medway

heritageplus

bridging the gap

Bridges the gap to ensure you and your family get the healthcare and peace of mind you deserve

GUARDRISK

TAILORED RISK SOLUTIONS

medway

Most people will face hospitalisation or expensive medical procedures at some point in their lives and no-one can predict when. HeritagePlus bridges the gap.

Have you ever considered whether your current medical scheme provides sufficient cover in the event of untimely hospitalisation, expensive medical procedures or the death of an immediate family member?

HeritagePlus is a flexible insurance package which is as unique as you are. It puts the power of choice in your hands and bridges the gap so that you may have the healthcare and peace of mind you so rightly deserve.

ESSENTIAL BENEFITS

GAP COVER

- Covers your immediate family in respect of medical expenses shortfalls for in-hospital associated services provided by specialist doctors that charge more than your medical scheme rate, limited to **5x** the medical scheme tariff.
- Also covers treatment on an out-patient basis for chemotherapy, radiotherapy and kidney dialysis.
- Extends to certain specified medical procedures performed on an out-patient basis.
- Gap cover is limited to R165 000* per person per annum.
- Makes an additional allowance of R3 000* for disposable items used in-hospital.

+ SUB-LIMIT LITE

- Cover of R10 000* per family per annum for medical expenses shortfalls above any sub-limitation imposed by the medical scheme whilst:
  - confined to hospital as an in-patient.
  - an out-patient for either chemotherapy, radiotherapy or kidney dialysis.
  - admitted on a day admission basis for a non-PMB (prescribed minimum benefit) condition.

+ PREMIUM WAIVER

- Covers the HeritagePlus premium of the surviving dependants, in the event of the death of the principal insured, for 12 months.

+ TRAUMA PLAN

- Pays a daily stated benefit for non-medical expenses as a result of hospitalisation due to accidental injury.
- Only in the event of surgery under general anaesthetic – this benefit pays a daily amount of R1 000 for day 1 in hospital and R500 for each day thereafter for non-medical expenses as a result of accidental injury.

+ BEREAVEMENT PLAN

- Immediate Family Funeral Plan provides you with a cash payout of R6 000 to cover funeral expenses in the event of the death of either yourself or your spouse and R2 000 for each child dependant.
- Additional R20 000 cash payout in the event of accidental death of either yourself or your spouse.
- Hired car with free usage for 4 days (including a tank of petrol) in the event of the death of yourself or your spouse.
- Repatriation and transportation of mortal remains to your burial hometown (within SA) to the value of R5 000.

+ CANCER TREATMENT COVER

- Pays an extra R150 000* for traditional cancer treatment charges and/or for costs of defined biological drugs for defined oncological benefits, above the sub-limit benefits imposed by your medical scheme for medical expenses shortfalls.

VALUE BENEFITS – YOUR CHOICE

HeritagePlus truly is a PLUS plan that provides you and your family with arguably the most comprehensive insurance solution on the market today. The key to our unique offer is that YOU get to design your cover the way YOU want to. Below are additional options for your consideration, which will give you even more peace of mind!

SUB-LIMIT EXTENDER

- Increases your sub-limit cover to R165 000* per person per annum for medical expenses shortfalls i.e. charges above any sub-limitation imposed by the medical scheme whilst:
  - confined to hospital as an in-patient.
  - an out-patient for either chemotherapy, radiotherapy or kidney dialysis.
  - admitted on a day admission basis for a non-PMB (prescribed minimum benefit) condition.
- Also includes an Appliance Benefit of R3 000* per family per annum to help cover the shortfalls on boots; crutches; wheelchairs and others.

CO-PAYMENT COVER

- Covers medical expenses shortfalls i.e. charges in the form of either a co-payment or a deductible applied by your chosen medical scheme for certain procedures received whilst admitted as an in-patient to hospital.
- Covers charges in the form of either a co-payment or a deductible applied for MRI and CT scans performed on an out-patient basis.
- R30 000* per person per annum.
- Also includes a benefit payout of up to R12 000* for when you utilise a non-network hospital and are subject to a co-payment.

