice (by post, Email or SMS) of such intention at least 31 (thirty-one) Days before any Premium rate adjustment and 31 (thirty-one) Days' notice before any other Policy Variation, unless the Variation is to increase the Policy benefits



without increasing the Premium, in which case no advance notice will be required. The Administrator must inform the Policyholder of any material Variation of the terms and conditions. The variation may be applied due to reasonable actuarial or member grounds as per PPR rules.

No Variation to this Policy will be binding on the Insurer unless made in writing and signed by a duly authorized officer of the Insurer and confirmed thereafter by payment of the Policyholder of the Premium whether Varied or not.

## **16. INDULGENCE, LENIENCY OR EXTENSION**

No indulgence, leniency or extension of time which the Administrator or the Insurer may grant or show to an Insured, shall in any way prejudice the Administrator or the Insurer, or preclude the Administrator or the Insurer, from exercising any of their rights in the future.

## **17. JURISDICTION AND GOVERNING LAW**

Only the courts of South Africa shall have jurisdiction to entertain any Claims arising out of or in respect of this Policy and the law of South Africa shall apply to this Policy.

## **18. CURRENCY**

All payments in terms of this Policy (Premium and Claim payments) shall be made in the South African currency.

## **19. COMMISSION AND/OR OTHER REMUNERATION PAYABLE TO THE ADMINISTRATOR**

A negotiated Intermediary related the total monthly Premium is payable to the Administrator, which is included in the monthly Premium.

## **20. PROCESSING AND PROTECTION OF PERSONAL INFORMATION**

The Policyholder acknowledges and consents to the Administrator and the Insurer processing his/her Personal Information:

- (i) to enter into this Policy and for purposes of administering this Policy and complying with his/her instructions; and
- (ii) for the purposes of the prevention and detection of fraud and criminal activities, the identification of the proceeds of unlawful activities and the combating of money laundering activities.

The Policyholder has the right to access his/her Personal Information held by the Administrator or the Insurer during office hours and within a reasonable time after receiving such a written request for access.



The Administrator and the Insurer will only keep the Insured's Personal Information for as long as necessary or required by law.

The Administrator or the Insurer may transfer its rights or obligations under this Policy to a third party without the Insured's consent and without notice. In such event, the third party will then process the Insured's Personal Information.

The Policyholder may update his/her Personal Information at any time by calling the Administrator.

## **21. COMPLAINT RESOLUTION PROCESS**

Life Ombudsman (complaints relating to claims repudiations)

Postal Address : Private Bag X45, Claremont, 7735

Tel : (021) 657-5000

Sharecall 0860 103 236

Fax : (021) 674-0951

Email : info@ombud.co.za

FAIS Ombudsman (complaints relating to the selling of the financial service)

Postal Address : PO Box 74571, Lynwood Ridge, 0040

Tel : (012) 762-5000 / 012 470-9080

Fax : (012) 348-3447 / 0860 764 1422

Email : info@faisombud.co.za

Financial Services Conduct Authority (FSCA)

Postal Address : PO Box 35655, Menlo Park, 0102

Tel : (012) 428-8000

Fax : (012) 347-0221

Email : info@fsca.co.za

## **22. TREATING CUSTOMERS FAIRLY**

The TCF principles are viewed seriously by the Insurer and all 6 (six) Outcomes are practiced at all times. We will, in all Our interactions with any client, endeavor to deliver excellent customer experiences which we will achieve through the ongoing review of all our business practices and analysis of complaints. It is our objective to be fair in Our treatment of all clients and partners and being compliant, in all aspects, of the 6 (six) Outcomes of the Treating Customers Fairly framework. These Outcomes are:

- You are confident that Your fair treatment is key to Our culture;
- Products and Services are designed to meet Your needs;
- We will communicate clearly, appropriately and on time;
- We provide advice which is suitable to your needs and circumstances;
- Our products and services meet Your standards and are of an acceptance level; *and*
- There are no barriers to access our services, make a Claim or to lodge any complaints.

## **23. ADDITIONAL DISCLOSURE DETAILS**



Details of Insurer : Linar (Pty) LTD  
Registration Number : 2016/570996/07  
FSP Number : 50188  
Insurer license number : i357  
Physical Address : 155 West Street, Sandton 2196  
Telephone Number : +2778 738 0827  
Email Address (general) : insurance@linar.co.za  
Email Address (compliance) : insurance@linar.co.za  
Website Address : www.linar.co.za

In terms of the FSP License, Linar is authorized to give advice and render financial services for products under:

CATEGORY I:

- Long-Term Insurance A
- Long-term Insurance : Category B1-A
- Short-term Insurance Personal Lines A1
- Short-Term Insurance Commercial Lines

Details of Insurer : Linar (Pty) Ltd  
Registration Number : 2016/570996/07  
FSP Number : 50188  
Physical Address : 155 West Street, Sandton, 2196  
Postal Address : 155 West Street, Sandton, 2196  
Telephone Number : (+2778 738 0827  
Email Address (general) : insurance@linar.co.za  
Email Address (compliance) : insurance@linar.co.za  
Email Address (web) : www.linar.co.za

In terms of the FSP License, Linar is authorized to give advice and render financial services for products under:

CATEGORY I:

- Long-term Insurance : Category A
- Long-term Insurance : Category B1
- Long-term Insurance : Category B1-A

Professional Indemnity and/or Fidelity Cover:

Linar has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.

