

CORE CRITICAL ILLNESS

Benefit Description	Core Critical Illness provides the life insured with cover in the event of being diagnosed with a specific illness, suffering from a specific condition or undergoing a specific procedure.
Type of Benefit	Stand alone
Minimum Entry Age	19 ANB
Maximum Entry Age	65 ANB
Maximum Cover Amount	R4,000,000
Premium Patterns	Level 5% Compulsory Escalation Age Rated
Benefit Term	For life
Minimum Premium	R150.00 per month
Premium Guarantee Period	Experience Rated
Voluntary Increase Options	0% - 15% Voluntary Premium Escalations 0% - 15% Voluntary Cover Escalations
Effect of Claim on Critical Illness	The Benefit Amount will reduce by the amount of any payment made. The remaining Critical Illness Benefit Amount (if any) will be available for further claims.
Effect of a Claim on Other Benefits	On payment of a claim under this benefit <ul style="list-style-type: none"> The amount payable on death will not be altered unless a claim has been paid before the expiry of the 14 day survival period; No other benefits will be affected
Core Critical Illness cover Reinstatement Option	After the 14 day survival period following a claim event, the Benefit Amount for conditions that are totally unrelated, in the opinion of Hollard Life, to the condition or event for which the claim had been paid will automatically reinstate to the Benefit Amount immediately prior to the claim payment. The Benefit Amount for conditions or events related to the condition or event claimed for will NOT reinstate. No claim will be paid under the reinstated cover where, in the opinion of Hollard Life, the claim is a direct consequence of the event for which a 100% payment was made before reinstatement.
Survival Period	A 14 day survival period will be imposed before a critical illness claim is admitted. If the benefit is attached to a policy with life cover, the claim may be paid before the end of the 14 day survival period, in which case any amount payable on the death of the Life Insured will be reduced by the amount claimed under the Core Critical Illness benefit for the remainder of the 14 day period.
Change in Circumstances	Smoker status The owner undertakes that Hollard Life be advised in writing should any Life Insured who is indicated as a non-smoker in the policy schedule commence or recommence smoking in any form whilst the policy is in force. In this event Hollard Life shall adjust the benefits or premium accordingly. Similarly, if any Life Insured who is indicated as a smoker in the policy schedule ceases smoking for a period of no less than 12 months, he/she will be entitled to a rate reduction. Hazardous Pursuits

CORE CRITICAL ILLNESS

	<p>The owner undertakes that Hollard Life be advised in writing should the Life Insured take up a hazardous sport or pursuit, including (but not limited to) rock climbing, hang-gliding, micro-lighting, acrobatic flying and speed contests of any kind. Scuba-diving up to 40 metres while in possession of a recognized diving qualification and once-off casual participation in a hazardous sport or pursuit in an appropriately controlled environment does not need to be notified to Hollard Life.</p>
<p>General Exclusions</p>	<p>Self-inflicted injuries No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self inflicted injuries.</p>

CORE CRITICAL ILLNESS

Contingent Event	Details
<p>Cardiovascular Benefit Group Only one payment will be made per cardiovascular event. A single event is defined as all cardiovascular conditions or procedures that occur within a 30 day period</p>	
<p>Heart Attack</p>	<p>Mild: This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all three of the following criteria:</p> <ol style="list-style-type: none"> 1. Compatible clinical symptoms and 2. Characteristic ECG changes, e.g. ST-segment and T-wave changes indicative of myocardial ischaemia or myocardial infarction, and 3. Raised cardiac markers: <ul style="list-style-type: none"> • Trop T > 0,5 ng/ml or Trop I > 0,25 ng/ml, or • Raised CK-MB mass <ul style="list-style-type: none"> ○ Up to 2 times normal values in acute presentation phase, or ○ Up to 4 times normal values post-intervention. • Total CPK elevation of up to 2x normal values, with at least 6% being CK-MB. <p>The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered by this definition.</p> <p>Moderate: This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by two of the following three criteria:</p> <ol style="list-style-type: none"> 1. Compatible clinical symptoms 2. Characteristic ECG changes, which can be either of the following: 3. Raised cardiac markers: <ol style="list-style-type: none"> a. New pathological Q-waves as defined in Annexure A, or b. ST-segment and T-wave changes indicative of myocardial injury, as defined in Annexure A, but only when accompanied by raised cardiac markers as described hereafter. <ul style="list-style-type: none"> • Trop T > 1,0 ng/ml or Trop I > 0,5 ng/ml, or • Raised CK-MB mass <ul style="list-style-type: none"> ○ More than 2 times normal values in acute presentation phase, or ○ More than 4 times normal values post-intervention. • Total CPK elevation of more than 2x normal values, with at least 6% being CK-MB. <p>Meeting the mild heart attack definition -25% of Benefit Amount</p> <p>Meeting the moderate heart attack definition -50% of Benefit Amount</p> <p>Meeting the moderate heart attack definition with permanent functional Impairment measured 6 weeks post-infarction: Ejection Fraction < 50%</p>

