

ONE PLANTM

Pet Insurance

Underwritten by



Oneplan Pet Policy Wording

Effective Date: 10 August 2018
Version: 8.1

WELCOME TO THE ONEPLAN PET FAMILY!

Welcome to our Oneplan Pet Family and thank you for choosing us as your preferred provider. This policy wording contains the “dreaded” small print. We cannot stress the importance enough of reading this document thoroughly. We ask that you please read this document in its entirety along with all associated documents to ensure that you fully understand the product and any limitations that exist within the “dreaded” small print. Should you be unsure of any of the information, please do not hesitate to contact our friendly call center – where it would be our pleasure to assist you.

Oneplan Pet is administered by Oneplan Underwriting Managers (PTY) Ltd and underwritten by Bryte Insurance Company Limited (The Insurer).

All documents received must be read together as one contract and any word or expression that has specific meaning in any part of the policy or the cover explanation shall bear specific meaning wherever it may appear.

WHAT MAKES US DIFFERENT?

At Oneplan Pet we have a passion for providing the best available medical insurance there is for your furry family member. We understand how important your pet and their health are to you. Our pet product is unique due to the following:

- Our Onecard Transactional Card allows for pre-loading of funds for vet visits so that you do not have to pay first and claim later.
- Our mobile application to assist with the speedy administration of your policy – basically all your policy information is at your fingertips anywhere you go!
- Any condition will be covered after twelve (12) months regardless if it is considered to be Pre-existing, Hereditary or Congenital unless specifically excluded.
- We cover your routine care up to the cover limit specified in your Policy Schedule depending on the plan type selected.
- You may use a vet of your choice and we do not limit the tariffs / rates that the vet may charge you. In other words, we will pay 100% of your claim up to your cover limit provided that any of the treatment or costs are not specifically excluded.
- There are no sub-limits for your Vet visits – we pay up to the cover limit of the Vet Visit reflected on your Policy Schedule.

IMPORTANT DEFINITIONS

In this policy all words and expression signifying the singular shall include the plural and vice versa. Words and expressions implying the masculine gender shall include the feminine. The following words and expressions shall have the following specific meanings:

- “Accident”** means a sudden, unexpected, unforeseen, unusual, unintended event which occurs at a specific time and place causing injury to your Pet, the result of which requires immediate medical attention to your Pet.
- “Application Form”** means the form that you complete to insure your Pet. Application forms are completed telephonically via a voice log, electronically or you may complete a paper-based application form.
- “Clinical Signs”** means any changes to your Pet’s normal healthy state, behaviour or bodily functions.
- “Congenital”** means a condition existing at birth and often before birth or that develops during the first month of life.
- “Event”** means an event that would cause the Insurer to pay a claim as per the cover provided in this policy.
- “Exclusions”** means any conditions or illnesses of your pet that are excluded for a period as determined us.
- “Hereditary”** means a condition that has been passed down from your Pet’s parents or due to a specific breed which may

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present with Clinical Signs during any stage of your Pet's life. These include, but are not limited to, hip dysplasia, elbow dysplasia, mange, displacement of the patella, entropion, ectropion and cherry eye.

"Illness"	means any unforeseen sickness, illness or disease originating, contracted, commencing or first manifesting itself during the period of insurance. Should the illness or related condition reoccur within a six-month period it will be deemed to be part of the initial illness and associated claim.
"Inception Date"	means the date on which the policy first became active for your pet. This will always fall on the first day of a calendar month and commences from the first successful collection of the debit order.
"Injury"	means physical injury, cut, abrasion, bruise, burn or disfigurement, bodily harm, sickness or disease caused to an Insured Pet by an unforeseen accident. This does not include an injury or trauma that occurs over a period.
"Pet"	means the natural domestic animal covered under this policy and whose name and description is reflected on the Policy Schedule
"Month"	means one full calendar month commencing in the first day of each month.
"NAEDO"	means an advanced debit order mechanism which is automatically activated due to non-receipt of the premium or due to a bad payment history. NAEDO will deduct funds immediately from the account holders bank account when there are funds available and therefore may possibly not be deducted on the nominated date.
"Onecard"	means the transactional debit card onto which claims are loaded through the advance mobile claim system. The Onecard may be swiped at the provider and proof of payment in the form of an invoice or statement must be kept for record and auditing purposes.
"Pre-Existing Condition"	means a medical condition, or condition that presented Clinical Signs, that were in existence prior to this policy's Inception Date, or in existence during the first three months during the waiting period or that was newly diagnosed within the first three months from the Inception Date of the policy, whether it was known or unknown to you.
"Policy Schedule"	means the document that lists the detail of the insured amounts, exclusion and cover limits.
"Us/we"	means the administrator, Oneplan Underwriting Managers (PTY) Ltd, and the Insurer means Bryte Insurance Company Limited, FSP17705.
"Vet"	means a person who is registered with the SA Veterinarian Council and who is able to provide veterinary treatment that is medically justifiable for an Event as defined in this policy in a veterinary facility / hospital. All treatment and procedures must meet the protocols as laid down by the South African Veterinarian Association.
"Year"	means the twelve-month period from the Inception Date of the policy.
"You/your"	means a natural person who has applied to insure a Pet and who has been accepted by the Insurer and whose policy premiums are paid and up to date. You must be 18 years of age or older.