Compliance Details

Contact : Lindiwe Nkolozi  
Telephone: 011 678 2533  
Website : [www.associatedcompliance.co.za](http://www.associatedcompliance.co.za)



Email: : lindiwe@associatedcompliance.co.za

#### Complaints Details

Telephone: : +2778 738 0827

Email: : insurance@linar.co.za

## 24. CONFLICT OF INTEREST

There has to exist a duty of loyalty and fidelity among all our employees who have the responsibility of administering our affairs honestly and prudently, and of exercising best care, skill, and judgment for the sole benefit of our clients. We make every effort to ensure that at all times we act in your best interests and in no way allow our own interests, potential or actual, to influence our objective performance and the delivery of an unbiased and fair service to you. We consider the interests of our clients as our first priority in all our decisions and actions and we are proud to adhere to our Conflicts of Interest Management Policy. The policy is available to clients on request or via our website.

## 25. OTHER MATTERS OF IMPORTANCE

- You must be informed about any material changes in the detail provided about Your Administrator and Linar;
- If the information about Your Administrator was given orally, it must be confirmed in writing within 31 (thirty-one) days thereafter;
- If any complaint to the Administrator or Insurer is not resolved to Your satisfaction, You may submit a complaint to the Registrar of Long Term Insurance;

## 26. WARNING

- Do not sign any blank or partially completed application forms;
- Complete all forms in ink;
- Try and keep all documents handed to you;
- Place your Cover Schedule in safe keeping;
- You do not have to be pressurized to buy any product;
- Incorrect information or a material non-disclosure or misrepresentation of important information including facts by You may influence the Insurer on any Claims arising from your Policy;
- If You are unsure what information to disclose, rather give too much information than too little

## **Section B: Additional Product Information**

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The following section summarises important definitions and information relating to this product and forms part of the policy terms and conditions. Please read through this section carefully and ensure that you understand the information presented in the tables.

Nominated **Immediate Family Members** must meet one of the following definitions and maximum age definitions as stated in the below table. Additionally, the number of lives pertaining to this category of life assureds may not exceed the stipulated number of lives in the table below.

Relationship to the Main Member	Definition	Entry Ages (ANB)	Maximum Number of lives on policy
Spouse	means a person who is married by law, customary or common law to the Policyholder	18 - 65	2
Children	means the biological child, legally adopted child or stepchild of the Policyholder.	0 - 21	6
Stillborn	A stillbirth is the death or loss of the Main Members baby before or during delivery	At least 26 weeks	

\*ANB is Age Next Birthday

For the purpose of this policy, a marriage by common law will mean a relationship where two (2) people have been living together for at least 6 consecutive months. This is on condition that the applicant is able to provide satisfactory proof of the permanency of the relationship to Insurer.

Nominated **Extended Family Members** must meet one of the following definitions and maximum age definitions as stated in the below table. Additionally, the number of lives pertaining to this category of life assureds may not exceed the stipulated number of lives in the table below.

Relationship to the Main Member**	Definition	Entry Ages (ANB)	Maximum Number of lives on policy*
Aunt/uncle	Biological siblings of the biological parents of the Main Member or Spouse.	0 – 85	8
Brother/sister	Biological siblings of the Main Member or Spouse.	0 – 85	8
Brother-/sister-in-law	Biological siblings of the Main Members Spouse.	0 – 85	8
Son-/daughter-in-law	Spouse of the Children of the Main Member.	0 – 85	8
Parent(s)	Refers to the biological, adoptive or stepparents (stepfather/stepmother) of the Policyholder.	0 – 85	8
Parent(s) in law	Refers to the biological, adoptive or stepparents of the Policyholders spouse.	0 – 85	8
Stepfather/-mother	Spouse of the Main Member's/Main Members spouse' biological parent.	0 – 85	8



Stepsisters/ brothers and	Children of the Spouse of the Main Member's/Main Members spouse' biological parent.	0 – 85	8
Grandfather/- mother	Biological parent of a biological parent of the Main Member or Spouse.	0 – 85	8
Grandson/- daughter	Biological child of the Children of the Main Member.	0 – 85	8
Niece/Nephew	Biological children of the biological siblings of the Main Member or Spouse	0 – 85	8
Cousin	Biological children of an aunt/uncle of the Main Member or Spouse	0 – 85	8
Children	means the biological child, legally adopted child or stepchild of the Policyholder who no longer meet the age definitions under the Immediate Family option or where the maximum number of children have been exceeded.	21 – 85	8

\*The maximum number of lives stated under the Extended Family Option refers to the maximum across all Extended Lives on the policy. That is, there can only be 8 extended family members nominated under the policy at a time.