

POLICY HOLDERS PROTECTION RULES

Disclosure and other legal requirements

This notice does not form part of the Insurance Contract nor any other documents. As a short-term Insurance Policy Holder, or prospective Policy Holder, you have the right to the following info:

1. Intermediary

Name: Chartered Employee Benefits (Pty) Ltd
Physical Address: Ground Floor, 25 Rudd Rd., Illovo, Johannesburg.
Telephone: (011) 502-2800
Fax: (011) 502-2812
FAIS Registration: 24323

2. Administrators

Name: GetMed
Physical Address: 68 Oak Ave., Highveld Techno Park, Centurion, 0046
Telephone: 0860 438 633
Fax: 086 641 7443

3. Underwriting Manager

Name: Ambledown Risk & Underwriting Manager
Physical Address: Ground Floor, Right Wing
Worcester House
Eton Office Park West.
Cnr Sloane & Harrison Sts
Bryanston
Telephone: 0861 262 533
Fax: 011 463 1665

4. Insurer

Name: Constantia Insurance Company Limited
Physical Address: Unit 3, Tulbagh, 360 Oak Avenue, Randburg, 2194
Telephone: (011) 886 1488
Compliance Dept: (011) 781 0894
Type of Policy: Health and Accident

5. Other Matters of Importance

You will be informed of any material changes to the information referred to in paragraph 1, 2, 3 and 4 above. Should you not be satisfied with the Policy, you will have up to 30 days within which you may cancel your Policy in writing at no cost. Cover will cease on cancellation of the Policy. If we fail to resolve your complaint satisfactorily, you may submit your complaint to the Registrar of Short – Term Insurance. If the Insurer wishes to cancel your Policy this will be done in writing to your last known address. You will always be entitled to a copy of your Policy at no extra charge. You will always be given a reason for the repudiation of your claim. A polygraph or lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim.

6. Warning

Do not sign any blank or partially completed Application Form. Complete all forms in ink. Keep all documents handed to you and make notes of what is said to you. Don't be pressurised to buy the product. Misrepresentation, incorrect or non-disclosure by you may impact on any claims arising from your Contract of Insurance.

7. Useful Information

The Policy wording and Policy Schedule must be read as one document. If you need advice on any aspect of your Policy, first amount payable, claims procedures or your responsibility to pay premiums, please contact your nearest Insurer's office. A copy of the Policy wording can be viewed at, or obtained from Ambledown Risk & Underwriting Managers. The physical address of the Insurer's head office is in this document.

8. Particulars of Short – Term Insurance Ombudsman

The Ombudsman is available to advise you in the event of claim problems which are not satisfactorily resolved.

Postal Address: P.O Box 32334, Braamfontein, 2017

Telephone: (011) 726 8900

Fax: (011) 726 5501

9. Particulars of the Registrar of Short – Term Insurance

If any complaint to the Insurer is not resolved to your satisfaction, you may submit the complaint to the Registrar of Short – Term Insurance.

Postal Address: Financial Services Board

P.O Box 35655, Menlo Park, 0102

Telephone: (012) 428 8000

Fax: (012) 347 0221

10. Particulars of the FAIS Ombud

Postal Address: P.O Box 74571, Lynwood Ridge, 0040

Telephone: (012) 470 9080/99

Fax: (012) 348 3447

Toll Free: 0860 324 766