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GENERAL INFORMATION REGARDING YOUR POLICY

When does your policy start?

Once you have completed an Application Form, your application will be underwritten according to the information provided by you. The Inception Date of your policy is the date on which you agree that the policy should start and will only be active after the first successful collection of your premium and once we have accepted the risk.

What is your monthly premium?

The monthly premium of your policy is reflected on your Policy Schedule.

While we try to keep increases to a minimum, we reserve the right to increase your premium on a group or individual basis. You will receive at least one calendar month written notification to your nominated email address of the increase in premium. Premiums may be increased due to risk profile changes for your pet, breed of your pet, your pet's claims history or industry standard annual increases.

In addition to your first premium, we will include a once-off policy initiation fee of R150.00 for the courier of your Onecard Transactional Card. This fee is only applicable to the Classic and Super Plan. There is no Onecard Transactional Card for the Hospital Plan.

Premium payment

All premiums are payable in advance via debit order or NAEDO to be deducted from your nominated bank account. Should your bank account details change, please inform us immediately to avoid suspension or cancellation of your policy due to unsuccessful collection of your premium.

The premium must be paid in full – part payments or short payments will affect your cover and your policy will be suspended.

Should your debit order date fall on a Saturday, Sunday or public holiday, the debit order will be deducted on the next working day.

What happens if you do not pay?

It is your responsibility to ensure that we receive your premium on the date nominated by you. If you discover that the premium has not been collected from the specified account, please notify us immediately. We will, where possible, attempt to notify you of the unsuccessful debit order but will not accept responsibility for rejected claims or lapse in cover due to non-receipt of premiums.

We reserve the right to collect any failed or rejected premiums through NAEDO and/or double the nominated bank account with the outstanding premium and the following month's premium. Should the failed or rejected premium be collected through NAEDO, your premium will not be collected on the date that you have nominated, and you may incur additional bank charges for which you will be responsible.

Should the premiums be returned or rejected for any reason, the policy will be immediately suspended for the Grace Period (see below) of fifteen days. Payment of your outstanding premium must be received before the 15th day of the month in which it is due. Should your premium not be successfully received for two consecutive months, your policy will be automatically cancelled.

We may grant a premium holiday, at our discretion, in the event that you are unable to pay your premium. We will only allow for one premium holiday and no claims will be entertained during the period of the premium holiday. Please apply to us in writing should you require a premium holiday. A premium holiday does not constitute a waiver of our rights.

If you dispute the rejection of your premium, you will need to prove to our satisfaction that your bank is at fault and that the premium has not been successfully received.

We will not issue a confirmation of cover in the event that premiums are unpaid.

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How does the Grace Period work?

Should your premium not be successfully received by the Insurer, there is a Grace Period in which you can pay the outstanding premium. The Grace Period is until the fifteenth day of the month in which the premium was due. If the premium is not paid during this time, the policy may lapse or be cancelled / terminated. Payment must be received before the 15th day of the month in which it is due – no indulgence will be granted.

During the Grace Period, the policy will be suspended, and no claims will be entertained until the outstanding premium has been received.

The Grace Period will commence from the second month of the policy inception after successful collection of the first premium.

If we have paid any claims during the Grace Period and the premium remains unpaid after the grace period expires, we will recover the claims paid as well as any costs incurred as a result of a claim being paid. This will include any collection or legal fees.

Premium refunds

We do not refund premiums in the event of an unsuccessful claim or due to no claim being submitted while the policy was active.

Should we incorrectly debit your account, a refund will only be completed once our requirements have been met.

Should you cancel your policy within the cooling off period (seven days from the date of application), any premiums and fees that have been debited will be refunded to your nominated bank account.

Premium refunds will only be completed 30 days after the date of deduction.

Are you able to add or remove pets to your policy?

You can add or remove pets subject to one calendar months' notice to us of the addition or removal. In the sad event of the death of your pet, we will waive the notice period.

Can you change your plan type?

