

Critical Illness Cover

Welcome to Instant Life. We are a predominantly online insurance administrator operating from offices in Johannesburg, South Africa. Our mission is to provide simple and relevant insurance products at the lowest possible cost to our clients. Contact us at clientservices@absainstantlife.co.za or call us on 086-000-0072. Or find out more about us at www.absainstantlife.co.za. Instant Life offers you critical illness cover according to the policy terms included in this document and is underwritten by Absa Life Limited, an insurer licensed to conduct life insurance business. Instant Life and Absa Life are authorised financial services providers.

Your Cover

this policy	Policy number Draft First issued 01 August 2023 Last updated 01 August 2023
'you', the policy owner	Jane Sample , born 01 January 1980 , living in South Africa . As policy owner, you're the only person who can authorise changes to this policy and the proceeds of any claim under this policy will only be paid to you or to your estate.
the 'insured person'	Jane Sample , a Female , born 01 January 1980 , living in South Africa , insured as a Non-Smoker . The insured person is the person whose health is insured under this policy.
cash back	Every 10 years and on 31 January 2045 , being the last day of the month in which the insured person turns 65, we'll give you back 20% of all your payments made since your last cash back benefit. This benefit will only be paid if the policy is still active, each payment has been paid in a timely manner, and no claim has been made.
what you're covered for	<p>We'll pay a lump sum of R500,000.00 if the insured person, or their child, is diagnosed with any one of the following critical illness conditions, unless stated otherwise in the "what you're not covered for" section below:</p> <p>Cancer, Heart attack, Open heart bypass surgery, Stroke, Major organ transplant, Multiple Sclerosis, Parkinson's disease, Alzheimer's disease, Kidney failure, Paralysis, Loss of (or loss of use of) limbs, Coma, Blindness, Deafness, Major head trauma, Major burns, Accidental HIV infection.</p> <p>The payouts under this product are dependent on the severity of the condition. For a full breakdown of the severity levels, definitions, and payouts, please refer to the Schedule of What You're Covered For at the end of this document.</p> <p>Unrelated critical illnesses will be paid even if the combined claim amount is more than R500,000.00, limited to R500,000.00, per critical illness.</p> <p>In the event that more than one critical illness claim arises due to the same cause</p>

only the highest claim amount will be paid. These are referred to as related critical illnesses.

Related critical illnesses are defined as:

- claims within the same benefit category as defined by us
- claims occurring within 30 days of a previously paid claim
- a claim that is directly or indirectly related to a previously paid claim where, in our opinion, the condition or illness of the current claim is either:
 - a complication or outcome of, or treatment for;
 - as a result of treatment undergone or drugs taken for; or
 - as a result of an event that shares a common cause or effect as, the condition or illness of the previously paid claim under this policy.

The cover will only pay for related claims that have a higher severity level than previously paid claims. The amount paid will be the amount qualified for, less any related claims already paid

what you're not covered for

We'll not make any payment under this policy if;

- the insured person dies within 14 days of the claimed event; or
- the insured person's critical illness is the result of a self-inflicted injury or illness within 24 months from the policy start date; or
- the insured person fails to follow reasonable medical advice to prevent, minimise or repair the condition; or
- participation in base jumping; competitive offshore sailing; aviation with stunt flying, aerobatics or record attempt; or competitive combat sports, including for example boxing; or
- wilful participation in war, civil commotion, riot, terrorist activity, or rebellion; or
- radioactivity or nuclear explosion; or
- driving a motor vehicle while over the legal alcohol limit; or
- the abuse of alcohol, drugs or narcotics; or
- breach of any criminal law which results in a critical illness by you or anyone acting on your behalf or with your permission or knowledge, or by any claimant; or
- the insured person's critical illness occurs within 6 months of the policy start date

We'll not make any payment under this policy if the insured persons critical illness is caused or accelerated by any of the following:

- consumption of alcohol; intentional inhalation of fumes; intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions)

We'll not make any payment for cancer under this policy if symptoms or diagnosis of cancer occur between **04 August 2023** and **03 February 2024**, being six months from the actual start date of this policy.

your policy

On **04 August 2023**. If you miss your first payment your policy will be suspended

starts	and you will not be covered until we successfully collect your first payment.
your payment	Your payment is R112.14 per month. No VAT is charged on this policy.
annual increase	Each year, on the anniversary of your cover start date, your payments will increase by 7.5% to take account of the insured person's advancing age. Additionally, we'll increase your cover each year by 5% (with a related payment increase) to keep pace with the cost of living. You can decline the 5% cover increase in any year or you can ask us to permanently exclude these cover increases. If you twice decline a cover increase, we'll no longer offer it. We'll notify you at least 20 days ahead of any payment increase.
cover ends automatically	On 31 January 2045 , being the last day of the month in which the insured person turns 65.

