



Life or Critical Illness Insurance

TERMS AND CONDITIONS

Term Insurance – First Event Life or Critical Illness Cover

Policy Terms and Conditions

Important

The Policy is a legal contract between the Policyholder and Guardrisk Life International Limited (the Company).

The Policy, defined by its unique number, is issued on the basis of a proposal and declaration accepted by the Company. It comprises these Policy Terms and Conditions, the Policy Schedule and any attaching Policy exclusions, together with any endorsements issued by the Company.

The Company will, in return for the receipt of the Selected Premium on each Due Date and, in the event of a claim event occurring for a Life Insured, pay the applicable Protection Benefit shown in the Policy Schedule to the person or persons entitled to receive such payment, subject to these Terms and Conditions.

With the exception of those circumstances described in Clause 20, any fraud, concealment, or deliberate misstatement of fact by a Life Insured will render the Policy null and void.

These Terms and Conditions apply to all policies issued on or after 19 April 2021.

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Term Insurance – First Event Life or Critical Illness Cover

Policy Terms and Conditions

1. TERMS AND INTERPRETATION

- 1.1 In these Policy Terms and Conditions, these selected Terms shall be interpreted as follows, unless inconsistent with the context:

Accidental Death Benefit, if applicable to the Policy, means the Sum Insured as shown in the Policy Schedule which becomes payable where the death of a Life Insured is caused by an accident.

Critical Illness Benefit means the Sum Insured as shown in the Policy Schedule which becomes payable if a Life Insured is diagnosed with an illness or suffers from an accident, which results in them meeting all of the claim requirements of one or more of the defined Critical Illness events and definitions.

Death Benefit means the Sum Insured as shown in the Policy Schedule which becomes payable upon the death of a Life Insured.

Due Date means each monthly, quarterly, semi-annual or annual recurrence of the Start Date, as shown in the Policy Schedule, on which the Selected Premium must be paid.

Expiry Date means the latest date on which the Policy can end, calculated by adding the Policy Term to the Start Date.

First Event means the Policy covers whichever claim event of either the Critical Illness Benefit or the Death Benefit occurs first and terminates on the payment of that benefit.

Life Insured means the person shown in the Policy Schedule upon whose death, or confirmation of a Critical Illness claim event, the Protection Benefit becomes payable.

Minimum Premium means USD 50 (or GBP or EUR equivalent).

Minimum Sum Insured means USD 50,000 (or GBP or EUR equivalent).

Policy means the legal contract between the Policyholder and the Company, comprising the Application, the Policy Schedule, these Terms and Conditions and any attaching Policy exclusions, together with any endorsements issued by the Company.

Policyholder means the owner or owners of this Policy as shown in the Policy Schedule.

Policy Term means the number of years from the Start Date to the Expiry Date as shown in the Policy Schedule.

Protection Benefit means the Death Benefit or Critical Illness Benefit and, if applicable to the Policy, the Accidental Death Benefit and/or the Waiver of Premium Benefit as shown in the Policy Schedule and which is in effect on the life of a Life Insured.

Selected Premium means the monthly, quarterly, semi-annual or annual premium as shown in the Policy Schedule which must be paid on each Due Date throughout the Policy Term.

Start Date means the date from which the Company assumes risk for the Protection Benefit provided in the Policy and the date from which the Selected Premium becomes payable.

Sum Insured is the monetary value which the Company shall pay for each applicable Protection Benefit as shown in the Policy Schedule, subject to the Terms and Conditions governing each Protection Benefit.

- 1.2 In these Policy Terms and Conditions, references to the singular include the plural, and vice versa. References to a gender include every gender, unless inconsistent with the context.

- 1.3 Headings and text formatting in these Policy Terms and Conditions are for emphasis only and shall not affect interpretation.

2. EXPERIENCE RATED PREMIUM

- 2.1 The Selected Premium is experience rated and will be reviewed by the Company annually.

- 2.2 If the predicted cost to the Company of continuing to provide the Protection Benefit is higher than had previously been calculated, the Policyholder may choose to increase the premium level to maintain the Sum Insured or reduce the Sum Insured and maintain the premium level.

- 2.3 If an adjustment is required, notification will be issued to the Policyholder at least 30 days prior to the Policy Anniversary.

3. GUARANTEED COVER

- 3.1 Subject only to the exclusions listed in Clauses 7, 10, 13 and 16, and the circumstances described in Clauses 20, 26 and 28, the Death Benefit as shown in the Policy Schedule is guaranteed for the entire Policy Term; while the Accidental Death Benefit, Critical Illness Benefit and the Waiver of Premium Benefit are each guaranteed for their respective period of cover as described in Clauses 11, 14 and 17.

- 3.2 Under the conditions described in Clause 2.2, the Policyholder may choose to reduce the Sum Insured.