CORE CRITICAL ILLNESS

	<p>-75% of Benefit Amount Ejection Fraction < 30% -100% of Benefit Amount</p>
Coronary Artery Disease Requiring Surgery	<p>The undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary arteries by means of a by-pass graft.</p> <p>Bypass graft in 1 coronary artery, including the left main or proximal left anterior descending coronary artery: - 50% Benefit Amount</p> <p>Bypass grafts in 2 coronary arteries -75% of Benefit Amount</p> <p>Bypass grafts in 3 or more coronary arteries - 100% of Benefit Amount</p>
Heart Valve Surgery	<p>The undergoing of heart valve surgery, performed to replace or repair one or more heart valves Benefit</p> <p>Via intra-arterial catheterization: 10% Via keyhole surgery: 25% Via open-chest surgery: 100% of the Benefit Amount</p>
Surgery of the Aorta	<p>The undergoing of surgery to the thoracic or abdominal aorta involving excision of a portion of the aorta and replacement with a graft. For the sake of clarity, the following is not covered: any other surgical procedure, for example the insertion of stents or endovascular repair -100% of Benefit Amount</p>
Heart Transplant	<p>The actual undergoing of a transplant as a recipient of a complete heart. -100% of Benefit Amount</p>
<p>Nervous System Benefit Group Only one payment will be made per nervous system event. A single event is defined as all nervous system conditions that occur within a 30 day period.</p>	
Stroke	<p>Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in motor deficit or neurological deficit lasting at least 24 hours consistent with the area of the brain affected, and confirmed with appropriate clinical findings by a specialist neurologist. For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • Transient ischaemic attack, • Vascular disease affecting the eye or optic nerve, • Migraine and vestibular disorders, • Traumatic injury to brain tissue or blood vessels. <p>Severity levels will be assessed by a full neurological examination by a specialist neurologist any time after three months.</p> <p>Temporary motor or neurological deficit - 25% of Benefit Amount</p> <p>Permanent motor or neurological deficit - 50% of Benefit Amount</p> <p>The inability to perform 6 or more Advanced Activities of Daily Living</p>

CORE CRITICAL ILLNESS

	<p>- 75% of Benefit Amount</p> <p>The inability to perform 3 or more Basic Activities of Daily Living</p> <p>- 100% of Benefit Amount</p> <p>The basic activities of daily living are as follows:</p> <ul style="list-style-type: none"> • Bowel status • Bladder status • Grooming • Toileting • Feeding • Transfer from chair to bed • Indoor mobility • Dressing • Stairs • Bathing <p>The advanced activities of daily living are as follows:</p> <ul style="list-style-type: none"> • Driving a car • Medical care: prepares and takes correct medications • Money management • Communicative activities: use of phone, writing checks, writing letters • Shopping: lifting or carrying groceries • Food preparation • Housework • Community ambulation with or without assistive device, but not requiring a mobility device • Moderate activities: moving table, pushing vacuum cleaner, bowling, golf • Vigorous activities: running, heavy lifting, sports
Multiple Sclerosis	<p>The diagnosis of multiple sclerosis confirmed by a Specialist Neurologist. This means:</p> <ul style="list-style-type: none"> • Two separate events must have occurred resulting in permanent neurological deficit, and • This neurological deficit must involve at least two of the following three functions: <ul style="list-style-type: none"> ○ sensory, motor and autonomic <p>-100% of Benefit Amount</p>
Parkinson's Disease	<p>The diagnosis of Parkinson's Disease by a Neurologist. The disease must be permanent in nature and significant symptoms must be present for at least six months despite optimal treatment.</p> <p>-100% of Benefit Amount</p>
Alzheimer's Disease	<p>The unequivocal diagnosis of Alzheimer's Disease confirmed by a Neurologist.</p> <p>- 25% of Benefit Amount</p> <p>The unequivocal diagnosis of Alzheimer's Disease confirmed by a Neurologist where dementia due to failure of brain function has occurred with significant memory and cognitive impairment for which no other recognisable cause has been identified.</p> <p>Memory and cognitive impairment must be to such a degree that the Life Insured requires continual supervision.</p>

