SPOUSE'S AND CHILDREN'S BENEFIT | FACT SHEET

The spouse's and children's benefit allows for an insured to provide added financial protection for their dependants after they pass away.

The benefit can be offered on an approved basis and is linked to a death benefit.

The basic benefit

The benefit for the spouse and each child is calculated as a percentage of the insured's monthly salary at their date of death.

The benefit is paid as either a monthly benefit or capitalized value of the monthly benefit, as selected per the policy schedule.

If paid as a monthly benefit, the benefit for the spouse, and children provided the spouse is the appointed guardian, will be paid directly to the spouse. If there is no surviving spouse or if the surviving spouse is not the appointed guardian, the children's benefit will be paid to a trust unless the insured has elected a guardian in their Will, in which case it will be paid to the appointed guardian.

If paid as a capitalized value, the benefit will be paid to the fund.

Benefit maximums

The total of the percentages paid for each beneficiary is limited to 100% of the insured's monthly insured salary.

Cover conditions

Eligibility	- Minimum entry age is 18 - Maximum entry age is the lesser of 64 and 1 year prior to the selected maximum cover age - Maximum cover age is 70 An insured must - Must meet the eligibility requirements for the death benefit - Must be listed on the register of lives insured and paying premiums for the spouse's and children's benefit
Definition of spouse	A person who is the permanent life partner (whether in a heterosexual or homosexual partnership) or spouse or civil union partner of a main member in accordance with the Marriage Act, 25 of 1961, the Recognition of Customary Marriages Act, 120 of 1998, or the Civil Union Act, 17 of 2006, or the tenets of any Asiatic religion. A permanent life partner is a partner who the main member lived with for longer than 12 months during which time they shared a common household as if being married.

Maximum number of spouses	The benefit is paid based on one spouse only and is based on the life of the member's first spouse or the spouse nominated by the member in writing to Hollard Group Risk. If the member has more than one spouse, the policyholder can direct that the benefit be divided between the spouses.
Definition of child	Will mean an unmarried, financially dependent child of the insured, who has not yet attained the age of 21, and will include a posthumous child, a stepchild, a legally fostered child, and an adopted child. Whilst the insured is eligible for cover under this policy, the age may, at our discretion, be extended to 25 in respect of an unmarried child of the insured who is a full-time student at a registered educational institution. Attendance can be on campus, virtual or via correspondence. Will also mean an unmarried, financially dependent child of the insured who is mentally disabled or permanently and totally physically disabled, whilst the insured is eligible for cover under this policy.
Maximum number of children	The maximum number of children who qualify for benefits is 4. If there are more than 4 children, the benefit will be paid to the oldest 4 children unless instructed otherwise by the policyholder.
When cover for an insured starts	On the later of: - the insured's death benefit cover starting; and - premium payment for the spouse's and children's benefit commencing.
Underwriting requirements	A free cover limit is determined for each policy. The free cover limit is the level below which we give cover without the need for medical underwriting. The death benefit, tax replacement benefit, flexible death benefit and spouse's and children's benefit will be added together to determine if an insured's cover is above the free cover limit. Proof of good health is required for cover above the free cover limit or previously accepted cover. We will cover the cost of the medical evidence requested. Proof of good health must be provided within 4 months of the insured's cover going above the free cover limit or previously accepted cover. We provide temporary accident cover for up to 4 months, while we assess whether we will increase the provided cover to the full potential cover. Accident cover is the insured's restricted benefit amount (i.e. the free cover limit amount) PLUS up to R1 500 000 accident cover. The total benefit payable will be limited to the insured's full potential benefit. Accident cover ends after the 4-month period comes to an end or we complete our underwriting assessment and provide a decision in writing.
Actively at work	Required
Temporary absence from work	An insured who is temporarily absent from work can continue to enjoy cover provided: the absence is intended to be temporary; it is shorter than 6 months; premiums continue being paid; and the insured continues receiving a salary. If the insured is temporarily absent from work more than once, the absences must be separated by at least 3 consecutive months. If they are not, they will be added together to determine whether he is absent for longer than the 6-month limit.

