

ONE PLAN™

Health Insurance

Oneplan Air Angels Policy Wording

Underwritten by



Effective Date: 1 April 2017

Version: 1.1

The Oneplan Air Angels Emergency Helicopter and Evacuation Service Product is a personal accident product developed to provide immediate emergency assistance in the event of a life threatening medical emergency as a result of an accident that requires urgent medical intervention. The Insured will be covered for ambulance or air transport subject to the flight and ambulance dispatch criteria of the responding Emergency Services. The Balance of the cover will be applied for medical expenses related to admission of the Insured Person and Insured Occupants to a health care facility. The cover will be provided per event up to the cover limit.

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SECTION 1

1 DEFINITIONS, GENERAL CONDITIONS AND LIMITATIONS

1.1 DEFINITIONS

In this policy all words and expressions signifying the singular shall include the plural and vice versa. Words and expressions implying the masculine gender shall include the feminine. The following words and expressions shall have the following meanings:

- 1.1.1 "Accident" means a sudden, unexpected, unforeseen, unusual, unintended event which occurs at a specific time and place, the result of which incident requires immediate medical attention.
- 1.1.2 "Clinical Escalation Officer" means the chief medical officer as appointed by ER 24.
- 1.1.3 "Administrator" means Oneplan Underwriting Managers (Pty) Ltd.
- 1.1.4 "Medical Facility" means an institution for health care which provides patient treatment by specialised staff and equipment, for injured persons where they are given surgical or medical treatment and providing for longer-term patient stays. This excludes places of recovery and or rehabilitation, drug or otherwise as well as mental institutions.
- 1.1.5 "Insured Event" means an event that would cause the Insurer to pay a claim as per the cover provided in this policy.
- 1.1.6 "Insured Person" means a natural person who has applied and been accepted by the Insurer and whose Premium is paid and up to date.
- 1.1.7 "Insured Vehicle" means an Air Angels insured and registered vehicle. This includes but is not limited to the following mode of transport: passenger vehicles, 4x4s, light or heavy commercial vehicles, light non-commercial or commercial type aircraft.
- 1.1.8 "Insurer" means Bryte Insurance Company Limited.
- 1.1.9 "Life threatening" means an event in which failure to treat the injury immediately (within one hour of onset) will result in permanent damage to the Insured.
- 1.1.10 "Insured Occupants" means natural persons as passengers up to the limit of four (4) persons and the Principal Insured.
- 1.1.11 "NAEDO" means an advanced debit order mechanism which is automatically activated due to non-receipt of the Premium or any other associated fees. NAEDO will deduct funds immediately from the account holders' bank account when there are funds available and therefore may possibly not be deducted on the nominated date.
- 1.1.12 "Policy" means personal accident cover paid monthly of which cover is immediately available from inception of the policy, for emergency transport services both in flight or by ambulance and of which the surplus of the cover will be applied towards payment for medical expenses related to an admission in a medical facility.

South Africa

Tel: 010 001 0141 Web: www.oneplan.co.za
Address: 54 Maxwell Drive, Woodmead North Office Park, Woodmead 2021

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- 1.1.13 "Premium" means the annual amount as stipulated by the Insurer in order to indemnify the Insured for specific events as defined in the Schedule.
- 1.1.14 "Principal Insured" means the natural person in whose name the agreement is entered into and whose name is reflected on the Schedule.
- 1.1.15 "Schedule" means the document that lists the detail of the Insured amounts.
- 1.1.16 "The Service" Air Angels Emergency Helicopter and Evacuation Services subject to the approval and authorisation of a clinical escalations officer employed by ER24 and emergency ambulance services.
- 1.1.17 "South African Borders" means the land within the registered and published national boundaries of the Republic of South Africa.
- 1.1.18 "Underwriter" means Oneplan Underwriting Managers (Pty) Ltd.

1.2 GENERAL CONDITIONS

- 1.2.1 The minimum entry age of the Principal Insured is eighteen years old.
- 1.2.2 Only one policy may be issued to any one Insured Person.
- 1.2.3 The Insured hereby gives the Insurer the right to claim from the Insured any payment or compensation received by the Insured from any third party due to an event that is covered by this policy and that the Insurer has paid to the client or on the clients behalf.
- 1.2.4 The Insured hereby cedes, to the Administrator, rights to claim from the Road Accident Fund, on the Insureds behalf, up to the cover limit of the policy.

