



DAY TO DAY PLAN TERMS AND CONDITIONS

1. BACKGROUND

The Employer named in this Benefit Scheme has made application for the Day to Day Plan, which application forms part of this contract, and Essential Employee Benefits Health hereby accepts the risks emanating from the defined events and undertakes to pay the member benefits in line with the benefit wordings, in exchange for the payment of premiums to it by or on behalf the employees: all of the above as set out in the benefit schedule hereto.

2. DEFINITIONS

- 2.1 **“Acute medicine”** means medicine used for diseases or conditions that have a rapid onset, severe symptoms, and that require a short course of medicine treatment.
- 2.2 **“Adult”** means a member who is 21 years or older, excluding full-time students who are younger than 25 and dependants who are permanently physically and medically disabled.
- 2.3 **“Benefit start date”** means the date on which a member becomes entitled to benefits.
- 2.4 **“Chronic medicine”** means medicine that meets all the following requirements:
- 2.4.1 Is within the Essential Employee Benefits formulary as amended from time to time and prescribed by a network medical practitioner for an uninterrupted period of at least three months;
 - 2.4.2 Is for a condition appearing on the list of approved chronic conditions, as amended from time to time;
 - 2.4.3 Which has been applied for in the manner and at the frequency prescribed and which application has been approved and accepted.
 - 2.4.4 Pre-Authorisation is required for Chronic Medication. Please View Sec 6 of the Medical Benefit Terms and Conditions.
- 2.5 **“Defined event”** means the event which gives rise to the member having to seek medical treatment as set out in the benefit schedule hereto, but excludes instances where, in the opinion of Essential Employee Benefits, multiple treatments are sought and/or accepted where fewer treatments will suffice or other non-essential and premeditated acts of selection against Essential Employee Benefits.

Day to Day plan

- 2.6 **“Dependant”** means the following persons for whom the principal applicant is liable for care and support who are duly registered as dependants:
- 2.6.1 A spouse; and/or partner (excluding an ex-spouse),
 - 2.6.2 A child – including an adopted child (including a child adopted under a tradition practiced by the people of South Africa, provided that the child’s natural parents are both deceased), stepchild, illegitimate or foster child,; and/or
 - 2.6.3 Any other person approved by Essential Employee Benefits.
- 2.7 **“Family”** means the Principal Member (being a natural person) in whose name this option is effected and includes the Principal Member’s Spouse and Dependent Children under the age of 21 (twenty one) years which form part of the Principal Member’s household and who are resident in the Republic of South Africa.
- 2.8 **“Formulary”** means the exhaustive lists of procedures, prices and service providers as approved and amended from time-to-time by Essential Employee Benefits which together constitutes the maximum limit of benefits which Essential Employee Benefits will be bound to pay in terms of this policy. It is the express obligation of the member to check against the formulary each and every time to establish the exact level of benefits as per paragraph 5 hereunder. To check which medications are included on the formulary go to <http://www.medicscor.net/medinfochecker.html>
- For “Scheme” choose Essential Employee Benefits from the drop down list
 - For “Option” ESSENTIAL EMPLOYEE BEN is for chronic medication and EEBS ACUTE is for acute medication
 - Then choose to search by Product or by Condition
 - When you SUBMIT it will tell you whether the medication chosen is on the formulary
- 2.9 **“Inception date”** means the date on which the application for this Day to Day Plan, including any variables or options as regards benefits as selected by the member becomes effective.
- 2.10 **“Member”** means each individual under cover, including a dependant.
- 2.11 **“Medicine”** means a substance registered under the Medicines and Related Substances Control Act, 1965, as amended or replaced from time to time and within the Essential Employee Benefits formulary.
- 2.12 **“Over The Counter Medication (OTC)”** means any medication that can be bought over the counter at a pharmacy without a written prescription and is limited to a monthly value of R150. Pre-Authorisation is required. Please view Sec 6 of Policy Wordings.
- 2.13 **“Option”** means a product registered under Essential Employee Benefits, which offers a specific structure of benefits.
- 2.14 **“Main member”** means a person who has been registered as the principal member.
- 2.15 **“Minor”** means a dependant who is not yet 21 years old, and a dependant who is over the age of 21, but not over the age of 26 years, who is studying full time at a recognised institution.
- 2.16 **“Policy Holder”** means Employer or clients who purchase policies in their personal capacity
- 2.17 **“Service Provider”** means a medical practitioner, dentist, optometrist or pharmacist.
- 2.18 **“Spouse”** means a person to whom a member is married under a system recognised by South African law.
- 2.19 **“The/this policy”** means the insurance agreement concluded between the Insurer and the employer or between the Insurer and clients who purchase policies in their personal capacity in respect of the benefits underwritten by the insurer.
- 2.20 **“Waiting period”** means the number of months you have to wait from inception before you can access your benefits.
- 2.19 **“Year”** means a calendar year.