Eligibility

who can buy this policy	This policy can be purchased by people aged 20 to 59. A partner or spouse will need to be insured under a separate policy.
how much cover you can buy	You can buy as many policies from us as you wish. However, if you purchase Critical Illness Cover and/or Cancer Cover from us totalling more than R3 million without our written consent, we're only liable to pay out the first R3 million unless there has been full disclosure on existing and/or simultaneously applied for critical illness and cancer cover(s) which have been acknowledged by us.
misrepresentation of existing cover	It's your responsibility to provide the correct information about your existing cover with other insurers. We rely on your information to issue your policy. If you're not absolutely truthful or if you fail to disclose all relevant information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate.
misrepresentation of income	It's your responsibility to provide the correct information about your earnings or income. We rely on your information to issue your policy. If you're not absolutely truthful or if you fail to disclose all relevant information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate.
being truthful	<p>It's your responsibility to be absolutely truthful with us. We rely on your information to issue your policy and pay any claim. If you're not absolutely truthful or if you fail to disclose all relevant information or misrepresent information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate. If your claim is based on false or incomplete information we won't be liable to pay the claim and we can, at our discretion, void your policy. If, after we pay any claim, we find that it was based on false or incomplete information, all claim payments must be refunded to us.</p> <p>Any additional information which might be relevant to Instant Life's decision to offer you cover or assess your risk which was not provided or disclosed at the time of the application for cover under this policy, or that which was disclosed in a prior or subsequent or separate application, will not be considered as</p>

having been disclosed unless communicated in writing to clientservices@absinstantlife.co.za and the receipt and acknowledgement thereof is confirmed in writing by Instant Life by way of an endorsement letter stating that your cover remains unaltered. Without any endorsement letter being issued, the additional information will have no bearing on this policy.

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Changes

change policy owner	When you purchase this policy you are automatically the policy owner. You cannot change or assign the ownership of this policy to anyone else.
policy changes	You can make changes to your policy at any time by going to our website and logging into myinstantlife.co.za.
contact and banking details changes	You can make changes to your contact and banking details at any time by going to our website and logging into myinstantlife.co.za. Ensuring that your details are always up to date will help ensure you receive our communication.
increase your cover	You can apply at any time to increase your cover by going to our website and logging in to myinstantlife.co.za to make the changes online. However we're not obliged to approve the increase. Our approval will depend on several factors such as your state of health and your reasons for seeking the increase. Additionally, from time to time we may approach you with an offer to increase your cover on favourable terms.
decrease your cover	We'll always reduce your cover if you request it. You can do this online at myinstantlife.co.za. There are no conditions or penalties. A decrease in your cover will decrease your ongoing payments.
change in circumstances	<p>You must let us know within 30 days if you:</p> <ul style="list-style-type: none">• change country of residence; or• travel or temporarily reside in another country for more than 42 days; or• change occupation or there is a change in the nature of your occupation; or• stop smoking for at least 12 consecutive months. <p>Where this happens, the cover and payment on your policy will be reviewed and could change or be cancelled.</p>
payment reviews	<p>We will not change your payments for 5 years from the policy start date. After that, once a year we may review payments to determine if the experience of policies like yours has changed from what we expected at the policy start date. If we then decide to change the payments, we will let you know at least 30 days before the new payment is due.</p> <p>If we change the payments, we will not change it again for another 5 years.</p>

Cancellation

cooling-off period	You can cancel this policy within 31 days after receipt of the policy document. The payments made during this time will be refunded provided that no claim has been made.
cancelling this policy after the cooling-off period	You can cancel this policy after the cooling-off period by either sending us an email at cancellations@absinstantlife.co.za or calling us on 086-000-0072 15 days before your next payment date. We will immediately stop all future payments and any payments you have already made to us are not refundable. Your policy will terminate at the end of the period for which you have paid.

