

MTN
Funeral
Khava

MTN

Terms & Conditions

MTN Funeral Khava

underwritten by



MTN Funeral Khava is provided by Sanlam Developing Markets Limited, a licensed Life Insurer and an Authorized Financial Services Provider (FSP 11230).

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aYo Intermediaries (PTY) LTD, an Authorized Financial Services Provider (FSP 52714), is responsible for providing intermediary services.

MTN FUNERAL KHAHA CONTRACT DISCLOSURES

For your convenience, we provide you with the following summary of the benefits, conditions, exclusions, and limitations of the MTN Funeral Khava policy. Please refer to your contract document for the full terms and conditions applicable.

In the event of any conflict between the application form, the policy schedule, and this document (or any disclosures made to you), the terms and conditions of this policy document will prevail.

"You" and "your" refer to the policyholder. "Us," "We," and "SDM" refer to Sanlam Developing Markets Limited, the underwriter of the MTN Funeral Khava policy.

This product is a white-labelled version of the Sanlam All-In-One Plan. Certain communications and documents may refer to the policy as Sanlam All-In-One due to the identical features and benefits.

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This is a standalone Funeral Policy.

The terms and conditions as set out herein apply to the Funeral Policy.

You may cancel the Contract at any time by giving us notice.

PART I - Benefits in terms of the Contract

1.1 The Benefits payable in terms of this Contract are:

Funeral Policy (Standard)	
Funeral Cover	Standard
Burial Repatriation (Value Add Benefit)	Standard
Double Accident benefit	Standard
No More Premiums – Death benefit	Optional
No More Premiums – Defined Physical	Optional

Impairment benefit	
Premium Pay Back	Standard
Monthly Expense benefit	Optional

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Policy features (applicable to the Funeral Policy)

Policy Break	Standard
Escalations	Standard
Waiver of waiting period	Standard

PART II - Funeral Policy (Standard)**We will pay:**

- The Funeral Cover amount.

When we will pay:

- On the death of a person covered on this policy.
- From when cover starts if death is because of an accident.
- If the death due to natural causes or suicide occurs after six (6) months from start of cover.
- Stillbirth claims for the policyholder and spouse, if covered, for stillbirths that happen after the 28th week of pregnancy.

We will not pay:

- If the death is from natural causes within six (6) months from cover start.
- If the death is due to suicide or attempted suicide within six (6) months from the cover start.
- If the natural death is during the waiting period.

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PART III - General terms and conditions applicable to the Contract

Premium and Benefit reviews

- Premiums, Benefits and terms and conditions are not guaranteed. We reserve the right to change the Premiums and/or Benefits at any time by giving You 31 (thirty-one) days' written notice if there are reasonable actuarial grounds for the change or where the change will be to Your benefit.

Exclusions and limitations

- We will not pay any Benefits if the Insured Event happened as a direct or indirect result of active participation in war, except for formal national deployment in peace keeping missions, invasion, acts of foreign enemies, hostilities, illegal strikes, warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising or riot, military or usurped power (except for active members of the SAPS and SANDF acting within their formal capacity).
- We will not pay any Benefits if the Insured Event happened because of suicide or attempted suicide within six (6) months for Funeral Cover from the Inception Date of each Life Assured.

Residence and Travel

- You must be permanently resident in the Republic of South Africa from the start of the Contract.
- All other Lives Assured must be permanently resident in any of the following countries at the start of the Contract: Republic of South Africa, Lesotho, Swaziland, Namibia, Botswana, Zimbabwe, or Mozambique.
- Cover in terms of the Contract for a Life Assured will terminate if the Life Assured is permanently resident or resides outside the permitted country/ for a continuous period exceeding 6 (six) months.

Waiting Periods

- Payment of Benefits will always depend on whether the applicable Waiting Period (if applicable in terms of the Policies) has ended.
- If the Insured Event happens during the Waiting Period (before the Waiting Period has ended), the Benefits will not be paid.
- The Waiting Period in terms of the Policies is as set out in this document.