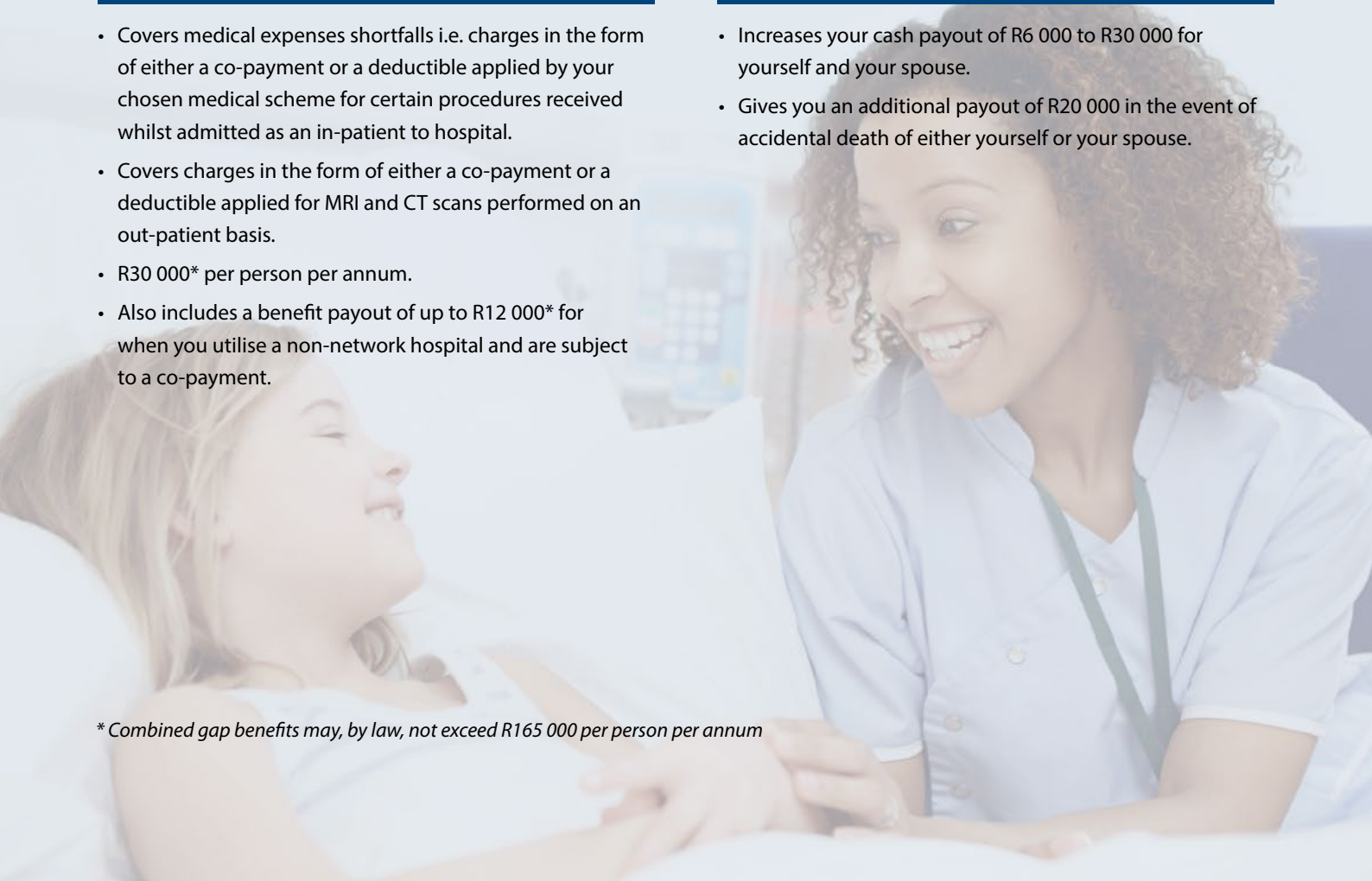
TRAUMA EXPENSES BOOSTER

- Covers **Casualty** (out-patient) expenses in the event of accidental injury – to a maximum of R10 000* per family per annum.
- **Cancer Care** – Pays out R10 000 on diagnosis of cancer.
- Extends your **Trauma Expenses** benefit (for non-medical expenses) paid out as follows for surgery under general anaesthetic:
  - Day 1, 2 & 3: R3 000 per day
  - Day 4: R2 000
  - Day 5+: R1 000 per day

  For procedures under local anaesthetic:
  - R1 000 per day

BEREAVEMENT ENHANCER

- Increases your cash payout of R6 000 to R30 000 for yourself and your spouse.
- Gives you an additional payout of R20 000 in the event of accidental death of either yourself or your spouse.