You may change your plan type subject to one calendar months' notice. The following applies when amending your plan type:

- The maximum age of your pet cannot exceed eight years (nine years old age next birthday)
- New waiting periods will apply for additional cover and increase in cover from the effective date of the amendment
- You may only amend your policy every six months, especially if amending your policy type to a plan higher in cover
- You may be requested to complete a new application and your policy may be re-underwritten in order to assess the risk profile of your pet.

How do we identify your pet?

We prefer for pets to be identifiable via microchip and encourage you to microchip your pet. A microchip is injected under your pet's skin and can be read by a scanner to identify the pet. This microchip must be injected by a registered person, veterinarian or SPCA and you must retain the evidence of such microchipping procedure. Microchipping is for your own account and not covered by this policy.

In the event that you do not wish to microchip your pet, you may upload a clear photograph of your pet via our mobile application available in the Google Play and Apple App Stores. Alternatively, we will accept a registered unique identifying mark or birthmark of your pet. You will be asked to occasionally upload a photo of your pet to confirm a claim.

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Your personal information

You may call our call centre or email us at any time to update your personal details. Please check your Policy Schedule carefully when it is sent to you and take note of the effective date of the changes. Notify us immediately of any errors on your Policy Schedule or your cover.

Cancelling your cover

All cancellation requests must be sent in writing to cancel@onegrp.co.za. No telephonic requests will be considered. There is a one calendar month notice period for cancellations.

We reserve the right to cancel your cover by giving your one calendar months' written notice thereof. In the event of fraud, intentional non-disclosure, misrepresentation of any material facts, misuse of cover, we will cancel your cover with immediate effect.

Should you not pay your premium for two months; your policy will automatically be cancelled. Your cover will end on the final day of the period for which your premium has been received.

How we communicate

We communicate using internet and electronic communication methods. This means that your policy documentation, Policy Schedule, policy amendments, claims and all other communication will be done via email, sms, self-help portal or mobile application.

Should any of your nominated details for example email address and mobile number change, it is your responsibility to inform us to ensure that you receive communications regarding your policy. We will not accept responsibility for communications which you do not receive due to your details not being updated regularly.

Amendment of terms and conditions and the premium

We may alter the terms and conditions, policy wording and premiums on a group or individual basis provided that we give you one calendar month written notification of the amendment. Should we amend the policy wording, the new policy wording shall be in force as per the effective date indicated in your notification and the new policy wording shall replace all previous policy wordings.

The onus is on you to familiarise yourself with the policy wording and Policy Schedule.

GENERAL CONDITIONS

Your pet may not exceed the age of eight years old (nine years old next age) and the minimum age your pet may be is eight weeks old. We reserve the right to re-underwrite your policy should your pet reach the age of nine years old while covered on this policy. We may add a premium loading or reduce your cover.

Should you receive any payment or compensation from any third party due to an Event that is covered by this policy, we will recover the amount from you.

You may only have one policy per pet and a maximum of eight pets per policy.

Should you sell your pet or re-home your pet, you may transfer this policy to the new owner. You will need to notify us in writing that you have transferred ownership of your pet and this transfer will have to be accepted by us. You may not change the pet insured with us to that of another pet. Any addition of new pets will undergo the relevant waiting periods and terms and conditions as if the policy is new.

If we offer you any leniency when processing a claim or extending your cover, this is not deemed to be leniency on an ongoing basis. The terms and conditions of the policy remain in full force and effect.

Should you wish to obtain proof of insurance from us, you may do so in writing. The policy must be active for a minimum period of thirty days from receipt of the first premium.

This is a month-to-month contract and there is no surrender or maturity value for this policy.

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If your pet has been covered by another insurance company for twelve consecutive months preceding the Inception Date of this policy, no waiting periods will be applied. You will have to provide valid proof confirming that your pet was covered and inform us of any claims that your previous insurer has declined. A twelve-month waiting period will be applied for Pre-existing Conditions.

Our liability is limited to the cover stated in this policy and for which the correct premiums have been received.

If we grant you cover or pay any claim based on information that you have provided and this information proves to be incorrect in any respect, we will take the necessary steps required to put us in the same position as we would have been in if the correct information had been provided in the first instance. If there is any concealment or misrepresentation by you or anybody representing you, then the policy shall be void as at cancellation date and any monies paid in respect thereof shall be forfeited.

This policy is subject to the laws of the Republic of South Africa whose courts shall have sole jurisdiction to the exclusion of the courts of any other country.

All the documents received by you shall form the basis of a binding contract. The policy shall not be invalidated because of any incorrect statement made in good faith, unless the incorrectness of such statement is of a nature as to be likely to have materially affected the assessment of the risk under this policy at the time that the policy was issued.