no cash value	The policy contains no savings, investment or surrender value, nor does it participate in the profits of Instant Life or Absa Life Limited. The policy has no cash value if cancelled.
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Payment

how we calculate your payments	Your payment is based on the cover you select and your gender, smoking habits and declared state of health at the time you apply. If your health deteriorates from year to year, it has no impact on what you pay.
currency	All transactions are in South African Rands.
payment frequency & due-date	Your payments follow a monthly cycle. They're due each month on the day of the month that you select for your monthly payments. If your payment date falls on a Saturday, Sunday or public holiday, payment will be made on the preceding working day.
payment methods	You may only pay by debit order from a South African bank account.
banking details	The banking details provided must be the banking details of the insured person or their spouse* (*see definitions). No other bank account other than those in either your name or your spouse will be accepted. If the banking details are based on false, incomplete or fraudulent information we won't be liable to pay any claim and all benefits and payments will be forfeited.
additional bank charges	Any bank charges charged by your bank to you are for your own account.
policy suspended for non-payment	If you miss your first payment your policy will be suspended and you will not be covered until we successfully collect your first payment. If this happens, we'll notify you of the missed payment at your last known email address. We will not be liable to pay a claim while your policy is suspended.
grace period for non-payment	If you miss a payment, other than your first payment, we will grant you a grace period of 30 days in which to make up the missed payment whilst still being covered. If this happens we'll notify you of the missed payment at your last known email address.
policy terminated for non-payment	<p>If we do not receive payment within 30 days of a missed payment your policy will immediately terminate. If this happens:</p> <ul style="list-style-type: none"> • we'll notify you of the termination at your last known email address • we'll not refund any payments • we'll not be liable to pay a claim relating to any period after the cover has been terminated whether or not you received notification of the missed payment • you'll need to reapply for a new policy if you still require cover after 30 days since policy termination. However we're not obliged to approve the new application. Our approval and the payment offered will depend on several factors including your state of health.

**policy
reinstatement**

Your policy may only be reinstated within 30 days of termination. We will reinstate your policy provided that all outstanding payments due to us are made.

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Claims

information we need to assess your claim

For a critical illness claim, we'll need a written opinion from a medical specialist* (*see definitions) confirming that the insured person has been diagnosed with one or more of the defined critical illness conditions covered under this policy, when it first occurred and/or when it was first diagnosed. Should additional information be required, this will be communicated at time of claim and we're entitled to seek a second opinion which we'll pay for. We're not obliged to pay a claim until we receive all the information we require, including the result of HIV tests. It's your responsibility to ensure that the HIV test results indicated in your application are made available to us when any claim is made.

Fraud

A fraudulent claim, or use of any fraudulent means, false information or knowingly allowing anyone to act on your behalf to provide false information to obtain a benefit will result in immediate termination of the policy and all benefits and payments made in respect of this policy will be forfeited. We may further, initiate legal action against the defrauding party.

how to claim

To lodge a claim either:

- visit our website: www.absainstantlife.co.za or
 - send an email to: claims@absainstantlife.co.za or
 - call us on 086-000-0072
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who we pay

The proceeds of any claim paid under this policy will only be paid to you, the policy owner.

time limit

There is a time limit of 180 days from the date of the claim event to submit a claim. Once a claim is submitted there is a time limit of 180 days to submit all required information. If either of these timelines are not met the claim may become void.

unclaimed benefit

An unclaimed benefit is a benefit that has not been paid to you because a claim was not submitted or we were not able to contact or locate you or a claimant.

Policy Cession

Cession

A Cession means that you cede or transfer certain rights of your policy to a Cessionary. A Security Cession has been placed on your policy.

We will share the details of your policy with your Cessionary. You must ensure the Cession remains valid based on the requirements of your Cessionary.

Security Cession

Means that the policy is ceded as collateral security to the credit provider against the loan or credit facility you specify.

Compliance

we protect your

All information you provide us will be held securely and confidentially. The only use of this information will be to process your application and any claim and to

privacy administer your policy. From time to time we may wish to offer you other products, however, if you don't want this information you can request that we don't send it to you.

