



PSG | online



Policy Document



Peace of mind

Life | Love | Care

Mr A Client
1 First Street
SUBURBIA
JOHANNESBURG
0000

29 March 2011

Dear Mr Client

RE : HOLLARD LIFE POLICY NUMBER XXXXXXX

We would like to take this opportunity to thank you for using PSG Online to address your life cover requirement needs. Enclosed please find your policy document for safe-keeping.

Please note that although the policy is issued and underwritten by Hollard Life, all administration is done by Altrisk, a member of the Hollard Group. We request that any administrative enquiries therefore be addressed to the Altrisk offices. The contact details are 0860 00 00 11.

For your convenience, you have 30 days to review the policy to ensure that it meets with your initial requirements. If, for any reason, you are not entirely satisfied, please contact us immediately

Should you have any questions in this regard, please contact us or the PSG Online New Business Centre on 0860 774 665.

Yours sincerely,



New Business Team

Life Assurance Policy

The owner described in the schedule has applied to Hollard Life Assurance Company Limited (Hollard Life) for the insurance described in this policy.

In consideration of the payment to Hollard Life of the premiums payable as set out in the schedule, Hollard Life undertakes to pay the benefits described in this policy.

The policy consists of the proposal, this document (including the schedule) and any endorsements issued by Hollard Life and no modification thereof shall be of effect unless it is in writing and signed by the Managing Director or his nominee. The owner and all the persons claiming under the policy are bound by all questionnaires and declarations answered or made by or on behalf of the owner.

To guarantee your peace of mind, we have given you 30 days to review your policy to ensure it meets your expectations. If for any reason you are not entirely satisfied, please feel free to return your policy document and we will refund all premiums paid.

Issued in Johannesburg this 29 day of March 2011



Signed for and on behalf of Hollard Life Assurance Company Limited

POLICY SCHEDULE

Policy Number : XXXXXXXX
Date of commencement : 2011/03/01
Policy Owner : Another Client

Life Insured : A Client
(a Male Non Smoker)
I.D. Number : 680726 0000 000
Date of Birth : 1968/07/26

Product : **PSG LIFE PORTFOLIO**
Premium Guarantee Period : Experience Rated
Premium Pattern : Age Rated
Voluntary Escalation : nil

BENEFIT DESCRIPTION TERM	STAND GTEE ALONE	INITIAL COVER	MONTHLY PREMIUM	TERM
Life Cover n/a	Y	R100 000	R100.00	Life
Family Funeral Benefit	N			
Core Critical Illness for life (Severity Based) n/a	Y	R100 000	R50.00	Life
Total Premium		<u>R150.00</u>		

BENEFICIARIES

Name Estate,	ID No	Relationship Estate	% Share
			100.00

SCHEDULE OF NOTED FAMILY MEMBERS

Policy Number : XXXXXXXX
Life Insured : A Client
I.D. Number : 680726 0000 000

GENERAL CONDITIONS (EXPERIENCE RATED) - 5% COMPULSORY ESCALATION PREMIUM PATTERN

Payment of Premiums

All premiums are payable in advance and due on the first day of the month. A period of grace of one month is allowed for the payment of each premium.

Lapse

If a premium is not paid within the period of grace, the policy will lapse.

Reinstatement

If the policy lapses, Hollard Life will consider reinstatement subject to Hollard Life's requirements at the time.

Premium Escalation

In order to provide affordable cover, this product has compulsory premium escalations of 5% p.a. Should you not increase your premium as required, the Insured Amount will be reduced accordingly.

Any voluntary premium or cover increase that you have selected in excess of the compulsory escalation will be used to purchase additional cover at the premium rate applicable at the time of the increase.

If three consecutive voluntary increases are declined, then future voluntary increases will cease. Reinstatement of the voluntary increases may be subject to evidence of health at the policy owner's expense.

Premium Review

The benefits provided by Hollard Life are priced for the duration of the policy based on best estimates of future experience, and consequently the premium should be sufficient to provide for the selected benefits for the duration of the policy. However, as future experience is uncertain, it may be necessary to adjust the premium payable at a later date.

On each policy anniversary, Hollard Life will therefore review the level of premium in relation to the benefits provided in terms of this policy. Should a change in circumstances warrant it, the premium then payable may be reduced or increased, with any increase limited to 15% of the premium then payable.