ONECARD TRANSACTIONAL CARD

A OneCard will be issued to you for claims transactions. It is a debit card which will allow you to pre-load your funds for Vet Visits and Routine Care visits as per your Policy Schedule enabling you to pay your vet fees immediately and save you the hassle of having to first pay and then claim back.

Claims related to Accident and Illness Events will be refunded to your OneCard or bank account. Please read through your OneCard Terms and conditions attached to your OneCard very carefully as there may be bank charges levied for some transactions which will affect the available limit on your OneCard. We will not be liable for any bank charges or fees that may be charged.

Your OneCard will be delivered to your nominated physical address within 30 days after receipt of the first premium.

If you have selected a **Oneplan Pet Hospital Plan**, you will not be issued with a OneCard and claims will be refunded directly to your nominated bank account.

What happens if my OneCard is lost, stolen or expired?

You may request a new replacement card at a cost of R150.00 which will be couriered to you within 30 days from the date of request of a new OneCard.

WAITING PERIODS

A waiting period is defined as the period during which no claims will be entertained. The waiting periods in this policy are as follows:

Vet visits:	One calendar month from the Inception Date of the policy
Routine Care:	One calendar month from the Inception Date of the policy
Accident Cover:	Cover is active from the Inception Date of the policy
Illness Cover:	Three calendar months from the Inception Date of the policy
Kennel Cover:	Three calendar months from the Inception Date of the policy

The following conditions are excluded for the first twelve months from the Inception Date under Illness Cover:

- Congenital / Hereditary conditions unless specifically excluded on your Policy Schedule
- Pre-existing Conditions
- Specific conditions referred to on your Policy Schedule under Illness cover

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EXCESS AMOUNTS, AMOUNTS NOT COVERED BY YOUR POLICY, AMOUNTS THAT EXCEED THE COVER LIMIT

An Excess is the portion of the claim you will need to pay as specified in your Policy Schedule. The excess amounts are as follows:

Month 1 to 6 25% of your claim subject to the cover limit

Month 7 onwards 10% of your claim subject to the cover limit

The minimum excess amount payable per claim is R500.00.

We do offer an Excess Buster at an additional charge to cover the excess charged by us for a claim. Please chat to one of our agents about this optional add-on benefit. We will not cover excess amounts charged prior to the addition of the Excess Buster. It is only intended to cover the specified excess amounts as per your Policy Schedule.

Any amounts that exceed your cover limit will be for your own account. Some of the items on your claim may not be covered due to being excluded from cover.

Accident Cover

Cruciate ligament repairs, hip replacements and luxating patella related accidents:

- Months 1 to 6: 25% of the total account subject to the event limit will be covered
- Months 7 to 12: 50% of the total account subject to the event limit will be covered

YOUR RESPONSIBILITIES

Your responsibilities are as follows:

- All reasonable steps must be taken to maintain the health of your pet and to prevent injury, illness or loss. This includes annual vaccinations, deworming, grooming and/or any normal treatment recommended by your vet.
- Ensure that we receive payment of your premiums each month.
- Seek medical assistance immediately for your pet when you become aware of a medical condition that requires treatment or if your pet shows Clinical Signs of an injury, illness or accident. We will not pay any claims related to neglect or as the result of misconduct in the treatment of medical requirements.
- Do not request authorisation for cover for a pet that is within the waiting period. Should you claim in error, no damages may be claimed financially or in any other form should you incur costs or other damages as a result of misinterpretation of your policy wording.
- Disclose all medical and health information when applying for the policy.
- Supply and assist with getting all medical reports from your vet for us in order to entertain your request or provide authorisation for any procedure or operation
- Always be honest with us and provide us with true and complete information.
- Inform us of any information, change to your pets' health, potential risks or change in your personal information which may influence your policy or affect the conditions thereof. Any information that is false or misleading may prejudice the validity of your claim.
- Disclose to us if the pet is covered by another insurance company. Failure to disclose may result in immediate cancellation

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of your cover and/or non-payment of a claim.

WHAT IS COVERED?

We will indemnify your pet up to the maximum cover amount subject to the annual limits as per your Policy Schedule should your pet need medical attention due to an Event as defined in this policy wording.

We have the following cover types available on our plans depending on the plan type selected:

- Vet visits (includes consultations, medication, pathology, radiology and dentistry)
- Routine Care (including voluntary sterilisation)
- Accidental Cover
- Illness Cover
- Kennel Cover

Yearly vaccinations, routine visits to the vet and costs related thereto are covered under this section subject to the limits specified in the policy schedule.