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Waiver of Waiting Period for the Stand-Alone version

- The Waiting Periods as set out herein will not be applicable where You as the policyholder confirm at application stage that:
 - You had an active funeral or (paid premiums on the policy) that was terminated with another licensed insurer, within 31 (thirty-one) days before applying for cover for the same Lives Assured on the Policies;
 - the risks under the previous policy are similar to the risks provided in terms of the Policies;
 - the Lives Assured that You want to cover are the same as the previous policy; and
 - the Lives Assured have completed the waiting period(s) under the previous policy.
- Where a Life Assured has not completed the Waiting Period under the previous policy, the Life Assured must complete the balance of the previous policy's waiting period under this Policy.
- If the Benefits You are applying for on the Policies are higher than the benefits on Your previous policy, the Lives Assured will be required to serve Our full Waiting Period on the increased amount. If a Life Assured completed his/her Waiting Period on the amount equal to the previous policy, the Waiting Period for the lower amount will be waived, alternatively the balance of the previous policy's waiting period will be imposed on that amount. For example:
 - You had R11 000 cover on the previous policy and completed the waiting period. You now apply for R20 000 cover. The Waiting Period for the R11 000 will be waived (or You will be required to serve the remainder of any Waiting Periods not completed). You will be required to serve the full 6-months Waiting Period on the increased amount of R9 000. The example provided does not apply to insured events caused by an accident as defined in the Contract as no Waiting Periods apply to Insured Events caused by an Accident.
- For the waiver of Waiting Periods to apply, the following documents must be submitted at application stage, alternatively no later than 31 days after the acceptance of the Policy(ies) by Us, failing which the full Waiting Periods will apply:
 - Name of previous insurer;
 - Policy number/s;
 - Your personal details as well as the personal details of Lives Assured (name, date of birth and relationship to You); and
 - Proof of previous cover and proof that Your policy with the previous insurer is no longer active.
- If You cannot prove that You had previous cover similar to this Contract, then all Waiting Periods applicable to the Policies will apply.
- Any new Lives Assured added to the Policies that were not covered on any previous policy will serve the full Waiting Period.

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Reinstatement

- The reinstatement rules stated below are applicable to a Contract that lapsed due to non-payment of Premiums. If You cancelled a Policy and want cover, You must apply for a new Policy.
- Cover in terms of the Policy can be reinstated within 2 (two) months from the date that cover lapsed, provided that all outstanding Premiums have been paid in full. Should cover be reinstated, We will impose a Waiting Period not exceeding the unexpired Waiting Period under the lapsed Contract.
- To enable You to reinstate cover, all outstanding Premiums as communicated by Us must be paid within the 2 (two) month period, failing which cover will not be reinstated. If You made a partial payment towards the arrears and the full arrears have not been settled upon the expiry of the 2 (two) month period, cover will not be reinstated. Any partial payment will be refunded to You into the bank account on Our system.
- Where You have paid the arrear Premiums in full within the 2 (two) month period, cover will be reinstated with effect from the lapse date. There will therefore be no break in cover.
- Should You not reinstate cover within the 2 (two) month period, the Policy may not be reinstated. You will have to apply for a new Policy, subject to the terms and conditions.

Cooling off rights

- You have the right to cancel this Contract within 60 (sixty) days from the Signature Date and receive all the Premiums You paid (without interest), provided that i) You have not claimed; or ii) no claims have been paid; or iii) an insured event has not yet happened.
- Premiums for the period during which You or any lives assured were covered until You cancelled the Contract.
- If You cancel the Contract after the 60 (sixty)-day period, You can do so in terms of section 16, and no Premiums will be refunded to You.

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PART V: POLICY FEATURES AND BENEFITS

Policy Break

How does it work?

- You have the option to apply to keep the Policies active for up to 12 (twelve) months without making any monthly Premium payments.
- You can restart payment at any time during the 12 (twelve) months at which point the cover will be identical to that prior to the start of the break.
- During this break, only the following Benefits apply:
 - R5 000 for Your Accidental Death (no other Lives Assured); and
 - Burial Repatriation for all Lives Assured.
- No other Benefits will be paid during the time the Policy Break is activated. You can only use this Policy Break once during the lifetime of the Contract.
- No new Lives Assured can be added when this Contract Feature is active.
- No changes to the Benefit amounts will be allowed once the Policy Feature is active.

Escalations

- Escalations are compulsory at the start of the Contract but can be stopped or changed at any time.
- Each year on the Policy Anniversary:
 - Your monthly Premiums will go up by the premium escalation rate You chose on the application form, or the 5% default rate if You didn't select a rate. This will be calculated on the monthly Premium paid in the previous year, and
 - The Benefits will increase by 80% of the escalation rate that Your Premiums increased by. This means that for a Premium increase of 5%, the Benefit will increase by 4%, and for a Premium increase of 10%, the Benefit will increase by 8%. There is no Waiting Period for this Benefit increase.

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- If We do not receive the increased Premium within 3 (three) months of the increase becoming due, then the escalations will be stopped for that year, and the Benefit amount will remain at its existing level. Any valid claim during this three-month period will be based on the increased Benefit amount resulting from the escalations (assuming it was payable). The increase in the Premium owing will be deducted from the claim amount paid.
- You can request for a postponement of the escalation for a particular year. This means that You can contact Us to request that We do not apply the Escalation Rate for that year, but it will operate again from the following year.
- You can also request to stop all future escalations. Once cancelled, escalations may be started again by giving Us notice.
- Escalations are not applicable whilst the Policy Break feature is active.

