SPOUSE'S DEATH BENEFIT | FACT SHEET

The spouse's death benefit allows for a member to provide financial protection for their families and beneficiaries after their spouse passes away.

The benefit can be compulsory or voluntary and is an unapproved benefit.

The basic benefit

The basic benefit is offered as either a multiple of salary or as a flat benefit amount.

The benefit is paid as a lump sum to the main member.

Ancillary benefits

The policyholder can choose to provide additional cover by including any of the following ancillary benefits:

- Continuing cover if disabled benefit If disability income benefits are offered as part of the employee benefit programme, this benefit allows the main member's spouse to remain covered for spouse's death benefits whilst the main member is in receipt of disability income benefits. The salary on which a death benefit will be calculated will be the salary at the main member's date of disability, increased each year by the income disability escalation rate, subject to a maximum of the Consumer Price Index.	- Converting to an individual policy benefit This benefit allows a main member who leaves the employer's employ or fund membership to convert the spouse's death benefit to an individual policy without the spouse undergoing medical underwriting. The main member 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.

Benefit maximums

- Our maximum spouse's death benefit is currently R3 000 000 or 3 times annual salary.
- The spouse's death benefit cannot be more than the main member's death benefit.
- Aggregation does not apply.

Cover conditions

Eligibility	**Eligibility of main member:** - 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 The main member must: - be covered for a Hollard Group Risk death benefit under a policy taken out by the employer - have completed the application form and been accepted for cover under the policy in the case of voluntary cover - be an employee of the employer indicated in the policy schedule; and - live in the Southern African region (unless otherwise agreed to by us in writing) and must either be a citizen of the Republic of South Africa or have been given the necessary permission from the South African authorities to live and work in the Republic of South Africa **Eligibility of spouse:** - Minimum entry age is 18 - Maximum entry age is 69 - Maximum cover age is 70 The spouse must: - live in the Southern African region (unless otherwise agreed to by us in writing) - meet the definition of spouse
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. A maximum of one spouse per main member will be covered for benefits under this policy at any one time.
Selecting the spouse's death benefit	Voluntary spouse's death cover can be selected under the policy within: - 3 months of the policy start date if the employee is an existing employee at the time the policy starts - 3 months of joining the employer if the employee joins after the policy start date - 3 months of a life changing event
Definition of life changing event	The following events are considered life-changing: - Having a child - Getting married - Getting divorced - Becoming the main caregiver of a sick loved one
When cover for a spouse starts	On the later of the main member's entry date and the date on which the spouse meets the eligibility criteria and is added to the register of lives insured.
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. Proof of good health of the spouse 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	Not required
Temporary absence from work	A spouse can continue to enjoy cover when the main member is temporarily absent from work provided: the absence is intended to be temporary; it is shorter than 6 months; premiums continue being paid; and the main member continues receiving a salary. If the main member 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	A spouse can continue to enjoy cover when the main member is temporarily absent from Southern Africa provided: the absence is intended to be temporary; it is shorter than 3 months; premiums continue being paid; and the main member continues receiving a salary. If the main member 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 a spouse ends	Cover ends when any of the following occur: - Any conditions for eligibility are no longer met; - Premiums are not paid; - The main member is temporarily absent from work for more than 6 months (or any extended period agreed to by us writing); - The main member passes away; - The main member reaches the maximum cover age; - The spouse reaches the maximum cover age; - The spouse passes away; - The spouse ceases to meet the definition of spouse; - The spouse remains outside the Southern African region for more 3 months (or any extended period agreed to by us in writing); or - The main member removes the spouse from cover, in the case of voluntary cover.
Restoring the death benefit for another spouse	If we have paid out a death benefit for a spouse, the main member may add another spouse if the following conditions are met: - The date that the new spouse meets the definition of spouse is after the date of death of the previous spouse - The main member tells us they want their new spouse covered within 3 months of the new spouse meeting the definition of spouse (for voluntary cover only) - Premiums are paid for the new spouse - The main member and the new spouse meet all eligibility criteria

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: - A signed claim form - A copy of the spouse's death certificate - A copy of the completed Notification of Death Form (DHA-1663) - A copy of the spouse's identity document - A copy of the main member's last payslip - Proof of banking details - A copy of the main member's identity document - A copy of proof of the relationship between the main member and their spouse i.e. marriage certificate, or affidavit confirming the relationship - If applicable, a copy of the relevant Police report in the event of an accident or unnatural causes
Waiting period	**For voluntary cover:** The waiting period is 3 months. We will not pay a claim that occurs during the waiting period, unless the claim is a result of an accident.

Exclusions	Warlike activities
	- Nuclear, biological and chemical warfare or sabotage.
	- The insured actively taking part in:
	  ○ any war, invasion, rebellion, revolution, uprising, riot, civil commotion, strike (including a protected strike), labour disturbance, and the seizing of power
	  ○ overthrowing or influencing any government by force or terrorism

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, 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.