You may claim for Routine Care every twelve-month cycle, from successful inception of your policy, for your pet up to the limit as specified in your policy schedule. One medical expense related to medical treatment for Routine Care will be covered. Routine Care includes, the consultation, voluntary sterilisation, vaccinations, deworming, flea control, and anal gland expression but excludes costs for pet accessories such as food, beds, toys, leashes etc. A detailed invoice must be provided for us to validate your claim. Your Routine Care claims amount cannot be used in conjunction with any other cover amount available on your policy.

You may claim for a vet visit up to the claim limit per event with a fourteen-day waiting period between the initial event and the next event. You may claim up to the limit for follow up visits for the same event until the limit has been reached. You may not claim for the same event under a new cover within the fourteen days waiting period.

WHAT IS NOT COVERED?

- This policy is intended as risk cover. Should it be evident that you entered into this policy with prior knowledge of a foreseeable or predicted medical event that would ordinarily be covered under this policy, we will not indemnify you in terms of this policy wording.
- Any claims recoverable from a third party. Should you receive payment or compensation for an Event covered in this policy, we reserve the right to claim such amounts from you if we have paid a claim to you or on your behalf.
- Any costs over and above the cover limits stipulated in your Policy Schedule.
- Cost of treatment or operations for cosmetic, elective or not medically justifiable procedures i.e. all other lines of conservative treatment must first be considered. Cosmetic procedures include but are not limited to tail docking, dewclaw removal, skinfold resection or ear cropping.
- Costs incurred for treatment of obesity and behavioural conditions. Behavioural conditions mean any changes to the pet's normal behaviour resulting from a mental or emotional disorder as diagnosed by a vet.
- Participation in any form of racing or dogs used for any form of working such as but not limited to search and rescue dogs, guard dogs, police dogs, custom or quarantine dogs, commercial breeding and laboratory testing.
- Expenses incurred as a result of participation in a sporting activity, from which you earn an income.
- Events which occur outside of the borders of South Africa

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- Cost of treatment for infertility, breeding, mating and pregnancy or conditions arising therefrom.
- Service rendered by persons not registered with the S A Veterinarian Council.
- A criminal act as defined by the laws governing the Republic of South Africa.
- Caused as a direct or indirect result of negligence to your pet's medical needs or health. This includes costs incurred as a result of failure to carry out the instructions or advice of a Veterinarian.
- All costs incurred during any waiting period and for conditions not disclosed.
- All costs incurred for permanently excluded conditions.
- Conditions that arise due to your pet not being vaccinated as recommended by your vet.
- Claims due to any form of misinformation, misrepresentation, non-disclosure and or fraudulent claims. This includes any treatment relating to non-disclosure, whether intentionally or unintentionally, of a condition.
- Consequential loss or damage which is caused by an insured risk.
- Declined or repudiated claims re-submitted after the waiting period has expired will not be covered.
- Costs relating to the abuse of the pet or any injury or illness deliberately caused by, your family or staff members. Any abuse or negligence will be reported to the SPCA.
- Treatment costs related to any new pandemic disease.
- Costs related to Immunotherapy (including allergen specific immunotherapy) or cell-replacement therapies, including but not limited to stem cell therapy.
- Costs related to the treatment of a condition where the diagnosis of a condition is inconclusive and where the treatment protocol is similar to the treatment protocol typically applied to an excluded condition or condition showing similar Clinical Signs.
- Any event not specifically covered or defined in your Policy Schedule.
- Any complementary treatments e.g. acupuncture, rehabilitation therapy, physiotherapy, hydrotherapy etc.
- Any loss, liability, damage or injury directly or indirectly arising from the following:
 - Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.
 - War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not) or civil war.
 - Mutiny, military rising, military, martial law or state of siege, insurrection, rebellion or revolution.
 - Participation in civil commotion, labour disturbances, riot, strike or the activities of locked out workers.

HOW TO CLAIM

It is very important to notify us as soon as practically possible, at your own expense, of a claim. If you do not notify us of an Event within three months of its occurrence, or within three months of termination of this policy, no claim will be payable.

Our easy to use OneCard Transactional Card allows you to pre-load funds for Vet Visit claims (as contemplated in your Policy Schedule) via our mobile application or via our call centre. Funds can be pre-loaded before visiting your veterinarian subject to the available limits as per your Policy Schedule. Once your veterinary visit is completed, you may swipe your OneCard Transaction Card to the limit

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available. We may require a detailed copy of your invoice in order to validate your claim or to facilitate a refund.

We complete random audits of claims from time to time and you may be required to provide an invoice and/or statement for claims for a particular service provider. Your co-operation is greatly appreciated as it assists us in detecting any fraud or irregularities. This means that we are able to manage our claims ratios effectively and do not have to pass on exorbitant premium increases to you.