South African law applies This policy is governed by South African law. Any legal action in relation to this policy must be conducted in South Africa.

the underwriter The underwriter of this policy is Absa Life Limited, an insurer licensed to conduct life insurance business, and a registered Financial Service Provider under the Financial Advisory and Intermediary Services Act.

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Definitions

medical specialist A practicing medical specialist, licensed to practice his or her medical specialty within South Africa, Botswana, Namibia, Israel, UAE, the European Union, UK, USA, Canada, Australia, New Zealand, Hong Kong, Singapore, Japan or South Korea and whose specialty qualifies him or her to make a diagnosis related to the critical illness condition.

participate in pastime regularly Any recurring participation (i.e. on separate occasions or events) within a 12 month period is considered regular.

smoker Means a person who has smoked a cigarette or any form of tobacco or nicotine, including vaping in the past 12 months.

spouse Means a person you are married to or your life partner or who you have been living with for at least 6 months.

to 'void' your policy This means your policy will be considered never to have existed, payments you have made may not be refunded at our discretion and no claim will ever be paid.

we, our, us 'We', 'our' or 'us' means Instant Life and/or Absa Life Limited.

you, your, me, my 'You', 'your', or 'me', 'my' means the policy owner.

How you answered our application

When you applied for this policy on **01 August 2023** we asked you, **Jane Sample**, the following questions and these were your answers;

Have you ever had an HIV test?	No
Do you currently have or have you ever suffered from any serious condition or a condition that requires ongoing medical care or treatment, for example hypertension, diabetes, cholesterol, asthma, heart attack, stroke etc.?	No
Do you have any condition or ailment that impairs your abilities for example blindness, depression, back or joint problems or loss of hearing?	No
In the last 2 years, were you prescribed chronic medication for more than 2 weeks or been hospitalized for more than 4 nights?	No
Have you had an application for life insurance being declined or denied, postponed or charged an additional premium, or have you made a claim from any long term insurance benefit?	No
Will you be seeing a doctor for medical tests or treatment or, are you waiting for results of tests done recently?	No
What is your height (cm)?	175
How much do you weigh (kg)?	75

Additional information you provided us

You also provided us this additional information... read through and confirm it's accurate; your answers;

Insured person's details

first name	Jane	middle name	
last name	Sample		
email	sample@instantlife.co.za	alternate email	
mobile phone	654321	other phone	
SA ID / passport number	000000000000	qualification	post-graduate degree
monthly income	R50,000.00	monthly income (spouse)	R20,000.00
employment status	Full Time Employed	occupation category	Accountant
Industry	Finance and Banking	Occupation	Accountant
In your current occupation do you spend at least 75% of your time working at a desk, either in an office or at home?	No		
source of income	Salary	doctors name	
medical aid		existing cover	R0.00

Insured person's postal address

address	sample street	suburb	sample suburb
city	sample city	postal code	12345
country	South Africa	physical same as postal address	Y

Insured person's physical address

address	sample street	suburb	sample suburb
city	sample city	country	South Africa

Cessionary details

name of cessionary	cessionary email
loan account number	loan value

Declaration

It's your responsibility to be truthful with us and to disclose all information that is relevant to our decision to provide you cover. Any misrepresentation or non-disclosure may result in us refusing to pay any claim and/or amending the terms of this policy or voiding this policy.

I, **Jane Sample**, ID 000000000000, through my electronic acknowledgement confirm that:

- the information in this application is true and correct; and
- the person that will make the monthly payments is the insured person or their spouse; and
- I am aware of no other circumstances which might render me to be more likely to claim than the average member of the community; and
- I am aware of no other information which might be relevant to Instant Life's decision to offer me cover; and
- the questions and answers pertaining to my health and lifestyle are true and correct and I understand and agree to abide by the terms set out in this policy document; and
- I consent to the exchange of any information between Instant Life and any medical or other institution even after my death; and
- I have read the Legal disclosure and I have made an informed decision; and
- I hereby voluntarily provide informed consent for the processing of special personal information as supplied for on this form/call for the product/services being applied for.

By ticking this box I confirm all of the above



I cannot confirm, because there are other circumstances which might be relevant to your decision to provide me cover. I would like Instant Life to contact me.