** Combined gap benefits may, by law, not exceed R165 000 per person per annum*

TERMS AND CONDITIONS

ESSENTIAL BENEFITS

Gap Cover

- Covers principal insured, spouse and children (biological or legally adopted).
- Pre-existing conditions excluded for 12 months.
- Annual benefit limit: R165 000* per person per annum for all medical expenses shortfalls.
- Pays up to 5x the medical scheme tariff, i.e. the difference between actual cost and your medical scheme stated tariff.
- Does not cover co-payments and sub-limits.
- Consumables cover – reimburses you for up to R3 000* for in-hospital disposable items such as bandages, gauze sponges and gloves, where the charge exceeds the scheme tariff rate.
- For the first three years following inception of a contract, there is a limit of R30 000 (per person) in respect of the combined shortfall claims for hip and knee replacements or procedures from the sub-limit and gap benefit.

Sub-Limit Lite

- Covers principal insured, spouse and children (biological or legally adopted).
- Annual benefit limit: R10 000* per family per annum for all medical expenses shortfalls.
- For the first three years following inception of a contract, there is a limit of R30 000 (per person) in respect of the combined shortfall claims for hip and knee replacements or procedures from the sub-limit and gap benefit.

Premium Waiver

- On the death of the principal insured, payable on behalf of remaining dependants: Medway HeritagePlus premium for 12 months.
- A waiting period of 6 months applies from policy commencement.

Trauma Plan

- Covers principal insured, spouse and children (biological or legally adopted).
- Pays a stated benefit directly to the principal insured in the event of hospital admission due to accidental injury for non-medical expenses when surgery under general anaesthetic is included:
  - Day 1 – R1 000
  - Day 2 onwards – R500 per day

Bereavement Plan

Immediate Family Funeral Plan

- Covers principal insured, spouse and biological or legally adopted children up to age 21.
- The benefit value halves when principal insured reaches age 65.
- Waiting periods:
  - None for accidental death.
  - Six months for natural death and pre-existing conditions.
  - 12 months for suicide.

Cancer Treatment Cover

- Covers up to R150 000* per person per treatment cycle, once your medical aid limit for oncology biological drug treatment has been reached.
- Pre-existing cancers are excluded for 12 months.

VALUE BENEFITS

Sub-Limit Extender

- Covers principal insured, spouse and children (biological or legally adopted).
- Annual benefit limit: increased to R165 000* per person per annum for all medical expenses shortfalls. This will be subject to a sub-limit of R45 000 per person per annum for any prosthesis.
- For the first three years following inception of a contract, there is a limit of R30 000 (per person) in respect of the combined shortfall claims for hip and knee replacements or procedures from the sub-limit and gap benefit.
- Also includes an Appliance Benefit of R3 000* per family per annum to help cover the shortfalls on boots; crutches; wheelchairs and others.

Co-payment Cover

- Pre-existing conditions excluded for 12 months.
- Annual benefit per person limited to R30 000* for all medical expenses shortfalls.
- Also includes a benefit of R12 000 per family per annum for when you elect to make use of a non-network hospital and are subject to a co-payment.

Trauma Expenses Booster

Covers principal insured, spouse and children (biological or legally adopted).

Casualty Cover

- Annual reimbursement benefit of R10 000* per family per annum. Pays out In the event of the Insured Person and family sustaining accidental bodily injury necessitating immediate emergency medical treatment or for Children younger than five (5) years of age when after-hours medical treatment is required, due to illness, at a registered medical facility, either paid by you or from your medical savings for the following:
  - Doctors' and specialists' consultations
  - Pathology
  - Radiology
  - Medication
  - Consumables
- Excludes cover for expenses incurred in-hospital.

