



Domestic Employee Protection Plan

Group Policy

Underwritten by Guardrisk Life Ltd and
Guardrisk Insurance Company Ltd

MILADYS

 mrpmoney

sheet•street

MRP

SEPTEMBER_2016

Domestic Employee Protection Plan

Underwritten by Guardrisk Life Limited

If, during a period of insurance, your Domestic Helper/Gardener should pass away, become disabled or require medical assistance as a result of any accidental cause only, we shall pay out a benefit as shown in the Schedule. Cover is available for 1 (one) Domestic Helper/Gardener per policy and such cover will be restricted to a member only option.

Domestic Employee Protection Plan

Description	Benefits	Waiting Period
Domestic Employee Protection Plan Option 1 <ul style="list-style-type: none">Account holder	Accidental Death R100,000 Accidental Disability R 75,000 Medical Expenses R 20,000 Funeral R 8,000 Income Replacement R250-R1,000	90 (ninety) days 30 (thirty) days
Domestic Employee Protection Plan Option 2 <ul style="list-style-type: none">Account holder	Accidental Death R100,000 Accidental Disability R 75,000 Medical Expenses R 30,000 Funeral R 12,000 Income Replacement R250-R1,000	90 (ninety) days 30 (thirty) days
Domestic Employee Protection Plan Option 3 <ul style="list-style-type: none">Account holder	Accidental Death R100,000 Accidental Disability R 75,000 Medical Expenses R 50,000 Funeral R 15,000 Income Replacement R250-R1,000	90 (ninety) days 30 (thirty) days

Exclusions (applicable to all options)

- Self-inflicted injury, suicide or attempted suicide.
- Any medical condition that was present prior to the start date.
- Any medical condition for which you received treatment and advice within the 12 (twelve) months prior to the start date and for which you want to claim after the start date.
- War, riot, radioactive contamination, nuclear accidents and similar risks.
- Your participation in a criminal act.
- Your participation in a hazardous pursuit such as flying, hang-gliding, scuba diving or mountain climbing.
- You being under the influence of, or above the legal limit of, alcohol intake or drug abuse irrespective of whether such action directly or indirectly caused the event giving rise to a claim.
- Refusing medical treatment as recommended by a medical practitioner.
- Any deliberate exposure to exceptional danger (except in an attempt to save a human life).
- Any incident occurring off the premises of the Employer at the time of an injury/accident for Medical Expenses.

Limitations/Provisions

- We shall not be liable to pay any benefit more than what has been selected and paid for.
- The amount payable for any Income Replacement claim shall not exceed a 13 (thirteen) week period. This payment shall automatically stop as soon as the injury causing the incapacity has healed; notwithstanding, that permanent disability may remain. At claim's stage, proof of earnings will be required. The maximum amount payable in respect of Income Replacement shall not exceed 100% of average weekly earnings.
- If an Insured Person dies within 90 (ninety) days of the date of the accident, only the death benefit will be payable as shown in the Schedule. Other benefits will not apply.
- Any claim must be supported with medical evidence as requested by the Insurer and the costs incurred will be for the Insured's account. We shall not be liable to make any payment unless this provision is complied with to our satisfaction.
- Reference in this policy to any 1 (one) gender is deemed to include the other gender.

Scope of Cover

- This policy applies in respect of accidental bodily injury to the Insured Person arising anytime during a 24 (twenty-four) hour day. Cover is extended to include working and non-working hours, excluding any claim for Medical Expenses which shall only be covered while the Insured Person is on the premises of the Employer.

Main Limits

Our liability in respect of:

- Death and Disability for the Insured Person is limited, in respect of each and every claim, to the amount stated on the Schedule.
- Any one Event is limited to the amount stated on the Schedule.

Important Definitions

Accident

Shall mean any violent, sudden and fortuitous, visible event which directly and independently of any other cause results in Bodily Injury as defined. No cover will be provided for any illness/natural condition.

Annual Earnings

Shall mean the annual rate of basic wages/salary being paid by you to the Insured Person at the time of accidental bodily injury.

Average Weekly Earnings

Shall mean one fifty-second part of Annual Earnings.

Bodily Injury

Shall mean physical bodily injury which is caused directly and independently of any other cause by visible, violent, external and Accidental means.