Should the premium payable be increased following a premium review, the owner will have the option of increasing the premium to the recommended level in order to maintain full benefits. If the recommended premium increase is not accepted, Hollard Life will reduce the benefits proportionately.

Proof of Age

Proof of age is required before any benefit is payable. If the age has been incorrectly stated, the benefits shall be adjusted accordingly.

Non Smoker provision

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.

Payment of Claims

In order to claim on the policy, Hollard Life must receive a signed and completed claim form, together with any additional information that Hollard Life may require in order to assess the claim. Production and surrender to Hollard Life of this policy document is also required.

Hollard Life must be satisfied that the claim is valid, that the person making the claim is entitled to receive the amount payable and that the date of birth stated in the proposal is correct. Hollard Life shall also be entitled to access all medical and hospital records of the Life Insured.

Non-Disclosure

This contract is based on the information contained in application forms, declarations and other relevant documentation supplied by the Life Insured and policy owner. If any information material to the underwriting decision has been withheld or misrepresented, this would constitute non-disclosure and the benefits and all monies paid to Hollard Life may be forfeited.

In order to provide the policy owner with clarity as to how non-disclosure would be treated at claim stage, our philosophy is detailed below:

If, in the opinion of Hollard Life, non-disclosure would not have changed the original underwriting decision, then the non-disclosure will not be taken into account in assessing the claim.

If, in the opinion of Hollard Life, there was material non-disclosure and the non-disclosure was relevant to the cause of the claim, then no claim will be admitted.

Non-disclosure which would have changed the underwriting decision had the information been disclosed at underwriting stage, but which is not relevant to the cause of the claim will be treated as follows: the entire policy will be re-rated to reflect the terms that would have applied had the information been disclosed at the underwriting stage. An amount of 10% of the revised sum assured will be deducted as a non-disclosure penalty and the claim will then be assessed on the basis of the revised cover amount.

Beneficiary

The owner may nominate one or more beneficiaries who are to receive the death benefits in terms of this policy. The beneficiaries shall have no interests or rights in the policy during the lifetime of the owner.

The owner may at any time cancel the nomination of a beneficiary and appoint another beneficiary. Any appointment or change must be by written notice to Hollard Life.

In the event of the policy being ceded, the rights of any beneficiary shall become subordinate to those of the cessionary.

Cession

This policy may only be ceded by the execution of a Deed of Cession in a form approved by Hollard Life. A cession shall be noted when received by Hollard Life, without Hollard Life expressing any opinion as to the validity thereof.

Currency and Law

This policy shall be subject to the laws of the Republic of South Africa and all payments to or by Hollard Life shall be made in the Republic of South Africa in its currency.

LIFE COVER BENEFIT

Benefit

On the death of the Life Insured while the Life Cover benefit is in force, the amount payable will be the basic Life Cover as shown in the schedule, together with any benefit increases.

Terminal Illness Benefit

If the Life Insured contracts a terminal illness which, in the opinion of Hollard Life, results in the Life Insured having twelve months or less to live, then the owner will have the right to claim an advance of the full death benefit, following which the policy will cease.

Suicide Limitation

If the Life Insured dies by his or her own act (and in the opinion of Hollard Life the Life Insured committed suicide) within two years of

- the commencement date of the policy or any subsequent reinstatement date of the policy, the policy shall be terminated and no benefit shall be payable.
- any voluntary life cover increase, such increase shall be terminated with no benefit payable in respect of such increase.

In determining the two year period, recognition will be taken of prior insurance, as detailed below.

Recognition of prior insurance

Where life cover has been transferred to Hollard Life or replaced with a new Hollard Life policy, Hollard Life will recognise the period of life cover under the replaced policy in applying the Suicide Limitation Clause, provided that:

- the replaced policy was issued by a South African registered insurer; and
- the Life Insured and owner are one and the same under both the replaced and replacement policy; and
- the Life Insured has enjoyed uninterrupted life cover under both the replaced and the replacement policies.

and that in the circumstances referred to above, the sum insured payable by the replacement policy does not exceed an amount equivalent to the sum insured under the replaced policy.

Termination of Benefit

This benefit shall terminate on the benefit cease date as shown in the schedule.

CORE CRITICAL ILLNESS BENEFIT (STAND ALONE) - SEVERITY BASED

Benefit

The benefit as specified in the schedule plus any benefit increases, shall be payable if the Life Insured suffers one of the conditions described hereunder.

