

07 OCT 2019

Dear WALT DISNEY

POLICYHOLDER SCHEDULES

Welcome and thank you for selecting CompliMed to cover the gap in your medical aid. As a *Legacy Series* policyholder you get to enjoy comprehensive in-hospital shortfall and co-payment cover together with a host of other benefits, at a discounted premium. Turnberry Management Services act as the administrator and together with Lombard Insurance Company Limited, offer CompliMed policyholders with after-sales service and support that is a cut above the rest. We have enclosed your policy document for your further reference. We kindly suggest that in order to avoid any potential frustration in the future, you read all the attached documentation in full, paying special attention to any waiting periods and exceptions that may apply to your cover.

If you need to get hold of us for any reason whatsoever, please use the relevant email address listed below:

Product information

admin@complimed.co.za

Claim Submission

Visit www.complimed.co.za to submit your claim online, or email claims@turnberry.co.za for any claim submission queries

Change of details

Change of address/medical aid details/dependant additions/general policy changes:
admin@turnberry.co.za

Change of banking details/Cancellations/Premium enquiries/General payment issues:
debtors@turnberry.co.za -

Telephone contact details:

Product Information and queries - CompliMed
032 815 2969

Administration queries - Turnberry
0861 000 509

At CompliMed, we're always looking for ways to improve our customer service and to make your life easier. If we've done something that's made an impression on you, good or bad, we'd love to hear about it so that we can continue to enhance your experience with us.

Please email us at admin@complimed.co.za or use the LiveChat facility on the website and tell us about your experience.

Yours sincerely,
The CompliMed Team

NB: CompliMed Legacy Series is not a medical aid and the cover is not equivalent to that of a medical scheme. The products offered are not a substitute for medical scheme membership.



Policy Schedule - Legacy Series

POLICY DETAILS

Policy Number:139266

Commencement date:01 OCTOBER 2019

Intermediary:COMPLIMED PTY LTD Review date: 01 January 2021

Period of Insurance : A term of one calendar month commencing on the commencement date and such renewed periods of a calendar month each, as Turnberry agrees to from time to time.

This Schedule, together with your Policy, contains the Terms and Conditions which form part of the contract between you and the Insurer. It is vital that you check this Schedule to ensure that the information is correct and that you understand the contents. Any incorrect information or non-disclosure may affect your cover.

POLICY OWNER

MR WALT DISNEY

PERSONAL DETAILS:

	Name	ID Number	Relationship to Principal Insured
Principal Insured Person:	MR WALT DISNEY	89XXXXXXXXXX	
Insured Persons:	MRS DAISY DUCK	8XXXXXXXXXXX	SPOUSE (Insured 01)

CONTACT DETAILS

Postal Address

Telephone Work:
Telephone Home:
Cell Number:
Email Address:

PREMIUM AND PAYMENT DETAILS

Frequency: MONTHLY IN ADVANCE Method: DEBIT ORDER

Premium: R 294.00 (including VAT)

In terms of a ruling issued by SARS, this document together with proof of payment of premium, constitutes an alternative tax invoice, debit note or credit note as contemplated in Sections 20(7) and 21(5) of the VAT Act respectively and supersedes any Policy documentation or renewal notice issued by Insurers for this purpose.

For Policy valuation purposes all amounts stated in the Policy, including sums insured, limits of cover, excesses and deductibles, are expressed inclusive of the applicable VAT rate. Where an excess is expressly recovered by an Insurer from an Insured, the excess amount in terms of the Policy so recovered does not constitute a consideration as defined in the VAT Act and as such has no VAT consequence.

BANKING DETAILS

Account Number:
date:

Branch: Strike
Account Name:

MEDICAL SCHEME

Scheme:

Number:351158491

Lombard Insurance Company Limited ("the Insurer") agrees to provide insurance in terms of the Schedule and the Master Policy.
Signed at Johannesburg on this 07 day of OCTOBER 2019

Signature LOMBARD

For and on behalf of Lombard Insurance Company Limited

STATUTORY NOTICE TO SHORT-TERM INSURANCE POLICYHOLDER IN TERMS OF SECTION 4 TO 7 OF THE GENERAL CODE OF CONDUCT OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES (FAIS) ACT, No 37 OF 2002

IMPORTANT - PLEASE READ CAREFULLY AS THIS RELATES TO DISCLOSURES AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other document. It does however contain information which is in your interest and this notice is provided at the inception of each Policy)

As a short-term insurance Policyholder, or prospective Policyholder, you have the right to the following information:

This Policy is underwritten by Turnberry Management Risk Solutions (Pty) Ltd on behalf of Lombard Insurance Company Limited. Any changes to the parties below, will be advised in writing.

INTERMEDIARY / BROKER

FSP Name: COMPLIMED PTY LTD
Broker Name: Brett Daniel
Physical Address: 25 Pinnacle Park, Dawood Close, Ballito, 4399
Postal Address: P O Box 6953, Zimbali, 4418
Telephone Number: 084 880 4019
Facsimile:
Email: BRETT.D@COMPLIMED.CO.ZA
FSP No.: 14381

In terms of the FAIS Act the Intermediary/Broker is required to hold Professional Indemnity Cover.