CORE CRITICAL ILLNESS

- 100% of Benefit Amount	
Cancer Benefit Group	
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma, multiple myeloma and sarcoma.</p> <p>Unless stated otherwise, the levels are correlated to the general classification used by the American Joint Committee for Cancer for the type of cancer involved.</p> <p>The following conditions are excluded from this definition:</p> <ul style="list-style-type: none"> • All cancers in situ and all pre-malignant conditions • All tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2N0M0 • All skin cancers other than malignant melanoma that have been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) <p>- 25% of Benefit Amount is payable for the following:</p> <ul style="list-style-type: none"> • Prostate Cancer T2N0M0 • Chronic Lymphocytic Leukaemia (Stage 0 or 1 on the Rai classification) • Hairy cell leukaemia • Hodgkins/Non Hodgkins lymphoma Stage 1 on Ann Arbor classification • Any other Stage 1 cancer not covered above <p>- 50% of Benefit Amount is payable for the following:</p> <ul style="list-style-type: none"> • Prostate Cancer T3N0M0 • Chronic Lymphocytic Leukaemia (stage II on the Rai classification) • Acute Lymphocytic Leukaemia (children) • Chronic Myeloid Leukaemia (no bone marrow transplantation) • Hodgkins/Non Hodgkins lymphoma Stage II on Ann Arbor classification system • Multiple myeloma Stage I and II on the Durie-Salmon scale • Any other Stage 2 cancer not covered above <p>- 100% of Benefit Amount is payable for the following:</p> <ul style="list-style-type: none"> • Prostate Cancer T4N0M0 • Hodgkins and Non Hodgkins lymphoma Stage III on Ann Arbor classification system • Any other Stage 3 cancer not covered above <p>- 100% of Benefit Amount is payable for the following:</p> <ul style="list-style-type: none"> • Prostate Cancer Any T, N1-3, M0 • Acute Myeloid Leukaemia • Chronic Lymphocytic Leukaemia, stage III or IV on the Rai classification

CORE CRITICAL ILLNESS

	<ul style="list-style-type: none"> • Chronic Myeloid Leukaemia (requiring bone marrow transplant) • Acute Lymphocytic Leukaemia (adults) • Hodgkins/Non Hodgkins lymphoma Stage IV on Ann Arbor classification system • Multiple Myeloma Stage III on the Durie-Salmon Scale • Any other Stage 4 cancer not covered above
Aplastic Anaemia	Aplastic anaemia with total aplasia of the bone marrow as confirmed by a Haematologist, requiring either blood transfusion or a bone marrow transplant. - 100% of Benefit Amount
Bone Marrow Transplant	The actual undergoing of a transplant as a recipient of bone marrow. - 100% of Benefit Amount
Kidney and Liver Benefit Group	
For this benefit group no benefit will be paid where a claim is, in the opinion of Hollard Life, directly or indirectly occasioned by or accelerated by alcohol or substance abuse.	
Kidney Failure	End stage irreversible failure of both kidneys to function, as a result of which regular dialysis is necessary. - 100% of Benefit Amount
Liver Failure	Chronic and irreversible liver failure resulting in permanent jaundice, decompensation of the liver and ascites (collection of fluid in the abdominal cavity due to liver failure). The diagnosis must be confirmed by a Specialist Physician. - 100% of Benefit Amount
Liver or Kidney Transplant	The actual undergoing of a transplant as a recipient of a complete liver or kidney. - 100% of Benefit Amount
Respiratory Benefit Group	
Lung Transplant	The actual undergoing of a transplant as a recipient of a complete lung. - 100% of Benefit Amount
Gasto-Intestinal Benefit Group	
For this benefit group no benefit will be paid where a claim is, in the opinion of Hollard Life, directly or indirectly occasioned by or accelerated by alcohol or substance abuse.	
Pancreas Transplant	The actual undergoing of a transplant as a recipient of a complete pancreas. - 100% of Benefit Amount
Connective Tissue Disease's Benefit Group	
Severe Rheumatoid Arthritis	Poly-arthritis resulting in joint deformity or significant and permanent impairment of function despite optimal treatment where diagnosis has been confirmed by a Rheumatologist or Specialist Physician. With major organ involvement (e.g. the lungs): - 100% of Benefit Amount