The claim must be proved to Hollard Life's satisfaction within three months of the injury or onset of the illness or disease.

The amount payable in the event of a claim is a percentage (as shown below for each contingent event) of the Benefit Amount specified in the schedule to this policy, or the amount to which the specified Benefit Amount has subsequently changed.

Where claims for two or more of the contingent events are made simultaneously, only one payment will be made. This will be the highest payment that would have been made for any one of the individual claims.

Definition and Conditions of Contingent Events

The benefit shall be payable on the confirmed diagnosis to the satisfaction of Hollard Life of:

1. 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.

Heart Attack

Mild:

This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all three of the following criteria:

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:
 - Trop T > 0,5 ng/ml or Trop I > 0,25 ng/ml, or
 - Raised CK-MB mass
 - 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.

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.

Moderate:

This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by two of the following three criteria:

1. Compatible clinical symptoms
2. Characteristic ECG changes, which can be either of the following:
3. Raised cardiac markers:
 - 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.
 - Trop T > 1,0 ng/ml or Trop I > 0,5 ng/ml, or
 - Raised CK-MB mass
 - 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.

Benefit:

Meeting the *mild* heart attack definition
Meeting the *moderate* heart attack definition

25% of Benefit Amount
50% of Benefit Amount

Meeting the *moderate* heart attack definition with permanent functional Impairment measured 6 weeks post-infarction:

Ejection Fraction < 50%
Ejection Fraction < 30%

75% of Benefit Amount
100% of Benefit Amount

Coronary Artery Disease Requiring Surgery

The undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary arteries by means of a by-pass graft.

Benefit:

Bypass graft in 1 coronary artery, including the left main or proximal left anterior descending coronary artery :
Bypass grafts in 2 coronary arteries:
Bypass grafts in 3 or more coronary arteries:

50% of Benefit Amount
75% of Benefit Amount
100% of Benefit Amount

Heart Valve Surgery

The undergoing of heart valve surgery, performed to replace or repair one or more heart valves

Benefit:

Via intra-arterial catheterization
Via keyhole surgery:
Via open-chest surgery:

10% of Benefit Amount
25% of Benefit Amount
100% of Benefit Amount

Surgery of the Aorta

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.

Benefit:

100% of Benefit Amount

Heart Transplant

The actual undergoing of a heart transplant as a recipient.

Benefit:

100% of Benefit Amount

2. 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.

Stroke

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:

- Transient ischaemic attack
- Vascular disease affecting the eye or optic nerve
- Migraine and vestibular disorders
- Traumatic injury to brain tissue or blood vessels

Severity levels will be assessed by a full neurological examination by a specialist neurologist any time after three months.

Benefit:	
Temporary motor or neurological deficit	25% of Benefit Amount
Permanent motor or neurological deficit:	50% of Benefit Amount
The inability to perform 6 or more Advanced Activities of Daily Living	75% of Benefit Amount
The inability to perform 3 or more Basic Activities of Daily Living	100% of Benefit Amount

The *basic* activities of daily living are as follows:

- Bowel status
- Bladder status
- Grooming
- Toileting
- Feeding
- Transfer from chair to bed
- Indoor mobility
- Dressing
- Stairs
- Bathing

The *advanced* activities of daily living are as follows:

- 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

The diagnosis of multiple sclerosis confirmed by a Specialist Neurologist. This means:

- 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: sensory, motor and autonomic

Benefit: 100% of Benefit Amount

Parkinson's

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.

Benefit: 100% of Benefit Amount

Alzheimer's

The unequivocal diagnosis of Alzheimer's Disease confirmed by a Neurologist.

Benefit: 25% of Benefit Amount

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. Memory and cognitive impairment must be to such a degree that the Life Insured requires continual supervision.

Benefit: 100% of Benefit Amount

3. Cancer Benefit Group

Cancer

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. 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.

The following conditions are excluded from this definition:

- 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)

A condition including any of the following:

- 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

Benefit:

25% of Benefit Amount

A condition including any of the following:

- 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

Benefit:

50% of Benefit Amount

A condition including any of the following:

- Prostate Cancer T4N0M0
- Hodgkins and Non Hodgkins lymphoma Stage III on Ann Arbor classification system
- Any other Stage 3 cancer not covered above

Benefit:

100% of Benefit Amount

A condition including any of the following:

- Prostate Cancer Any T, N1-3, M0
- Acute Myeloid Leukaemia
- Chronic Lymphocytic Leukaemia, stage III or IV on the Rai classification
- 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

Benefit:

100% of Benefit Amount

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.