The following must be noted for all claims:

- Claims submitted after four months will not be processed / accepted. Please ensure that your claim is received by us timeously.
- If your claim is declined due to either being in the waiting period, due to being a Pre-existing Condition or due to a general exclusion, it is your responsibility to seek the necessary medical attention recommended by your veterinarian for your pet at your own expense.
- Claims submitted after a waiting period has expired will not be entertained.
- Reimbursement of claims will be via your Onecard Transactional Card or directly to your bank account.
- Should we reimburse you directly, it is your responsibility to ensure that your service provider is paid.
- We will require a detailed invoice / statement for payment or refund of claims.
- We may require you to submit your pet for a medical examination at our expense as often is required in connection with any claim.
- You may also be required to submit additional documents or any other information regarding your pet in order to facilitate a claim
- You will receive the outcome of your claim in writing via sms or email.
- There is a minimum turn-around time of seven days from the date of receipt of your claim for refunds to be processed.
- Should you utilise the pre-loaded funds on your card and the claim is assessed as being invalid, the claim will be rejected and you will be required to pay the funds utilised. The rejected claim will carry an administration cost of R50.00.
- Your policy will be suspended in the event of an invalid claim or for a claim for which no valid invoice has been received. If your policy is suspended, you will not be able to submit any further claims or load any further funds until the status of the policy has been rectified.

For Illness and Accident Cover Claims

- Complete a fully completed claim form and attach a copy of the detailed account, medical evidence and/ or any other information as we may reasonably request.
- Please ensure that the form is completed in full – incomplete claim forms or missing information / documentation may delay the processing of your claim.
- Submit the information to claims@onegrp.co.za for assessment and processing.
- We may request a full twenty-four-month medical history for your pet in order to process your claim.
- For a claim to be considered, the account/invoice must reflect details of the procedure and/or treatment administered for the diagnosed condition and where a charge for an overnight admission is reflected, it will be wholly considered.

For the purpose of this policy, “Accident” means a sudden, unexpected, unforeseen, unusual, unintended event which occurs at a specific time and place and must be a direct consequence of at least one of the following:

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- Burn or electrocution
- Motor vehicle accident
- Fall from an elevated surface/position
- Actions of another animal
- Embedded foreign object requiring surgical endoscopic removal
- Poisoning
- Near drowning

OR OTHER INCIDENTS THAT RESULT IN:

Traumatic ligament or tendon injury (excludes cruciate ligament repairs because of a degenerative disorder and/ or congenital or hereditary conditions)

- Fractured bones
- Lacerations, abrasions, punctures or wounds
- The removal of Gastric foreign bodies

PRE-EXISTING CONDITIONS

Once premiums have been paid consecutively without interruption for twelve months, the restrictions applicable to Pre-existing Conditions shall no longer apply subject to specific underwriting conditions that may apply.

If a Pre-existing Condition results in an injury or illness becoming more severe, we will only cover the amount incurred specifically as a result of a specific accident or injury.

COMPLAINTS RESOLUTION POLICY

The purpose of the Complaint Resolution Policy is to ensure compliance with the Short-Term Insurance Act, Financial Advisory and Intermediary Services Act (FAIS), the Policy Holder Protection Rules for Short-Term Insurance and any other applicable legislation. We have embedded the principles of TCF (Treating Customers Fairly) into our culture and it forms the foundation of our commitment to our policyholders.

1 OUR COMMITMENT TO YOU

Our complaints policy is available to you on request, published on our website and contained in our policy documentation.

All complaints will be dealt with timeously and fairly and all the relevant staff receive training on a regular basis with regards to our complaints policy in accordance with the provisions of FAIS. All our records are kept for a minimum period of 5 years and this is a statutory requirement in terms of FAIS.

All your personal information (as per the Protection of Personal Information ACT –POPI) will be held for this period.

The information submitted by you will be made available to and processed by our staff where required, as well as our external compliance practice for audit purposes, the Regulator (FSCA) and any Ombud /Ombudsman who has jurisdiction. It is our business practice to retain records indefinitely so that we can identify possible trends and avoid similar complaints going forward.

Underwritten by



South Africa

Tel: 010 001 0141 Web: www.oneplan.co.za
Address: 54 Maxwell Drive, Woodmead North Office Park, Woodmead 2021

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This information is kept in accordance with our personal policies. Corrective measures are taken to ensure that problems and shortcomings are identified and that the same complaint will not occur again. Our staff and representatives adhere to the requirements of FAIS at all times.

2 COMPLAINT HAS TO BE IN WRITING

In order for a complaint to receive the attention that it deserves, we request that your complaint is submitted to us in writing. Please ensure, that where the complaint is delivered by hand or by any other means, that you retain proof of delivery.