Cancer Care

- Pre-existing cancers are excluded.
- Only applicable cancers apply.
- Lump sum benefit per person of R10 000 per lifetime

Trauma Expenses Booster

- Annual reimbursement benefit per family per annum for non-medical expenses as per defined table:
  - Day 1, 2 & 3: R3 000 per day
  - Day 4: R2 000
  - Day 5+: R1 000 per day
  - For procedures under local anaesthetic: R1 000 per day
  - Applicable to accidental injury treated in-hospital only.

Bereavement Enhancer

- Covers principal insured and spouse only for R30 000.
- Pays an additional R20 000 in the event of accidental death of the principal insured and spouse.
- The benefit halves when the principal insured reaches age 65.
- Waiting periods apply.

** Combined gap benefits may, by law, not exceed R165 000 per person per annum*

APPLICATION FORM

1. PRINCIPAL INSURED DETAILS *(Heritage Senior rates applicable beyond age 65)*

Surname _____ Full First Name(s) _____

Date of Birth D D M M Y Y Y Y ID Number

Marital Status ☐ Single ☐ Married ☐ Divorced Gender ☐ Male ☐ Female

Postal Address _____

_____ Postal Code

Telephone (H) ( ) _____ Telephone (W) ( ) _____

Cell Number _____

Email Address _____ All correspondence by email unless ticked No ☐

Do you currently belong to a medical scheme? Yes ☐ No ☐ Name of Scheme _____

Membership Number _____ Name of Employer _____ Unemployed ☐

Do you currently have medical insurance cover? Yes ☐ No ☐ Medical Insurance Name _____

Option _____ Start D D M M Y Y Y Y To D D M M Y Y Y Y

2. BENEFIT OPTION SELECTION

Product	Include	Cost per Month	Product	Include	Cost per Month
Essential Benefits	☐	R315 pm*	**Trauma Expenses Booster**	☐	R75 pm*
Sub-Limit Extender	☐	R48 pm*	**Co-payment Cover**	☐	R70 pm*
Bereavement Enhancer	☐	R100 pm*	** Premiums increase annually on 1 January.*		

PREMIUM TOTAL R ☐☐☐ **pm** Preferred Commencement Date D D M M Y Y Y Y Signature _____

3. DEPENDANT DETAILS *(Immediate family members only – i.e. spouse and own children)*

First Name(s)	Surname	Date of Birth / ID No	Relationship

4. BENEFICIARY DETAILS *(Recipient of funeral benefit/s payout - over 21 years only)*

First Name(s)	Surname	ID No	Date of Birth

Beneficiary Contact Number _____ Beneficiary Email Address _____

5. INTERMEDIARY DETAILS & DECLARATION *(To be completed by intermediary only)*

Name of FSP **MEDWAY MARKETING (PTY) LTD** FSP Number **15624**

Agent/Representative _____

Code _____ ID Number

Telephone (W) ( ) _____ Cell Number _____

DECLARATION (1) I have explained the meaning of the replacement of an insurance policy to the applicant policy owner. (2) I am a representative of an Authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 and confirm that the applicant policy holder has been provided with all information required in terms of the Act. (3) I declare that I am accredited to sell these medway products, that I conducted a financial needs analysis and that this product is designed to fulfil the applicant's needs. (4) I further declare that all the information contained in this application was obtained from the applicant and was completed and signed in his/her presence.

Signature of Intermediary _____ Date D D M M Y Y Y Y

6. EMPLOYMENT DETAILS / STOP ORDER

CLIENT INFORMATION

Surname _____ Full First Name(s) _____

ID No | | | | | | | | | | | | | |

Persal No _____ Salary Reference **GUARDRISK**

DEDUCTION INFORMATION

Premium Amount _____ With Effect From D D M M Y Y Y Y

Department Name _____ Department Code _____

DECLARATION

I, the undersigned, hereby authorise the Accountant of the Department of _____ to deduct the above monthly premium or such other amount required in terms of the conditions of the policy from my salary, and to remit it to GUARDRISK (registration number: 1999/013922/06 FSP number: 261076), from whom I have obtained a life assurance policy until such time as I cancel this authority in writing, or until I substitute it with a new authority. I declare that the owner of the policy has not received any payment or advance from the representative of the company or any other person, nor been offered any other consideration as an inducement to effect the assurance referred to in this authority. Should the relevant subscription/premium/payment rate be adjusted by the Institution, as a result of a general decrease/increase in subscription due to the inflation related increase/decreases, I confirm that the adjusted subscription/premium/payment may be deducted from my salary, until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation. I further give authorisation to implement the debit order as below, only when my stop order is unable to be processed and never in conjunction with the stop order being lodged.