1.3 GENERAL EXCLUSIONS, EXCEPTIONS AND LIMITATIONS

The policy wording, Application Form and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of the policy or the cover explanation shall bear specific meaning wherever it may appear.

- 1.3.1 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.
- 1.3.2 War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not) or civil war.
- 1.3.3 Mutiny, military rising, military, martial law or state of siege, insurrection, rebellion or revolution.
- 1.3.4 Participation in civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- 1.3.5 The cost of any service which is recoverable from another party.
- 1.3.6 All costs that exceed the stated and maximum allowed cover.
- 1.3.7 There is no surrender or maturity value for the policy.
- 1.3.8 Consequential loss or damage which is not directly caused by an Insured risk.
- 1.3.9 Third party claims such a Compensation Fund claims and Workmen's Compensation claims.

1.4 OTHER CONDITIONS

- 1.4.1 All Premiums are payable monthly in advance.
- 1.4.2 The cover is active from the Inception Date of the policy subject to all premiums paid up to date.
- 1.4.3 The Insurer reserves the right to increase Premiums, with thirty days (one calendar month) notice in writing, if the Insured's risk profile changes or if the Insured's claims increase above the actuarial calculated rate that was used for the Insured's

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current Premium.

- 1.4.4 The Underwriter reserves the right to increase Premiums on a group basis at their discretion. The Insured will be informed of any amendment to the Premium and a minimum of thirty days (one calendar month) written notice will be provided before such an increase.
- 1.4.5 Premiums may be increased due to excessive claims in accordance with determined limits at the discretion of the Underwriter.
- 1.4.6 The policy shall be subject to the laws of the Republic of South Africa 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 the Insurer it shall be made in the currency of the Republic of South Africa.
- 1.4.7 The Insurer shall pay claims within 30 (thirty) days from the date of receipt of the specified account paid directly to the service provider.
- 1.4.8 The cover is active from the Inception Date of the policy subject to the premium paid up to date.
- 1.4.9 Should Premiums not be received or be returned for any reason, the cover of this policy will become suspended for a fifteen day period within which period no cover will be payable to the Insured until receipt of the overdue Premiums have been received. Should this Premium not be received within the fifteen day Grace Period, all cover may be immediately cancelled and this agreement may be terminated.
- 1.4.10 The Insurer reserves the right to collect any failed or rejected Premium through NAEDO and / or double debit the nominated bank account. This may incur additional charges for which the Insurer is not responsible.
- 1.4.11 Cover shall cease at 24H00 hours on the last day of the month in which Premium/s have been paid. If a Premium is not paid when due, or if a Premium debit is dishonoured, the Insured must prove to the satisfaction of the Insurer that this was an error by his paying agent.
- 1.4.12 Cancellation requests must be sent in writing to cancel@onegrp.co.za. There is a thirty day (one calendar month) notice period for all cancellation requests and a R100.00 (one hundred rand) cancellation fee will be applicable.

2 ONEPLAN AIR ANGELS, ACCIDENT, EMERGENCY HELICOPTER AND EVACUATION SERVICE

2.1 Definition and Defined Events

In the event of a medically justifiable, life threatening motor vehicle accident, the Insured Person will be covered for transport by ambulance or air to an appropriate medical facility. The balance of the cover will be applied for medical expenses related to admission of the Insured Person and Insured Occupants, to a health care facility. The cover will be provided per event per Insured up to the cover limit.

