

# Work Disability 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](mailto:clientservices@absainstantlife.co.za) or call us on 086-000-0072. Or find out more about us at [www.absainstantlife.co.za](http://www.absainstantlife.co.za). Instant Life offers you work disability 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

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**this policy**      Policy number **Draft**  
First issued **01 August 2023**  
Last updated **01 August 2023**

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**'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.

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**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.

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**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 made in a timely manner, and no claim has been made.

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**HIV test required**      It's the responsibility of **Jane Sample** to go for an HIV test by **04 November 2023** with Lancet Laboratories. Tests done directly through a doctor will not be accepted. If we do not receive a negative HIV test result by this date then your cover will be limited to only accidental work disability\* cover and your payment will adjust to **R71.70** per month. (\*see definitions)

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**what you're covered for**      We'll pay a lump sum of **R1,500,000.00** if;

- the insured person suffers a disability due to illness, injury or accident for the first time, and
- the disability persists for at least 6 months; and
- the insured person was gainfully employed at the time of disability; and
- the disability is considered permanent and irreversible by a medical specialist\* (\*see definitions); and
- as a result of the disability, the insured person is totally and permanently unable to perform the normal tasks required for their own or similar occupation\* (\*see definitions).

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**what you're not covered for** We'll not make any payment under this policy if the insured person's disability is caused or accelerated by any of the following:

- failure to follow recommended medical advice to prevent, minimise or repair the disability; or
- depression, anxiety, stress, post-traumatic stress, chronic fatigue syndrome or other psychological or psychiatric disorders or the side effects of their treatment; or
- self-inflicted injury or illness within 24 months from the policy start date; 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, driving a motor vehicle while over the legal alcohol limit; or
- the abuse of alcohol, drugs or narcotics; or
- back disorders\* that don't qualify as quadriplegia\* or paraplegia\* or cancer of the spine (\*see definitions); or
- breach of any criminal law which results in disability by you or anyone acting on your behalf or with your permission or knowledge, or by any claimant; or

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**your policy starts** On **04 August 2023**. If you miss your first payment your policy will be suspended and you will not be covered until we successfully collect your first payment.

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**your payment** Your payment is **R119.51** per month. No VAT is charged on this policy.

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**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.

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**cover ends automatically** On **31 January 2045**, being the last day of the month in which the insured person turns 65, or on the day we pay out any claim, whichever occurs first.

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## Eligibility

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**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.

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**how much cover you can buy**

You can buy as many policies from us as you wish. However, if any insured person purchases Work Disability Cover policies from us totalling more than R4.5 million without our written consent, we're only liable to pay out the first R4.5 million, unless there has been full disclosure on existing and/or simultaneously applied for disability cover(s) which have been acknowledged by us.

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**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.

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**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.

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**being truthful**

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.

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 having been disclosed unless communicated in writing to [clientservices@absinstantlife.co.za](mailto: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

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**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.

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**policy changes** You can make changes to your policy at any time by going to our website and logging into myinstantlife.co.za.

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**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.

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**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.

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**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.

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**change in circumstances** You must let us know within 30 days if you:

- 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.

Where this happens, the cover and payment on your policy will be reviewed and could change or be cancelled.

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**payment reviews** 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.

If we change the payments, we will not change it again for another 5 years.

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## Cancellation

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<b>cooling-off period</b>	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.
<b>cancelling this policy after the cooling-off period</b>	You can cancel this policy after the cooling-off period by either calling us on 086-000-0072 or sending us an email at <a href="mailto:cancellations@absainstantlife.co.za">cancellations@absainstantlife.co.za</a> at least 15 days before your next payment date. We will immediately stop all future payments and any payments you have already made to us will not be refundable. Your policy will terminate at the end of the period for which you have paid.
<b>no cash value</b>	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

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<b>how we calculate your payments</b>	Your payment is based on the cover you select and your gender, smoking habits, occupation, pastimes 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.
<b>currency</b>	All transactions are in South African Rands.
<b>payment frequency &amp; due-date</b>	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.
<b>payment methods</b>	You may only pay by debit order from a South African bank account.
<b>banking details</b>	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.
<b>additional bank charges</b>	Any bank charges charged by your bank to you are for your own account.
<b>policy suspended for non-payment</b>	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.
<b>grace period for</b>	If you miss a payment, other than your first payment, we will grant you a grace

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**non-payment** 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.

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**policy terminated for non-payment** If we do not receive payment within 30 days of a missed payment your policy will immediately terminate. If this happens:

- 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
- 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.

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**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

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**information we need to assess your claim**

For any disability claim, we'll need a written opinion from a medical specialist\* (\*see definitions) confirming that the insured person has suffered a disability according to the definition and terms covered under this policy, when the disability was first reported or diagnosed, what caused it and the likely prognosis related to the insured person carrying out their own or similar occupation\* (\*see definitions). Should additional information be required, this will be communicated at time of claim. We're also entitled to seek a second opinion including an evaluation from an occupational therapist which we'll pay for. We're not obliged to pay a claim until we receive all the information we require (which may include results of existing or new medical tests as specifically requested) to confirm if your claim meets the criteria for disability as defined in this policy.

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**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.

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**how to claim**

To lodge a claim either:

- visit our website: [www.absainstantlife.co.za](http://www.absainstantlife.co.za) or
  - send an email to: [claims@absainstantlife.co.za](mailto: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.

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**time limit**

There is a time limit of 180 days from the date of the claim event to notify us of a claim. Once we have been notified of a claim 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.

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**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.

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## Policy Cession

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**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.

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**Security Cession**

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

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## Compliance

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**we protect your privacy** 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 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.

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**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.

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**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

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<b>accident</b>	An accident is an unforeseeable, unnatural, unintentional, sudden, and external event that occurs at a time and place that can be identified.
<b>accidental work disability</b>	When a person becomes disabled because of an Accident. An Accident must happen after the policy start date and death must occur within 180 days of the Accident.
<b>back disorder</b>	A disorder or dysfunction of the vertebrae, spinal cord, intervertebral discs, nerve roots and supporting muscles or ligaments and the direct or indirect consequence or side effects of any surgery or treatment for these conditions.
<b>medical specialist</b>	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 medical assessment and a prognosis related to the insured person's disability.
<b>own or similar occupation</b>	The nominated occupation of the insured person (the occupation disclosed at application stage), or any other occupation for which the person is suited or may become suited, to perform taking into account their education, knowledge, ability, training and experience. The test for disability does not take into account whether the insured person finds employment or not after the disability, but on whether, in our opinion, the insured person is able to work.
<b>paraplegia / quadriplegia</b>	Paraplegia is the total, permanent and irrecoverable loss of function of the lower body and legs. Quadriplegia is the total, permanent and irrecoverable loss of functioning of both arms and both legs.
<b>smoker</b>	Means a person who has smoked a cigarette or any form of tobacco or nicotine, including vaping in the past 6 months.
<b>spouse</b>	Means a person you are married to or your life partner or who you have been living with for at least 6 months.
<b>to 'void' your policy</b>	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.
<b>we, our, us</b>	'We', 'our' or 'us' means Instant Life and / or Absa Life Limited
<b>you, your, me, my</b>	'You', 'your', or 'me', 'my' means the policy owner.

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## 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 <b>height</b> (cm)?	175
How much do you <b>weigh</b> (kg)?	75

## Additional information you provided us

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

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## 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

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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

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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.

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