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INTERNATIONAL TRAVEL INSURANCE

Dear Bestmed Member

As a Bestmed member, ER24 is pleased to offer you international travel insurance, for medical emergencies. ER24 has contracted the specialised services of Chartis, with operations in over 130 countries, territories and jurisdictions around the world. Chartis prides itself on being one of the largest and most far-reaching insurance and financial services organisations on the planet.

To access emergency medical assistance when you are on holiday internationally, please call

+27 10 205 3100

When the operator asks for the name or number of your policy please say ER24 INTERNATIONAL TRAVEL EXTENSION and quote your Bestmed membership number.

The policy is available on Bestmed's website at www.bestmed.co.za. This policy document will be required in order to obtain travel visas and must be carried with you whilst travelling. Please contact Chartis on 0860 100 491 in order to obtain an Embassy Letter prior to visiting the Embassy to apply for your travel visa. No additional activation of your policy needs to occur before you travel. The fact that you are an active medical scheme member automatically covers you for travel worldwide according to the terms and conditions of the attached schedule. Please contact ER24 offices directly on **011 319 6500** should any of the following apply to you as you'll require additional insurance:

- Members over the age of 80 wanting to travel;
- Members travelling for more than 90 days at a time;
- Members plan on partaking in hazardous pursuits.

Please take a moment to visit the Bestmed website at www.bestmed.co.za and read the policy carefully, if you intend travelling internationally, so that you will be aware of how your policy works.

Three easy steps to ensure you're covered:

1. Obtain travel Policy (via Bestmed website or Contact Centre);
2. Obtain Embassy Letter if required for travel visas (via Chartis as above);
3. Keep documents on you whilst travelling.

You are welcome to contact the Bestmed Contact Centre on 086 000 2378 should you have any general enquiries regarding this additional value proposition.

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Better living. Better life.

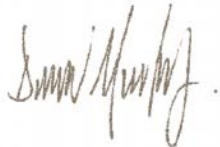
INTERNATIONAL TRAVEL EXTENSION FOR ER24 EMERGENCY MEDICAL CARE – OPTION3

REFERENCE NUMBER: ER24/02112009

10 Queens Road,
Parktown, Johannesburg, 2193
PO Box 31983 Braamfontein 2017
Tel: (011) 551-8000
Fax (011) 551-8293

This Policy is a contract made between the Policyholder and Chartis South Africa Limited (Chartis SA), the Company. The Company agrees to provide insurance on the basis set out in this Policy provided the premium is paid when due and the Company agrees to accept it. Any endorsement to the Policy or the Schedule shall form part of the Policy.

Signed on behalf of the Company



David Murphy
Regional Vice President
Chartis International Accident & Health Division

PERIOD OF INSURANCE

This Policy does not apply to events that occur after the Insured Person's return to the Point of Departure. This Policy cannot be cancelled once an Insured Journey has commenced or after the expiry date of the Insured Journey.

This Policy will provide cover for Insured Journeys that are:

1. booked after; or
2. commenced after; the inception date appearing in the schedule.

Cover will commence when the Insured Person leaves the Point of Departure and will automatically cease when he returns to the Point of Departure unless otherwise agreed to by the Company in writing. The maximum period for any Insured Person is restricted to 90 days.

PREMIUM PAYMENTS

The Policyholder is liable for the premium and the premium is payable in advance and the Company shall not be liable for any claim arising under this Policy in respect of an Accident or Illness that occurs prior to receipt of the premium. The Company shall not be obliged to accept premium tendered to it or to any intermediary after such date, but may do so upon such terms as it in its sole discretion may determine. The Company reserves the right to ask for proof of payment of premium at any time. Such proof must be to the Company's satisfaction.

MAXIMUM AMOUNT PAYABLE

1. The Policyholder or, where applicable, an Insured Person shall not be entitled to recover a benefit exceeding 100% of the sum for an Insured Event as reflected in the Schedule of Benefits.
2. If two or more travel policies issued by the Company or any other member company of Chartis apply to the same claim, the maximum amount payable by Chartis under all such policies shall not exceed the limit of liability

of whichever of such policies has the highest applicable limit of liability. Nothing contained herein shall be construed to increase the limit of liability of this Policy.

CANCELLATION/TERMINATION

Cancellation

1. This Policy may be cancelled by the Company giving 15 days written notice if the Policyholder or the Insured Person have been in breach of any of its Terms, Conditions, Endorsements, Terminations and Exclusions in accordance with the Short Term Insurance Act of 1998, and any other subsequent legislation that may be enacted, in which case the Company will refund a pro-rata premium for the unexpired policy period.
2. The Company may cancel this Policy by sending the Policyholder notice in writing to the Policyholder's last known address. If the premium is paid annually in advance and the Policy is cancelled other than at the anniversary date, the Company will refund a pro-rata premium provided that no claims have been initiated.