4. POLICY PERIOD OF COVER

- 4.1 The Policy, and therefore the Death Benefit, starts on the Start Date and terminates on the Expiry Date, both as shown on the Policy Schedule, and shall be subject to the Policy Term limits described in Clause 19.

The Critical Illness Benefit shall expire as described in Clause 14.1 and, if applicable to the policy, the Accidental Death Benefit and/or Waiver of Premium Benefit shall each expire on the Policy Expiry Date or as described in Clauses 11.1 and 17.1 respectively, whichever is earlier.

- 4.2 The Policy shall terminate earlier for one of the following reasons:

- 4.2.1 the payment of the full Death Benefit or Critical Illness Benefit as shown in the Policy Schedule;
- 4.2.2 the Selected Premium remains unpaid for more than 90 days after the Due Date;

- 4.2.3 the Policyholder cancels the Policy in writing; or

- 4.2.4 the Company exercises its right to cancel the Policy.



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5. PREMIUMS

- 5.1 A Premium payment shall not be regarded as paid until it has been received by the Company.
- 5.2 The Selected Premium must be paid on or before the Due Date. It must be paid in the policy currency, be of an amount which meets or exceeds the Selected Premium value, be paid by a method acceptable to the Company, and must be in accordance with the Policy premium frequency.
- 5.3 The Company shall continue to provide cover if the Selected Premium remains unpaid for a period of up to 90 days.
- 5.4 If the Protection Benefit becomes payable, any premiums which are due but remain unpaid (premiums in arrears) shall be deducted by the Company from the Protection Benefit before it is paid.
- 5.5 If the Selected Premium remains unpaid for more than 90 days after the Due Date then, at the Company's discretion, the Policy will be cancelled, the Protection Benefit will end without payment and the Company will not return any premiums already paid.
- 5.6 The Company may, at its absolute discretion, agree to reinstate a cancelled Policy. Such reinstatement will be subject to payment of all unpaid premiums and any applicable charges, as well as Terms and Conditions determined by the Company at that time.

6. DEATH BENEFIT

- 6.1 With the exception of those exclusions described in Clause 7, the Death Benefit is payable upon the death of a Life Insured by any cause; provided such death occurs after the Start Date and that the Policy is in force at the time of death.
- 6.2 The amount payable on the death of a Life Insured will be the Death Benefit Sum Insured as shown in the Policy Schedule.
- 6.3 If death results from suicide, while sane or insane, within 2 years of the Start Date, or the date of reinstatement of a previously lapsed or cancelled Policy, the Death Benefit shall be limited to a refund of the Selected Premiums paid from the Start Date or the date of reinstatement.
- 6.4 The entire Policy will terminate upon payment of the Death Benefit.

7. DEATH BENEFIT EXCLUSIONS

The Death Benefit shall not be paid if the death of a Life Insured results directly or indirectly from any of the following events or circumstances:

- 7.1 Active participation by a Life Insured in any war whether declared or not, civil war, insurrection, riot, terrorist act, mutiny, piracy, civil commotion or other acts of violence originating from any political or civil unrest.
- 7.2 Committing or trying to commit an assault.
- 7.3 Participation in any act which would be deemed a criminal offence, whether convicted or not.

8. TERMINAL ILLNESS ACCELERATOR

Subject to the remaining Policy Term exceeding 2 years, in the event that a Life Insured is diagnosed with an advanced, or rapidly progressing, and incurable medical illness such that, in the opinion of any medical expert retained by the Company, the Life Insured is deemed to have less than 10 months to live; then the Death Benefit will be payable, and the Policy will terminate thereafter.

9. ACCIDENTAL DEATH BENEFIT

- 9.1 Accidental Death Benefit is an optional rider benefit which may be included on a Single Life Policy at the Start Date and provides for cover, which is additional to the Death Benefit, in the event of an Accidental Death.

This benefit is subject to an additional premium.

- 9.2 With the exception of those exclusions described in Clause 10, and if applicable to the Policy, the amount payable on the Accidental Death of a Life Insured will be the Accidental Death Benefit Sum Insured shown in the Policy Schedule.

- 9.3 Accidental Death means:

- 9.3.1 death occurs as a direct or indirect result of bodily injury caused, independently of all other causes, by an external and violent accident; and
- 9.3.2 such accident has been witnessed by another independent person from whom the Company can obtain a statement; and
- 9.3.3 death must occur within 90 days of such accident.

10. ACCIDENTAL DEATH BENEFIT EXCLUSIONS

The Accidental Death Benefit shall not be paid if the death of a Life Insured results directly or indirectly from any of the following events or circumstances:

- 10.1 Intentional self-inflicted injuries, including suicide, while sane or insane.
- 10.2 Active participation by a Life Insured in any war, whether declared or not, civil war, insurrection, riot, terrorist act, mutiny, piracy, civil commotion or other acts of violence originating from any political or civil unrest.
- 10.3 Committing or trying to commit an assault.
- 10.4 Participation in any act which would be deemed a criminal offence, whether convicted or not.

