



ASSISTERE - GROUP PERSONAL ACCIDENT INSURANCE FREQUENTLY ASKED QUESTIONS

- **WHO IS THE POLICY HOLDER?**

The Policy is issued in the name of the Company, so the Company is therefore the owner of the Policy and is known as the Insured. The Policy then states that all benefits are paid to the Company on behalf of their Employees, who are therefore the Insured Persons.

- **TO WHOM ARE THE BENEFITS PAYABLE?**

As this Policy is owned by the Company, on behalf of Employees, all relevant benefits will be payable to the Company who in turn undertake to pass this onto the relevant Employee.

- **WHAT IS DEFINED AS AN "ACCIDENT"?**

An Accident is ANY event that results in your body being unintentionally injured. Examples of Accidents can be as follows :

- Motor Vehicle Accidents (MVA's),
- Recreational Sports Injuries,
- Injuries on Duty,
- Injuries at Home,
- Snake, Dog and/or Spider Bites,
- Hi-Jacking and/or Assault

- **WHO CAN CLAIM UNDER THE PERSONAL ACCIDENT BENEFIT?**

All Benefits applicable to this Policy are only accessible by the Company and/or it's Employee's, for whom the Policy has been purchased.

- **IS THERE A TIME PERIOD THAT CLAIMS NEED TO BE NOTIFIED IN?**

Yes, all claims need to be notified as soon as possible following an Accident, with the maximum claim period being up to 180 days following the date of the Accident.

- **ARE THERE SPECIFIC AGE LIMITS APPLICABLE TO THIS POLICY?**

The maximum age limit on the Policy is age 80.

- **WILL EMPLOYEES BE REQUIRED TO UNDERGO MEDICAL EXAMINATIONS?**

Employee's will NOT be required to go for a medical examination prior to cover being provided.

- **DO ALL EMPLOYEES HAVE TO HAVE THE SAME LEVELS OF COVER?**

No, the Policy allows Companies to design differentiated benefit structures for Employees.

- **WILL EMPLOYEES STILL BE COVERED IN THE EVENT OF GOING BUNGEE JUMPING OR SKY DIVING?**

Yes, the Policy does NOT exclude hazardous activities of this nature, provided they are not being participated in on a Professional basis.

- **DO THE BENEFITS PAY OUT IN ADDITION TO OTHER INSURANCES?**

Yes, the Death and Permanent Disability benefits are paid in addition to any individual policies the Employee may have and in addition to any Statutory cover provided by Workman's Compensation (COID) and/or the Road Accident Fund (RAF).

However, in the event of Income Replacement or Medical Expenses being payable by COID, Insurers will reduce the cover applicable under this Policy, by the amount paid or payable by COID. Insurers do this to ensure that the Employee and/or Company are not over-compensated for the period that the Employee is unable to work.

Similarly, and in respect of the Medical Expenses benefit, this benefit will only cover the cost not met by a registered Medical Scheme, should your Company or Employee (in his personal capacity) be a member of such a scheme. Please note that this excludes any amounts paid from the Medical Savings Account portion of the Medical Scheme option, which is recoverable under this Policy.

- **WHAT IS THE DIFFERENCE BETWEEN THE ACCIDENTAL DEATH BENEFIT AND THE DEATH IN-SERVICE BENEFIT?**

The *Accidental Death benefit* can only be claimed in the event of Death being as a result of an accident, as per the examples provided above. As a number of different documents will be required in order to finalise an Accidental Death claim (please see the Claims Administration Guide for full details of all documents required), this claim may take months to finalise as a result of potential delays in receiving Post Mortem reports, Police Reports etc.

The *Death In-Service* benefit is an "all causes" Death benefit, which provides a benefit irrespective of the cause of Death – this benefit will therefore also cover natural death and death as a result of an illness. As minimal documentation is required in order to finalise this claim (in this case, being a completed claim form and a copy of the Death Certificate), this claim can be finalised within 48 hours of receipt of all documentation, and can be used to assist your Domestic Worker's family with burial costs etc.

- **WHAT DOES IT MEAN TO BE PERMANENTLY DISABLED?**

Permanent Disability, broadly speaking, means that your body has been altered / damaged following an Accident, to a severe enough degree that it will never recover 100%. An Employee does NOT have to be disabled from doing any occupation before he/she qualifies for the Permanent Disability Benefit.