Termination

This Policy will terminate on the earliest of the following dates:

1. on the date the Master Policy is cancelled; or
2. the date of the Insured Person's return to the Point of Departure in South Africa; or
3. the date that the Insured Person reaches the maximum age for the cover selected.

This Policy will terminate on the expiry date appearing in the Policy Schedule unless:

1. the Policyholder has requested, and the Company has agreed to, an extension in writing; or
2. there is an automatic extension as described under the general conditions applying to this Policy.

PLAN NAMES

The Policy Schedule refers to the persons insured under this Policy by reference to the "Option Selected". The Plan names are as follows:

1. Option 1
2. Option 2
3. Option 3

DEFINITIONS

In this Policy the following definitions apply:

Accident means a sudden unexpected and specific event which occurs at an identifiable time and place, resulting in Injury.

Accumulation Limit means the maximum liability of the Company in respect of any one Accident or number of Accidents arising from one source or cause during an Insured Journey.

Acquired Immune Deficiency Syndrome or **AIDS** shall have the meanings assigned to it by the World Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Illness in the presence of a sero-positive test for HIV.

Any One Life Limit means the maximum liability of the Company to any one Insured Person in respect of any one Accident or Illness or series of Accidents or Illnesses arising from one source or cause.

Confinement means confinement to a Hospital as a resident in-patient for a period which is necessary for the diagnosis or treatment of any Injury or Illness.

Contact Sport means any sport in which physical contact between players is an accepted part of play.

Country of Residence means the country of which the Insured Person is a citizen or permanent resident.

Date of Loss means:

- (a) for Illness, the first date of diagnosis or the date the Insured Person first became aware of the Illness – whichever occurs earlier;
- (b) for Injury, the date of the Accident;

Day means a period of 24 consecutive hours including the day of admission but excluding the day of discharge.

Dependant means:

- a) a Member's spouse or partner who is not a Member or a registered dependant of a Member of a medical scheme;
- b) A Member's child;
- c) The immediate family of a Member, who are dependent on the Member and in respect of whom the Member is liable for family care and support; in this respect immediate family means, at a minimum, blood relatives of the Member;
- d) Such other persons who are recognised by the Board as dependants for purposes of these rules.

Effective Date of Coverage means the date of departure.

Excess means the first amount, or period, of each and every loss payable by the Policyholder or the Insured Person.

Hazardous Pursuits means any activity which introduces or increases the possibility of a loss or which may influence the extent of a loss including but not limited to sports activities, black slope & off-piste skiing, horseback riding, hunting, bungee jumping, abseiling, white water rafting, hiking, mountaineering, scuba diving, potholing, fighting (except in bona fide self defence), racing (other than on foot), being a crew member on a ship, or sailing outside of territorial waters.

Hospital means a legally constituted establishment which operates pursuant to the laws of the country in which it is based and which meets the following requirements:

- (a) it operates primarily for the reception, medical care and treatment of sick, ailing or injured persons on a resident in-patient basis;
- (b) it admits resident in-patients only under the supervision of a Medical Practitioner;
- (c) it maintains organised facilities for the medical diagnosis and treatment of such persons and provides (where appropriate) facilities for major surgery within the confines of the establishment or facilities controlled by the establishment;
- (d) it provides a full-time nursing service by or under the supervision of a staff of nurses;
- (e) it is not a day clinic, health hydro or nature clinic, a mental institution, an institution confined primarily to the treatment of psychiatric disease, the psychiatric department of a hospital, a place for the treatment of chemical dependency, an establishment or a special unit of a hospital used primarily as a place for treatment of drug addicts or alcoholics, a hospice, a frail care centre, a rest home or nursing, convalescent, rehabilitation, assisted living or extended care facility.

Illness means any fortuitous sickness or disease contracted, commencing or first manifesting itself during an Insured Journey.

Injury means physical trauma to an Insured Person caused by an Accident resulting, solely and independently of any other cause or any other physical defect or infirmity existing prior to the Accident, in an Insured Event within 24 months of the date of the Accident. Physical trauma caused by exposure to the elements of nature as a direct result of an Accident will be deemed to be an injury.

Insured Event means an event stated in the Schedule of Benefits.