Instant Life (Pty) Limited Reg No 2007/032320/07 is an Authorised Financial Services Provider

Schedule of What You're Covered For

The following schedule details the percentage of cover that will be paid when a claim occurs based on the illness and its severity.

Cancer	<p>Cancer is a disease characterised by the uncontrolled growth of malignant cells that destroy tissue and are able to spread through the body via lymph or blood. Cancer typically invades organs such as the lungs, breast, prostate, bowel, liver, kidney, brain, bone, colon, spleen, cervix, testes and vagina and also includes leukaemia, Hodgkin's lymphoma, non-Hodgkin's lymphoma and malignant melanoma.</p> <p>The diagnosis must be made and confirmed by an appropriate medical specialist and supported by the necessary histology reports.</p>
25%	<ul style="list-style-type: none">• Stage I cancer• Chronic Lymphocytic Leukaemia (Stage 1)• Hairy cell leukaemia• Hodgkins/Non Hodgkins lymphoma Stage 1 on Ann Arbor classification• Prostate cancer stage T2N0M0 any G
50%	<ul style="list-style-type: none">• Stage II cancer• Chronic Lymphocytic Leukaemia (stage II on the Rai classification)• Acute Lymphocytic Leukaemia (children)• Chronic Myeloid Leukaemia (no bone marrow transplantation)• Hodgkins/Non Hodgkins lymphoma Stage II on Ann Arbor classification system• Multiple myeloma Stage I and II on the Durie-Salmon scale• Prostate cancer stage T3N0M0 any G
75%	<ul style="list-style-type: none">• Stage III cancer• Hodgkins and Non Hodgkins lymphoma Stage III on Ann Arbor classification system• Prostate cancer stage T4N0M0 any G
100%	<ul style="list-style-type: none">• Stage IV cancer• Acute Myeloid Leukaemia• Chronic Lymphocytic Leukaemia, stage III or IV on the Rai classification• Chronic Myeloid Leukaemia (requiring bone marrow transplant)• Acute Lymphocytic Leukaemia (adults)• Hodgkins/Non Hodgkins lymphoma Stage IV on Ann Arbor classification system• Multiple Myeloma Stage III on the Durie-Salmon Scale• Prostate cancer stage Any T, N1 – 3, M0 any G

Specific exclusions	<p>The following less invasive forms of cancer are not covered under our definition:</p> <ul style="list-style-type: none"> • All cancers in situ and all pre-malignant conditions, these being early stage cancer where there is no invasion of surrounding tissue • All tumours of the prostate unless classified as having progressed to at least clinical TNM classification T2N0M0 • All skin cancers, other than malignant melanoma that is more than 1.5 mm thick • Chronic Lymphocytic Leukaemia stage 0
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Heart attack	<p>Heart attack is defined as the death of a portion of the heart muscle due to insufficient blood supply to the heart. In the case of severity levels 25% and 50% the patient recovers fully and the heart function returns to normal. In the case of severity levels 75% and 100% more permanent damage has resulted, which means the heart function is less than 100% after recovery.</p> <p>The effect of the heart attack on heart function should be measured 6 weeks after the heart attack.</p>
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25%	<p>This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all three of the following criteria:</p> <ol style="list-style-type: none"> 1. Compatible clinical symptoms and 2. Characteristic ECG changes, e.g. ST-segment and T-wave changes indicative of myocardial ischaemia or myocardial infarction, and 3. Raised cardiac markers: Trop T > 0,5 ng/ml or Trop I > 0,25 ng/ml, or Raised CK-MB mass Up to 2 times normal values in acute presentation phase, or Up to 4 times normal values post-intervention Total CPK elevation of up to 2x normal values, with at least 6% being CK-MB <p>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.</p>
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50%	<p>This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by two of the following three criteria:</p> <ol style="list-style-type: none"> 1. Compatible clinical symptoms 2. Characteristic ECG changes, which can be either of the following: New pathological Q-waves (see definitions of ECG changes below), or ST-segment and T-wave changes indicative of myocardial injury, (see definitions of ECG changes below) but only when accompanied by raised cardiac markers as described hereafter 3. Raised cardiac markers: Trop T > 1,0 ng/ml or Trop I > 0,5 ng/ml, or Raised CK-MB mass 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 2x normal values, with at least 6% being CK-MB
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75% A heart attack that meets the criteria as defined under the 50% severity level definition, with permanent impairment in one or more of the following functional criteria, as measured 6 weeks post-infarction:

Criterion	Value
NYHA classification	Class 2 or 3
METS	2-7
LVEF	30%-50%
LVEDD	59-72
Ultrasound FS in %	16%-25%

100% A Heart attack that meets the criteria as defined under the 50% severity level definition, with permanent impairment in one or more of the following functional criteria, as measured 6 weeks post-infarction:

Criterion	Value
NYHA classification	Class 4
METS	1 or less
LVEF	< 30%
LVEDD	> 72
Ultrasound FS in %	< 16%

If more than one functional criterion is impaired, but their values do not conform to one severity level (for example one impaired value is that of the 100% severity level and another of 75%), the final severity level should be determined by giving preference to the more objective criteria, that is in the following order:

1. LVEF
2. LVEDD
3. Ultrasound FS
4. METS
5. NYHA

Definitions of ECG changes	<p>a) ECG changes indicative of Myocardial Ischaemia that may progress to Myocardial Infarction: Patients with ST-segment elevation: New or presumed new ST segment elevation at the J point in two or more contiguous leads with the cut-off points greater than or equal to 0.2mV in leads V1, V2, or V3, and greater than or equal to 0.1mV in other leads. Contiguity in the frontal plane is defined by the lead sequence AVL, I and II, AVF, III. (Ref. 1) Patients without ST-segment elevation: ST-segment depression of at least 0.1 mV; T-wave abnormalities only (Ref. 1).</p> <p>b) Definition of new pathological Q-waves: Any new Q-wave in leads V1 through V3; A Q-wave greater than or equal to 40 ms (0.04s) in leads I, II, AVL, AVF, V4, V5 or V6; The Q-wave changes must be present in any two contiguous leads, and be greater than or equal to 1mm in depth (Ref. 1). Appearance of new complete bundle branch block.</p>
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Open heart bypass surgery	<p>Coronary artery bypass graft surgery, also called heart bypass or bypass surgery, is a surgical procedure performed to relieve chest pain and reduce the risk of death from heart disease.</p> <p>Arteries or veins from elsewhere in the patient's body (most commonly the leg) are joined to the coronary arteries of the heart to bypass the narrowings of the affected or diseased arteries. This requires open thoracotomy i.e. the surgical opening of the chest cavity. This improves the blood supply and circulation to the heart muscle. The terms "single bypass", "double bypass", "triple bypass", "quadruple bypass" and "quintuple bypass" refer to the number of coronary arteries bypassed in the procedure</p> <p>This surgery is performed with the heart stopped necessitating the usage of highly specialised theatre equipment to keep the heart and the lungs working during the course of the operation.</p>
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25%	Single (1 vessel) bypass
50%	Double (2 vessel) bypass
75%	Triple (3 vessel) bypass
100%	Quadruple / Quintuple (4 or 5 vessel) bypass

Specific exclusions	Keyhole Cardiac Surgery is specifically excluded
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Stroke	A stroke occurs when the blood supply to a portion of the brain is obstructed and this part of the brain tissue dies. It can also happen when there is bleeding into the brain tissue due to a weakening or abnormality of the blood vessel wall. A common cause of the rupture of a brain blood vessel is longstanding uncontrolled high blood pressure.
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The result of a stroke is usually paralysis of an arm and leg, sometimes with one half of the face affected as well. In some cases people also lose their ability to speak. The paralysis can recover to varying degrees. Some recover fully, whereas others may retain permanent weakness of a limb(s). The severity of the stroke is measured by one's ability / inability to perform basic and advanced activities of daily living as set out in the activities of daily living table at the end of the Schedule of What You're Covered For.

Severity levels will be assessed by a full neurological examination by a specialist neurologist any time after three months of the event.