Premium Paid-Up

How does the Benefit work?

- This allows You to have the Policy paid up so that You do not have to pay any further Premiums. This can be done if the Policy is active, and You have been paying Premiums at the time You qualify for this.
- For this to be applicable the longer of the following requirements must be met:
 - the Policy being in force for 15 years; or
 - the Policy anniversary after Your 65th birthday.
- However, if You elected to have the Cash Back paid out then You must pay Premiums for an additional 10 years and meet the above requirements to qualify.
- Only Premiums for Lives Assured that were covered for more than 10 years will qualify for this.
- No new Lives Assured can be added when this is active and no changes in Benefit amounts will be allowed.

Burial Repatriation Benefit (Funeral Policy Only)

- FMS Marketing Solutions shall provide funeral support services in relation to the Lives Assured as set out in the Annexure at the end of this Contract.
- The funeral support services are a value-add benefit procured by Us and all service and claims related queries about the funeral support services are dealt with directly by FMS Marketing Solutions.

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No More Premiums Death Benefit

How does the Benefit work?

- If You die before Your 65th birthday, all Lives Assured will be covered on the Policy until the Policy Anniversary after You would have turned 65 without further payment of any Premium.
- This Benefit is optional and if You apply for it, it will apply to the Funeral Policy.
- No new Lives Assured can be added when this Benefit is active.

No More Premium Physical Impairment Benefit

How does the Benefit work?

- If You become Physically Impaired before the Policy Anniversary after Your 65th birthday, We will waive all Premiums on the Contract.
- If You die, while this Benefit is active, the No More Premiums Physical Impairment Benefit will end and the No More Premiums Death Benefit will start.
- No new Lives Assured can be added when this Benefit is active.
- No changes to Benefit amounts will be allowed once the Benefit is active.

Double Accident Benefit (Funeral Policy Only)

How does the Benefit work?

- An amount equal to the Funeral Benefit amount will be paid if the Life assured dies in an Accident.

Monthly Expense Benefit (Funeral Policy Only)

How does the Benefit work?

- This Benefit provides monthly payments for a specified time on the event of death of the Life Assured.
- The initial Benefit is R1,000 per month per Life Assured at the start of the Benefit.

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- This Benefit provides monthly payments for a specified time on the event of death of the Life Assured.
- The initial Benefit is R1,000 per month per Life Assured at the start of the Benefit.
- This Benefit will be paid monthly for 12, 24 or 36 months. The number of Benefit payment instalments are chosen at point of sale.
- The first payment will be on the first working day of the month after the death of the Life Assured. If We were notified timeously, subsequent payments will happen monthly thereafter.
- If a claim is submitted where the date of death is backdated, a single payment for the months prior to the current date of the Benefit will be paid, and the remaining months will be paid on the first working day of each subsequent month.

Premium Pay Back / Paid-Up

How does the Benefit work?

- 15 years from the Issue Date of the Policy, You will qualify to either receive 50% or 100% of all the Premiums paid as a Premium pay back or activate a paid-up status provided that:
 - Option A – Premium Pay Back: Receive an amount of money equal to the percentage selected at the start of the Policy of all the Premiums received that were allocated to the Policy over the last 15 years, excluding:
 - Premiums that were allocated in respect of Benefits increases, and/or Lives Assured that started less than 10 years ago; and
 - Premiums that were paid on Lives Assured on which claims were paid.
 - OR
 - option B - Paid-Up: Provided that You have reached the age of 65 (on the first Policy Anniversary after Your 65 birthday); have all future Premiums waived, on all the Benefits that are active at the time. This is excluding any Benefits and/or Benefit increases and/or Lives Assured that started less than 10 years ago. Upon exercising this option B, the Funeral Cover and Life Cover remains intact but Premium escalations (and Benefit increases) end.
 - Option A is a once off event and does not repeat every 15 years. Option B can happen after Option A, provided another 10 years has passed since the Premium pay back was paid or You first became eligible for it.
 - On the 15th Policy Anniversary, You will have 6 (six) months in which to decide whether You want to choose Option A or Option B. If You do not make Your decision within the 6 (six) months, Option A will automatically be selected.
- If You have selected Option B, You must pay Premiums again for a maximum of:
 - 10 years, and
 - Be older than age 65 for the Policy to go into a Premium Paid-Up status.