3. MEMBERSHIP AGE REQUIREMENTS

- 3.1 Unless otherwise provided for, the main member and spouse to

be covered must be below the age of 65 years at the time of application.

- 3.1.1 Benefits for existing main members and spouse members will cease at the age of 65 years or unless otherwise agreed. In the event of benefits ceasing for the main member, this policy shall cease and no further benefits shall be payable to any member.
- 3.1.2 Unless otherwise provided for, the main member to be covered must be over the age of 18 years at the time of application;
- 3.1.3 All dependants will be covered up to the age of 21, unless otherwise provided for.

4. WAITING PERIODS

Waiting periods only apply to the ADVANCED WELLBEING/SPECIALIST product, this waiting period may not exceed 90 days.

5. AMENDMENT / UPGRADE PROCEDURE

Should you wish to change your personal details, amend any option or add dependants onto your existing product please contact the Essential Employee Benefits offices directly on 010 593 7158 or email enquiries@eebs.co.za along with your membership number.

6. PRE-AUTHORISATION AND SCALE OF BENEFITS

The member must make application for pre-authorisation of certain benefits as contained in the benefit schedule hereto. Moreover, the member must determine the maximum benefit payable for each and every defined event as the level of benefit is determined by the actual procedure followed by the service provider. To do this, the member must contact Essential Employee Benefits by telephone 086 999 0913 or Email enquiries@eeb.co.za. Also View Annexure 2.





7. PREMIUM PAYMENTS

- 7.1 Premiums are payable monthly in advance. If the premium is not received in time, As per Rule 15A of the Policyholder Protection Rules - event though the policy is "suspended" due to non-payment of premiums, we will still remain liable for claims and the member will enjoy benefits up until the policy has lapsed and is duly canceled as per Rule 15A. We can however deduct arrear premiums from the benefit amount payable when premiums are in arrears (Rule 17.11.1 PPR's). There is an extended grace period to receive premium up to the 15th of the month for which the premium is due. If your contributions fall in arrears for more than 1 month without alternative arrangements made, your membership will be terminated immediately without further notice;
- 7.2 Premiums are payable by your employer and would be deducted from the member as a payroll deduction, should the main member cease employment at the said employer he/she may move the policy to debit order, additional charges may be incurred to cover debit order fees.
- 7.3 If your membership lapses due to non-payment, you may, subject to the exercise of its discretion by Essential Employee Benefits, re-instate the product within the first two months of such lapsing by making application for reinstatement in accordance with the procedure in 4.1 above.
- 7.3.1 Unless missed premium contributions are paid upon re-instatement, the inception date will be changed to the date of re-instatement, and standard waiting periods will apply from this date.

8. MEMBERSHIP CANCELLATIONS

- 8.1 You may cancel your membership by giving written notice, this only applies if your membership is paid for by yourself via a payroll deduction. Should the product form part of the compulsory offering you may not cancel your benefit without written notice from your employers HR department.
- 8.2 Cancellation of membership will only be effective 30 days from cancelation.
- 8.3 Should your cancelation date be mid month, you will be covered for the month of debit.