25%	Almost full recovery, with little residual symptoms or signs, as measured by the ability to do all basic and advanced activities of daily living as a direct result of the stroke
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50%	Can function independently, but has impairment as measured by the inability to do 3 or more advanced activities of daily living as a direct result of the stroke
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75%	Cannot function independently, as measured by the inability to do 6 or more advanced activities of daily living as a direct result of the stroke
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100%	Needs constant assistance, as measured by the inability to do 3 or more basic activities of daily living as a direct result of the stroke
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Specific exclusions	Transient Ischaemic Attacks (TIA's)
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A Transient Ischaemic Attack occurs when the blood supply is momentarily interrupted, but restored before any permanent damage can occur. It usually results in one of more of the following symptoms:

- a loss of sensation
- dizziness
- lameness of a limb
- loss of speech

which only occur for a few minutes to hours and recovery is quick and spontaneous

Major organ transplant	The recipient of a transplanted organ
100%	The recipient of a transplanted heart, lung, kidney, liver, pancreas or bone marrow
Multiple Sclerosis	Multiple Sclerosis is an autoimmune disease of the central nervous system marked by numbness, weakness, loss of muscle coordination, and problems with vision, speech, and bladder control. Diagnosis must be confirmed by a specialist neurologist.
25%	On definite diagnosis of Multiple Sclerosis, with two separate neurological events having been documented
75%	On definite diagnosis of Relapsing-remitting Multiple Sclerosis with permanent physical impairment resulting in persistent failure of 2 sub groups of basic activities of daily living
100%	On definite diagnosis of chronic progressive Multiple Sclerosis with supporting medical evidence; or Multiple Sclerosis with Aphasia; or Multiple Sclerosis with permanent cognitive impairment or Dementia
Parkinson's disease	A progressive, degenerative disease of the central nervous system of unknown aetiology. The unequivocal diagnosis of Parkinson's disease must be confirmed by a neurologist.
25%	Confirmed diagnosis of Parkinson's disease. Completely independent function, but with slowness, and awareness of difficulty (presence of cogwheel rigidity)
75%	Confirmed diagnosis of Parkinson's disease with permanent physical impairment resulting in persistent failure of 2 sub groups of basic activities of daily living
100%	Confirmed diagnosis of Parkinson's disease with permanent physical impairment resulting in persistent failure of 3 or more sub groups of basic activities of daily living

Alzheimer's disease	Alzheimer's disease is a degenerative brain syndrome characterized by a progressive decline in memory, thinking, comprehension, calculation, language, learning capacity and judgment sufficient to impair personal activities of daily living. The unequivocal diagnosis of Alzheimer's disease must be confirmed by a neurologist.
25%	The unequivocal diagnosis of Alzheimer's disease
100%	The unequivocal diagnosis of Alzheimer's disease where dementia due to failure of brain function has occurred with significant memory and cognitive impairment for which no other recognisable cause has been identified. Memory and cognitive impairment must be to such a degree that the life insured requires continual supervision.
Kidney failure	Kidney failure is a situation in which the kidneys fail to function adequately
10%	Disease or disorder requiring a total or partial nephrectomy
100%	Chronic, irreversible and total failure of both kidneys requiring regular dialysis treatment or renal transplantation. Diagnosis to be confirmed by a nephrologist
Paralysis	The complete and irreversible loss of strength in an affected limb or muscle group caused by nerve damage in the brain or spinal cord. Diagnosis is to be confirmed by a neurologist.
50%	Hemiplegia
75%	Paraplegia
100%	Quadriplegia
Loss of (or loss of use of) limbs	This is the total, permanent and irreversible loss of or loss of use of an arm(s) or a leg(s).
25%	One arm below the elbow or one leg below the knee
50%	One arm above the elbow or one leg above the knee
75%	Both legs

100%	Both arms above or below the elbow
Coma	
	Coma is a state of deep and often prolonged unconsciousness and is usually the result of disease or injury
50%	Glasgow Coma Scale score ≤ 10 but > 6 , measured on admission and persisting for more than 96 hours
100%	Glasgow Coma Scale score ≤ 6 , as measured on admission and persisting for more than 96 hours resulting in permanent neurological deficit
Specific exclusions	All drug and/or alcohol and/or pharmacologically induced comas
Blindness	
25%	Permanent loss of vision in one eye, resulting in a corrected visual acuity of less than 6/30 or 20/100 in the affected eye
100%	Permanent loss of vision in both eyes, resulting in a corrected visual acuity in the best eye of less than 6/30 or 20/100
Deafness	
25%	Optimally corrected permanent hearing loss in one ear, resulting in an average hearing threshold of 85db or greater across the 500, 1000, 2000 and 4000 Hz frequencies
100%	Optimally corrected permanent hearing loss in both ears, resulting in an average hearing threshold of 85db or greater across the 500, 1000, 2000 and 4000 Hz frequencies in both ears