11. ACCIDENTAL DEATH BENEFIT PERIOD OF COVER

- 11.1 Accidental Death Benefit cover, if applicable to the Policy, commences on the Start Date and terminates on the Policy Anniversary immediately preceding a Life Insured's 70th birthday.
- 11.2 Cover will terminate earlier for one of the following reasons:

- 11.2.1 the death of a Life Insured;



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- 11.2.2 the Selected Premium remains unpaid for more than 90 days after the Due Date;
- 11.2.3 the Policyholder cancels the Policy or this Protection Benefit in writing; or
- 11.2.4 the Company exercises its right to cancel the Policy.

12. CRITICAL ILLNESS BENEFIT

- 12.1 The Critical Illness Benefit provides for an accelerated payment of the Death Benefit to the Policyholder, if a Life Insured is diagnosed with an illness or suffers from an accident which results in them meeting all of the claim requirements of one or more of the defined critical illness events and definitions in Clauses 12.4 to 12.27.
- 12.2 With the exception of those exclusions described in Clause 13, the amount payable in the event of a defined Critical Illness claim event shall be the Death Benefit Sum Insured as shown in the Policy Schedule.
- 12.3 Critical Illness means the first and unequivocal diagnosis of a condition which.
- 12.3.1 has been made by a suitably qualified and licensed doctor who is acting within the scope of that licence, employed at, or affiliated to, a hospital and who is a specialist in an area of medicine appropriate to the diagnosed condition;
- 12.3.2 has been confirmed by the Company's Chief Medical Officer; and
- 12.3.3 meets the claim requirements of one or more of the following defined Critical Illness events and definitions.
- 12.4 **Aorta Graft Surgery**
Major (open) surgery to dissect and surgically graft an aneurysm of the Aorta.
- 12.5 **Benign Brain Tumour**
A life-threatening, non-cancerous tumour of the brain as confirmed by 2 independent neurologists or neurosurgeons, giving rise to characteristic signs of increased intracranial pressure such as papilledema, mental symptoms, seizures and motor or sensory impairment.
- The presence of the tumour must be confirmed by imaging studies such as a CT scan or MRI scan.
- Benign pituitary tumours are excluded.
- 12.6 **Cancer**
A malignant tumour which is characterised by the uncontrolled growth of malignant cells and invasion of tissue and where histological examination has confirmed the type and staging of the tumour.
- Only malignant tumours conforming to stage III or IV of the AJCC (American Joint Committee for Cancer) staging system will be considered for a claim, with the exception of brain cancers, malignant prostate cancers, leukaemia's and lymphoma's, which are classified according to different staging systems. Clinical definitions for these types of cancers are described as follows:

12.6.1 Benign Brain Cancers

Will be assessed according to the Benign Brain Tumour claim category in Clause 12.5.

12.6.2 Malignant Brain Cancers

Malignant Brain Cancers must be graded according to the World Health Organisation (WHO) grading system for brain cancers. Only grades III and IV cancers as listed below will qualify for a claim.

- Glioblastoma
- Giant cell glioblastoma
- Gliosarcoma
- Pineoblastoma
- Medulloblastoma
- CNS primitive neuroectodermal tumour
- Atypical teratoid or rhabdoid tumour
- Malignant peripheral nerve sheath tumour
- Any other WHO stage III or IV brain cancer

Treatment for these cancers is not required for a claim to be considered.

12.6.3 Prostate Cancers

Prostate Cancers must be staged according to the AJCC (American Joint Committee on Cancer) TNM grading system, only those cancers meeting a staging listed below will be considered for a claim:

- T4, N0, M0 or
- Any T, N1-3, M0 or
- Any T, Any N, M1

12.6.4 Leukaemia's and Lymphoma's

- Acute Myeloid Leukaemia (AML)
- Chronic Myeloid Leukaemia (CML) requiring a bone marrow transplant
- Acute Lymphocytic Leukaemia(ALL)
- Chronic Lymphocytic Leukaemia (CLL) – Stage III or IV on the Rai classification system
- Hodgkins or Non-Hodgkins Lymphoma – Stage III or IV on the Ann Arbor classification system
- Multiple Myeloma – Stage III or IV on the Durie-Salmon classification system

12.7 Cardiomyopathy

Cardiomyopathy resulting in permanent and irreversible physical impairment to the degree of at least class IV of the New York Heart Association (NYHA) classification of cardiac impairment, or an ejection fraction that is consistently less than 40% as evidenced on at least 3 consecutive echocardiograms, which have been performed no less than 6 weeks apart from each other.

12.8 Coma

A state of unconsciousness not induced by sedation and where there is Glasgow Coma Score (GCS) of 10 or less with no reaction to external stimuli or internal needs and persisting continuously for more than 96 hours with the use of life support systems such as ventilators or intravenous nourishment.