UNDERWRITING MANAGER

ACCIDENT AND HEALTH COVER

Name: Turnberry Management Risk Solutions (Pty) Ltd
Physical Address: 4 Osborne Lane, Bedfordview, 2007
Postal Address: Private Bag X2, Gardenview, 2047
Telephone Number: 0861 000 509
Facsimile: 0861 000 508
Email: queries@turnberry.co.za
FSP No.: 36571

TRAVEL INSURANCE

Name: Travel Insurance Consultants (Pty) Ltd (TIC)
Physical Address: The Pavillion, The Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Postal Address: P.O. Box 3337, Cramerview, 2060
Telephone Number: (011) 521 4000
Facsimile: (011) 521 4002
Email: gordenes@turnberry.co.za
FSP No.: 15592

INSURER

ACCIDENT AND HEALTH COVER

Name: Lombard Insurance Company Limited
Physical Address: 4th floor, 22 Wellington Road, Parktown, 2193
Postal Address: P.O. Box 1411, Killarney, Johannesburg, 2193
Telephone Number: (011) 551-0600
Facsimile: (011) 551-0603
Compliance Officer: Head of Compliance
Email: compliance@lombardins.com
FSP No.: 1596 (Short-term Insurance - Personal and Commercial Lines)

TRAVEL INSURANCE

Name: Santam Limited
Physical Address: 1 Sportica Crescent, Tygervalley, Bellville, 7530
Postal Address: P.O. Box 3881, Tygervalley, 7536
Telephone Number: (021) 915 7000
Facsimile: (021) 914 0700
Compliance Officer: Mr RM van Wyk
Email: riaan.vanwyk@santam.co.za
FSP No.: 3416

PREMIUMS AND FEES

Full details of premiums due are stated in the Policy Schedule. Fees levied on the Policy are as detailed in the Policy Schedule.

- In terms of the binder agreement between Lombard Insurance Company Limited and Turnberry, Turnberry earns a binder fee as set out in the table below for entering into, varying and renewing the Policy, determining the Policy wording, determining premiums and value of Policy benefits under the Policy, as well as assessing and settling claims on behalf of Lombard.
- The Intermediary/Broker listed above earns a commission as set out in the table below for providing advice and intermediary services to you the Policyholder. In terms of the Short-Term Insurance Act, an intermediary is entitled to a maximum of 12,5% commission on motor insurance and up to 20% for any other class of business.

Policy No	Cover	Premium	Commission	Binder Fee
139266	Legacy Series	R 294.00	R 51.13	R 9.37

CLAIMS PROCEDURE

Full details of the specific claims procedure that you should follow are stated in the Policy Terms and Conditions.

LODGING A COMPLAINT

In the case of dissatisfaction with services received, you have the right to lodge a complaint through Turnberry, submitted in writing and addressed to the Compliance Department. Details provided below:

Physical Address: 4 Osborne Lane, Bedfordview, 2007
Postal Address: Private Bag X2, Gardenvue, 2047
E-Mail: queries@turnberry.co.za

A full Complaints Resolution Policy may be requested from the Compliance Officer. In the case of dissatisfaction with services received, you have the right to lodge a complaint with Lombard Insurance Company Limited through their complaints management process.

Physical Address: 4th floor, 22 Wellington Road, Parktown, 2193
Postal Address: P.O. Box 1411, Killarney, Johannesburg, 2193
Telephone: 011 551 0600
E-Mail: complaints@lombardins.com

Any complaints in terms of the failure of your Insurance Broker, Underwriting Manager(s) or the Insurer(s) to comply with the terms of the Policyholder Protection Rules should be lodged in writing to the Compliance Offices of the Insurer.

ACCIDENT AND HEALTH

Postal Address: P.O. Box 1411, Killarney, Johannesburg, 2193
Telephone : 011 551 0600
Facsimile: 011 551 0603
Compliance Officer:
Contact person: Head of Compliance
Email: compliance@lombardins.com

TRAVEL INSURANCE

Postal Address: PO Box 3881, Tygervalley, 7536
Telephone : 021 915 7000
Facsimile: 021 914 0700
Compliance Officer:
Contact person: Mr RM van Wyk
Email: riaan.vanwyk@santam.co.za

Industry Matters:

Lombard is a member of the South African Insurance Association (SAIA) and subscribes to the SAIA Code of Conduct. If you have a complaint which could not have been resolved directly with Lombard relating to the manner in which we conduct our business, you can submit a complaint with SAIA on info@saia.co.za

If a complaint is not resolved satisfactorily, you may refer your complaint, in writing, to the Ombudsman, as per the details provided below:

PARTICULARS OF THE SHORT-TERM INSURANCE OMBUDSMAN

The Ombudsman is available to advise you in the event of claims problems which are not satisfactorily resolved by the Underwriting Manager or the Insurer.

The Short-Term Insurance Ombudsman
PO Box 32334, Braamfontein, 2017
Tel No.: (011) 726-8900
Fax No.: (011) 726-5501
Email: info@osti.co.za

PARTICULARS OF OMBUDSMAN FOR FINANCIAL SERVICE PROVIDERS (FAIS OMBUD)

Should you not receive satisfaction in respect of a complaint lodged with the Insurer in relation to advice given or intermediary services provided by the Underwriting Manager or the Broker (other than regarding the settlement of a claim), you may contact the FAIS Ombudsman.