- 2.1.1 In order to certify the Insured for The Service, the Insured must be primarily identifiable by a South African barcoded identification document, driver's license or passport. Secondary certification will include the download of the Oneplan Application on the Insured's smartphone and the registration number of the Insured Vehicle (s) as provided at inception of the Policy. The Insured Vehicle must be identifiable with a disc provided by the Oneplan Air Angels.
- 2.1.2 In the event of an accident where the Insured is physically and mentally unable to contact the Emergency Services it is imperative to identify the Insured by the above protocols.
- 2.1.3 In the event that the Insured is able to, the accident must be reported immediately by contacting the 24 hour dedicated emergency help line via the Oneplan Emergency Call Centre or the ER24 Emergency Call Centre on 084 124. The Service is determined on a case by case basis and is established based on the specific injuries that the Insured Person presents with, their clinical condition at the time of The Service as well as certain logistic criteria.
- 2.1.4 In the event of an Insured Vehicle accident, the Principal Insured and the Insured Occupants limited to four (4) Insured Occupants will receive Emergency Assistance including admission to a medical health facility, up to the cover limit as per the policy schedule. There is a 24 hour dedicated emergency line via the call centre.
- 2.1.3 The Cover is available immediately after the Inception Date of the policy and no waiting period is applicable. The Insurer will indemnify the Insured Person up to the maximum cover amount for medical expenses related to an admission in a

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medical facility that was directly incurred from the date of the unforeseen accident for up to six months after the date of the accident, which is directly linked due to the specific insured accident event up to the cover amounts per chosen policy and as stipulated on the Schedule. Cover is limited as per the Schedule.

2.2 Waiting Period

The cover is active from the Inception Date of the policy, subject to the successful collection of premiums.

2.3 Special Conditions

- 2.3.1 Voluntary transfers will not be covered.
- 2.3.2 Transport from a hospital / medical facility to a residence will not be covered.
- 2.3.3 Transport to a consulting room where an event is not related to an admission will not be covered.
- 2.3.4 Transport in the event that no other means of transport is available to the Insured Person will not be covered.
- 2.3.5 In the event that ambulance and air emergency services have been utilised for non-life-threatening events or events not approved by the Underwriters, will be for the Insured Person's own account.

SECTION 3 COMPLAINTS RESOLUTION POLICY

The purpose of the Complaint Resolution Policy is to ensure compliance with the Short-Term Insurance Act, Financial Advisory and Intermediary Services Act (FAIS), the Policy Holder Protection Rules for Short-Term Insurance and any other applicable legislation. We have embedded the Principals of TCF (Treating Customers Fairly) into our culture and it forms the foundation of our commitment to our policyholders.

1 OUR COMMITMENT TO YOU

Our complaints policy is available to you on request, published on our website and contained in our policy documentation.

All complaints will be dealt with timeously and fairly and all the relevant staff receive training on a regular basis with regards to our complaints policy in accordance with the provisions of FAIS. All our records are kept for a minimum period of 5 years and this is a statutory requirement in terms of FAIS.

All your personal information (as per the Protection of Personal Information ACT –POPI) will be held for this period.

The information submitted by you will be made available to and processed by our staff where required, as well as our external compliance practice for audit purposes, the Regulator (FSB) and any Ombud /Ombudsman who has jurisdiction. It is our business practice to retain records indefinitely so that we can identify possible trends and avoid similar complaints going forward.

This information is kept in accordance with our personal policies. Corrective measures are taken to ensure that problems and shortcomings are identified and that the same complaint will not occur again. Our staff and representatives adhere to the requirements of FAIS at all times.

2 COMPLAINT HAS TO BE IN WRITING

In order for a complaint to receive the attention that it deserves, we request that your complaint is submitted to us in writing. Please ensure, that where the complaint is delivered by hand or by any other means, that you retain proof of delivery.

Please address your written complaints to The Complaints Officer

complaints@oneplan.co.za

The following information must be provided in order for us to assist you:

- 1 Your name, surname, contact details and confirmation of where communication must be sent to
- 2 A complete and detailed description of your complaint. Please include any supporting documentation.

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3 Expected outcome / resolution

3 COMPLAINT HAS TO BE RELEVANT

The financial services environment is complex. We will endeavour to address all reasonable requests from our clients, but may also refer you to a more appropriate facility. Where the complaint pertains to any aspect of our service, rejected claims or any disclosures that ought to be made by us, we will endeavour to address those complaints in writing, within 21 days.