12.9 Coronary Artery Bypass Grafts

Open heart surgery to correct narrowing or blockage to three or more of the blood vessels that supply the heart muscle with blood, using a vein from the leg or one of the inner chest wall arteries, to bypass the obstruction.



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12.10 Heart Attack

Death of heart muscle due to inadequate blood supply as evidenced by all three of the following criteria:

- Compatible clinical symptoms and characteristic ECG changes, for example:
 - o ST segment and T wave changes indicative of myocardial ischaemia or myocardial infarction and raised cardiac markers,
 - o Troponin T > 1.0 ng/ml or Troponin I > 0.5 ng/ml, or
 - o raised CK-MB mass of more than 2 times normal values in acute presentation phase or more than 4 times normal values post-intervention;
- Total CPK elevation of more than 2 times normal values with at least 6% being CK-MB; and
- Permanent impairment in one or more of the following functional criteria as measured 6 weeks post- infarction:
 - o New York Heart Association (NYHA) class IV, MET reading of 1 or less;
 - o LVEF <30%, LVEDD >72 or Ultrasound FS% <16%.

The evidence must show a definite, acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered by this definition.

12.11 Heart Valve Replacement or Repair

Heart valve replacement or valvotomy or valvuloplasty via open heart surgery.

12.12 HIV/AIDS

The clinical manifestation of Acquired Immune Deficiency Syndrome (AIDS) as evidenced by the Life Insured meeting all of the following:

- a positive Human Immunodeficiency Virus (HIV) antibody test;
- a CD4 of less than 200; and
- at least 3 conditions of Stage 3 AIDS as defined by the current World Health Organisation (WHO) classification system or being diagnosed with at least one AIDS-defining disease, according to the current WHO clinical classification system.

12.13 Irreversible Heart Failure

Irreversible heart failure, with permanent physical impairment to the degree of at least class IV of the New York Heart Association (NYHA) classification of cardiac impairment or an ejection fraction that is consistently less than 40% as evidenced on at least 3 consecutive echocardiograms which have been performed no less than 6 weeks apart from each other.

12.14 Kidney Failure

Permanent, end-stage renal failure requiring haemodialysis, as confirmed by 2 independent specialists or nephrologists.

12.15 Liver Failure

End-stage liver failure due to cirrhosis and resulting in permanent jaundice as well as Ascites, Encephalopathy or Portal hypertension, as confirmed by 2 independent gastroenterologists.

12.16 Loss of Speech

A total and permanent loss of a Life Insured's ability to express themselves by speech, writing or signs or to comprehend spoken or written language, due to injury or disease of the brain as confirmed by at least 2 specialists or neurologists.

There must be permanent deficits in the formal aspects of language such as naming, word choice, comprehension, spelling and syntax.

12.17 Loss of Vision

Permanent loss of visual acuity in both eyes with at least a Snellen equivalent rating of 6/36 for best corrected vision.

12.18 Major Organ Transplant

Organ failure or organ dysfunction to such a degree that normal homeostasis cannot be maintained, and which has resulted in an organ transplant of any one of a Heart, Liver, Pancreas, Lung or Kidney from a donor.

12.19 Peripheral Artery Disease

Peripheral artery disease which has been confirmed by 2 independent vascular surgeons, and with gangrene and loss of a leg, which includes the knee.

12.20 Permanent Dysfunction of the Musculoskeletal system

The total and permanent loss of function, due to injury or diseases of the spinal cord as confirmed by at least 2 independent neurologists or neurosurgeons of:

- One or both sides of the body, or
- Both legs (defined as knee and below), or
- Both arms (defined as elbow and below), or
- One leg and one arm.

12.21 Primary Pulmonary Hypertension

Established primary pulmonary hypertension, as confirmed by at least 2 independent cardiologists, due to structural or functional circulatory disturbances of the lung, leading to right ventricular enlargement.

The disease must result in permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association (NYHA) classification for cardiac impairment.

There must be proof that pulmonary pressures have remained above 30mm Hg for a period of 6 months.

12.22 Severe Lung Disease

Irreversible end stage respiratory failure with an

- FEV1 < 1 litre for obstructive lung disease, or
- FVC < 1 litre for restrictive lung disease with clinical signs and symptoms, or
- FEV1 < 40% predicted, or
- FVC < 40% predicted, or
- severe irreversible changes in pulmonary function tests with permanent DCO 41-45% (obstructive and/or restrictive).

12.23 Stroke

A confirmed stroke with signs appropriate to the area of brain damage should be present e.g. motor, parietal, visual, cerebellar, speech, lasting more than 24 hours.



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For example, neurological deficit that results in a motor deficit of at least 3/5th or less of brain damage, or the inability to perform 3 or more Basic ADL's (Activities of Daily Living) or a WPI (Whole Person Impairment) exceeding 35%.