Benefit:

100% of Benefit Amount

Bone Marrow Transplant

The actual undergoing of a transplant as a recipient of bone marrow.

Benefit: 100% of Benefit Amount

4. 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.

Benefit: 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.

Benefit: 100% of Benefit Amount

Kidney or Liver Transplant

The actual undergoing of a transplant as a recipient of a liver or kidney.

Benefit: 100% of Benefit Amount

5. Respiratory Benefit Group**Lung Transplant**

The actual undergoing of a transplant as a recipient of a lung.

Benefit: 100% of Benefit Amount

6. Gastro-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 pancreas.

Benefit: 100% of Benefit Amount

7. Connective Tissue Diseases 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.

Benefit:

Without major organ involvement:

25% of Benefit Amount

With major organ involvement (e.g. the lungs):

100% of Benefit Amount

8. Sensory Benefit Group

Blindness

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.

Benefit: 25% of Benefit Amount

The total and permanent loss of sight in both eyes, with sharpness of vision of 6/30 or worse in the better eye when measured with the use of visual aids. The test must be performed by an Ophthalmologist.

Benefit: 100% of Benefit Amount

Deafness

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.

Benefit: 100% of Benefit Amount

Loss of Speech

Total, permanent and irreversible loss of the ability to speak as a result of physical injury or disease, excluding any psychological disorder.

Benefit: 100% of Benefit Amount

9. Trauma and Musculoskeletal Benefit Group

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.

Coma

A state of unconsciousness defined by a Glasgow Coma 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.

Benefit:
Glasgow Scale score of 6 to 12 50% of Benefit Amount
Glasgow Scale score of less than 6 100% of Benefit Amount

Major Burns

Full thickness burns covering at least 20% of the body surface area.

Benefit: 100% of Benefit Amount

Paralysis

Paralysis of both legs or both arms or one leg and one arm, resulting in the permanent loss of the use of these limbs.

Benefit: 100% of Benefit Amount

Motor Neurone Disease

A definite diagnosis of Motor Neurone Disease by a Specialist Neurologist. There must be permanent, objective clinical impairment of motor functions.

Benefit: 100% of Benefit Amount

Loss or Loss of Use of two Limbs

The amputation of, or the complete and permanent loss of motor function of:

- both arms or
- both legs, or
- one arm and one leg

Benefit:

100% of Benefit Amount

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.

10. HIV Benefit Group

Accidental HIV Infection

The contraction of HIV as a result of:

- Accidental needle-stick injury acquired in the course of professional duties as a medical or dental 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;
- 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 of the incident. Proof should also be supplied that the patient has been started on a course of anti-retroviral drugs;
- 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;
- 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;
- 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;
- 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 anti-retroviral drugs.

Benefit:

100% of Benefit Amount

Survival Period

A survival period of 14 days will be imposed before a claim is admitted. Should the life insured die within the survival period, then no claim will be payable. Hollard Life may, at its discretion, waive the survival period.

If the benefit is attached to a policy with Life Cover and the claim under this policy is paid before the end of the 14 day survival period, any amount payable on the death of the Life Insured will be reduced by the amount claimed under the Critical Illness Benefit for the remainder of the 14 day period.

Effect of a Claim on Critical Illness Cover

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.

Reinstatement of Benefit Amount

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.

There is no reinstatement of the benefit amount in respect of conditions or events related to that which has been claimed for.

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.

Change in Circumstances

The owner undertakes that Hollard Life be advised in writing should any Life Insured changes his/her smoking status or takes 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 meters 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.

In the event of a change notified, Hollard Life reserves the right to adjust the benefits or premium as necessary and advise the Life Insured of any additional premium or exclusion/s added to the policy.

Failure to notify Hollard Life of a change will result in the benefit being reassessed at claims stage in line with the Hollard Life underwriting practice at the time for the applicable hazardous sport or pursuit, and this may result in a claim being reduced or rejected. In addition a penalty of 10% of the claim amount will be applied.

Termination of Benefit

This benefit shall terminate on the benefit cease date as shown in the schedule.