Insured Journey means a journey commencing at the time when the Insured Person leaves his usual place of residence or business to travel in a direct, timeous and uninterrupted manner, including the return journey to the Point of Departure on an International Journey.

Insured Person means any member or dependant as defined in the main rules of the Medical Schemes affiliated to ER24 and with respect to whom premium has been paid or is agreed to be paid.

International Journey means an Insured Journey commencing from the Point of Departure to the destination, outside the territorial limits of the Republic of South Africa, including the return journey to the Point of Departure.

Manual Labour means physical labour involving the use of hands or the use or operation of mechanical or non-mechanical machinery or equipment.

Master Policy means the internal reference for a specific product containing identical Benefits and premium rates.

Medical Expenses means all Reasonable and Customary Charges for Illness or Injury on an International Journey, resulting in hospitalisation, surgical or other diagnostic or remedial treatment given or prescribed by a Medical Practitioner.

Medical Practitioner means a person registered with a current, legal licence to practise medicine, but excludes an Insured Person or a member of any Insured Person's immediate family.

Medical Treatment means a Medical Practitioner's medical advice, treatment, consultations and prescribed or repeat maintenance medication.

Member means any person who is admitted as a member of the scheme in terms of these rules and who contributes to the scheme in order to qualify for the benefits in terms of these rules.

Point of Departure means the point from which an Insured Person commences an Insured Journey, from within the territorial limits of the Republic of South Africa.

Policy means this document embodying the contract of insurance and shall include any subsequent Terms, Conditions, Exclusions, Terminations and Endorsements.

Policyholder means ER24 Emergency Medical Care.

Pre-Existing Medical Conditions means any condition giving rise to a claim for which, within the 12 consecutive months prior to the Effective Date of Coverage, the Insured Person:

- (a) has consulted a Medical Practitioner or specialist; or
- (b) has received Medical Treatment or advice; or
- (c) the manifestation of symptoms would have caused a reasonable person to seek advice.

Professional Player means an Insured Person who earns in excess of 50% of his income from playing sport or who participates in a sport that remunerates him as a means of livelihood.

Reasonable and Customary Charges means the charges which:

- (a) are medically required for the treatment, supplies or medical service to treat an Insured Person's condition;
- (b) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred, and
- (c) do not exceed the charges for treatment that would have been made if no insurance existed.

Related Expenses means additional accommodation and travelling expenses, excluding telephone costs, meals and beverages of necessity incurred by any one person, who on the advice of a Medical Practitioner appointed by the Company remains with or escorts the Insured Person until completion of his journey or until he resumes the Insured Journey or returns to the Point of Departure, whichever occurs first.

Relative means a Spouse, parent, parent-in-law, grandparent, step-parent, Children, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancée, fiancé, half-brother, half-sister, aunt, uncle, niece or nephew of the Insured Person.

Spouse means the husband, wife, partner in a same sex partnership or any de facto partner with whom the Insured Person has permanently and continuously lived in the same household in a relationship which is not casual or impermanent for a period longer than 6 consecutive months. Only one Spouse shall be eligible for cover.

Terrorist Act means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator/s and victim/s shall not be considered Terrorist Acts. 'Terrorist Act' shall also include any act which is verified or recognised as an act of terrorism by the (relevant) government of the country where the act occurs.

Travel Guard means Travel Guard International Ltd, who provides emergency travel and pre-departure health information and the Travel Guard services as more fully detailed in the body of this Agreement.

War means war, whether declared or not, or any warlike activities (including use of military force) by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

GENERAL CONDITIONS

1. Age limits

1.1 This Policy covers any event which happens to an Insured Person who is: from the age of 3 months to 80 years of age at the date of such event.

1.2 This Policy does not extend to an Insured Person over the age of 70 years in the event of a claim as a result of any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that, in the opinion of a Medical Practitioner appointed by the Company, can reasonably be related thereto.

2. **Automatic extension** If an event occurs after commencement of the Insured Journey giving rise to a legitimate claim under Emergency Medical and Related Expenses and/or Curtailment, the Insured Journey shall automatically be extended.

3. **Currency** All amounts are shown in South African Rand (ZAR). If expenses are incurred in a foreign currency the rate of exchange used will be the rate at the time of incurring the expense or suffering a loss.

4. **Endorsements** This Policy may be extended, amended or altered by the Company issuing an endorsement, provided that the application is made in writing to the Company prior to the expiry of the existing Policy and there are neither existing nor initiated claims on the existing Policy.