The WPI scoring guidelines as stipulated in the 6th edition of the AMA (American Medical Association) will be used to determine the WPI score.

12.24 Third Degree Burns

Third degree burns exceeding 30% of the total body area according to the Lund and Bowder body surface chart.

12.25 Trauma

An accident which results in a Life Insured's admission to an Intensive Care Unit department for at least 15 uninterrupted days and where the Life Insured also requires assisted mechanical ventilation for at least 7 of those 15 days.

12.26 Whole Person Impairment

Any disease to any body organ system where the severity of the disease in that body organ system results in a Whole Person Impairment (WPI) of greater than 35%.

The WPI scoring guidelines as stipulated in the 6th edition of the American Medical Association (AMA) will be used to determine the WPI score.

WPI scores are determined when the condition is permanent at optimal treatment.

Any WPI exceeding 35% as a result of a traumatic injury or mental and behavioural disorder(s) will not be covered under this category.

12.27 Impairment of Daily Living

Any accident or injury which results in the Life Insured being unable to perform 4 or more Basic Activities of Daily Living (ADL's), following reasonable optimal treatment and maximal medical improvement.

A payment will only be made under this category if the condition suffered from does not qualify for a claim payment under any of the other categories listed above.

The Basic Activities of Daily Living (ADL's) are defined as follows:

Bathing

The ability to wash or bathe oneself independently.

Transferring

The ability to move oneself from a bed to a chair or from a bed to a toilet independently.

Dressing

The ability to take off and put on one's clothes independently.

Eating

The ability to feed oneself independently (this does not include the preparation of food).

Toileting

The ability to independently use a toilet and cleanse oneself thereafter.

Locomotion on a level surface

The ability to walk on a flat surface independently.

Locomotion on an incline

The ability to walk up a gentle slope or a flight of stairs independently.

Please refer to the end of this document for References Providing Additional Descriptions for Terminology Used in Critical Illness Benefit Definitions above.

13. CRITICAL ILLNESS BENEFIT EXCLUSIONS

The Critical Illness Benefit shall not be paid if the Critical Illness condition results directly or indirectly from any of the following events or circumstances:

- 13.1 Intentional self-inflicted injuries, or attempted suicide, while sane or insane.
- 13.2 Active participation by a Life Insured in any war, whether declared or not, civil war, insurrection, riot, terrorist act, mutiny, piracy, civil commotion or other acts of violence originating from any political or civil unrest.
- 13.3 Committing or trying to commit an assault.
- 13.4 Participation in any act which would be deemed a criminal offence, whether convicted or not.
- 13.5 Failure to seek or follow proper medical advice.

14. CRITICAL ILLNESS BENEFIT PERIOD OF COVER

- 14.1 Critical Illness Benefit cover commences on the Start Date and terminates on the Policy Anniversary immediately preceding a Life Insured's 65th birthday.
- 14.2 Cover will terminate earlier for one of the following reasons:
 - 14.2.1 the death of a Life Insured;
 - 14.2.2 the payment of the full Critical Illness Benefit as shown in the Policy Schedule;
 - 14.2.3 selected Premiums remain unpaid for more than 90 days after the Due Date;
 - 14.2.4 the Policyholder cancels the Policy in writing; or
 - 14.2.5 the Company exercises its right to cancel the Policy.

15. WAIVER OF PREMIUM BENEFIT

- 15.1 Waiver of Premium Benefit is an optional rider benefit which may be included on a Single Life Policy at the Start Date and provides for the Company to waive the Policyholder's obligation to pay premiums should a Life Insured be unable to earn an income from their selected occupation due to an illness or injury. This benefit is subject to an additional premium.
- 15.2 If this benefit is applicable to the Policy, the Company shall waive the Selected Premiums due under the Policy for an initial period of 18 months.

This circumstance shall be deemed to have occurred if a Life Insured is unable to carry out his or her own occupation due to total disability caused by bodily injury, illness or physical or mental infirmity for a continuous period of 6 months prior to the Policy Anniversary immediately preceding his or her 60th birthday.



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15.3 The Company shall continue to waive the Selected Premiums due under the Policy until this benefit terminates, if the Life Insured is unable to carry out any gainful occupation for which he or she is reasonably suited by training, education or experience. This circumstance may be due to permanent disability caused by bodily injury, illness or physical or mental infirmity.

15.4 The Policyholder shall give notice to the Company of such total disability within 12 months of its occurrence. Should the notice be received by the Company after such a 12 month period, then the waiver outlined above shall commence from the date 6 months prior to the receipt of notice by the Company.

15.5 The Waiver of Premium Benefit shall cease to apply if the following two conditions are not met:

15.5.1 The Company shall require satisfactory evidence of any total disability, and of any continuing disability at such reasonable intervals as the Company may deem necessary.