The Financial Services Providers Ombudsman
P.O. Box 74571, Lynnwood Ridge, 0040
Tel No.: 086 032 4766/ 012 470 9080
Fax No.: 012 348 3447
Email: info@faisombud.co.za

CONFLICT OF INTEREST

- The Insurer(s) and Underwriting Manager(s) have established Conflict of Interest Management Policies which are available on request.
- Turnberry has no shareholding in the Insurers.
- Turnberry does receive more than 30% of its income from Lombard Insurance Company Limited.
- Lomvest Pty Ltd holds minority shares in Turnberry.
- Turnberry has a written binder agreement to underwrite Personal Lines insurance business relating to Accident and Health cover. Such business is placed exclusively with Lombard Insurance Company Limited (excluding Travel cover which is placed with Santam) on a dedicated basis. No remuneration is received for Travel cover.
- As an Underwriting Manager for Lombard Insurance Company Limited, Turnberry has a vested interest in this transaction by virtue of a profit share agreement between Turnberry and Lombard Insurance Company Limited. The relationship between Lombard Insurance Company Limited and Turnberry does not constitute a conflict of interest, in that the binder agreement entered into, is aligned to the regulatory binder requirements.
- In order to meet regulatory requirements, financial or immaterial expenditure by and to our staff are monitored.
- Where potential Conflict of Interest have been identified, which do not have a direct impact on the Insured person or the Broker, internal structures are in place to manage and control such circumstances.

OTHER MATTERS OF IMPORTANCE

- No person may request or induce you to waive your rights as set out in this disclosure notice or any other rights confirmed by the Short-Term Insurance Act and/or the Financial Advisory and Intermediary Services Act.
- Failure to provide all correct and full material information may influence an Insurer in respect of any claim arising under your contract of insurance.
- You will be informed of any material changes to the information referred to under the sections headed "INTERMEDIARY / BROKER" and "UNDERWRITING MANAGER".
- Your insurance may only be cancelled by giving 1 (one) calendar month's prior written notice, which may be provided either directly to you or to your Broker.
- You are entitled to request a copy of the Policy, free of charge.
- You are entitled to a 15 day period of grace after the due date for the payment of your premium.
- Polygraph or any lie-detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiation of claim/s.
- Do not sign any blank or partially completed application form.
- Complete all forms in ink.

LEGACY SERIES POLICY TERMS AND CONDITIONS

PREMIUMS

All premiums are VAT inclusive and are payable in advance for each and every calendar month during the period of insurance, but payable not later than the 15th (fifteenth) day following the calendar month for which premium is due to Turnberry. In the event of non-payment of any premium the Policy shall lapse and become void with effect from the last day of the month for which a premium was received, without the necessity on the part of Turnberry of sending or giving any party notice of such fact. No benefits are payable if premiums, in whole or in part, are in arrears on the date of a claim event.

BENEFITS

Overall Annual Limit (OAL) of R164,000 per Insured person per annum applies.

In the event that an Insured person (as defined) suffered an Incident (as defined) resulting in a shortfall of Medical Scheme Benefits but limited to:

1. **Medical Expense Shortfall Cover:** A benefit equal to actual cost limited to 600% of the Medical Aid rate less the higher of the Medical Aid rate or the amount paid by the Medical Scheme for treatment received as stipulated in the Defined Events and subject to the OAL;
2. **Co-payment Cover:** The requirement in the rules of the Medical Scheme that the member contributes (in the form of a co-payment or an upfront deductible amount) for the cost of an in-hospital medical or surgical procedure and/or out-patient treatment (as stated in the Defined Events). Subject to the OAL;
3. **Co-payment Cover for out-of-hospital Scopes:** The requirement in the rules of the Medical Scheme that the member contributes (in the form of a co-payment or an upfront deductible amount) for the cost of an out-of-hospital Scope (gastroscopy, colonoscopy, sigmoidoscopy and cystoscopy) limited to R2 000 per event and 2 (two) claims per Insured person, per annum. Subject to the OAL;
4. **Non-DSP Hospital Penalty Cover:** The cost of a non Designated Service Provider (DSP) Hospital Penalty of R11 000 per admission, limited to 2 (two) claims per family, per annum and subject to the OAL;
5. **Sub-limit Cover:** The cost of an in-hospital medical or surgical procedure or the cost of internal prosthesis and/or out-patient treatment (as stated in the Defined Events) above a limitation in terms of the Medical Scheme rules limited to R30 000 per admission, per Insured person and subject to the OAL;
6. **Traditional Cancer Cover:** The benefits provided over the sub-limitation and/or the co-payment imposed by the Medical Scheme for treatment in a private facility for cancer. Treatment includes in-hospital expenses, medication and out-patient pathology prior to chemotherapy and/or radiotherapy. For the purpose of this Policy out-patient treatment for specialist's consultations shall be limited to consultations with a Specialist Oncologist prior to chemotherapy and/or radiotherapy. The benefit shall be subject to the OAL.
7. **Biological Cancer Drug Cover:** The sub-limitation imposed by the Medical Scheme for Biological Cancer Drugs, limited to the following Biological Cancer Drugs: Herceptin, Mylotarg, Nexavar, Gleevec, Sprycel, Faslodex, Velcade, Tarceva, Alimta, Zevalin, Avastin, Erbitux, Sutent, Fludara and Mabthera. Biological Cancer Drug Cover is subject to the OAL;
8. **Casualty Benefit for Accidents:** A benefit equal to the cost of medical treatment in the event of an Insured person suffering an accident, which occurs during the period of cover and which necessitates emergency medical treatment in a hospital out-patient emergency facility, limited to a maximum amount of R13 500 per event per insured. After a Defined Event, no benefit shall be payable for in-hospital charges including any treatment provided as in-patient care that would have reasonably been administered in a hospital emergency unit, as well as any aftercare or follow-up treatments administered in a hospital emergency unit. This benefit is subject to the OAL;
9. **Casualty Benefit for Illness:** A benefit equal to the cost of medical treatment in the event of an Insured person suffering from an illness, which occurs during the period of cover and which necessitates emergency medical treatment in a hospital out-patient emergency facility, restricted to between the hours of 19:00 - 06:00 Mondays to Fridays, Saturdays, Sundays and Public Holidays. Limited to a maximum amount of R2 000 per event and 3 (three) claims per family, per annum. No benefit shall be payable for in-hospital charges including any treatment provided as in-patient care that would have reasonably been administered in a hospital emergency unit, as well as any aftercare or follow-up treatments administered in a hospital emergency unit. This benefit is subject to the OAL;
10. **MRI and CT Scan Cover:** A benefit equal to the cost of a MRI or CT scan when there is no benefit available on the Insured person's Medical Scheme. Limited to R5 000 per event and 2 (two) claims per family, per annum. Subject to the OAL;
11. **Trauma Recovery Cover:** The cost of a step down facility for physical rehabilitation, as a result of an accident, above a limitation in terms of the Medical Scheme rules, limited to R1 000 per admission per Insured person and R10 000 per family, per annum. Subject to the OAL;
12. **Trauma Care Cover:** A benefit equal to the cost of trauma counselling consultations with a registered healthcare provider after an Insured person has been, diagnosed with a critical illness, a victim of a and/or threat of, a violent crime or experienced the death of an immediate family member. Limited to R800 per consultation and R7 000 per family, per annum. Subject to the OAL.