- 8.4 Essential Employee Benefits reserves the right to cancel or vary your membership or that of any of your dependants by giving written notification, where possible, if you or any of your dependants;
- 8.4. Provide false information, or fail to disclose pre-existing conditions when applying for any option or product;
- 8.4.1 Provide false information upon submission of a claim;
- 8.4.2 Allow any other person to use your membership card;
- 8.4.3 Commit any other fraudulent act;
- 8.4.4 Fail to pay premiums; or generally act in a manner indicative of a premeditated selection against Essential Employee Benefits.

9. GENERAL EXCLUSIONS LIMITATIONS AND PRESCRIPTIONS

- 9.1. Essential Employee Benefits shall not be liable for any claims in respect of any member:
- 9.1.1 caused by suicide, or self-injury or intentional exposure to obvious risk of Injury (unless in an attempt to save human life);
- 9.1.2 over 65 years of age;
- 9.1.3 caused by or as a result of the influence of alcohol, drugs or narcotics upon such member;
- 9.1.4 caused by or arising from exposure to or contamination by atomic energy and/or nuclear fission or reaction;
- 9.1.5 whilst participating in any riot or civil commotion or public disorder or active involvement in war, acts of terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind;
- 9.1.6 whilst participating in a Professional Sport;
- 9.1.7 for any mental and/or nervous disorders;
- 9.1.8 for contraception pills or medication or fertility-related therapies
- 9.1.9 for mental related conditions, including specialists
- 9.2 No claim shall be payable if it is not reported within 30 days of the occurrence of the defined event.
- 9.3 No claim shall be payable after the expiry of 3 months or such further time as the company may allow from the happening of any event unless the claim is the subject of pending legal action.

10. DOMICILIUM

- 10.1 The *domicilium citandi et executandi* of a Principal Member shall be the address set out in the application form or such later address as

notified in writing.

- 10.2 For purposes of this Day to Day Plan Terms and Conditions, Essential Employee Benefits' address shall be 13 Wellington Road; Parktown; 2000
- 10.3 Any notice given in terms of this Product shall be in writing and shall –
- 10.3.1 If delivered by hand, be deemed to have been duly received by the addressee on the date of delivery;
 - 10.3.2 if posted by prepaid registered post be deemed to have been received by the addressee on the 8th (eighth) day following the date of such posting;
 - 10.3.3 if transmitted by facsimile be deemed to have been received by the addressee on the day following the date of dispatch, unless the contrary is proved;

11. GENERAL

- 11.1 The Day to Day Plan Terms and Conditions together with the Benefit schedule and application form constitute the entire terms and conditions and no other conditions, stipulations, warranties and representations whatsoever have been made by any party or that party's agent, other than as specifically included herein.
- 11.2 No amendment or cancellation of the policy shall be of any force and effect unless such amendment or cancellation is in writing with 31 days notice and signed by Essential Employee Benefits.
- 11.3 This policy does not accumulate cash or surrender value and may not be converted into a paid up product.
- 11.4 This policy is an insurance product and NOT a medical aid.

12. BENEFITS

The following policy benefits are payable subject to the Essential Employee Benefits formulary:

Doctor Consultations Unlimited General Practitioner (GP) Consultations up to such maximum where Essential Employee Benefits could do further investigation and only in terms of the network of practitioners that

Specialists visits

**Dental
Optometry**

Optometry – Glasses

**Maternity
Chronic Medication
Acute Medication**

Radiology

Pathology

Emergency Services

Trauma Room Access

Essential Employee Benefits prescribe. **Up to R2000** will be payable to the member for any visits to a specialist.