The Policyholder shall, at his or her own cost, supply such evidence in a form as the Company may reasonably require, which will include medical certificates.

15.5.2 The Life Insured shall submit to a medical examination at such reasonable intervals as the Company may require, and with such medical practitioner as the Company may decide.

16. WAIVER OF PREMIUM BENEFIT EXCLUSIONS

The Waiver of Premium Benefit shall not apply if the disability results directly or indirectly from any of the following events or circumstances:

16.1 Intentional self-inflicted injuries, or attempted suicide, while sane or insane.

16.2 Active participation by a Life Insured in any war, whether declared or not, civil war, insurrection, riot, terrorist act, mutiny, piracy, civil commotion or other acts of violence originating from any political or civil unrest.

16.3 Committing or trying to commit an assault.

16.4 Participation in any act which would be deemed a criminal offence, whether convicted or not.

16.5 Pregnancy, childbirth or termination of pregnancy, unless total disability continues for more than 12 months after the date of the termination of the pregnancy.

16.6 Failure to seek or follow proper medical advice.

17. WAIVER OF PREMIUM BENEFIT PERIOD OF COVER

17.1 Waiver of Premium Benefit cover, if applicable to the Policy, commences on the Start Date and terminates on the Policy Anniversary immediately preceding a Life Insured's 60th birthday.

17.2 Cover will terminate earlier for the following reasons:

17.2.1 the death of a Life Insured;

17.2.2 the end of the disability;

17.2.3 the Policyholder cancels the Policy or this Protection Benefit in writing;

17.2.4 other than when waived, Selected Premiums remain unpaid for more than 90 days after the Due Date; or

17.2.5 the Company exercises its right to cancel the Policy.

18. VARIATION OF SUM Insured

18.1 At any time, the Policyholder may request a decrease in the Sum Insured provided that:

18.1.1 The resulting Selected Premium is not lower than the Minimum Premium, and that

18.1.2 The revised Sum Insured after the decrease is not lower than the Minimum Sum Insured.

18.2 At any time the Policyholder may apply for an increase in the Sum Insured provided that:

18.2.1 The additional Sum Insured is not lower than the Minimum Sum Insured, and that

18.2.2 The revised total Sum Insured does not exceed the maximum Sum Insured.

19. POLICY TERM LIMITS

The Policy may have a Policy Term which is not less than 5 years and not more than 30 years, subject always to the condition that any Policy in force shall expire and therefore terminate on the Policy anniversary immediately preceding the Life Insured's 75th birthday which, for Joint Life policies, shall always be the 75th birthday of the older Life Insured.

20. MISSTATEMENT OF FACT AT APPLICATION

Any misstatement of, or failure to disclose, material facts in respect of the proposal for the Policy shall entitle the Company to retrospectively either adjust the Selected Premium level or the Protection Benefit, as may be appropriate in the circumstances, or to cancel the Policy at its entire discretion. The treatment of misstatement of fact in the following specific circumstances shall be as follows:

20.1 If the date of birth of a Life Insured is found to be different to the date stated in the proposal for the Policy, any benefits payable will be recalculated by the Company.

Such calculation will be based on the level of Selected Premium applicable to the correct date of birth, reducing the Protection Benefit if the age of the Life Insured was understated, or refunding excess premiums if overstated.

20.2 If a Life Insured misstates their smoking status as being a non-smoker, and it is determined that at the Start Date they were a smoker, the benefits payable will be recalculated by the Company.

Such calculation will be based on the level of Selected Premium which would have applied to a smoker at the Start Date.



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21. BENEFICIARY APPOINTMENT

- 21.1 At any time prior to the death of a Life Insured, the Policyholder may appoint, or having made such an appointment, the Policyholder may also make subsequent appointments of any third party or parties as beneficiary or beneficiaries to the Protection Benefit.
- 21.2 Only a primary class of beneficiary or beneficiaries may be appointed. Beneficiaries shall share equally in any Protection Benefit payable to them, unless a designation from the Policyholder states otherwise.
- 21.3 Such appointment of a third party or parties as beneficiary or beneficiaries shall only be accepted by the Company on receipt of a completed Beneficiary Appointment Form, which is available on request.
- 21.4 At any time prior to the death of a Life Insured, the Policyholder may revoke any appointment of a third party or parties as beneficiary or beneficiaries to the Protection Benefit.
- 21.5 Where the Policy is owned in joint names, beneficiary appointment and/or notice of revocation of any beneficiary will not be valid unless signed by all Policyholders.
- 21.6 The appointment of a third party as beneficiary or beneficiaries shall not in any way affect the Policyholder's ability to assign, surrender or otherwise dispose of the Policy prior to the death of a Life Insured.
- 21.7 Without prejudice to the rights of the Policyholder to revoke an appointment of beneficiary, the death of a beneficiary prior to the death of a Life Insured shall itself not constitute a revocation of appointment.