Event

Refers to all individual losses arising out of, and directly occasioned by, an accident. However, the duration and extent of any 1 (one) Event, so defined, shall be limited to only that death and/or disability of an Insured Person hereon occurring during any 1 (one) period of 24 (twenty-four) hours.

Hospital

Shall mean a licensed institution in accordance with the applicable laws of the jurisdiction in which it is located, is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of injured or sick persons. It must have staff of one or more qualified physicians available at all times. It must have 24 (twenty-four) hour day nursing services by registered graduate nurses under the permanent supervision of the physician in charge. It maintains in-patient facilities. It maintains a daily medical record for each of its patients. For purposes of this definition, a hospital shall not include any institution which is primarily a rest convalescent facility for the aged or alcoholics or drug addicts or for the treatment of psychiatric or mental disorders, or a nursing home even if it is registered as a hospital or clinic.

Income Replacement

Shall mean the sum of the Insured Person's usual Average Weekly Earnings payable for a maximum of 13 (thirteen) weeks only.

Insured Person

Shall mean the Insured Person named in the Schedule, namely the Domestic Helper/Gardener.

Medical Expenses

Shall mean all costs and expenses necessarily incurred, within 24 (twenty-four) months of the date of the accident giving rise to the claim, for artificial aids, prostheses, medical, surgical, dental, optical, hospital treatment and supplies as a result of accidental bodily injury.

Permanent Disability

Shall mean the following:

a. Loss by physical separation at, or above, the wrist or ankle of one or more limbs	100%
b. Permanent and total loss of: Whole Eye Sight of Eye Sight of Eye, except perception of light	100% 100% 100%
c. Permanent and total loss of hearing: Both Ears One Ear	100% 25%
d. Permanent and total loss of speech	100%
e. Loss of independent existence: Means that the Insured Person is, through injury, totally and irreversibly unable to perform at least 4 (four) of the following activities of daily living without the assistance of another person or the use of special equipment. The disability must have existed for a continuous period of at least 12 (twelve) months. 1. Feeding/Eating – Cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils 2. Dressing – Dressing oneself, including fastening zips and buttons, getting clothes from wardrobes and drawers 3. Bathing/Grooming – Turning on taps, getting in and out of a bath/shower, washing face/hands etc, drying oneself, combing hair 4. Toileting – Moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need to void bladder or bowel in time to get to the toilet 5. Mobility/Transfer – Getting into and out of bed, transferring from one place to another, e.g. chair to bed, chair to standing, chair to chair 6. Walking – Moving from one location to another – walking or wheeling or using a frame	100%
f. Loss of 4 (four) fingers	70%
g. Loss of thumb: Both phalanges One phalanx	30% 15%

<p>h. Loss of finger: 3 (three) phalanges 2 (two) phalanges 1 (one) phalanx</p>	<p>15% 10% 5%</p>
<p>i. Loss of metacarpals: First or second (each metacarpal) Third, fourth or fifth (each metacarpal)</p>	<p>3% 2%</p>
<p>j. Loss of toes: All on 1 (one) foot Great, both phalanges Great, 1 (one) phalanx Other than great, if more than 1 (one) toe lost each</p>	<p>30% 10% 5% 5%</p>
<p>k. Permanent disfigurement of: The head and neck, provided the total area affected exceeds 20% of the total area of the head and neck All other areas of the body, provided that the total area affected exceeds 5% of the total area of the body</p>	<p>A percentage of the compensation in direct proportion to the area affected by subject to a maximum of 50%</p>

Memoranda

1. Permanent, total loss of use of the body shall be treated as loss of such part.
2. The amount stated in the Schedule will be the maximum compensation payable for Permanent Disability for any 1 (one) Insured Person in respect of each and every claim.
3. Where the injury is not specified, we will pay such sum as long as, in our opinion, it is not inconsistent with the above provisions.

Policy Holder

Shall mean the Employer of the Domestic Helper/Gardener and the payer of the monthly premium.

Premises

Shall mean the physical location where the Insured Person is employed.

Temporary Total Disability

Shall mean total and absolute incapacity from performing usual duties or occupation for a temporary period of time. Cover will cease if the insured Person is not employed.

Who Qualifies for Insurance Cover?