5. Liability

5.1. The Company shall not be liable or responsible for:

a) the negligence, wrongful acts and/or omissions of any legal and/or health care professional or any other person or persons or legal entity that provide direct or indirect service to the Policyholder or the Insured Person;

b) the failure of any agent or broker to explain adequately the terms, conditions, endorsements, terminations and exclusions of this Policy.

5.2. Should any discrepancies arise between this Policy and any literature received by the Policyholder or the Insured Person, the Terms, Conditions, Endorsements, Terminations and Exclusions in this Policy will govern in all cases.

6. **Language** The official version of this Policy is in English. Words in the singular include the plural and vice versa and words in the masculine gender include the feminine gender.

7. **Misrepresentation** This Policy shall be voidable (at the discretion of the Company) in the event of misrepresentation, misdescription or non-disclosure by or on behalf of the Policyholder or Insured Person of any information material to this Policy.

8. **Other financial products and services** The Company will accept no liability whatsoever for any of the insurance or other financial products or services which are sold in conjunction with this Policy that are provided or underwritten by any other insurance or assurance companies and/or assistance companies and/or financial providers.

9. **Other insurance** If the Insured Person is able to claim under any other policies (including statutory insurance and/or medical aid and/or automatic credit card travel insurance) to be covered for the whole or any part of an Insured Event ("Other Claims"), the Company will only be liable to pay its pro rata portion of the claim submitted in terms of this Policy.

- 9.1 If in the Company's discretion it decides to pay the claim in full, then it will not be obliged to make payment unless the Policyholder and the Insured Person cede to the Company all of their rights in respect of the Other Claims.
- 9.2 If the Company has already paid benefits in terms of this Policy, all of the Policyholder's and the Insured Person's rights in respect of the Other Claims will be ceded automatically to the Company.
- 9.3 A cession in terms of 9.1 or 9.2 will allow the Company to do all things necessary to claim against the other insurer or company and institute legal proceedings against that other insurer or company if the Other Claim is not paid.
- 9.4 Without limiting any provision of this Policy or any legal obligation, the Policyholder and the Insured Person must cooperate fully with the Company in relation to the Other Claim or legal proceedings including:
 - a) not doing anything to prejudice or limit the Company's rights;
 - b) giving the Company whatever information and documents it may require;
 - c) signing any document or affidavit that the Company may request to enable it to exercise its rights.
10. **Payment of benefits** This Policy is between the Company and the Policyholder only and all of its provisions and conditions are for the sole and exclusive benefit of those parties. Nothing in this Policy, express or implied, is intended to confer upon any other person any rights or remedies of any nature whatsoever under this Policy or any of its provisions. Without limitation, no third party shall have any rights under this Policy or any right to receive Policy benefits.
Receipt of Benefits paid as follows will be a valid discharge of the Company's liability under this Policy:
 - 10.1 For Emergency Medical and Related Expenses on an International Journey, the benefit will be paid to the provider of such Medical Expenses.
 - 10.2 This Policy cannot be ceded, assigned or in any way transferred to a third party. Benefits shall be payable only to the Policyholder or its legal representative.
11. **Public Conveyance tickets** The Company has the right to utilise the Insured Person's Public Conveyance ticket to offset the Company's expenses.
12. **South African Law** This Policy will be governed by the laws of South Africa and its courts shall have exclusive jurisdiction to the exclusion of the courts of any other country.
13. **Subrogation** The Company has the right to commence or take over legal proceedings in the Policyholder and/or the Insured Person's name for the defence or settlement of any claim, or to sue or prosecute any other party to recover monies payable by them at law. The Policyholder or the Insured Person must co-operate with the Company and do nothing to hinder the Company's rights.
14. **Tax or imposts** The onus will always be on the Policyholder or the Insured Person to ensure, correctly admit and pay any tax liability in consideration of any benefit being paid that may incur tax or imposts of any nature.