Furthermore, it shall not affect the entitlement of the beneficiary's successors to the Protection Benefit.

- 21.8 In the event the Life Insured is also the Policyholder and the Policyholder has established a Will or Testament which conflicts with the appointment of a beneficiary or beneficiaries, the Company shall follow the instructions of the Executor of the Policyholder's estate.

22. CLAIMS AND NOTIFICATIONS

In the event of a claim event occurring, notification of such event and the applicable claims documentation must be submitted to the Company within the periods specified, failing which the company reserves the right to reject the claim.

22.1 Death Benefit

Claim notification must be made with 12 months of the date of death and the following documentation must be provided.

- 22.1.1 A completed Death Claim Form.
- 22.1.2 Certified copy of the official Death Certificate.
- 22.1.3 Certified copy of the Deceased's current Passport.
- 22.1.4 The original Policy Document and Schedule.
- 22.1.5 A detailed Medical Report (if applicable).
- 22.1.6 Any other documents which the company may require.

22.2 Critical Illness Benefit

Claim notification must be made with 6 months of a Life Insured meeting all of the claim requirements of one or more defined Critical Illness events and the following documentation must be provided

- 22.2.1 A completed Critical Illness Claim Form.
- 22.2.2 Certified copy of the Life Insured's current Passport.
- 22.2.3 The original Policy Document and Schedule.
- 22.2.4 A detailed Medical Report.
- 22.2.5 Any other documents which the company may require.

22.3 Waiver of Premium Benefit

Claim notification must be made with 12 months of a Life Insured meeting the claim requirements of the Waiver of Premium Benefit and the following documentation must be provided

- 22.3.1 A completed Disability Claim Form.
- 22.3.2 Certified copy of the Life Insured's current Passport.
- 22.3.3 The original Policy Document and Schedule.
- 22.3.4 A detailed Medical Report.
- 22.3.5 Any other documents which the company may require.

23. PAYMENT OF A CLAIM

- 23.1 The applicable Protection Benefit will be paid once the Company is satisfied that all claim requirements have been met and that the claim is valid.

- 23.2 The applicable Protection Benefit shall be paid in the currency specified in the Policy Schedule and will be net of any bank transaction or legal costs incurred.

- 23.3 A claim for the applicable Protection Benefit will be paid on the signed instructions of:

- 23.3.1 the Policyholder where a sole Policyholder;
- 23.3.2 Both joint Policyholders, or their survivor(s);
- 23.3.3 The Policyholder's legal representatives; or

- 23.3.4 Any person to whom the Policy has been legally assigned.

- 23.4 Unless the Policy has been legally assigned, a claim for the Death Benefit will be paid to:

- 23.4.1 any beneficiary or beneficiaries alive when a Life Insured dies; or

- 23.4.2 if no beneficiary has been appointed or is alive when the Life Insured dies, and the Policy has not been assigned, the Policyholder, or the Policyholder's estate, will be the beneficiary.

- 23.5 As described in Clause 21.7, if a beneficiary has died prior to the Life Insured, that beneficiary's successors will be considered beneficiaries.

- 23.6 As noted in Clause 21.8, in the event the Life Insured is also the Policyholder and the Policyholder has established a Will or Testament which conflicts with the appointment of a beneficiary or beneficiaries, the Company shall follow the instructions of the Executor of the Policyholder's estate.

24. DELAY IN PAYMENT OF A CLAIM

- 24.1 The Company will pay interest, calculated for the period from the date of notification of the claim to the date of payment.



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24.2 The interest rate will be based on Central Bank interest rates applicable to the Policy currency at the time.

24.3 Interest payments will be net of any withholding tax applicable under legislation at the time.

24.4 The Company will not be liable for any compensation for loss caused by events beyond its control, including loss caused by any delay in carrying out its obligations as a result of restrictions imposed on the Company by law or regulation.

25. ASSIGNMENT

25.1 Notices of assignment must be given in writing to and received by the Company at its Head Office:

Guardrisk Life International Limited
Suite 204, Level 2, Tower A,
1 Cybercity Ebene,
Mauritius

25.2 This Policy cannot be assigned to persons under the age of 18, and the Company is under no obligation to take notice of any purported assignment to any person under the age of 18.

26. RIGHT TO CANCEL

26.1 The Policyholder has the right to cancel the Policy at any time, and for any reason. Written notice of instruction to cancel the Policy should be sent to the Company at its Head Office.

26.2 With the exception of those circumstances described in Clause 20, the Company has the right to cancel the Policy if it is discovered at any time that information provided by, or on behalf of a Policyholder or a Life Insured is untrue, inaccurate or incomplete.

26.3 The information referred to in Clause 26.2 means all information given to the Company, either at its request, or at the request of a medical practitioner acting on behalf of the Company.

