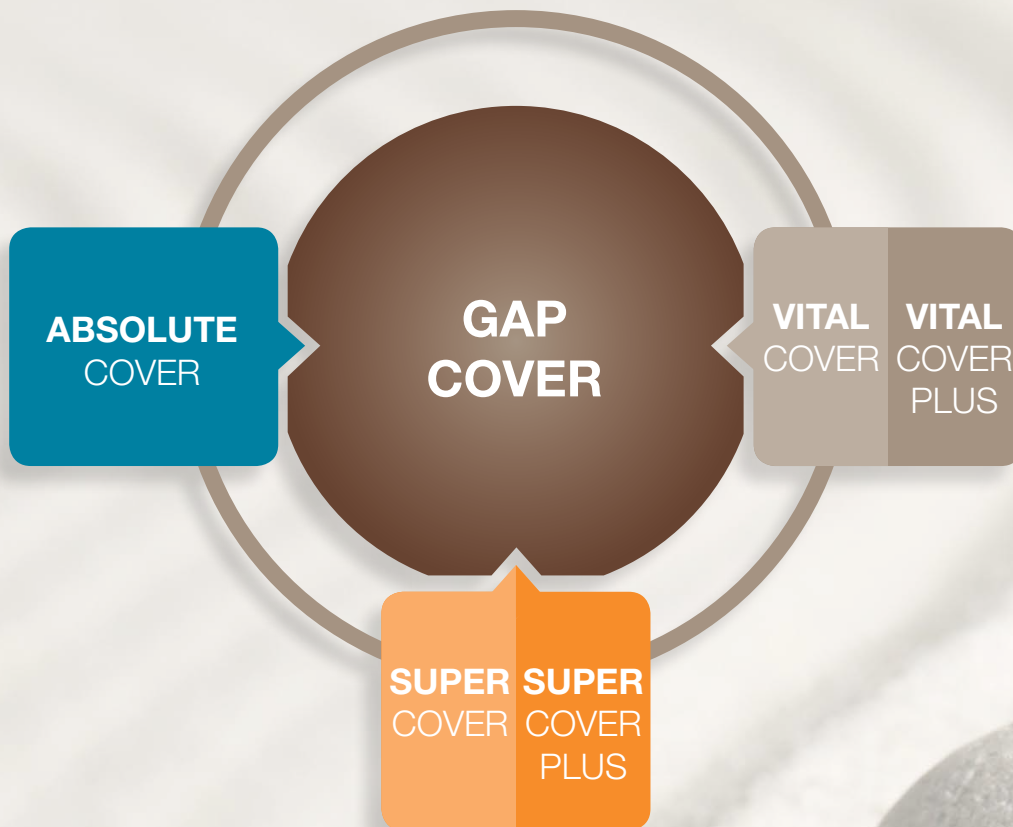
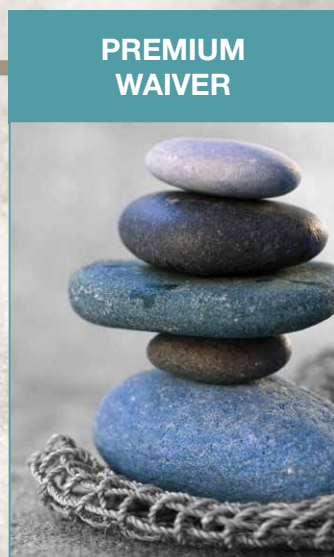




TOTALRISKADMINISTRATORS



2016 PREMIUMS AND BENEFITS



GAP COVER

TRA brings you a range of health insurance products designed to provide essential cover when you need it most. Incorporating a combination of gap cover, co-payment cover and sub limit cover, we have a product that's right for you.

GAP COVER					
PRODUCT	VITALcover	VITALcover PLUS	SUPERcover	SUPERcover PLUS	ABSOLUTEcover
GAP COVER PERCENTAGE	600%	600%	700%	700%	700%
GAP COVER ANNUAL LIMIT	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
CO-PAYMENT COVER	NONE	NONE	R50 000 PER POLICY PER ANNUM	R50 000 PER POLICY PER ANNUM	R50 000 PER POLICY PER ANNUM
SUB LIMIT COVER	NONE	NONE	NONE	NONE	R15 000 PER EVENT MAX. R60 000 PER POLICY PER ANNUM.
PMB PAYMENTS	NONE	R20 000 PER EVENT	NONE	R30 000 PER EVENT	R50 000 PER EVENT
MONTHLY PREMIUM	R130	R140	R152	R170	INDIVIDUAL R199 FAMILY R250

LIMITATIONS ON GAP COVER

Ward fees, theatre fees, medicines and materials are excluded from this benefit. No claims below R100 will be processed. Annual limits apply in aggregate, per annum, per beneficiary, per incident unless otherwise indicated. Refer to policy document for full details of limitations and exclusions. A standard 90 day waiting period applies! Limitations and exclusions can also be viewed via the TRA website www.totalrisksa.co.za.