CLAIMS CONDITIONS

1. **Compliance** The Policyholder and the Insured Person must follow the Company's advice or instruction otherwise the Company may decline to pay the whole or any part of the claim.
2. **Legal action** If the Company denies liability for any claim and the Policyholder does not institute legal action and serve summons on the Company (or initiate arbitration proceedings if the Company has agreed to submit to arbitration) within 12 months after such repudiation, all benefits of such claim shall be forfeited.
3. **Notice of claim and proof of loss**
 - 3.1 The Policyholder or the Insured Person must give the Company notice in writing within 30 days of any occurrence which may give rise to a claim under this Policy.
 - 3.2 The Policyholder must, at its own cost, provide whatever certificates, information and documented evidence ("Evidence") is required by the Company regarding the Insured Event.
4. **Recoveries** All recoveries net of the Company's actual recovery costs will be distributed firstly to the Company for all amounts paid and any remainder will be paid to the Policyholder or the Insured Person.
5. **Fraudulent Claims** If the Policyholder or the Insured Person, or anyone acting on the Policyholder's or the Insured Person's behalf use any fraudulent means or devices to obtain any benefit, then any amount payable in respect of such claim shall be forfeited.
6. **General**
 - 6.1 The Insured Person shall submit to medical examination at the expense of the Company as often as shall be required in connection with any claim. Any report generated as a result of such examination shall be the property of the Company and shall be deemed to be confidential information of the Company.
 - 6.2 Medical Treatment shall be sought and followed promptly on the occurrence of an Injury or Illness and the Company shall not be liable for that part of any claim which in the opinion of a Medical Practitioner arises from the unreasonable or wilful neglect or failure of any Insured Person to seek and remain under the care of a qualified Medical Practitioner.
 - 6.3 All claims arising from criminal incidents are to be supported and accompanied by a certified police report.
 - 6.4 The due observance and fulfilment of the Policy insofar as it relates to anything being done or complied with by the Policyholder or the Insured Person, shall be a condition precedent to liability to make any

payment under this Policy.

- 6.5 The Company shall have the right to access any current or prior medical records of the Insured Person in order to finalise and/or proceed with the assessment of a claim and/or render medical assistance. By virtue of this clause, the Insured Person shall be deemed to have given the Company written consent to access any of the Insured Person's current or prior medical records.
- 6.6 No amount payable in terms of this Policy shall bear any interest.

GENERAL EXCLUSIONS

The Company will not be liable to pay any Benefit or cover any loss, injury, damage or legal liability sustained directly or indirectly by or caused by or arising directly or indirectly from:

1. War, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military or usurped power, labour disturbances, riot, strike or lock-out. However, the Insured Person will continue to be entitled to be covered for 7 calendar days from the start of the hostilities in case he is surprised by such events abroad and insofar as he does not actively participate in them; or
2. the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or
3. any Terrorist Act or bomb incident or threat thereof; or
4. the use, release or escape of nuclear materials that directly or indirectly results in ionising, radiation or contamination by radioactivity from any nuclear fuel or from nuclear weapons materials. For the purpose of this exclusion, only combustion shall include any self-sustaining process of nuclear fission; or
5. the dispersal or application of pathogenic or poisonous biological or chemical materials; or
6. being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation; or
7. engaging in occupational activities underground or requiring the use of explosives; or
8. wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self inflicted injury, suicide or attempt thereof; or
9. deliberate violation of criminal law; or
10. travelling by air except as a passenger on a legally licensed aircraft or where the Insured Person is acting as part of the aircraft crew; or
11. mental disorders including, but not limited to anxiety disorders, eating disorders, psychotic disorders, affective disorders, personality disorders, substance use disorders, somatoform disorders, dissociate disorders, psychosexual disorders, adjustment disorders, organic mental disorders, mental retardation and autism; or
12. pregnancy or childbirth of the Insured Person (except for an unexpected medical complication or emergency occurring during the first 26 weeks of the pregnancy); or
13. sexually transmitted diseases and the conditions commonly known as AIDS or HIV and/or any related illness or condition including derivatives or variations thereof, howsoever, acquired or caused; or
14. influenza or any strain thereof unless the Insured Person is hospitalised; or
15. chronic fatigue syndrome or myalgic encephalomyelitis (M.E.) (anticardiolipin antibody positivity) or the illness commonly referred to as yuppie flu; or
16. non-adherence to medical advice; or
17.
 - a) an Insured Person being under the influence of alcohol with more than the legal limit of alcohol in his blood or breath; or
 - b) an Insured Person being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a Medical Practitioner or unless prescribed by and taken in accordance with the directions of a Medical Practitioner; or
 - c) an Accident occurring whilst an Insured Person was driving a motor vehicle with more than the legal limit of alcohol in his blood or breath; or
 - d) alcohol abuse, alcoholism, substance abuse, solvent abuse, drug abuse or addictive conditions of any kind; or
18.
 - a) any Pre-existing Medical Condition; or
 - b) any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that, in the opinion of a Medical Practitioner appointed by the Company, can reasonably be related thereto, if the Insured Person has received medical advice or treatment (including medication) for hypertension 12 months prior to the commencement of the Insured Journey; or
19. an Insured Person travelling against medical advice or to seek medical attention or advice or with a terminal condition which was diagnosed prior to the Insured Journey or when he is unfit to do so; or
20. any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that, in the opinion of a Medical Practitioner appointed by the Company, can reasonably be related thereto, for persons over the age of 70 years; or
21.
 - a) employment involving Manual Labour; or

- b) undertaking employment on a permanent or contract basis which is not casual; or
- 22.
 - a) participating in any sport as a Professional Player; or
 - b) school sports; or
- 23.any hazardous pursuits; or
- 24.all forms of motor cycling; or
- 25.consequential loss of any kind or financial loss and/or expense not otherwise specifically covered; or
- 26.any claim arising from the tour operator, airline or any other company, firm or person becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to the Insured Person; or
- 27.the Insured Person's intention to emigrate.