2 Checkups per annum on agreed network tariff.
1 Composite Consultation inclusive of Refraction, Tonometry, Visual field screening and Dispensing within the Benefit on agreed Network tariff

1 Set per 24-month period on agreed network tariff. (Grey sticker frame from the SpecSavers store. One pair of Spectacle lenses: Clear Standard Vision Lenses or Clear Standard Flat Top Bifocal Lenses. Multifocal lenses are paid up to the Standard Bifocal lens limit.)

2 Growth scans & unlimited antenatal medication. Unlimited as per medicinal formulary.

R1000 per annum will be contributed to the need for acute medicine as per medicinal formulary.

Unlimited Basic Radiology linked to the doctor visit as referred by the Network Provider from the radiology formulary. Basic black and white x-rays only.

Unlimited Basic Pathology linked to the doctor visit as referred by the Network Provider from the Essential Employee Benefits Pathology formulary.

Unlimited transportation to hospital as per the criteria pertaining to medically justified use of Emergency Services.

Up to R2500 per annum will be contributed to the benefit as and when required. Medical definition of trauma room: a hospital unit specialising in the treatment of patients with acute and especially life-threatening traumatic injuries.



Annexure 1:

BENEFIT SCHEDULE

Benefit Schedule	
BENEFIT RECIPIENT:	The Principal Member as named on the Benefit Application Form and their named spouse and Dependent Children.
PERIOD OF BENEFIT:	Monthly
COMMENCEMENT DATE:	Refer to Membership Certificate
BENEFIT RATE	Refer to Essential Plan Terms and Conditions
BENEFIT ADMINISTRATOR	Essential Employee Benefits (Pty) Ltd



Annexure 2:

MEDICINE PRE-AUTHORISATION PROCEDURE:

Call 086 999 0913

1. DO NOT choose the emergency option. Wait for more options.

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2. Dial 1 for Member options

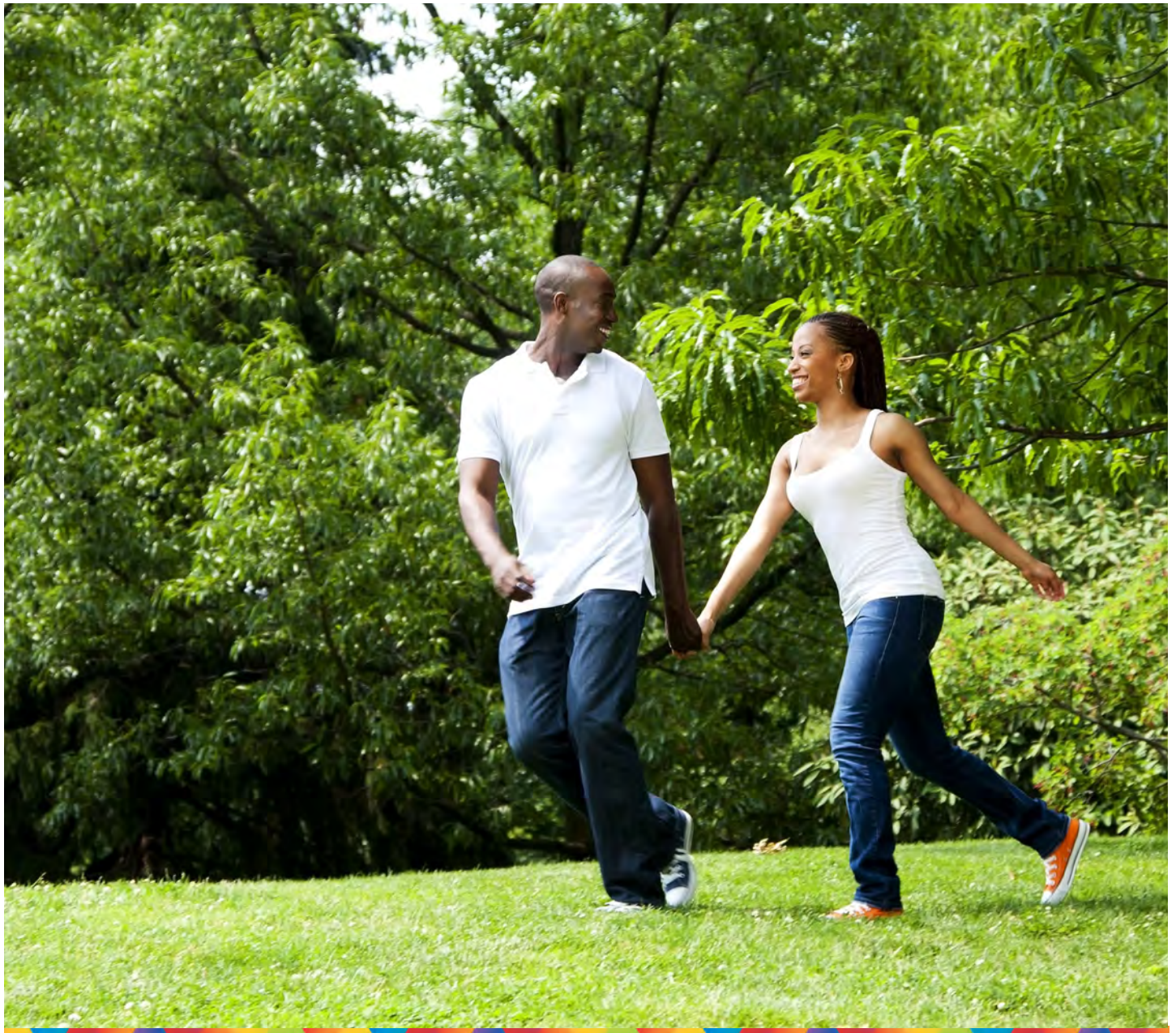
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3. Dial 2 for pre-authorisation of chronic and over the counter medication.