GAP COVER EXAMPLES: TONSILLECTOMY AND ADENOIDECTOMY

Attending Doctor	Private Rate	Medical Aid Tariff	Gap Cover
Ear, Nose and Throat Surgeon	R7 369.53	R2 892.68	R4 476.85
Specialist Anaesthesiologist	R2 554.50	R 851.08	R1 703.42
TOTAL	R9 924.03	R3 743.76	R6 180.27

LAMINECTOMY

Attending Doctor	Private Rate	Medical Aid Tariff	Gap Cover
Orthopaedic Surgeon	R24 556.82	R 8 484.13	R16 072.69
Specialist Anaesthesiologist	R17 941.61	R 4 715.65	R13 225.96
TOTAL	R42 498.43	R13 199.78	R29 298.65

PREMIUM WAIVER

TRA premium waiver is an insurance product which has been designed to provide monthly funding for medical aid contributions in the event of the principal member passing away. The benefit of the TRA Premium Waiver is coverage of the medical aid contribution for a period of 3, 6 or 9 months. A 65 years age limit exists for entry to this product.

PREMIUM WAIVER CALCULATION

Amount of contribution cover required: (A) e.g. R4000

Number of months cover required: 3, 6 or 9 months (B)

Total Rand amount cover required (A) x (B) = (C) | R4 000.00 x 3 months = R12 000.00

MONTHLY PREMIUM - R4 per R1 000.00 of cover required: R4 x (C): R4 x 12 = R48.00 pm

FUNERAL COVER

TRA funeral cover is an insurance product which has been designed to pay a pre-determined sum of money to a policyholder or nominated beneficiary in the event of one of the registered beneficiaries passing away. A 65 years age limit exists for entry to this product.

OPTION	A	B	C	D
Principal / Spouse	R5 000	R10 000	R15 000	R20 000
14 - 21	R5 000	R10 000	R15 000	R20 000
06 - 13	R2 500	R 5 000	R 7 500	R10 000
01 - 05	R1 250	R 2 500	R 3 750	R 5 000
Stillborn	R 500	R 1 000	R 1 500	R 2 000
Monthly Premium	R 20	R 40	R 60	R 80

FEMME COVER

TRA femmecover is an insurance product which has been designed to pay a lump sum amount in the event of diagnosis of the following cancers: Cervical Cancer, Breast Cancer, Vaginal Cancer, Uterine Cancer, Ovarian Cancer, Bladder Cancer, Cancer of the Fallopian Tubes. The product will also pay out for more than one occurrence provided they are unrelated. The lump sum is payable directly to the policyholder to be used at their own discretion when settling related treatment costs. A 65 years age limit exists for entry to this product.

OPTION	A	B
Lump Sum	R50 000	R100 000
Monthly Premium	R 75	R 140

FOR OFFICE USE ONLY

Broker / Brokerage	<input type="text"/>	General waiting period	<input type="text"/> days
Broker Code	<input type="text"/>	12 month pregnancy waiting period	<input type="checkbox"/> Y <input type="checkbox"/> N

SECTION 1: PERSONAL DETAILS

Med. Aid Membership Number	<input type="text"/>	Med. Aid inception date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Med. Aid Benefit Option	<input type="text"/>	Gap Cover inception date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Prof <input type="checkbox"/> Dr	Other (please specify)	<input type="text"/>
First names (in full)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	Cell no.	<input type="text"/>
Gender (main member)	<input type="checkbox"/> M <input type="checkbox"/> F	Alt. contact no.	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
Employer	<input type="text"/>		
Identity No.	<input type="text"/>		

SECTION 2: BENEFICIARY DETAILS

Name	ID Number	Sex (M/F)