IN-HOSPITAL DENTAL BENEFITS

13. **Medical Expense Shortfall Cover:** A benefit equal to actual cost limited to 600% of the Medical Aid rate less the higher of the Medical Aid rate or the amount paid by the Medical Scheme for impacted wisdom teeth, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the OAL;
14. **Co-payment Cover:** The requirement in the rules of the Medical Scheme that the member contributes (in the form of a co-payment or an upfront deductible amount) for the cost of an in-hospital surgical dental procedure, except in the case of dental implants. Subject to the OAL;
15. **Sub-limit and Co-payment Cover for Dental Implants:** The benefit provided over the sub-limitation and/or co-payment imposed by the Medical Scheme for dental implants for reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R50 000 per family, per annum and subject to the OAL;

16. **Sub-limit Cover:** The benefit provided over the sub-limitation imposed by the Medical Scheme for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R30 000 per admission, per insured and subject to the OAL.

All Cancer Related Benefits (including Biological Cancer Drug Cover) are subject to the positive diagnosis by a Specialist Oncologist of Cancer provided that such a diagnosis of Cancer occurred during the period of cover.

The maximum amount payable for associated services in-hospital for any amount in excess of the Medical Scheme limitation shall be at the Medical Aid rate.

Cover shall only be in force provided that the Insured person is registered with a Medical Scheme approved by Turnberry. No benefits are payable if such costs are covered by the Insured's Medical Scheme unless such benefits are covered by the Road Accident Fund or the Workmans Compensation Fund.

ADDED BENEFITS

1. **Cancer Diagnosis Benefit:** A once off payment for the first time diagnosis of cancer, provided that such diagnosis occurred during the period of cover, based on the stage at time of diagnosis:
Stage 1 R5 000
Stage 2 R15 000
Stage 3 R20 000
Stage 4 R25 000
2. **Medical Scheme Contribution Waiver:** Up to R6 000 per month payable for 6 (six) months in the event of accidental death or permanent and total disability sustained as a result of an accident of the Medical Scheme contribution payer.
3. **Gap Premium Waiver:** Pays the premium for the Policy for 12 (twelve) months; in the event of accidental death or permanent and total disability sustained as a result of an accident, of the contribution payer.
4. **Personal Accident Benefit:** R25 000 benefit payable per Insured person in the event of accidental death or permanent and total disability from injuries sustained as a result of an accident, which occurred during the period of insurance.
5. **Critical Illness Benefit:** R10 000 benefit payable per Insured person in the event of death due to a critical illness, which occurred during the period of insurance. cc
6. **International Travel Insurance:** Provides Insured persons with access to International Travel Insurance upon application prior to departure. Notification of travel must be given to Turnberry on 086 100 0509 at least 48 hours prior to departure, during the hours 08h00 to 16h00 Monday to Friday (excluding public holidays). International Travel Insurance is provided by Travel Insurance Consultants (TIC) and underwritten by Santam Limited. This benefit ensures end to end emergency service by air, land or sea, anywhere in the world, except South Africa, 24 hours a day. Medical expenses are covered up to an amount of R5 million per Insured person. Maximum age is 80 years next birthday.

All Cancer Related Benefits (including Biological Cancer Drug Cover) are subject to the positive diagnosis by a Specialist Oncologist of Cancer provided that such a diagnosis of Cancer occurred during the period of cover.