Temporary absence from Southern Africa	An insured who is temporarily absent from Southern Africa can continue to enjoy cover provided: the absence is intended to be temporary; it is shorter than 3 months; premiums continue being paid; and the insured continues receiving a salary. If the insured is temporarily absent from work more than once, the absences must be separated by at least 3 consecutive months. If they are not, they will be added together to determine whether he is absent for longer than the 3-month limit. Southern Africa includes Angola, Botswana, Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa and Zambia.
When cover for an insured ends	Cover ends when any of the following occur: - The member's cover for the death benefit stops; or - Premiums for the spouse's and children's benefit are not paid.
Continuing cover if disabled	If selected by the policyholder under the linked approved death benefit, cover for the spouse's and children's benefit will continue if the insured is receiving a monthly disability benefit under any monthly disability policy taken out by his employer.
Converting to an individual policy benefit	This benefit allows an insured who leaves the employer's employ or fund membership to convert the death benefit, flexible death benefit and spouse's and children's benefit to an individual policy without undergoing medical underwriting. The type of individual cover available will be the lump sum equivalent of the member's spouse's and children's cover, payable as a standard death benefit. The insured must convert their cover within 60 days of their cover terminating under the group insurance arrangement. Individual cover will be limited to their previous level of cover. We will continue to cover an insured who is eligible to exercise the conversion, free of premiums, for 31 days under the group insurance policy after he leaves the employer's employ.

Claim conditions

Claim submission period	The claim must be notified, and all claim documentation must be submitted to us within 12 months of the date of death.
Claim documents required	We typically need the documents listed below. If we need any additional evidence, we will tell you what we need: - All documents required for the death benefit; - A copy of proof of relationship between the insured and spouse; - A copy of the spouse's identity document (if it is an identity card, a copy of the front and the back); - A copy of each child's birth certificate; - If applicable, an affidavit stating why the child's surname is different to that of the insured; - In the case of an adopted child, a copy of the adoption certificate; and - In the case of paying a children's benefit to a trust, a copy of the trust documents; or - In the case of paying a children's benefit to a guardian, a copy of the original certified order of court confirming the legal guardian or the Will appointing a guardian,

	together with copies of the guardian's identity document (if it is an identity card, a copy of the front and the back).
Exclusions	Warlike activities - Nuclear, biological and chemical warfare or sabotage - The insured actively taking part in: o any war, invasion, rebellion, revolution, uprising, riot, civil commotion, strike (including a protected strike), labour disturbance, and the seizing of power o overthrowing or influencing any government by force or terrorism
Benefit escalations	If selected, the spouse's and children's benefit will increase yearly by the lesser of the rate selected and the Consumer Price Index over the preceding 12 months. The maximum escalation rate that can be selected is 10%.
Doubling of children's benefit	If selected, the benefit paid to each child will double if there is no surviving spouse at the date of the insured's death.
Cessation of benefits	**If the insured has a whole-of-life policy:** - The spouse's benefit will terminate when the spouse dies. Remarriage does not affect the payment of the benefit. - The children's benefit will terminate at the earlier of the child dying or the child no longer meeting the definition of child. **If the insured does not have a whole-of-life policy:** - The spouse's benefit will terminate at the earlier of the spouse dying or when the insured would have reached the maximum cover age, as selected by the policyholder. Remarriage does not affect the payment of the benefit. - The children's benefit will terminate at the earlier of the child dying, the child no longer meeting the definition of child or when the insured would have reached the maximum cover age, as selected by the policyholder.
Disputes	If a dispute arises, a request can be made for us to review our decision. This must be a written request received within 90 days of the date that our rejection letter is received. Alternatively, a complaint can be lodged with the National Financial Ombudsman.

Administration information

Register of lives inured	An updated register of lives insured is required monthly.
Premium frequency	Premiums are payable monthly. We allow a 31-day grace period for premiums after the first premium.
Changes in premium	Premiums may change at the yearly premium review or when there are material changes to the employer's business or lives insured.
Notice period for changes in policy terms and conditions	31 days
Termination of the policy	The policy ends when premiums are not paid, the employer stops being in business, the fund is no longer registered (in the case of approved benefits) or the notice period for cancelling the policy comes to an end. Hollard may cancel the policy by giving 60 days' written notice. The policyholder may cancel the policy immediately if it's within the first month of the policy start date, or by giving 31 days written notice thereafter.

Important

This fact sheet is in terms of our standard policy terms and conditions as well as our standard benefits offered and does not include any of our special offers, endorsements or bespoke policies.

For the complete terms and conditions, please refer to our policy document, a copy of which can be requested from Hollard. To contact Hollard for our policy documents, please contact HGRAdmin@hollard.co.za. In the event of any dispute or any discrepancy between this document and the provisions of the policy, the policy will prevail.

For more information about this product or any of our other Group Insurance products, please contact your Hollard consultant.