Authorised Signatory _____ Signed at _____ Date D D M M Y Y Y Y

7. DEBIT ORDER DETAILS

Pay to (Beneficiary) **Medway Marketing (Pty) Ltd** Abbreviated Name **Medway**

Account Holder _____ Bank Name _____

Branch / Branch Code _____ Bank Account No _____

Type of Account ☐ Savings ☐ Cheque Date of Debit Order D D M M Y Y Y Y

AUTHORITY

I hereby authorise you to issue and deliver payment instructions to your banker for collection against my above-mentioned account at my above-mentioned bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the agreement and commencing on the date of debit order above and continuing until this authority and mandate is terminated by me by giving you notice in writing of not less than 30 days and sent electronically or by post to the address as indicated above. The individual payment instructions so authorised to be issued must be issued and delivered MONTHLY. In the event that the payment day falls on a Sunday, or a recognised South African public holiday, the payment day will automatically be the very next ordinary business day. I understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African Banks. I also understand the details of each withdrawal will be printed on my bank statement and will contain a number that enables me to identify the agreement.

MANDATE

I acknowledge that all payment instructions issued by you shall be treated by my bank as if the instructions have been issued by me personally.

CANCELLATION

I agree that although this authority and mandate may be cancelled by me, such cancellation will not cancel the agreement. I 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 you.

ASSIGNMENT

I 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.

I furthermore agree to advise Medway of any changes to the above banking details.

Authorised Signatory (Premium Payer) _____ Date D D M M Y Y Y Y

8. DECLARATION BY PRINCIPAL INSURED

1. I hereby apply for the Medway HeritagePlus policy in accordance with the provisions and conditions as contained in the policy contract.
2. I acknowledge that the level of cover and the rate at which contributions increase are not guaranteed and can be reviewed in the event of unforeseen circumstances, which materially affect the cost of providing cover.
3. I understand and agree that, subject to the waiting periods, the Insurer will only be at risk once Medway accepts this application and the first contribution is received.
4. Medway will send me the Medway HeritagePlus policy schedule and policy wording / summaries to examine. If the plan does not suit my needs, I may cancel it within 30 days of receipt, by providing written notification to Medway in order to qualify for a refund.
5. I warrant that all information given in this Medway HeritagePlus application form, whether in my handwriting or not, is true and complete. I understand that any misrepresentation or non-disclosure or provision of false information can lead to cancellation of these benefits, in which case, all monies paid to Medway will be forfeited.
6. I undertake to advise Medway of any changes to my health between signing for this application and commencement of my policy.
7. I undertake to keep Medway informed of any changes to my existing information such as a change of status, change of dependants, bank details and contact information.
8. I have read and understand the "Your questions answered" section as contained in this application form, and accept it as part of the terms and conditions of the policy.
9. If applicable, I confirm that I understand the implications of replacing an existing policy and that it is my responsibility to cancel my existing cover.
10. I understand that pregnancy will not be covered for the first 12 months of this Medway HeritagePlus policy.
11. Have you, or any of your dependants sought any advice, been diagnosed with, or treated for any of the following conditions in the past 12 months: tuberculosis, cancer, heart disease, HIV/Aids, diabetes?

    Yes ☐ **No** ☐

    If yes please give details _____
12. Are you aware of any condition that may require medical treatment in the next 12 months for either you or any of your dependants?