4. You will be transferred to Enabledmed who will help with the pre-authorisation process

To check which medications are included on the formulary go to <http://www.medicscor.net/medinfochecker.html>

- For "Scheme" choose Essential Employee Benefits from the drop down list
- For "Option" ESSESNTIAL EMPLOYEE BEN is for chronic medication and EEBS ACUTE is for acute medication
- Then choose to search by Product or by Condition
- When you SUBMIT it will tell you whether the medication chosen is on the formulary



DISCLOSURE AND OTHER LEGAL REQUIREMENTS:

As a Financial Services Provider, Essential Employee Benefits (Pty) Ltd is committed both under legislation and in terms of our own ethical code, to provide you, our client, with all the information you need to ensure that you are in possession of all relevant facts about the various parties supplying you with your insurance product. These facts are set out for you below, as required by the Financial Advisory and Intermediary Services Act (FAIS) and for clients who purchase policies in their personal capacity, the Policy Holder Protection Rules. Whilst this information is important it does not form part of your actual policy wording. Not only should you be in possession of the facts set out below, but you should have been provided with a full understanding of the product you have purchased. An authorised representative will have provided you with the financial advice you have received.

LIST OF ROLE PLAYERS AND EXPLANATION OF ROLES

Insurer: The insurance company which ultimately underwrites the risk as determined by the policy wording under the hospital and dread disease insurance policy is the Lion of Africa Life Assurance Company Ltd a licensed life insurer and an authorised financial services provider, FSP No 15283 and under the short term medical expense policy is Guardrisk Insurance. The details about the insurers are to be found in the document titled "Disclosure Notice" that form part of this pack.

The **Binder Holder** is a company who performs certain binder functions which in essence are reserved for underwriters and receive a remuneration for completing these functions on behalf of the underwriter. Essential Employee Benefits (Pty) Ltd performs binder functions on behalf of Lion of Africa Life Assurance Company Ltd, a licensed life insurer and an authorised financial services provider, FSP No 15283 (Long-Term Insurance) and also on behalf of Guardrisk Insurance (Short-Term Insurance).