Major head trauma	A traumatic injury to the brain, caused by an external physical force, resulting in significant and permanent neurological deficit measured by the inability to perform activities of daily living even when using appropriate assistive devices. The diagnosis must be confirmed by a neurologist.
50%	Failure of 2 sub groups of basic activities of daily living
100%	Failure of 3 or more sub groups of basic activities of daily living
Specific exclusions	No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries whether the Insured person is of sound mind or not
Major burns	The severity of burns depends on the depth, area and location of the burn
25%	Partial thickness burns covering more than 25% of the body surface area or partial/full thickness burns of the face or both hands
50%	Full thickness burns involving more than 10% but less than or equal to 20% of the body surface area
75%	Full thickness burns involving more than 20% but less than or equal to 30% of the body surface area
100%	Full thickness burns involving more than 30% of the body surface area
Accidental HIV infection	Accidental contraction of human immunodeficiency virus (HIV)
100%	<p>Contraction due to:</p> <ul style="list-style-type: none"> • Accidental needlestick injury acquired in the execution of professional duties as a medical or dental practitioner or registered nurse, registered with the appropriate professional council. A negative HIV test must be performed within 24 hours to confirm an HIV negative status at the time of the needlestick injury. There must be proof that the patient has been started on a course of anti-retroviral drugs • Rape or indecent assault. The offence must have been reported to the South African Police Service (SAPS) and a criminal case opened. An HIV test must have been performed within 24 hours of the assault to confirm an HIV negative status at the time of the assault. A medical examination must have been performed within 24 hours after the incident. There must be proof that the

patient has been started on a course of anti-retroviral drugs

- Receiving an organ transplant where the transplanted organ was previously infected with the HIV virus. There must be proof of HIV negative status within 3 months before the transplant
 - Transfusion of infected blood or blood products from a transfusion service recognised by Instant Life, after commencement of the policy. There must be proof of HIV negative status within 3 months before the transfusion
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Child Benefit

All children of the Life Insured are covered in terms of the Children's Benefit for the above conditions. A child is defined as a natural or legal child of the Life Insured. The cover will start when each child is six months old and ends on their 21st birthday (24 if the child is a full time student at a recognized tertiary educational institution).

15%

The payout for each child will be 15% of the payout that would have been made to the Life Insured for that same event or condition, subject to a maximum of R 150 000 per child, and R300,000 in total. Where a child could claim under two or more Instant Life policies with a Child Benefit, then the payout shall be restricted to the greater of the amount on any individual policy. Once a total of R300,000 has been paid under this benefit, the Child Benefit cover will end.

Any payments made under the Child Benefit will not reduce the lump sum for the Insured Person.

Specific exclusion

Congenital, familial and pre-existing conditions (conditions affecting the child that you, the insured person or the child knew about or sought medical attention for at any time in the past) are specifically excluded for this benefit

**Activities
of Daily
Living**

Basic activities of Daily Living - Stroke only

- Bowel status
- Bladder status
- Grooming
- Toileting
- Feeding
- Transfers from chair to bed
- Indoor mobility
- Dressing
- Stairs
- Bathing

Basic activities of Daily Living - other conditions

- Sub group 1:
 - Bowel status
 - Bladder status
 - Toileting
- Sub group 2:
 - Grooming
 - Dressing
 - Bathing
- Sub group 3:
 - Feeding
- Sub group 4:
 - Transfers from chair to bed
 - Indoor mobility
 - Stairs

Advanced activities of Daily Living

- Driving a car
- Medical care: prepares and takes correct medications
- Money management
- Communicative activities: use of phone, writing checks, writing letters
- Shopping: lifting or carrying groceries
- Food preparation
- Housework
- Community ambulation with or without assistance device, but not requiring a mobility device
- Moderate activities: moving table, pushing vacuum cleaner, bowling, golf
- Vigorous activities: running, heavy lifting, sports