- A Domestic Helper/Gardener who is employed for more than 24 (twenty-four) hours per month.
- Any Domestic Helper/Gardener not older than 60 (sixty) years at the start of the policy.
- Any Domestic Helper/Gardener who lives, and has the right to permanently reside, within the borders of South Africa whilst being covered under the policy.
- The Account Holder must apply for, and pay, the monthly premium indicated.
- The Account Holder and Insured Person must agree to, and keep to, the terms and conditions of the policy.

What to Do in the Event of a Claim

1. Notify MRP Insurance immediately. (see Contact Information on page 11)
2. A claim form will be sent to you.
3. Complete the claim form, sign it and return it to MRP Insurance within 30 (thirty) days. Ensure that you have completed all sections of the claim form and that you have sent all relevant documentation to MRP Insurance in order for your claim to be processed on time.
4. We may ask you to provide proof of the circumstances of the loss, or any other evidence that is required.
5. Should you need any assistance in completing your claim form, please contact MRP Insurance. (see Contact Information on page 11)
6. You only have 120 days (4 months) from the event date to submit a claim.

When Will the Insurance Cover End?

- Upon death of the Insured Person's life.
- If the Account Holder fails to pay the monthly premium.
- If we advise you that the policy will be cancelled, we will provide you with written notice 30 (thirty) days prior.
- If you advise us that the insurance cover must be cancelled, we require 30 (thirty) days written notice.
- If you close your account with MRP Money/Miladys/Sheet Street.

Do's and Don'ts

Do's

- Keep to the terms and conditions of this policy.
- Complete all forms in ink.
- Keep notes of what is said to you and all documents handed to you.

Don'ts

- Don't give false or misleading information when you apply for insurance cover.
- Don't submit false claims.
- Don't sign any blank or partially completed forms.
- Don't be pressurised to enter into this policy.

What to Watch Out For

- If you don't keep to the terms and conditions of this policy, you will not be entitled to any benefit under this policy.
- This policy shall be voidable in the event of any non-disclosure, misrepresentation or misdescription of a material fact.
- If we decline any claim and legal action is not taken against us within 12 (twelve) months from the date of our decision, then all benefits under this policy in respect of such claim shall be forfeited.
- The cover provided under this policy is conditional upon, and will only come into effect following, payment of the premium by the Policy Holder and the receipt thereof by, or on behalf of, MRP Insurance.
- Any compensation payable by MRP Insurance in respect of Income Replacement or any Medical Expenses shall be reduced by an amount equal to the compensation received or receivable by, or on behalf of, the Insured Person from any other source, e.g. Medical aid scheme or occupational injuries and disease enactment and/or workmen's compensation, employer or any other similar legislation.
- If you give false or misleading information when you applied for cover under this policy, and this information affected the decision to insure you, your cover under this policy will end.
- If any benefit is paid as a result of your false claim, you will have to repay any benefit you have received and we have the right to take any action deemed appropriate.
- We have the right to change or cancel your insurance cover under this policy. You will be notified at least 30 (thirty) days before the change or cancellation takes effect.
- We have the right to change your insurance structure and premium structure under this policy. You will be notified at least 30 (thirty) days before the change takes effect.
- The rights under this policy cannot be transferred to anybody else and the policy cannot be used to protect any person other than yourself.
- When your cover under this policy comes to an end it will not have a cash value.
- This policy acquires no surrender, paid up or loan value.
- For the purpose of disclosure of private underwriting and claims information, you consent and acknowledge that the sharing of claims information and underwriting information (including credit information) between Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly, and to reduce the incidence of fraudulent claims, and accordingly you waive your rights of privacy of insurance information in respect of any claim made.
- You also acknowledge that the information provided by you may be verified against other legitimate sources or databases. You also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning you.
- You are entitled to cancel the policy within 30 (thirty) days from its commencement date - cancellation request must be in writing.
- You will always be given a reason for claims not being paid.
- You will always be entitled to a copy of this policy and/or a copy of a voice recording at no extra cost.