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IMPORTANT INFORMATION

As a policyholder, you have the right to the following information:

IMPORTANT DETAILS

Insurer

aYo Intermediaries (Pty) Ltd
 Authorised financial services provider
 Registration No: 2019/411552/07
 FSP No: 52714
 Constantia Office Park, Lakeview Ave,
 Weltevredenpark, Roodepoort, 1709
 Tel: 083 123 6084
 Email: queries@mtnkhava.com

Sanlam Developing Markets Limited

Registration No: 1911/003818/06
 FSP No: 11230
 PO Box 1941, Houghton, 2041
 Sanlam, 9 – 13 West Street, Houghton,
 Johannesburg, 2196
 Telephone/Whatsapp 0861 235 433
 Fax 0861 235 329
 Email info@sanlamsky.co.za
 Website www.sanlam.co.za

Compliance department

PO Box 1941, Houghton, 2041
 Telephone 0861 235 433
 Fax (011) 483 3966

Complaints department

If you have a complaint regarding the
 Insurer's
 products or service:
 Please contact your intermediary or
 Our Client Contact Centre on 0861 235
 433 or
 e-mail us at info@sanlamsky.co.za

Sanlam Arbitrator

Fax: (021) 957 1786
 Email: arbitrator@sanlam.co.za

FAIS Ombudsman

The FAIS Ombud who is contactable at:
 FAIS Ombud
 PO Box 74571, Lynwood Ridge, 0040
 Kasteel Park Office Park, Orange
 Building, 2nd Floor,
 Cnr of Nossob and Jochemus Street,
 Erasmusloof,
 Pretoria
 Tel: 012 470 9080
 Fax: 012 348 3447
 Email: Info@faisombud.co.za
 Website: http://www.faisombud.co.za

Long-term Insurance Ombudsman

The Long-term Insurance Ombud who
 is contactable at:
 Long-term Insurance Ombud
 Private Bag X45, Claremont, Cape
 Town, 7735
 3rd Floor, Sunclare Building, 21 Dreyer
 Street,
 Claremont, Cape Town, 7700
 Tel: 021 657 5000 / 0860 103 236
 Fax: 021 674 0951
 Email: Info@ombud.co.za
 Website: www.ombud.co.za

Financial Sector Conduct Authority

PO Box 35655, Menlo Park, 0102
 Riverwalk Office Park, Block B, 41
 Matroosberg
 Road (Corner Garsfontein and
 Matroosberg Roads), Ashlea Gardens,
 Extension 6, Menlo Park, Pretoria
 Tel: 012 428 8000
 Fax: 012 347 0221
 Website: http://www.fsca.co.za

Information Regulator

JD House, 27 Siemans, Street,
 Braamfontein,
 Johannesburg
 P.O Box 31533, Braamfontein,
 Johannesburg, 2017
 Email: infoereg@justice.gov.za

OTHER MATTERS OF IMPORTANCE

The product supplier (SDM) must give
 you written notice of its intention to
 cancel Your policy.

You are entitled to a copy of your
 policy free of charge.

SDM has a conflicts of interest
 management policy, which can be
 accessed at www.sanlam.co.za.

For all the details about your policy,
 please read the summary document.
 This contains all important details such
 as the premiums payable, benefits and
 important terms and conditions which
 you must comply with.

This policy is sold by an adviser who
 may either earn a fixed salary and
 sales volume related bonuses or
 commission.

The regulated commission that is
 allowed on this policy will be
 communicated to you on your policy
 schedule.

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USE OF PERSONAL INFORMATION & SHARING OF INSURANCE INFORMATION

- SDM will process and protect your personal information as required by relevant laws and the constitution of the RSA. This may include health and financial information. The complete privacy policies of SDM are available on www.sanlam.co.za and at a Sanlam branch nearest to you.
- We collect, process, collate, store, analyse and disclose personal information for the following purposes:
 - to conclude and administer the policy, which may include underwriting;
 - collection of premiums;
 - assessing and processing claims and to do mandatory checks;
 - to comply with all legal and regulatory requirements, including applicable codes of conduct in our industry;
 - to protect SDM's interests;
 - prevent loss, or fraud;
 - share with other business units and companies which are part of the SDM group for the sole purposes of administering the policy; and
 - for any other purposes related to the above.
- You have the right to request a copy of your personal information as processed by SDM, ask for an update and/or correction of your personal information and object to your information being used for any marketing campaign.

WAIVER OF RIGHTS

The General Code of Conduct stipulates that no financial services provider may request or induce in any manner a client to waive any right or benefit conferred on the client by or in terms of any provisions of the said code, or recognize, accept, or act on any such waiver by a client. Any such waiver is null and void.

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Contact Details

Tel: 083 123 6084

Email: queries@mtnkhava.com

Website: www.mtn.co.za/insurance/