    Yes ☐ **No** ☐

    If yes please give details _____
13. I understand that pre-existing conditions will not be covered for the first 12 months of this policy.
14. I understand that this summary is for information purposes only and does not supersede the conditions and rules of the Medway HeritagePlus policy, as contained in the master policy wording. In the event of any discrepancy between this summary and the conditions and rules of the master policy wording, the master policy wording will prevail.
15. I understand that the premiums increase annually on 1 January. The rate of increase is usually between 8% and 12% depending on the claims experienced for all clients in the previous financial year.

Signature (Principal Insured) _____ Date D D M M Y Y Y Y

YOUR QUESTIONS ANSWERED

HOW DOES THIS POLICY WORK?

Medical aids have set limitations, co-payments and medical tariffs that dictate what they will pay for and how much they will pay you when a medical aid member is treated in hospital. This policy aims to reimburse you for the amounts owed to the specialists and hospitals once the medical aid has settled the accounts and there are still amounts owing. But these payments are also subject to limits as per the amount shown, per type of cover.

Some of these payments may also be due at time of hospital admission. These amounts would normally be covered by the principal insured but can be claimed back once the medical aid statement is available and shows the amount paid by the principal insured.

DOES IT COVER ALL SHORTFALLS I HAVE ON MY MEDICAL AID?

No. It will only cover in-hospital procedures, and certain day admission procedures in day-clinics (as defined), provided none of these are as a result of any of the exceptions listed.

Most out-of-hospital treatments are not covered unless specified in the policy wording.

Cover for all medical aid shortfalls is limited to a maximum of R165 000 per person per annum.

For the first three years following inception of a contract, there is a limit of R30 000 (per person) in respect of the combined shortfall claims for hip and knee replacements or procedures from the sub-limit and gap benefit.

WHAT WAITING PERIODS APPLY TO THIS POLICY?

There is no general waiting period that applies to this policy. Your benefits are available from day 1 that your policy commences. (However, a general waiting period of 3 months may be applied at the discretion of the underwriter.)

A standard waiting period of 12 months applies to any pre-existing medical condition diagnosed or treated prior to you applying for this policy. (All applicable conditions must be declared on your application form).

Pregnancy is not covered for the first 12 months.

A 6 month waiting period applies for any death by natural cause or pre-existing conditions, 12 months for death as a result of suicide.

No waiting period applies for accidental death or accident related treatment.

A waiting period of 6 months applies to the Premium Waiver benefit.

WHO MAY BE COVERED UNDER THIS POLICY?

You, your spouse or life partner and your biological children and legally adopted or fostered children.

Please note there is an age limit of 21 years for cover for children, which may be extended to age 27 where a student is registered at a bona fide tertiary education institution and is still financially dependent on you. The student must be registered as a child dependant on the medical aid.

Permanently disabled children are not bound by this age restriction.

No grandchildren will be covered unless you are able to prove that they are 100% financially dependent on you and in the absence of their own parents.

WHEN WILL COVER CEASE ON MY POLICY?

When you do not pay your premium for 2 consecutive months.

When the principal insured attains the age stated as the cut-off age for the benefit. In some cases, age limits may be applied to other insured persons too.

On the death of the principal insured.

When you no longer have medical aid cover.

HOW DO I SUBMIT A CLAIM?

Contact our Customer Care Centre on 0860 633 929 or email customercare@medway.co.za

Based on the information you provide, you will be emailed the appropriate forms along with detailed requirements.

Provided you submit all the correct information, your claim will be processed within the time frames stipulated.

HOW LONG DOES IT TAKE TO PROCESS AND PAY MY CLAIM?

A complete claim (this includes a 100% fully completed form plus all the required supporting documentation) will be processed within 10 working days.

A complete funeral claim is processed within 48 working hours.

Claims referred for pre-existing condition investigations and for prescribed minimum benefits will take longer than 10 days, but we will communicate this with you.

WHAT ARE SOME OF THE GENERAL EXCLUSIONS ON MY POLICY?

Any bodily injury or sickness as a consequence of:

- War; military action; rebellions and revolutions
- Nuclear weapons or nuclear materials
- Attempted suicide and self-injury
- Drug and alcohol abuse
- Active military duty (excluding HECB Cover)
- Participation in aviation or motorised speed testing
- Routine physical or diagnostic procedures
- Anything relating to cosmetic surgery and obesity treatment/surgery
- Depression; insanity; mental stress and psychotic disorders
- Fraudulent submissions

WHAT ARE THE GENERAL CONDITIONS?