CORE CRITICAL ILLNESS

Sensory Benefit Group	
Blindness	<p>The total and permanent loss of sight in one eye when measured with the use of visual aids. The test must be performed by an Ophthalmologist.</p> <p>- 25% of Benefit Amount</p> <p>The total and permanent loss of sight in both eyes, with sharpness of vision of 3/60 or worse in the better eye when measured with the use of visual aids. The test must be performed by an Ophthalmologist.</p> <p>- 100% of Benefit Amount</p>
Deafness	<p>Total and permanent loss of hearing in both ears. This diagnosis must be supported by an Ear, Nose and Throat (ENT) Specialist. Total deafness means that the average hearing levels, tested with hearing aids when applicable, at audible frequencies is more than 90 decibels.</p> <p>- 100% of Benefit Amount</p>
Loss of Speech	<p>Total, permanent and irreversible loss of the ability to speak as a result of physical injury or disease, excluding any psychological disorder.</p> <p>- 100% of Benefit Amount</p>
Trauma and Musculoskeletal Benefit Group	
<p>For this benefit group, no payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self inflicted injuries whether the Life Insured is of sound mind or not.</p>	
Coma	<p>A state of unconsciousness defined by a Glasgow scale score of 12 or less that necessitates the use of a ventilator for a continuous period of at least 96 hours. A coma which is medically induced or results directly from alcohol or drug abuse is excluded.</p> <p>Benefit:</p> <p>Glasgow Coma score of 6 to 12</p> <p>- 50% of Benefit Amount</p> <p>Glasgow Coma score of less than 6</p> <p>- 100% of Benefit Amount</p>
Paralysis	<p>Paralysis of both legs or arms or one leg and one arm, resulting in the permanent loss of the use of these limbs.</p> <p>- 100% of Benefit Amount</p>
Major Burns	<p>Full thickness burns covering at least 20% of the body surface area.</p> <p>- 100% of Benefit Amount</p>
Motor Neurone Disease	<p>A definite diagnosis of Motor Neurone Disease by a Specialist Neurologist. There must be permanent, objective clinical impairment of motor functions.</p> <p>- 100% of Benefit Amount</p>
Loss or Loss of use of two Limbs	<p>The amputation of, or the complete and permanent loss of motor function of:</p> <ul style="list-style-type: none"> -- both arms, or -- both legs, or -- one arm and one leg <p>For amputation, arm is defined as any loss from the wrist and higher, and leg is defined as any loss from the ankle joint and higher.</p> <p>- 100% of Benefit Amount</p>
HIV Benefit Group	
Accidental HIV Infection	<p>The contraction of HIV as a result of:</p> <ul style="list-style-type: none"> • Accidental needle-stick injury acquired in the course of professional duties as a medical or dental

CORE CRITICAL ILLNESS

	<p>practitioner or registered nurse. The practitioner must be registered with the appropriate professional council. A negative HIV test must be performed within 24 hours to confirm an HIV negative status at the time of the needle- stick injury. Proof should also be supplied that the person has been started on a course of anti-retroviral drugs, or;</p> <ul style="list-style-type: none"> • Rape or Indecent Assault. The offence must have been reported to the South African Police Service (SAPS) and a criminal case opened. An HIV test must have been performed within 24 hours of the assault to confirm an HIV negative status at the time of the assault. A medical examination of the victim must have been performed within 24 hours after the incident. Proof should also be supplied that the patient has been started on a course of anti-retroviral drugs, or; • Undergoing an organ transplant at an institution recognised by Hollard Life where the transplanted organ was infected with the HIV virus. The organ donor service must admit liability for the incident, or; • The transfusion of infected blood or blood products from a transfusion service recognised by Hollard Life, occurring after the starting date of the policy. The transfusion service must admit liability for the incident, or; • Involvement in a road traffic accident. The incident must have been reported to the South African Police Service (SAPS). An HIV test must have been performed within 24 hours of the accident to confirm an HIV negative status at the time of the accident. Proof should also be supplied that the patient has been started on a course of anti-retroviral drugs, or; • Being the victim of a violent crime. The incident must have been reported to the South African Police Service (SAPS) and a criminal case opened. An HIV test must have been performed within 24 hours of the accident to confirm an HIV negative status at the time of the accident. Proof should also be supplied that the patient has been started on a course of antiretroviral drugs. <p>- 100% of Benefit Amount</p>
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ASISA CRITICAL ILLNESS DISCLOSURE GRID

	Severity A	Severity B	Severity C	Severity D
Heart attack	100%	75%	50%	25%
Stroke	100%	75%	50%	50%
Cancer	100%	100%	50%	25%
CABG	100%	75%	50%	50%