DEFINED EVENTS

In the event of an Insured person suffering an Incident which necessitates the Insured person

1. being confined to Hospital and undergoing medical treatment and / or surgical procedure whilst in-hospital or
2. undergoing chemotherapy or radiotherapy for the treatment of cancer on an out-patient basis or kidney dialysis on an out-patient basis or undergoing an MRI, CT and PET scans on an out-patient basis or
3. undergoing out-patient treatment for any of the following procedures for Medical Expense Shortfalls (Benefit 1 as defined under Benefits)
 - a. General Surgery
 - i. Surgical biopsy of breast lump, cutting needle, fine needle aspiration
 - ii. Hernia repairs - Inguinal hernia, Femoral hernia, Umbilical hernia, Epigastric hernia, Spigelian hernia
 - iii. Ischio-rectal abscess drainage
 - iv. Closure of colostomy
 - v. Surgical haemorrhoidectomy (excluding sclerotherapy or band ligation)
 - vi. Lymph node biopsy
 - b. Urology - Vasectomy, Cystoscopy, Orchidopexy, Prostate biopsy
 - c. Ophthalmology - Cataract removal, Pterygium removal, Trabeculectomy, Capsulotomy
 - d. ENT surgery - Direct laryngoscopy, Tonsillectomy (Laser / Conventional), Nasal surgery (Turbinectomy and Septoplasty), Sinus surgery (FESS), Myringotomy, Grommets
 - e. Orthopaedic - Arthroscopy, Carpal Tunnel Release, Ganglion surgery, Bunionectomy
 - f. Paediatric surgery - Orchidopexy
 - g. Hepatobiliary surgery - Needle biopsy of the liver
 - h. Cardiothoracic surgery - Bronchoscopy
 - i. General medical cardiology - Coronary angioplasty, Coronary angiogram
 - j. Neurology - 48-hour halter EEG
 - k. Immunology - Plasmatheresis

- l. Gastroenterology - Oesophagoscopy, Gastroscopy, Colonoscopy, ERCP
- m. Diagnostic radiology - Myelogram, Bronchography, Angiograms (Carotid, Cerebral, Coronary, Peripheral)
- n. Obstetrics & gynaecology - Tubal ligation, Childbirth in a non-hospital setting, Incision and drainage of Bartholins cyst, Ma-rsupilisation of Bartholins cyst, Cervical laser ablation, Hysteroscopy, Phototherapy, Dilation and curettage
- o. Hyperbaric oxygen treatment for - Radionecrosis, Malunion of major fractures, Avascular leg ulcers, Decompression sickness, Chronic osteitis, Serious anaerobic infections
- p. Removal of varicose veins
- q. Removal of malignant lesions

The Insurer will pay to the Principal Insured person an amount in accordance with the insured benefits elected by the Principal Insured person subject to the limitations.

WAITING PERIODS

1. A 3 (three) month waiting period applies to all benefits, with exception of benefits providing cover up to 600%, should the commencement of the Policy be in line with the commencement date of the Medical Scheme.
2. A 10 (ten) month waiting period on pregnancy/childbirth.
3. A 12 (twelve) month waiting period on investigations, treatment and surgery for: hysterectomy, hysteroscopies, endometriosis, ovarian cysts, fibroids (myomectomy), muscular-skeletal (except in the event of a motor vehicle collision), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, cancer, nasal and sinus.

WAITING PERIODS WAIVED

No specific waiting periods have been waived.

EXCEPTIONS

The Insurer shall not be liable for hospitalisation, bodily injury, sickness or disease, directly or indirectly caused by, related to, or in consequence of:

1. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission;
2. LASIK or Lasik (laser-assisted in situ keratomileusis) surgery or any type of refractive surgery for correcting myopia, hyperopia, and astigmatism;
3. Investigations, treatment or surgery for obesity its sequela or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an Incident, otherwise insured. For the purpose of this exception cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;
4. Routine physical or any procedure of a purely diagnostic nature or any other examination where there are no objective indications of impairment in normal health and laboratory diagnostic or X-ray examinations except in the course of a disability established by prior call or attendance of a Medical Practitioner;
5. Suicide, attempted suicide or intentional self-injury;
6. The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a Medical Practitioner (other than the Insured person) or drug addiction;
7. An event directly attributable to the Insured person having an alcohol content exceeding the legal limit or the Insured person suffering from alcoholism or any illness caused by the use of alcohol;
8. Participating in
 - a. Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers
 - b. Aviation other than as a passenger
 - c. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft);
9. Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility;
10. No benefits are payable which should be provided by the Medical Scheme. This exception includes ward fees, theatre fees, medicines, appliances and other hospital expenses;
11. No benefits shall be payable in the event of fraudulent submission by the claimant;
12. No benefits shall be payable in the event the Insured person did not pre-authorise, make use of a Designated Service Provider (Not applicable to Benefit 4) or any condition set by the Insured persons Medical Scheme;
13. No benefits shall be payable in the event there is no benefit for the treatment and/or the condition or if it is excluded and/or declined by the Insured persons Medical Scheme (including split billing) or if the Medical Scheme pays less than Medical Aid rate for benefits associated with costs incurred above Medical Aid rate; This exception is not applicable to Benefit 10;
14. No benefit shall be payable in respect of any medical or surgical treatment unless such treatment occurred during the period of hospital confinement as an in-patient or as an out-patient (as stated in the Defined Events);
15. The benefits are only applicable in the territory of the RSA. No benefits are payable for expenses incurred for transport charges or for services rendered whilst being transported in any emergency vehicle, vessel or aircraft;