Cooling-off period of 30 days, from policy inception, is allowed i.e. within this period, you may cancel and get refunded.

Notice to terminate is 31 days.

Premiums are paid monthly in advance.

Any premium received after 40 days of usual strike date, will result in no-cover for that month.

No refunds are due in the case of the cancellation of a policy, other than in the cooling-off period.

WHEN WILL MY CLAIM NOT BE PROCESSED?

Where your policy is in arrears.

Where the insurer has investigated and found that the condition relating to the claim was not disclosed at time of application and is considered a non-disclosure, in which case the policy may be cancelled by the insurer.

Where your medical aid cover has lapsed or is terminated at the time of the incident, and where you are claiming for medical expenses shortfalls.

Where you are claiming outside the 12 month period that you have in which to claim and/or the claim was not submitted within 6 months of the incident and you do not sufficiently justify the lateness of submission.

Where you have not provided all the required documentation.

Where you have provided false information, in which case the policy may be cancelled by the insurer.

Where the dependant you are claiming for no longer meets the eligible spouse/ dependant definition.

Where your medical aid has rejected the claim.

Where you are claiming for a benefit that is only applicable in the case of accidental injury and you did not have an accident.

Where you are claiming for accidental injury and the ICD10 codes are not listed as accident codes.

WHAT SHOULD I DO IF I CURRENTLY HAVE GAP COVER BUT AM WANTING TO CHANGE TO THIS POLICY?

Ensure that the reason you are changing is because this policy offers you better benefits matching you and/or your family's medical and financial needs.

You need to ensure that you cancel your existing policy and allow for this policy to commence without any overlap.

Please be reminded that you may not have duplicate gap cover.

Medway Marketing (Pty) Ltd is an authorised Financial Services Provider – FSP # 15624

SOME USEFUL DEFINITIONS

ICD 10 CODES

International diagnostic codes used by doctors and hospitals which reflect on their accounts describing the diagnosis, symptoms and procedures recorded in conjunction with hospital care.

MEDICAL AID STATEMENT

A statement that is generated by your medical aid scheme showing which service providers accounts they have paid (or rejected) and showing how much was paid.

OUT-PATIENT

Any medical treatment, which would otherwise be treated in-hospital , but is rendered to you by a medical practitioner outside of a hospital admission i.e. in a registered day clinic.

IN-PATIENT

Any medical treatment rendered to you by a medical practitioner whilst you are admitted to hospital.

PMB (PRESCRIBED MINIMUM BENEFITS)

All medical schemes must provide benefit cover to their members, in public hospitals, for approximately 250 clinical conditions listed in the medical schemes Act. The PMB conditions have been extended to include a chronic disease list of conditions. Cover relates to the diagnosis, medication, treatment and care of these conditions.

MEDICAL SCHEME TARIFF

The rate set by a specific medical scheme at which claims and services for healthcare providers are paid.

MEDICAL SCHEME OPTION REIMBURSEMENT RATE

This refers to the multiple of the medical scheme tariff, as indicated by the rules of the medical scheme, at which claims and services for healthcare providers are paid.

This is not a medical scheme and the cover is not the same as that of a medical scheme.
This policy is not a substitute for medical scheme membership.

powered by medway expect much more

0860 633 929 • www.medway.co.za

Medway Marketing (Pty) Ltd, 7th Floor, 80 Strand Street, Cape Town 8001 • PO Box 5466, Cape Town 8000

Medway Marketing (Pty) Ltd is an authorised Financial Services Provider – FSP # 15624

Underwritten by GUARDRISK TAILORED RISK SOLUTIONS

011 669 1000 • www.guardrisk.co.za
Guardrisk Insurance Company Limited FSP # 75
Guardrisk Life Limited FSP # 76

Once you have completed your application form it will be processed by Medway. If your application is successful you will be contacted by a Medway consultant who will telephonically confirm your HeritagePlus package and benefit options.

In the event of a claim, please call Medway on 0860 633 929, and one of our friendly and efficient consultants will gladly assist you.