4 PROCEDURE

The following is a step-by-step guideline of how a complaint will be dealt with, once received by us:

1. The complaint will be acknowledged within one business day of receipt.
2. The complaint will be assessed and, if a valid complaint, will be logged into our central complaints register.
3. The complaint will be allocated to a trained and skilled person who specialises in that type of complaint. This may not necessarily be the person to whom you addressed the complaint.
4. The complaint will be investigated and we will revert to you with our findings within 21 (twenty one) days. You may be requested to provide additional information before we provide you with a final resolution. If we require further time to investigate the complaint, this will be communicated to you in writing.
5. You will receive a response in writing with full reasons.
6. In the event that you are not satisfied with our solution, you may refer the complaint to the Managing Director of our business. The Managing Director may amend the solution or confirm it. Please be informed that certain decisions may have to be approved by the Board or Management committee of the company. In such a case, we will communicate that fact to you, as well as the date on which a decision will be taken.
7. If, after having referred the complaint to the Managing Director, you are still not satisfied with the outcome, we will regard the complaint as being unsatisfactorily resolved. In such a case, you may approach the office of the FAIS Ombud for Financial Services Providers, Ombudsman for Short Term Insurance or take such other steps as may be advised by your legal representatives.
8. For rejected claims, you will be provided with the reasons in writing and the external complaints avenues available. If a claim is rejected, representation must be made within 90 (ninety) days of the date of the letter of rejection. If a dispute is not satisfactorily resolved after following the above steps, legal action may be instituted. Summons must be served within 180 (one hundred and eighty) days from the date of original letter of rejection.
9. You must, if you wish to refer a matter to the Ombud or Ombudsman, do so within a period of six months. The Ombud will not adjudicate in matters exceeding a value of R800 000.00 and the Ombudsman will not adjudicate matters exceeding R2 000 000.00.
10. The Ombud / Ombudsman Offices may be contacted as follows:

Ombudsman for Short-Term Insurance	FAIS Ombud
Sunnyside Office Park 5th Floor, Building D 32 Princess of Wales Terrace Parktown, JHB	Celtis House, Eastwood Office Park Lynwood, Pretoria
Tel: 011 726 8900 0860 726 890 (Sharecall)	Tel: 0860 324 766
Email: info@osti.co.za	Email: info@faisombud.co.za
11. In the event of us not reverting to you within the time periods indicated above, kindly contact Irene Willis for an explanation as to why we have not yet communicated with you. Please do not accept any communication from any person until it has been confirmed in writing.

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SECTION 4 STATUTORY DISCLOSURES

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

STATUS OF THE FINANCIAL SERVICES PROVIDER IN TERMS OF THE FAIS ACT

Oneplan Underwriting Managers (PTY) Ltd (FSP 43628) and Oneplan Brokers (PTY) Ltd (FSP 43627) are authorised Financial Services Providers, The Key Individuals approved by the Financial Services Board are:

Michael Robert Otten (ID 8312275036086)

Sven Laurencik (ID 8008265186085)

The company registration for Oneplan Underwriting Managers (PTY) Ltd is 2009/017597/07 and for Oneplan Brokers (PTY) Ltd is 2009/017561/07. The FSP's regularly monitor the Fit and Proper Status of the representatives and confirm that according to their knowledge the representatives are Fit and Proper.

LEGAL STATUS AND INTERESTS OF THE REPRESENTATIVE

Oneplan Underwriting Managers (PTY) Ltd is the underwriter and administrator and has written mandates with the Insurer, Bryte Insurance Company South Africa Limited. Oneplan Brokers (PTY) Ltd markets Oneplan products and has written mandates to act on behalf of the Insurer. The company has no shareholding with the Insurer. Oneplan Underwriting Managers (PTY) Ltd and Oneplan Brokers (PTY) Ltd have common shareholders.

REMUNERATION, FEES AND COMMISSION

Oneplan Brokers (PTY) Ltd receives commission from the Insurer as per the maximum permissible in addition to any fees contracted directly with any client and agreed to in writing. Oneplan Underwriting Managers (PTY) Ltd collects an underwriting and administration fee for each policy sold on behalf of the Insurer. A breakdown of the premium can be found on the policy schedule. Included in the breakdown of the fees are the commission amounts, administration fees, third party fees and any other additional fees applicable to the policyholder.

QUALIFICATIONS AND MEMBERSHIP

The FSP's have been in the Financial Services Industry since 2010.