Some examples of Permanent Disability can be as follows :

- Paraplegia following a Motor Vehicle Accident – here, the employee would qualify for 100% of the Permanent Disability lump sum benefit
- Loss of a whole finger following an attack by a dog – here, the employee would qualify for 15% of the Permanent Disability lump sum benefit

But, not all cases can determine the level of Permanent Disability directly after an Accident. If we use the example of a serious multiple bone break in the leg, following a fall down a flight of stairs, the Insurers will require that on-going medical reports be supplied to them in order to plot the recovery progress during the Insured Person's months of therapy following a number of operations. If it is determined that the Insured Person has a permanent degree of loss of movement following therapy, which will never return fully, the Insurer will still consider paying a portion of the Permanent Disability lump sum, as a result of the permanent (though not total) damage incurred to the leg.

- **HOW LONG DOES IT TAKE BEFORE THE PERMANENT DISABILITY BENEFIT IS PAID?**

Insurers have up to 24 months to determine the level of Permanent Disability prior to releasing the lump sum benefit to the Insured. But, as mentioned above, this will be in severe cases where the level of disability cannot be determined directly after an Accident.

Each case will be handled individually, but it is important to remember that the claim can only be assessed once ALL relevant documentation is received – this will include a Medical Certificate (included in the Claim Form) which requests details of injuries as well as recovery prognosis from a Medical Practitioner, on-going medical reports (where required) as well as any other Medical motivation required, a copy of the Traffic Collision Report (in the event of a Motor Vehicle Accident), a copy of the Police Report (in the event of a criminal act – e.g. a hijacking, assault etc.) etc.

- **WHAT IS AN INCOME REPLACEMENT BENEFIT?**

In the event of an Accident, should an Insured Person not be able to immediately return to work as a result of injuries and recovery prognosis, your Policy will continue to pay the relevant salary up to the maximum stipulated on your Policy.

It is important to remember that there is a 7 day excess applicable to this benefit, which means that the Income Replacement benefit will only become applicable from day 8 of being off work.

It is also important to note that besides needing to complete the claim form, a Doctor's note will be required prior to the benefit being calculated – please review the Claim Administration Guide for confirmation of all requirements in order to claim from this benefit.

- **WHAT CAN BE CLAIMED FROM THE MEDICAL EXPENSES BENEFIT?**

Only costs incurred as a result of an Accident can be claimed from this benefit (i.e. medical costs relating to treatments for colds & flu as an example will not be paid from this benefit).

If you are on a registered Medical Scheme, only the costs not covered by the Medical Scheme can be claimed from this Policy. Please note that this Policy will re-imburse costs paid from the Medical Scheme Savings account though, so it is always best to provide a copy of the Medical Scheme statement as part of the documentation that will be required at the time of claiming.

If you are not on a registered Medical Scheme, you will be required to send copies of all relevant Doctor's accounts (along with all other documentation required, which will include a Claim Form), which is to include proof of payment of the medical account - your Policy will not pay the Doctors direct.

It is important to note that there is an excess of R250 that will be applicable per claim.

- **CAN EMPLOYEES PURCHASE VOLUNTARY BUY-UP COVER?**

Yes, Employee's can purchase additional cover on a voluntary basis, with premiums being deducted either via their salary, or via direct Debit Order. This also allows Employees an opportunity to purchase Personal Accident cover for their families.

- **WHAT WILL THE PERSONAL ACCIDENT SECTION NOT COVER?**

There is a list of Exclusions that you must be aware of, which are as follows:

The Insurers shall not be liable to pay any claim under this Policy in respect of any Insured Person

1. while engaging in flying as pilot or member of the crew. This exception does not apply to Insured Persons engaging in ballooning, hang-gliding, paragliding and parachuting, provided that such activities are solely for social and/or pleasure purposes and not of a competitive nature or for reward
2. caused by the Insured Person's suicide or intentional self-injury
3. caused solely by an existing physical defect or other infirmity of the Insured Person
4. as a result of the influence of drugs or narcotics upon the Insured Person unless administered by a member of the medical profession (other than himself) or unless prescribed by and taken in accordance with the instructions of a member of the medical profession (other than himself)
5. for Bodily Injury to the Insured Person arising from any motor vehicle accident occurring whilst the Insured Person is driving or operating any motorised or mechanically operated vehicle whilst being under the influence of alcohol. For the purposes of this exception the term "under the influence of alcohol" means having a Blood Alcohol level Concentration (BAC) greater than the statutory limit at the time of the accident, or the level applicable according to prevailing legislation where the accident occurs, whichever is the lesser
6. caused by the Insured Person's participation in any riot or civil commotion
7. arising from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power
8. as a result of the Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life) or the Insured Person's own criminal act
9. while participating in sport as a professional player.
10. directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fission.

Exception (1) is waived to include cover for an Insured Person who engages in single engine aircraft exposure for Leisure purpose and non reward, up to a maximum of R500 000 per incident