16. No ward fee benefits shall be payable in respect of any additional costs incurred as a result of confinement to a private ward if such confinement to a private ward was requested by the Insured person;
17. Treatment resulting from the failure to carry out the instructions of a Medical Practitioner;
18. Treatment for the Casualty Benefit for Illness (Benefit 9) when treatment was not received between the hours of 19:00 - 06:00 Mondays - Fridays, Saturdays, Sundays and Public Holidays;
19. Injuries arising from professional sport or any other recreational activity which is not commonly recognised as a sport and /or involves uncontrolled competition, unusual skill or violent activity and is generally considered to be inherently dangerous for the emergency Casualty Benefit for Accidents (Benefit 8) provided in a hospital out-patient emergency facility;
20. Psychiatric conditions including but not limited to depression, insanity, mental and or stress related conditions for co-payments and sub-limits;
21. Co-payments and Sub-limits are covered for dentistry except for investigations, treatment or surgery related to dental implants, except in the event for reconstructive maxillofacial surgery as a result of oral cancer (which was diagnosed while on the Policy) or an accident (which occurred while on the Policy) and will be limited to R50 000 per family per annum. No benefit is payable while an Insured person is within a waiting period;
22. Benefit 13 (Private Rate Cover) for dentistry is limited to impacted wisdom teeth, reconstructive maxillofacial surgery as a result of an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). No benefit is payable while an Insured person is within a waiting period;
23. For the Trauma Recovery Cover the step down facility must be authorised and paid from the Medical Scheme's Risk Benefit (i.e. not from day to day benefits);
24. Any event that would expose the Insurer to any sanction, prohibition or restriction under the United Nations or the trade or economics sanctions, laws or regulations of the European Union, United Kingdom or United States.

CLAIMS PROCEDURE

To obtain payment of any benefit, the Insured person, his legal representative or any person approved by the Insurer in its sole discretion as competent to act on behalf of the Insured person, must furnish the Insurer at their own expense, with

1. Pre-authorisation reference for hospital admission obtained from your Medical Scheme's hospital pre-authorisation provider;
2. Written notice of the claim within 6 (six) months from treatment for such Incident;
3. Supply in writing any such proof or other information as Turnberry may reasonably request;
4. Provide authority for Turnberry to inspect all current and/or past medical or other information including the results of any blood tests and submit to medical examination on behalf of and at the expense of Turnberry;
5. Payment of any benefit is conditional on the Insured person supplying such medical evidence as is required at the Insured persons expense and if requested by Turnberry an Insured person undergoing any medical examination at Turnberry's expense;
6. Where the Insured person is not a Principal Insured person the Principal Insured person shall provide or obtain the necessary permission or consent to comply with this condition, failing which all benefits in respect of any claims the subject of this condition shall be avoidable;
7. Any claim in terms of this Policy will prescribe after 12 (twelve) calendar months from the date of occurrence of the insured Incident if the claim is outstanding and not a subject of a then pending court case;
8. Any benefit payable in respect of Hospital confinement shall only become due at the end of a period of such confinement;
9. However payments on account can be made to the Principal Insured person at the end of a 31 (thirty one) day period of Hospital confinement at the discretion of Turnberry;
10. Claims will only be paid if the premium, for the period in which the claim event occurs, has been paid i.e. all premiums are up to date at the date of the claim event;
11. All benefits payable shall be paid to the Principal Insured person or their legal representative, unless the Medical Practitioner's account has not been paid by the Principal Insured person, in which case Turnberry has the right to negotiate the payment directly with the Medical Practitioner. In this instance Turnberry will pay the Medical Practitioner. Payment of the claim in every case shall be a discharge of full obligations under this Policy by the Insurer;
12. Should an Insured person be treated for a condition that is deemed to be a Prescribed Minimum Benefit, Turnberry reserves the right for an authorised representative of Turnberry to investigate the claim to ensure it was paid in accordance with Regulation 8 of the Medical Schemes Act 131 of 1998;
13. No benefit payable shall carry interest.
14. Where Turnberry rejects or disputes a claim or the quantum of a claim, or voids the Policy, the Principal Insured person has 90 (ninety) days (the "representation period") from receipt of Turnberry's written notification to dispute the decision of Turnberry. This must be done in writing to:
The Compliance Officer,
Lombard Insurance Company Limited
PO Box 1411
Killarney
Johannesburg
2193
Tel: 011 551 0600
Fax: 011 551 0603
Email: compliance@lombardins.com and/or complaints@lombardins.com

Alternatively, the Principal Insured person may contact:

The Ombudsman for Short-Term Insurance
PO Box 32334

If the dispute is not satisfactorily resolved in this manner, the Principal Insured person has a further 180 (one hundred and eighty) days after the expiry of the representation period for the service of summons on the Insurer.

ADDITION OF DEPENDANTS

1. Any addition of Dependant, after the Policy commencement date, must be done by submitting a Dependant Addition Form to Turnberry.
2. Cover for new dependant(s) will be subject to the Waiting Periods and Childbirth Limits from the effective Date of Cover for the new dependant, unless an endorsement has been issued under "Waiting Periods and Childbirth Limits Waived" for the specific Dependant.
3. A newborn must be added onto the Policy within 90 (ninety) days, from the date of birth, in order to avoid Waiting Periods.
4. An Eligible Member is only covered if Turnberry has been notified of such member and they are listed as a dependant on the Policy Schedule.