If the Company alleges that by reason of any of the above exclusions, loss or damage is not covered by this Policy, the burden of proving the contrary shall rest on the Insured Person.

TERRORISM EXTENSION

Cover is extended to provide cover for Section 1 - Medical and Related Expenses as a direct result of an Accident causing Injury arising from:

1. the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or
2. any Terrorist Act or bomb threat or threat thereof.

Therefore General Exclusions 2 and 3 do not apply to Section 1 as reflected on the Schedule of Benefits.

SECTION 1 - MEDICAL AND RELATED EXPENSES

SECTION 1A - MEDICAL EXPENSES

If an Insured Person whilst travelling on an International Journey incurs Medical Expenses as a result of Illness or Injury, the Company will pay for those expenses.

SECTION 1B - OPTICAL EXPENSES

The Company will pay for emergency optical treatment provided by a Medical Practitioner or optician. Where optical treatment is required as a result of Illness or Injury whilst on an International Journey, these expenses will form part of the benefit amount stated under Section 1B - Medical Expenses.

SECTION 1C - DENTAL EXPENSES

The Company will pay for emergency dental treatment to restore dental function or alleviate pain provided by a registered and legally qualified dentist. Where dentistry to restore dental function or alleviate pain is required as a result of Illness or Injury whilst on an International Journey, these expenses will form part of the benefit amount stated under Section 1C - Medical Expenses.

SECTION 1 – SPECIFIC CONDITIONS

1. If the Policyholder or the Insured Person wants the Company to pay for any medical expenses in excess of R2,000, Travel Guard must be contacted and their prior written agreement must be obtained. If not approved by Travel Guard, the Company's liability will be limited to R2,000 for any one Insured Event.
2. Medical Expenses as a result of emergency dental treatment are limited to dentistry received within 30 days of the Accident.
3. Medical and Related Expenses shall only be paid until such time as a Medical Practitioner appointed by the Company decides that an Insured Person is capable of being repatriated. If the Insured Person is capable of being repatriated and elects not to return to the Point of Departure, all expenses incurred in respect of the occurrence will be for the Policyholder or the Insured Person's own account.

SECTION 1 – SPECIFIC EXCLUSIONS

The Company will not pay for any medical expenses:

1. incurred for continuing treatment, including any medication commenced prior to the commencement date of the Insured Journey, which the Insured Person has been advised to continue whilst on an Insured Journey; or
2. incurred within the Republic of South Africa notwithstanding that such expenses may arise from an Injury or Illness suffered by the Insured Person during the period of an Insured Journey; or
3. incurred due to investigatory treatment that is not specified by a Medical Practitioner as immediately necessary; or
4. for fillings or crowns of precious metal; or
5. for any procedures relating to dental or oral hygiene; or

6. for specialist Medical Treatment without referral from a Medical Practitioner; or
7. relating to contraceptive devices, prosthetic devices, medical appliances or artificial aids; or
8. for preventative treatment, including but not limited to any vaccination and/or immunisation; or
9. in excess of R1,000 for either physiotherapy or chiropractic treatment, unless confined to a Hospital.

PRE-EXISTING MEDICAL CONDITIONS – (ONLY APPLICABLE IF THE RELEVANT OPTION IS PURCHASED)

General Exclusion 18a does not apply to Section 1 - Emergency Medical and Related Expenses up to the limit stated in the Schedule of Benefits, for Insured Persons up to and including the age of 64 years for the first 30 days of an Insured Journey.

SPECIFIC CONDITION

1. The Insured Person must be hospitalised as an in-patient for more than 48 hours.

SECTION 2 - TRAVEL GUARD

SECTION 2A - ASSISTANCE SERVICES

An Insured Person is entitled to the worldwide services of Travel Guard. In the event of a medical or other emergency, the Insured Person must call - reverse charge - the Travel Guard number shown on the Emergency Travel Card which has been supplied to the Policyholder and which should be carried by all Insured Persons during an Insured Journey.

