

**SUMMARY OF TERMS AND CONDITIONS FOR THE BLUE LABEL ACCIDENTAL BENEFIT PLAN
(SCHEME CODE: 0090006613)**

Accidental Plan benefits:

Accidental Death: R20 000 for the life insured.

Death must be related to an accident.

Death may not be from natural causes or be self-inflicted.

Accidental Injury: Injury must be sustained in an accident.

The injury may not be from natural causes or be self-inflicted.

Definition of Accidental

We define accidental death or injury as the unintentional death or bodily injury that is a result of any external force and against the normal course of events, rather than being caused by a disease process or a longstanding medical condition.

Definition of Injury

Accidental Injury benefits are only payable for the following conditions:

Neurological	Concussion
Musculoskeletal	Bruising or fracture to bone structure
	Fracture, dislocation or soft tissue injury to joints
	Strain or tear of Muscles
	Strain or tear of tendons/ligaments
Sensory	Bruising or tear of Nerves
	Closed, open or burn wounds to skin

The severity of the Accidental Injury benefits link to the time the claimant will be treated in a hospital as a result of injury sustained in the accident.

Severity A :	Over 15 days	Benefit: R20 000 per life insured over
Severity B:	8 days to 14 days	Benefit: R10 000
Severity C:	Up to 7 days	No benefit payable

Exclusions

Active participation in war, riot and civil commotion or terrorism.

All claims related to atomic, biological and chemical warfare or terrorism.

Commencement of Insurance:

A monthly premium per Insured, determined by Liberty, is payable. If any premium is not paid continuously, Liberty's liability in terms of the policy regarding that insured lapses. The insurance commences on the first day of the month during which the first premium is received.

Territorial limitations

Unless Liberty agrees otherwise in advance in writing, benefits will extend only to and cover disability or death resulting from or arising out of any illness, accident or injury sustained or contracted by a member while:

- Domiciled in the Republic of South Africa, Swaziland, Botswana, Namibia, Mozambique and Lesotho.
- On worldwide business or holiday trips not exceeding 12 months consecutively

War and riot exclusion

Liberty will exclude any claim as a consequence of:

- A claimant's active involvement in any war, riot, civil commotion, terrorism or similar related incidents
- Any claim that is a direct or indirect consequence of the use of atomic, biological or chemical weapons or attacks on or sabotage of such facilities.

Termination of benefits

Liberty requires one month's written notice for the termination of insurance cover or participation in the group policy.

Premium Due Date and Payment Frequency

- Premiums are payable monthly in advance on the first day of the month, and must be paid to Liberty within 15 days from the end of the month in which the premium is due.
- A further 15-day grace period is permitted for the payment of premiums. If the Employer fails to pay any premium by the end of the grace period this Policy will terminate unless Liberty specifically agrees in writing to revive the Policy by permitting the Employer to resume payment of premiums. Any such revival of the Policy and the resumption of premium payments will be subject to terms and conditions determined by Liberty and advised to the Employer in writing.
- If an event giving rise to a claim occurs during the grace period or the extended grace period permitted for the payment of premiums, the claim will not be considered until all outstanding premiums have been paid.

Notification of potential claims

The maximum time periods for notification of claims are as follows: Accidental benefit within 12 months of a member's death.

Claim requirements

Accidental benefit

Liberty must be notified of death claims within the notification period, even if all the required information is not yet available.

The following information is required to process a claim:

- Certified death certificate
- Detailed member display of retirement fund / member detail report
- Death claim notification form
- Copy of payslip at date of death
- Copy of identity document
- If not already indicated on the claim notification form, instructions as to benefit distribution and details of beneficiaries
- Other documentary evidences, information and proof as may be required after notification of the claim

Submission of evidence

Accidental benefits

A maximum period of 24 months from the date of death is permitted to submit all death claim requirements. Failure to comply with this will result in closure of the file and no further evidence being considered for assessment purposes.

NB: The above are extracts and summaries from the policy and do not replace the official policy, which contains all rights of members.

Cancellation of policies

Existing policies / policies in force:

The trustees and / or employer must give Liberty one calendar month's written notice of the cancellation of a policy.

New policies (cooling off period):

The trustees or employer of a group risk policy may instruct Liberty in writing to cancel a policy within 30 days of receipt of the summary referred to in section 48 of the Long-term Insurance Act. This summary will be incorporated into the acceptance letter issued by Liberty and contains the basic terms and conditions of the policy to be issued. The summary and cooling off provisions do not apply to retirement fund policies. Liberty will only cancel the policy where no benefit has yet been paid or claimed or an event insured against has not yet occurred. All premiums paid by the scheme / employer to Liberty up to the date of cancellation will be refunded after the cost of any risk cover actually enjoyed and any market loss has been deducted, where the market value of the investments made has decreased.

Cancelling the transaction

You have a right to cancel the transaction. In most cases, you have a right to cancel a policy in writing within 30 days after receipt of the summary contemplated in section 48 from the insurer. The same applies to certain changes you may make to a policy. The insurer is obliged to confirm to you whether you have this right and to explain how to exercise it. Please bear in mind that you may not exercise this right if you have already claimed under the policy or if the event, which the policy insures you against, has already happened. If the policy has an loss.

ADMINISTRATION HELP LINE:

Tel: (012)348 8310

Fax: 086 514 1115

CLAIMS SUBMISSION:

Fax: 086 514 1115 or

claims@phakama.co.za

NEW APPLICATION SUBMISSION:

Fax: 086 514 1115



PRODUCT UNDERWRITER

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