The period is deemed to be up to the Start Date of the Policy.

The information is that which affects the Company's decision to provide cover or affects the terms of cover.

26.4 The Company's right to cancel the Policy under Clauses 26.2 and 26.3 applies even if the information which is found to be untrue, inaccurate or incomplete is not connected to the cause of a claim.

26.5 The Company also has the right to cancel the Policy if it is discovered that a Policyholder or a Life Insured has failed to disclose to the Company any changes in the health or circumstances of a Life Insured which

26.5.1 happened after the date of proposal but before the Start Date;

26.5.2 would have resulted in the information referred to in Clause 26.3 being different if disclosed prior to the Start Date; and

26.5.3 would have affected the Company's decision to provide cover or affected the terms of cover.

26.6 The changes referred to in Clause 26.5 include a Life Insured failing to fully disclose:

26.6.1 Having or expecting to have a doctor, hospital or clinic consultation, treatment as an in-patient or outpatient, or a blood test for any reason;

26.6.2 Having a symptom of any type that they have been asked about in the application;

26.6.3 Taking up any hazardous sport or pastime, or intending to do so;

26.6.4 Working or travelling outside their normal country of residence in the course of carrying out their normal occupation, or intending to do so; or

26.6.5 Changing or intending to change country of residence, and

26.6.6 Changes in their family history; or

26.6.7 changes in their occupation or the duties of that occupation.

26.7 The Company's right to cancel the Policy under Clauses 26.5 and 26.6 applies even if the undisclosed information or change is not connected to the cause of a claim.

26.8 If the Policy is cancelled as a result of circumstances described in Clauses 26.2, 26.3, 26.5 and 26.6, then no Protection Benefit will be payable.

27. COOLING OFF PERIOD

Within 30 days of the Start Date of the Policy, the Policyholder has the right to notify the Company of a change of mind and cancel the Policy with a refund of premiums paid.

If such a request to cancel the Policy is received by the Company within this cooling off period, all premiums received will be returned to the premium payer net of any medical examination expenses incurred by the company in assessing the health of the Life Insured.

28. CHANGES TO TERMS AND CONDITIONS

The Company may make changes to these Policy Terms and Conditions to reflect any changes in taxation, insurance or other legislation affecting the Company's obligations under the Policy.

29. RIGHTS OF THIRD PARTIES

The Company and the Policyholders are the parties to this contract.

Except in the case of beneficiaries or successors of beneficiaries, it is not the intention of either the Company or the Policyholder that any other party have direct or indirect contractual rights under this contract.



Term Insurance – First Event Life or Critical Illness Cover Policy Terms and Conditions

30. NOTICES

No instruction, notification, request or claim will be binding on the Company until it has been received at its Head Office.

The Policyholder or other claimants should send any instructions, notifications, requests, or claims in writing along with any documents, information or agreements that the Company may require to

Guardrisk Life International Limited
Suite 204, Level 2, Tower A,
1 Cybercity Ebene,
Mauritius

31. WAIVER

Any decision by the Company to grant any waiver of any breach of any of a Policyholder's obligations under this Policy shall not constitute a waiver of any subsequent breach or affect, in any way, the effectiveness of the Policy for the rest of the Policy Term.

32. GOVERNING LAW

The Policy shall be governed by the laws of Mauritius and subject to the exclusive jurisdiction of the Mauritius courts.

REFERENCES PROVIDING ADDITIONAL DESCRIPTIONS FOR TERMINOLOGY USED IN CRITICAL ILLNESS DEFINITIONS

American Joint Committee on Cancer staging systems (AJCC)
www.cancerstaging.org

World Health Organisation Brain Cancer Grading system (WHO)
www.cancercenter.com/brain-cancer/grading/

TNM staging system
www.cancer.gov/about-cancer/diagnosis-staging/staging

New York Heart Association or American Heart Association staging systems (NYHA or AHA)
www.heart.org

Glasgow Coma Scale (GCS)
www.glasgowcomascale.org

World Health Organisation (WHO) AIDS Staging
www.who.int/hiv/pub/guidelines/clinicalstaging.pdf

Snellen chart
www.medlineplus.gov/ency/article/003396.htm

American Medical Association (AMA)
www.ama-assn.org

American Medical Association Whole Person Impairment (WPI) guide – 6th edition
www.6thedition.com/Training/SixthEditionSyllabus2008-01-23.pdf

Pulmonary Function testing
www.nhlbi.nih.gov/health-topics/pulmonary-function-tests

Lund and Bowder chart
www.ncbi.nlm.nih.gov/pmc/articles/PMC449823/



Service and Administration Contact Details

If we can help you with more information about our product offerings, or if you would like to meet with one of our product experts, please contact us:

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Central email enquiries: admin.life@unisuregroup.com

Please specify within your query which country or area your enquiry relates to

life.unisuregroup.com

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