For a complete list of Binder functions which Essential Employee Benefits (Pty) Ltd perform, contact Essential Employee Benefits (Pty) Ltd on 010 593 7158.

Intermediary: The intermediary is the company/person who sold the policy. In the case of the long term insurance policy, the intermediary is also Essential Employee Benefits and in the case of the short term insurance policy, the broker appointed by you, the client. A detailed disclosure document should be provided by the Broker. Complaints regarding the sales process should be directed at the intermediary.

DISCLOSURE NOTICE:

1. ABOUT YOUR FINANCIAL SERVICES PROVIDER

- Essential Employee Benefits (Pty) Ltd Registration Number: 2015/1307/42; 1st Floor, 11 Wellington Road, Parktown, Johannesburg 2000; Tel: 010 593 7158; Email: enquiries@eeb.co.za; www.eebs.co.za
ESSENTIAL EMPLOYEE BENEFITS IS A REGISTERED FINANCIAL SERVICES PROVIDER FSP NUMBER 46244
- Essential Employee Benefits does not earn more than 30% of its total remuneration from any single Insurer and no Insurer holds shares in Essential Employee Benefits nor is Essential Employee Benefits associated to any one Insurer.
- Essential Employee Benefits is in possession of Professional Indemnity insurance.
- Compliance arrangements: Maria Flack-Davison is Essential Employee Benefits's compliance officer and can be contacted Tel: 072 697 7552 or via email on mariafd@eeb.co.za.
- The fees and commissions payable are detailed in the quotation and policy schedule. The consequences of non-payment of the premium will be subject to Rule 15A of the PPR's.

2. ABOUT THE UNDERWRITERS/INSURERS

Product	Underwriter	Reg Number	FSP Number	Contact Number
Long term insurance	Lion of Africa Life Assurance Company Ltd	1942/015587/06	15283	021 461 8233
Medical Insurance	Lion of Africa Life Assurance Company Ltd	1942/015587/06	15283	021 461 8233

3. HOW TO INSTITUTE A COMPLAINT

Should you have any complaint about your policy or the service you have received, please contact Essential Employee Benefits. **Complaints procedure:** Contact our complaints facilitator, on complaints@eebs.co.za. All complaints must be reduced to writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request. If the enquiry is not dealt with satisfactorily, contact the appropriate Ombudsman listed below.

4. OTHER MATTERS OF IMPORTANCE

- You must be informed of any material changes to the information referred to in paragraphs 1 and 2 with 31 days written notice.
- If any complaint to the Broker or Insurer is not resolved to your satisfaction, you may submit your complaint to the FAIS Ombud.
- If your premium is paid by debit order, the debit order must be in favour of one person and may not be transferred without your approval.
- The Product Supplier (Insurer) and not the Broker must give reasons in writing for the rejection of any claim submitted by you.
- The Product Supplier (Insurer) must give you 31 days written notice of its intention to cancel your policy.
- You are entitled to a copy of your policy free of charge.

5. CONFLICT OF INTEREST

We are pleased to report that there are no Conflicts of Interest or potential Conflicts of Interest identified within our organisation. A copy of our Conflict of Interest management policy is available on our website.

6. WARNING

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep all documents handed to you.
- Make notes as to what is said to you.
- Ask for a letter of representation from your adviser.
- Do not be pressurised into buying the product.

7. PARTICULARS OF FAIS OMBUD: |

PO Box 74571, Lynnwood Ridge 0040;
Tel: 012 470 9080 to 012 470 9097;
Fax: 012 348 3447;
Email: info@faisombud.co.za;
Website: www.faisombud.co.za

8. PARTICULARS OF SHORT TERM INSURANCE OMBUD:

PO Box 32334, Braamfontein 2017;
Tel: 011 726 8900;
Fax: 011 726 5501;
Email: info@osti.co.za