Travel Guard has a worldwide team of doctors, medical professionals and insurance specialists who are available 24 hours a day for advice and assistance for medical emergencies and any associated problems or enquiries regarding the Policy that the Insured Person might encounter during an Insured Journey.

Travel Guard arranges access to the following services free of charge, subject to the Policy terms and conditions:

1. **Cash advances** If as a result of theft, loss, Illness or Injury the Insured Person requires funds to pay for travel or accommodation, Travel Guard will advise the Policyholder, the Insured Person or the Insured Person's representative on how to obtain additional funds. Travel Guard will charge an administration fee for this advice.
2. **Consular referral** Wherever possible Travel Guard will provide an Insured Person with the details of the representative of the relevant consulate.
3. **Emergency travel and accommodation arrangements** Wherever possible Travel Guard will provide an Insured Person all reasonable, possible and practicable assistance in arranging emergency alternative transportation and accommodation.
4. **Transmission of urgent messages** Travel Guard will transmit urgent (personal) messages on behalf of or to an Insured Person in the event of travel delay, Illness or Injury.

SECTION 2B - ACCOMPANYING FAMILY MEMBER

If the Insured Person suffers Illness or Injury resulting in the Insured Person being hospitalised for a period of more than 5 consecutive days, the Company will pay, subject to medical advice and the Company's written agreement, the reasonable Related Expenses for one Relative to travel to, remain with, or accompany the Insured Person back to his Point of Departure.

SECTION 2C - RETURN OF CHILDREN

If the Insured Person's accompanying Children are left stranded at the time of him being confined to a Hospital or his repatriation or Death, the Company will amend their existing tickets or if not possible, arrange and pay up to the amount stated in the Schedule of Benefits, for their transportation back to the Point of Departure, with a qualified escort if necessary, provided they are also insured under this Policy or a Travel Guard Policy.

SECTION 2D - RETURN OF MORTAL REMAINS/BURIAL EXPENSES

If an Insured Person dies, the Company will pay the reasonable cost of returning his mortal remains to the Country of Residence or the Point of Departure, or the reasonable funeral and related costs if the body is buried or cremated at the place of death.

SECTION 2E - COFFIN EXPENSES

If an Insured Person dies, the Company will pay for the coffin expenses when the mortal remains are returned to the Country of Residence or Point of Departure.

SECTION 2F - MEDICAL EVACUATION, REPATRIATION OR TRANSPORT TO MEDICAL CENTRE EXPENSES

If an Insured Person suffers an Illness or Injury covered under Section 1A - Medical Expenses that necessitates emergency transportation, the Company will:

1. transfer the Insured Person to another location to obtain necessary Medical Treatment; and/or
2. repatriate the Insured Person to his Point of Departure; and/or
3. pay for the cost of the required service including the necessary accompanying medical staff; and/or
4. pay for the cost of returning the Insured Person under Section 3C – Alternative Employee or Resumption Expenses.

SECTION 2F – SPECIFIC CONDITIONS

1. If the Policyholder or the Insured Person wants the Company to pay for emergency transportation, Travel Guard must be contacted and their prior written agreement obtained. (This requirement does not include in-country emergency ambulance transfers from place of Illness or Injury to a Hospital, which will be paid for by the Company provided that such service was medically necessary or was authorised by a local authority such as the police or a medical officer.)
2. The Company will decide where and how to move the Insured Person depending on the medical advice received.
3. The Company will use the Insured Person's return ticket towards their costs if he is returned to his Point of Departure.

SCHEDULE OF BENEFITS
INTERNATIONAL TRAVEL EXTENSION FOR ER24

Period of Cover

Cover under this Policy shall only apply to events that occur whilst an Insured Person is on an Insured Journey which commences during a Policy Period, or any subsequent Renewal Period as defined:

Cover commences from the time the Insured Person leaves his normal place of residence or business, whichever is the place of departure for the commencement of the Insured Journey and continues for a maximum period of 90 consecutive days or until his return to the Republic of South Africa, residence or business, whichever occurs first.