INDEPENDENT STATUS OF THE FSP AND

PROFESSIONAL INDEMNITY INSURANCE

In the past 12 months the FSP's earned more than 30% of its income from the Insurer. The FSP and Representatives have no financial interest in any other Insurer or product supplier. The Representatives and FSP carry professional Indemnity Insurance as required.

AUTHORISATION

The FSP accepts responsibility for the actions of the Representatives acting in the scope and course of their employment. The FSP and Representatives are authorised to give advice and render intermediary services in the following categories: Long Term Category A and Short-Term Insurance Personal Lines. The FSP will not be held liable in terms of prejudice in respect of services or advice provided by a Representative which falls outside the scope of authorisation, and any complaint in respect of any product which falls outside the definition of financial product of the FAIS Act, cannot be forwarded to the FAIS Ombud or Short-Term Insurance Ombudsman.

COMPLAINTS PROCEDURES AND CONFLICT OF INTEREST

If you have a complaint, please contact the FSP Key Individual or the Complaints Officer. He/She will assist you to address the concerns you have.

Please note that in terms of the FAIS Act, all complaints must be addressed to us in writing. Should we not be able to address the concerns to your satisfaction, you may wish to lodge a complaint with any of the Ombud and/or Ombudsman whose details appear below.

If you wish to learn more about our complaints policy and procedure, please contact our complaints officer via email (complaints@oneplan.co.za) or consult our websites for a copy of the complaints policy. FSP 43627 and 43628 subscribes to the highest ethical code and we require all our representatives to adopt this in their dealings. A copy of our conflict of interest policy can be found on our website.

SHARING OF INSURANCE INFORMATION

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and to obtain material information regarding assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited.

This is done in the public interest of all current and potential policy holders. The sharing of information includes, but is not limited to information sharing via the information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agents. You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claim information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application together with the information you supply in relation to the claim, will be included on the system and made

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available to other insurer's participating in the Data Sharing System.

SECTION 21 OF THE GENERAL CODE OF CONDUCT

Section 21 of the General Code of Conduct states that no provider may request or induce in any manner a client waive any right or benefit conferred on the client by, or in terms of, any provisions of this code, or recognise, accept or act on any such waiver by the client and such waiver is null of void.

CONTACT DETAILS

FSP Office Details

54 Maxwell Drive, North Office Park,
Ground Floor, Woodmead,
Gauteng, RSA
Tel: 010 001 0141
Fax: 086 610 3918
Email: care@onegrp.co.za
complaints@oneplan.co.za
(complaints)
Website: www.oneplan.co.za

Key Individual

Michael Robert Otten
michael.o@onegrp.co.za

Sven Laurencik
Sven.l@onegrp.co.za

Insurer

Bryte Insurance Company Limited
Company registration number
1965/006764/06
P.O. Box 61489, Marshalltown, 2107
15 Marshall Street, Ferreirasdorp,
Johannesburg, 2001
Tel: 011 370 9111
Fax: 011 370 9910
Website: www.Bryte.co.za

Insurer Compliance Officer:

The Compliance Officer
(AIC)
fais@Bryte.co.za

FSP Compliance Officer

Dawn Julyan
Simply Comply (PTY) Ltd
012 998 7938

Ombudsman for Short-Term Insurance

Sunnyside Office Park
5th Floor, Building D,
32 Princess of Wales Terrace,
Parktown, JHB
Tel: 011 726 8900
Email: info@osti.co.za

FAIS Ombud Lynwood, Pretoria

Celtis House, Eastwood Office Park
Tel: 0860 324 766
Email: info@faisombud.co.za

Fraud Reporting

If you become aware of irregularity on any policy you can contact the Insurer where your call will be treated in confidence.

Free call: 0800 16 7464
Free fax: 0800 00 7788
Email: Bryte@tip-offs.com
Free post: Tip-offs Anonymous
Freepost KZN 138,
Umhlanga Rocks,
4320

Alternatively contact the Insurance Fraudline on 0860 002526 or email insurance@fraudline.co.za.

The policy wording and schedule must be read as one document. Please contact our offices should you require any information on any aspect of your policy. A copy of the policy wording can be viewed via our website at www.oneplan.co.za or may be obtained through our Customer Care Call Centre on 010 001 0141.

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