Please address your written complaints to: complaints@oneplan.co.za

The following information must be provided in order for us to assist you

- 1 Your name, surname, contact details and confirmation of where communication must be sent to
- 2 A complete and detailed description of your complaint. Please include any supporting documentation.
- 3 Expected outcome / resolution

3 COMPLAINT HAS TO BE RELEVANT

The financial services environment is complex. We will endeavour to address all reasonable requests from our clients, but may also refer you to a more appropriate facility. Where the complaint pertains to any aspect of our service, rejected claims or any disclosures that ought to be made by us, we will endeavour to address those complaints in writing, within twenty one (21) days.

4 PROCEDURE

The following is a step-by-step guideline of how a complaint will be dealt with, once received by us:

1. The complaint will be acknowledged within one business day of receipt.
2. The complaint will be assessed and, if a valid complaint, will be logged into our central complaints register.
3. The complaint will be allocated to a trained and skilled person who specialises in that type of complaint. This may not necessarily be the person to whom you addressed the complaint.
4. The complaint will be investigated, and we will revert to you with our findings within twenty-one (21) days. You may be requested to provide additional information before we provide you with a final resolution. If we require further time to investigate the complaint, this will be communicated to you in writing.
5. You will receive a response in writing with full reasons.
6. In the event that you are not satisfied with our solution, you may refer the complaint to the Compliance Manager of our business using the details below. The Compliance Manager will liaise with the Board who may amend the resolution or confirm it. In such a case, we will communicate that fact to you, as well as the date on which a decision will be taken.

Compliance Manager : Irene Willis
irene.w@onegrp.co.za

7. If, after having referred the complaint to our Compliance Manager, you are still not satisfied with the outcome, we will regard the complaint as being unsatisfactorily resolved. In such a case, you may approach the office of the FAIS Ombud for Financial Services Providers, Ombudsman for Short Term Insurance, the Council for Medical Schemes or take such other steps as may be advised by your legal representatives.
8. For rejected claims, you will be provided with the reasons in writing and the external complaints avenues available. If a claim is rejected, representation must be made within 90 (ninety) days of the date of the letter of rejection. If a dispute is not satisfactorily resolved after following the above steps, legal action may be instituted. Summons must be served within 180 (one hundred and eighty) days from the date of original letter of rejection.

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9. You must, if you wish to refer a matter to the Ombud or Ombudsman, do so within a period of six months. The Ombud will not adjudicate in matters exceeding a value of R800 000.00 and the Ombudsman will not adjudicate matters exceeding R2 000 000.00.
10. The Ombud / Ombudsman Offices may be contacted as follows:

**Ombudsman for
Short-Term
Insurance**

Sunnyside Office Park
5th Floor, Building D, 5th
Floor, Building D,
32 Princess of Wales
Terrance, Parktown, JHB
Tel: 011 7256 8900
Email: info@osti.co.za

FAIS OMBUD

Sussex Office Park, Ground
Floor, Block B, 473 Lynnwood
Road, Cnr Lynnwood and Sussex
Avenue, Pretoria, 0081
Tel: 012 762 5000
Email: info@faisombud.co.za

**The Information
Regulator
(SOUTH AFRICA)**

SALU Building,
316 Thabo Sehume Street,
Pretoria
Tel: 012 406 4818
Fax: 086 500 3351
Email: infoeg@justice.gov.za

Should you wish to lodge complaints regarding any interference with the protection of your personal information, you may lodge these complaints with the Information Regulator at the contact details below :

**The Information
Regulator
(SOUTH AFRICA)**

SALU Building,
316 Thabo Sehume Street,
Pretoria
Tel: 012 406 4818
Fax: 086 500 3351
Email: infoereg@justice.gov.za

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SECTION 9 STATUTORY DISCLOSURES

STATUS OF THE FINANCIAL SERVICES PROVIDER IN TERMS OF THE FAIS ACT

Oneplan Underwriting Managers (PTY) Ltd (FSP 43628) and Oneplan Brokers (PTY) Ltd (FSP 43627) are authorised Financial Services Providers, The Key Individuals approved by the Financial Services Board are:

Michael Robert Otten
Sven Laurencik

The company registration for Oneplan Underwriting Managers (PTY) Ltd is 2009/017597/07 and for Oneplan Brokers (PTY) Ltd is 2009/017561/07. The FSP's regularly monitor the Fit and Proper Status of the representatives and confirm that according to their knowledge the representatives are Fit and Proper.