SECTION 3: PRODUCT OPTIONS (Please tick required products and options)
GAP COVER

PRODUCT	VITALcover	VITALcover PLUS	SUPERcover	SUPERcover PLUS	ABSOLUTEcover
GAP COVER PERCENTAGE	600%	600%	700%	700%	700%
GAP COVER ANNUAL LIMIT	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
CO-PAYMENT COVER	NONE	NONE	R50 000 PER POLICY PER ANNUM	R50 000 PER POLICY PER ANNUM	R50 000 PER POLICY PER ANNUM
SUB LIMIT COVER	NONE	NONE	NONE	NONE	R15 000 PER EVENT MAX. R60 000 PER POLICY PER ANNUM.
PMB PAYMENTS	NONE	R20 000 PER EVENT	NONE	R30 000 PER EVENT	R50 000 PER EVENT
MONTHLY PREMIUM	R130	R140	R152	R170	INDIVIDUAL R199 FAMILY R250
PRODUCT CHOICE (please tick)					

PREMIUM WAIVER
FUNERAL COVER

Amount of contribution cover required (A)	<input type="text"/>	OPTION	A	B	C	D
Number of months cover required: 3,6 or 9 months (B)	<input type="text"/>	Principal	R 5 000	R 10 000	R 15 000	R 20 000
Total Rand amount cover required: (A) x (B) = (C)	<input type="text"/>	Spouse	R 5 000	R 10 000	R 15 000	R 20 000
Monthly premium - R4 per R1000 of cover required: R4 x (C)	<input type="text"/>	14 - 21	R 5 000	R 10 000	R 15 000	R 18 000
PRODUCT CHOICE		06 - 13	R 2 500	R 5 000	R 7 500	R 10 000
PREMIUM WAIVER AND FUNERAL COVER:		01 - 05	R 1 250	R 2 500	R 3 750	R 5 000
Name of nominated beneficiary	<input type="text"/>	Stillborn	R 500	R 1 000	R 1 500	R 2 000
Identity number of nominated beneficiary	<input type="text"/>	Monthly premium	R 20	R 40	R 60	R 80
		PRODUCT CHOICE (please tick)				

FEMME COVER

R50 000 lump sum. R75 pm premium	PRODUCT CHOICE	R100 000 lump sum. R140 pm premium	PRODUCT CHOICE
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SECTION 4: DEBIT ORDER DETAILS (Member to complete)

Bank	<input type="text"/>	Debit order date (including December)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Code	<input type="text"/>	Account Holder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission	<input type="checkbox"/> Other	(please specify) <input type="text"/>			

The abbreviated short name TOTALRISK is the reference that should appear on your bank statement. Any queries relating to your debit order can be made by calling 011 372-1540.

SECTION 5: CLAIMS PROCEDURE

Gap Cover: Policyholders need to submit all of their claims from service providers involved in a hospital admission to their medical aid. This is the first and most vital step. Only once these claims have been approved for payment and are processed by a policyholder's medical aid can the claiming process start. Policyholders need to forward the medical aid statement showing proof of processing of the hospital account as well as copies of claims from service providers involved in the hospital admission to TRA. Certain medical aid schemes may assist by providing this data electronically. The policyholder, however, remains responsible for ensuring that the required documentation is submitted timeously.

TRA starts the claims process at this stage by first establishing membership eligibility. Once this is done they analyse the claims data from the medical aid and verify whether a transaction qualifies as a claim. Once verified they then consolidate a policyholder's claims information and prepare a statement which is then audited. Following this step a payment schedule is prepared and electronic fund transfers are processed. It is important to note that this process can take up to 14 working days from the day that TRA receives the data from a policyholder or their medical aid.

Funeral Cover, Premium Waiver, Femme Cover, Co-Payment and Sub Limit Cover: Please obtain a claim form from your intermediary, complete and send to: claims@totalrisk.co.za

NB! The Gap Cover product is not a medical aid and TRA are prohibited from doing the business of a medical aid.