REINSTATEMENT

1. In the event of the Principal Insured person requesting in writing for the reinstatement of a cancelled Policy, the application will be considered at Turnberry's discretion. Turnberry will need to have a signed Declaration of Health (Application for Reinstatement) to support the written request.
2. Reinstatement will only be considered if the written request is received within 90 (ninety) days after the effective cancellation date of the Policy. Any written request that exceeds this 90 day period will be subject to a new Policy application and all relevant Terms and Conditions will apply.
3. On acceptance by Turnberry of the Application for Reinstatement, all outstanding premiums must be paid before the Policy is reinstated. Risk will only recommence on written confirmation by Turnberry.
4. Payment of the outstanding premium after written confirmation of the termination of the Policy, will not place any obligation on the part of Turnberry to reinstate the Policy. In the event that Turnberry received premiums after the cancellation of the Policy and the Application for Reinstatement is rejected, any such monies will be refunded to the Principal Insured person.

TERMINATION OF COVER

1. Any party may terminate this Policy, at any time, by giving 1 (one) calendar month's written notice.
2. An Incident will only qualify if the hospitalisation or out-patient treatment caused by such Incident commences before the date of cancellation in which case all outstanding claims must be submitted to Turnberry within 3 (three) months after the date of cancellation.
3. This Policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure by or on behalf of the Insured person and/or Principal Insured person regarding any fact, material to this insurance.
4. No premium refund shall be due in the case of cancellation by either party.

COMMENCEMENT DATE

Cover in respect of an Insured person, shall commence on the first day of the month for which premiums are paid in respect of such person.

RATE REVIEW

Turnberry may vary the premium under this Policy, at any time, by giving 1 (one) calendar month's written notice.

CHANGE OF POLICY CONDITIONS

Turnberry reserves the right to alter the basis on which the benefit is calculated and change the Terms and Conditions of the Policy by way of endorsement at any time by giving 1 (one) calendar month's written notice of any change to the Principal Insured person.

The Insured person shall be obliged to give notice, in writing, within 1 (one) calendar month of such event to Turnberry should;

- a. any circumstance change in that any information and signed statements given by the Insured person to Turnberry are no longer valid, or
- b. the Insured person be covered by other policies or a Medical Scheme providing similar benefits, in which event Turnberry may, not withstanding to the contrary herein contained, cancel the Policy with retrospective effect.

Turnberry will be entitled to declare the Policy void if the Insured person has made a misstatement or omission. In such an event all monies paid shall be forfeited.

JURISDICTION

The Policy shall be subject to the laws of the RSA whose courts shall have sole jurisdiction to the exclusion of the courts of any other country. Where payment is to be made to or by Turnberry it shall be made in the currency of the RSA, unless Turnberry allows otherwise.

DEFINITIONS

No provision or condition may be waived or modified except by an endorsement signed by an authorised official of Turnberry. References throughout the Policy to the masculine shall include the feminine and the singular shall include the plural where appropriate, and vice versa. The following definitions apply throughout the Policy:

1. Accident means bodily injury caused by violent, accidental and external physical visible means;

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2. Associated Services means medical treatment provided by a Medical Practitioner for a Defined Event charged at Medical Aid rates;
3. Biological Cancer Drug means a substance that is made from a living organism or its products and is used in the prevention, diagnosis, or treatment of cancer. For the purpose of this Policy, Biological Drugs includes antibodies, interleukins, and vaccines;
4. Cancer means a malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease but the following are excluded:
 - a. All tumours, which are historically described as pre-malignant, as non invasive or as cancer in situ;
 - b. All forms of lymphoma in the presence of any Human Immunodeficiency Virus;
 - c. Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus;
 - d. Any skin cancer other than malignant melanoma;
5. Chemotherapy means the therapeutic use of chemical agents to destroy or inhibit the growth and division of malignant cells in the treatment of cancer. This definition does not include Biological Cancer Drugs;
6. Critical Illness means a disease or state in which death is possible or imminent;
7. Dental implant means a surgical component that interfaces with the bone of the jaw or skull to support a dental prosthesis such as a crown, bridge, denture, facial prosthesis or to act as an orthodontic anchor. This definition includes any surgical implant of an artificial tooth used in dentistry to support restorations that resemble a tooth or group of teeth;
8. Eligible child means an unmarried child including a legally adopted child, grandchild or stepchild of a Principal Insured person who has not attained the age of 26 (twenty six) who is an eligible dependant child on the Principal Insured person's Medical Scheme and who is not already insured under this Policy or any other insurance issued by Turnberry providing similar cover;
There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves, always provided that the children are wholly dependent on the Principal Insured person for support and maintenance.
Once a child has become independent of the Principal Insured person for support and maintenance, dependency and therefore definition of a child cannot be revived at a later date unless that child is still under the age of 26 (twenty six).
9. Eligible extended family dependant means any other dependant that is registered as a dependant on the Principal Insured person's Medical Scheme;
10. Eligible spouse means the spouse of the Principal Insured person who is not already insured under this Policy or any other insurance issued by Turnberry providing similar cover. For the purpose of the Policy, Eligible spouse shall include a party to a customary union according to customary law or a union recognised as a marriage under the tenets of any Asiatic religion.
Where a person shares an abode with a Principal Insured person and has done so for at least 6 (six) consecutive months and they live together in the manner of a legally married couple that person shall be regarded as a spouse.
Should a Principal Insured person have more than one spouse who could qualify as an Eligible spouse then that Principal Insured person must make an irrevocable nomination of one Eligible spouse to whom the benefits provided by this Policy are to apply. No benefits will be paid in respect of an Eligible spouse if more than one person qualifies as such and no nomination has been made by the Principal Insured person. On the death of the Principal Insured person the cover of the Eligible spouse under this Policy may be continued should such spouse elect to do so within 60 (sixty) days of the death of the Principal Insured person;
11. Emergency means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death;
12. Family means the Principal Insured person and such persons Eligible spouse and such persons Eligible children;
13. Hospital means any institution in the territory of the Republic of South Africa (RSA) which in the opinion of Turnberry meets each of the following criteria
 - a. Has diagnostic and therapeutic facilities for surgical and medical diagnosis treatment and care of injured and sick persons by or under the supervision of a staff of Medical Practitioners
 - b. Provides nursing service supervised by registered nurses or nurses with equivalent qualifications
 - c. Is not other than incidentally either a mental institution or a convalescent home
 - d. Is not a place of rest for the aged or a place for drug addicts or alcoholics or a health hydro or natural cure clinic or similar establishment
 - e. Is not an institution providing long-term care for the blind, deaf, dumb or other handicapped persons
 - f. Is not a step-down facility (also called a medical rehabilitation center);
14. Hospital confinement means admission to a hospital ward;
15. Illness means any one somatic illness or disease which manifests itself during the period of insurance and includes premature senile degenerative changes, but not an illness which is of such a nature as to be incapable of diagnosis by objective evidence or which though capable of diagnosis by such evidence has not been so diagnosed;
16. Immediate family shall mean the Insured person's parents, spouse, children and siblings;
17. Incident means any one Accident or Illness which causes an Insured person to be confined to Hospital and undergoing medical treatment and/or surgical procedure which manifests itself during the period of insurance;
18. Insured person means a Principal Insured person or an Eligible spouse of a Principal Insured person (if spouses cover has been granted) or an Eligible child of a Principal Insured person (if dependants cover has been granted);
19. Medical Practitioner means a legally qualified Medical Practitioner registered with the Board of Healthcare Funders (BHF);
20. Medical Scheme means a registered Medical Scheme in terms of the Medical Schemes Act 131 of 1998;
21. Medical Aid rate means the reimbursement rate paid by the Medical Scheme based on the generally accepted 100% Medical Scheme benefits;
22. Medical treatment and/or surgical procedure means any form of investigation or examination by or consultation with or treatment by a Medical Practitioner for the purpose of treating or monitoring an Insured person's medical condition arising out of an insured Incident;

23. Motor vehicle collision means the unintended collision of a motor vehicle with another motor vehicle, motorcycle, cyclist, animal drawn vehicles or pedestrian that results in the need for immediate medical treatment during the period of cover;
24. Muscular-skeletal means and shall include any diagnosis or condition relating to bones, muscles, cartilage, tendons, ligaments, joints and/or connective tissue;
25. Orthognathic surgery shall mean jaw surgery to correct malocclusions and disorders of the temporomandibular joints to due to a functional need. Orthodontic treatment shall be excluded from this definition;
26. Permanent and Total Disability shall include
- "Permanent and total loss of hearing" means the total and irreversible loss of hearing of all sounds in both ears;
 - "Permanent and total loss of speech" means the total and irreversible loss of the ability to speak which must be established for a continuous period of 12 (twelve) months;
 - "Permanent and total loss of foot" means the absolute loss by physical separation at or above the ankle of one or more limbs;
 - "Permanent and total loss of hand" means the absolute loss by physical separation at or above the wrist of one or more limbs which includes the thumb and all fingers;
 - "Permanent and total loss of limb" means the absolute loss by physical separation at or above the elbow or knee of one or more limbs;
27. Physical rehabilitation shall mean the process of restoring and regaining physical strength and functioning after an accident during the period of cover;
28. Policy term shall mean a term of one calendar month commencing on the commencement date and such renewed periods of a calendar month each, as Turnberry agrees to from time to time and in respect of which premiums are paid; provided that payment of subsequent premiums shall constitute an application for renewal and unless the Insured person is notified to the contrary within 1 (one) calendar month of receipt of such a premium, acceptance shall be automatic;
29. Principal Insured person means a paid up member of a Medical Scheme, who elects to insure under this Policy, provided that in the event of a husband and wife both being granted cover then the older spouse will be deemed to be the Principal Insured person;
30. Reconstructive maxillofacial surgery shall mean the major reconstruction of the mandible and/or maxilla that is required as a result of an accident which occurred during the period of cover;
31. Schedule means the Schedule attaching to and forming part of this Policy;
32. Step down facility means a facility that provides physical rehabilitation to an Insured person upon discharge from hospital after receiving treatment due to an accident during the period of cover;
33. Treatment means any form of investigation or examination by or consultation with or treatment by a Medical Practitioner for the purpose of treating or monitoring an Insured persons medical condition arising out of an insured Incident; and
34. Turnberry shall mean Turnberry Management Risk Solutions (Pty) Ltd;
35. Violent crime means a crime where intentional harm is inflicted against an Insured person during the commission of the crime or a crime that included the threat of intentional harm being inflicted.