OPTION 3		
Section	The Schedule of Benefits applicable under each Section of this Policy during an Insured Journey	International Travel
1	MEDICAL EXPENSES	
1A	Medical Expenses - Injury	R10,000,000
	Illness	R10,000,000
	Deductible for out-patient treatment	R1,000
	Terrorism Cover Extension	R1,000,000
	Pre-existing Medical Extension (Hospital admission longer than 48 hours)	R250,000
1B	Optical Expenses - Injury	Included in Medical Expenses
	Illness	R10,000
1C	Dental Expenses - Injury	Included in Medical Expenses
	Illness	R10,000
2	TRAVEL GUARD	
2A	Assistance Services	Assistance Service only
2B	Accompanying Family Member	R15,000
2C	Return of Children	R15,000
2D	Return of Mortal Remains/Burial Expenses	Real Expense
2E	Coffin Expenses	R10,000
2F	Medical Evacuation, Repatriation Expenses or Transport to Medical Centre Expenses	Real Expense
<i>Accumulation Limit</i>		<i>R10,000,000</i>

DISCLOSURE NOTICE
Important Information
Please read carefully

**This contains disclosures and other legal requirements,
some of which will appear here, and the rest in more detail elsewhere as indicated
(THIS NOTICE DOES NOT FORM PART OF THE INSURANCE CONTRACT)**

ABOUT YOUR FINANCIAL SERVICES PROVIDER (SPONSOR DETAILS)

Chartis South Africa Limited is both the product supplier and the FSP in this instance; therefore Chartis South Africa Limited has a 100% financial interest in this transaction. Chartis's FSP Number is 15805

Chartis South Africa Limited has Professional Indemnity and Fidelity Insurance.

ABOUT YOUR FINANCIAL SERVICES PROVIDER (CLAIMS AND POLICY ADMINISTRATION)

Chartis South Africa Limited administer all claims and claim administration matters, please contact: PO Box 31983, Braamfontein, 2017 (Tel) 0860 104 146(Tel) +27 11 551 8533 (Fax) +27 11 551 8290Email: SATravelclaims@chartisinsurance.com
For a detailed claims procedure, Please refer to the Claims Procedure in the Policy Wording. If you have any complaint regarding a claim, please contact the Chartis Claims on the above details.

Travel Agents earn 20% commission on all policies. A Registered Travel Agent with Chartis South Africa Limited is in position of the required written mandate to act on behalf of Chartis South Africa Limited and is authorised to provide information about the Chartis Leisure and Business Travel Policies and intermediary services with regard to the sale of the product.

ABOUT THE PRODUCT

This is a Travel Insurance policy is a Short-Term Insurance policy. It does not have a surrender or maturity value.

For the complete nature and extent of benefits – PLEASE REFER TO THE POLICY WORDING.

For your monetary obligations, premium payment obligations, manner and frequency thereof, and the consequences of non-payment of premium – PLEASE REFER TO THE POLICY WORDING.

Details of special conditions, exclusions, excesses or restrictions – PLEASE REFER TO THE POLICY WORDING.

ABOUT THE INSURER (PRODUCT SUPPLIER)

This Travel Insurance Policy is underwritten by Chartis South Africa Limited (Registration no. 1962/003192/06)
Chartis South Africa Limited contact details are:

10 Queens Road, Parktown, 2193; PO Box 31983, Braamfontein, 2017; General Switchboard: (011) 551 8000

If you have any queries about this product, please contact: The Chartis Assist Call Centre 0860-100 491

If you have a complaint about this product, please contact: The Compliance Officer, Chartis South Africa Limited
PO Box 31983, Braamfontein, 2017; (Tel) (011) 551 8000; (Fax) (011) 551 8811; (e-mail) complaintssa@chartisinsurance.com

MATTERS OF IMPORTANCE

1. If you have a complaint about this policy, please first try and resolve it with either of the Financial Service Providers stated above.
2. If the matter cannot be resolved, please then submit a complaint in writing to the insurer's Compliance Officer above.
3. If you have a dispute regarding a claim that is not resolved by the FSP to your satisfaction, you may submit the complaint to the Ombudsman for Short-term Insurance, contact details below.
4. All material facts must be accurately, fully and properly disclosed by you. All information provided by you or on your behalf is your own responsibility. you need to be satisfied with the accuracy of any transaction submitted by your Financial Services Provider on your behalf.
5. Misrepresentation, incorrect or non-disclosure by you of any material facts or circumstances may impact negatively on any claims arising from your insurance contract.
6. you are entitled to a full copy of the policy. If you have not received a copy within 30 days, please contact your FSP without delay. The policy wording and the Transit Insurance Certificate must be read as one document.

Particulars of The Short-term Insurance Ombudsman who is available to advise you in the event of claim problems which are not satisfactorily resolved by your Financial Services Provider and/or the insurer:

The Short-term Insurance Ombudsman
P O Box 32334
Braamfontein
2017

Tel: (011) 726 8900
Fax: (011) 726 5501