SECTION 6: TERMS AND CONDITIONS

- This brochure is a summary of the benefits on offer. Please refer to the product policy document for all terms and conditions.
- The monthly cut-off date for the receipt of application forms will be the 20th of each month (or closest working day to the 20th) to be effective from the 1st of the following month.
- A 90 day general waiting period may be imposed. A 12 month pregnancy waiting period may be imposed.
- Upgrades are only allowed at the end of the year except if this has been approved by a policyholder's medical aid.
- There is no age limit for entry onto the Gap Cover product. An age limit of 65 exists for entry onto the the FUNERALcover, PREMIUMwaiver and FEMMEcover products.
- Claims relating to PMB expenses as defined in the Medical Schemes Act are excluded, except on the ABSOLUTEcover product and the "PLUS" options. Claims relating to PMB expenses incurred as a result of a policyholder voluntarily choosing to utilise a provider other than a medical scheme approved DSP will be excluded, except on the ABSOLUTEcover product and the "PLUS" options.
- Claims relating to any penalties incurred as a result of a policyholder voluntarily choosing a provider outside of a medical scheme approved network will be excluded.
- No in-hospital dentistry claims unless authorized by the Scheme or related to dependants under the age of 12 years. No osseointegrated dental implants will be covered.
- No co-payment amounts, costs above a scheme specific limitation or PMB's will be covered under the VITALcover gap cover products.
- **Claims to the value of R100 or less will be subject to an excess of the same amount.**
- Gap Cover is distinct from, but supplementary to medical aid cover. Should you change your medical aid scheme please advise TRA for record purposes.
- TRA requires 30 days notice of resignation from any product. Failure to advise TRA of resignation from a medical aid does not constitute a valid claim for a refund of premiums collected.

SECTION 7: MEMBER DECLARATION and CONSENT

MEMBER DECLARATION:	INITIAL	I have read the terms and conditions above and I am fully aware of the contents thereof.																				
MEMBER CONSENT:	INITIAL	I hereby authorise the disclosure of relevant medical information by my medical aid to Total Risk Administrators (Pty) Ltd ("TRA") to assist in the above claims procedure. This type of information will typically include my diagnosis and ICD-10 diagnostic code. I understand and acknowledge that my medical information will not be disclosed to any unauthorised persons.																				
Due to stringent regulatory and compliance legislation it is necessary to collect separate debit orders for Short Term and Long Term products, as follows:		<table border="0"> <tr> <td>SHORT TERM (ST):</td> <td></td> <td>LONG TERM (LT):</td> <td></td> </tr> <tr> <td>Gap Cover</td> <td>R</td> <td>Funeral Cover</td> <td>R</td> </tr> <tr> <td>Femme Cover</td> <td>R</td> <td>Premium Waiver</td> <td>R</td> </tr> <tr> <td>Broker Fee</td> <td>R</td> <td>Broker Fee</td> <td>R</td> </tr> <tr> <td>Total ST debit order amount</td> <td>R</td> <td>Total LT debit order amount</td> <td>R</td> </tr> </table>	SHORT TERM (ST):		LONG TERM (LT):		Gap Cover	R	Funeral Cover	R	Femme Cover	R	Premium Waiver	R	Broker Fee	R	Broker Fee	R	Total ST debit order amount	R	Total LT debit order amount	R
SHORT TERM (ST):		LONG TERM (LT):																				
Gap Cover	R	Funeral Cover	R																			
Femme Cover	R	Premium Waiver	R																			
Broker Fee	R	Broker Fee	R																			
Total ST debit order amount	R	Total LT debit order amount	R																			
MEMBER AUTHORISATION:	INITIAL	<p>I hereby authorise TRA to deduct an amount of R..... (sum of ST + LT) from my bank account, monthly in advance, for my premiums to the insurance products chosen by me on this application form. Premiums are subject to an annual review. The Insured needs to submit notice of resignation to the Insurer 30 days prior to resignation date and must be received in writing. Details of each withdrawal will be printed on my bank statement, which will enable me to identify the deduction.</p> <p>Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.</p> <p>Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to TRA.</p> <p>Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.</p>																				

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NAME AND SURNAME

SIGNATURE

DATE

IMPORTANT INFORMATION

**Total Risk Administrators (Pty) Ltd (TRA) is an authorised financial services provider. FSP No 40815.
Please send this completed form to your intermediary for submission to TRA.**



TOTALRISKADMINISTRATORS

**Total Risk Administrators (Pty) Ltd (TRA),
an authorised financial services provider
FSP No 40815**



**Centriq Insurance Co Ltd - Reg No 1998/007558/06
FSP No 3417
Centriq Life Insurance Co Ltd
Reg No 1943/016409/06
FSP No 7370**



**Guardrisk Life Ltd - Reg No 1999/013922/06
FSP No 76
Guardrisk Insurance Co. Ltd
Reg No 1992/001639/06
FSP No 75**