Complaints Procedure

1. Contact MRP Insurance on 0861 000 518.
2. Your complaints will be immediately assigned to a complaints worklist.
3. You will be contacted by an agent within 24 hours after lodging your complaint.
4. We will acknowledge receipt of your complaint in writing and will send you a copy of our complaints resolution policy.
5. We will provide you with regular updates while we are working on the complaint.
6. We will confirm the resolution of your complaint to you in writing upon completion.
7. If not resolved to your satisfaction, you may lodge a complaint with the Ombudsman, details listed on the last page.
8. MRP Insurance embraces the principles of treating customers fairly.

Premium Information

- Your monthly premium will form part of your monthly MRP Money/Miladys/Sheet Street account payment and is payable on your account due date.
- If the premium is not paid within 15 (fifteen) days of the due date your insurance cover will end.
- Your monthly premium is broken down as follows:

Description		Premium
Domestic Employee Protection Plan Option 1	Total monthly premium	R80.00
	Commission and fee content included	R16.00
Domestic Employee Protection Plan Option 2	Total monthly premium	R95.00
	Commission and fee content included	R19.00
Domestic Employee Protection Plan Option 3	Total monthly premium	R110.00
	Commission and fee content included	R 22.00

Who to Contact When?

Description	Contact Information
To report a claim or any claim related queries	Call: 0861 000 518 or Email: insuranceclaims@mrpg.com
General queries and complaints	Email: insuranceinfo@mrpg.com
To cancel your policy	Email: cancelinsurance@mrpg.com
For complaints that are not resolved by your administrator	INSURER
For complaints that are not resolved by the insurer	LIFE OMBUDSMAN
For complaints about advice and the Intermediary service provider	FAIS OMBUDSMAN

Statutory Notice to Long Term Insurance Policyholders

You have the right to the following information:

Intermediary	Administrator	Insurer
<p>Mr Price Group LTD, FSP 31450</p> <ul style="list-style-type: none">• Long Term category A, B1, B2• Short Term Personal Lines• Short Term Commercial Lines	<p>Mr Price Group LTD, FSP 31450</p> <ul style="list-style-type: none">• Long Term category A, B1, B2• Short Term Personal Lines• Short Term Commercial Lines	<p>Guardrisk Life LTD, FSP 76</p> <ul style="list-style-type: none">• Long Term category A, B1, B2, C
<p>65 Masabalala Yengwa Ave, Durban, 4001 PO Box 912, Durban 4000 Tel: 031 310 8000 Fax: 031 304 3725</p>	<p>380 Dr Pixley Kaseme Street, Durban, 4001 PO Box 4996, Durban, 4000 Tel: 031 367 3311 Fax: 031 328 4473</p>	<p>PO Box 786015, Sandton 2146 Tel: 011 699 1000 Fax: 011 669 2792</p>
<p>Compliance Officer Debbie Smith ICMS - practise No. 4851 Tel: 072 550 8238 Fax: 086 606 9660</p>	<p>Compliance Officer Debbie Smith ICMS - practise No. 4851 Tel: 072 550 8238 Fax: 086 606 9660</p>	<p>Compliance compliance@guardrisk.co.za</p>
<p>Has a written mandate to act on behalf of the insurer. Has a professional indemnity cover in force. Has a TCF policy in place. Has a complaints resolution policy in place. Has a gift register in place. Has a conflict of interest policy in place.</p>	<p>Has a written mandate to act on behalf of the insurer. Has a professional indemnity cover in force. Has a TCF policy in place. Has a complaints resolution policy in place. Has a gift register in place. Has a conflict of interest policy in place.</p>	<p>Has a written agreement in place with the intermediary. Has a TCF policy in place. Has a complaints resolution policy in place. Has a gift register in place. Has a conflict of interest policy in place.</p>
Long Term Insurance Ombudsman	Registrar of Long Term Insurance	FAIS Ombudsman
<p>Long Term Ombudsman Private Bag X45, Claremont, 7735 Tel: 021 657 5000 Fax: 021 674 0951 Email: info@ombud.co.za</p>	<p>Financial Services Board PO Box 35655, Menlo Park, 0120 Tel: 021 428 8000 Fax: 021 347 0221 Email: info@fsb.co.za</p>	<p>FAIS Ombudsman PO Box 74571, Lynwood Ridge, 0040 Tel: 012 470 9080 Fax: 012 348 3447 Email: info@faisombud.co.za</p>

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