LEGAL STATUS AND INTERESTS OF THE REPRESENTATIVE

Oneplan Underwriting Managers (PTY) Ltd is the underwriter and administrator and has written mandates with the Insurer, Bryte Insurance Company Limited. Oneplan Brokers (PTY) Ltd markets Oneplan products and has written mandates to act on behalf of the Insurer. The company has no shareholding with the Insurer. Oneplan Underwriting Managers (PTY) Ltd and Oneplan Brokers (PTY) Ltd have common shareholders.

REMUNERATION, FEES AND COMMISSION

Oneplan Brokers (PTY) Ltd receives commission from the Insurer as per the maximum permissible in addition to any fees contracted directly with any client and agreed to in writing. Oneplan Underwriting Managers (PTY) Ltd collects an underwriting and administration fee for each policy sold on behalf of the Insurer. A breakdown of the premium can be found on the policy schedule. Included in the breakdown of the fees are the commission amounts, administration fees, third party fees and any other additional fees applicable to the policyholder.

QUALIFICATIONS AND MEMBERSHIP

The FSP's have been in the Financial Services Industry since 2010.

INDEPENDENT STATUS OF THE FSP AND PROFESSIONAL INDEMNITY INSURANCE

In the past 12 months the FSP's earned more than 30% of its income from the Insurer. The FSP and Representatives have no financial interest in any other Insurer or product supplier. The Representatives and FSP carry professional Indemnity

Insurance as required.

AUTHORISATION

The FSP accepts responsibility for the actions of the Representatives acting in the scope and course of their employment.

The FSP and Representatives are authorised to give advice and render intermediary services in the following categories:

Long Term Category A, B2, B2 - A
Short-Term Insurance Personal Lines, A1 and Commercial Lines

The FSP will not be held liable in terms of prejudice in respect of services or advice provided by a Representative which falls outside the scope of authorisation, and any complaint in respect of any product which falls outside the definition of financial product of the FAIS Act, cannot be forwarded to the FAIS Ombud or Short-Term Insurance Ombudsman.

COMPLAINTS PROCEDURES AND CONFLICT OF INTEREST

If you have a complaint, please contact the FSP Key Individual or the Complaints Officer. He/She will assist you to address the concerns you have.

Please note that in terms of the FAIS Act, all complaints must be addressed to us in writing. Should we not be able to address the concerns to your satisfaction, you may wish to lodge a complaint with any of the Ombud and/or Ombudsman whose details appear below. If you wish to learn more about our complaints policy and procedure, please contact our Compliance Manager via email (irene.w@onegrp.co.za) or consult our websites for a copy of the complaints policy. FSP 43627 and 43628 subscribes to the highest ethical code and we require all our representatives to adopt this in their dealings. A copy of our conflict of interest policy can be found on our website at www.oneplan.co.za

CONFIDENTIALITY, SHARING AND PROTECTION OF PERSONAL INFORMATION

We at Oneplan respect your constitutional right to privacy. We are bound by the terms and provisions of both Section 51 of the Electronic Communications and Transactions Act, 2002 ("ECT Act") as well as the Protection of Personal Information Act 4 of 2013 ("PoPI Act") regarding the processing of your personal information. We may use necessary legal means to check and validate the information you provide to us.

The reason why we collect and use your personal information is for the purposes of providing you with insurance cover, giving you access to our products and services, to conduct market research, to help us improve our products and

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services tailored to your needs, for audit and record keeping purposes, to comply with legal and regulatory requirements, for the detection of fraud, crime and/or money laundering and to enable us to process your instructions or requests pertaining to your policy or our **other products and services**.

Your information shall be kept confidential, however, we shall disclose it to certain third parties, as required in the normal course of our business, to other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity, and as may be otherwise legally required by us. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited. Where your personal information is shared with third parties, we ensure that they understand and also adhere to the provisions of the PoPI Act in so far as it relates to the processing of your personal information and we have privacy agreements in place to ensure adherence to this. We have implemented reasonable security measures to protect your personal information that we process to ensure that your privacy and confidentiality is upheld.

In taking out this policy, you have provided us with your personal information and have further consented to us processing your personal information in accordance with the provisions of the PoPI Act and you further confirm that the information you have provided us with is accurate and correct. Oneplan will retain your personal information only for as long as we are legally required to and will destroy the personal information you have provided to us upon your request or when we are no longer required to retain this information by law.

You may request Oneplan to delete, amend, update, change or correct your personal information processed by us by sending a request in writing to our Customer Care Manager at the following email address info@oneplan.co.za

Oneplan would also like to, from time to time, provide you with information relating to new products, services, promotions and other special offers or information we think you may find interesting. We will adhere to the provisions relating to direct marketing as provided for in the PoPI Act. Where you are a new client, we will first request your consent to receive such direct marketing material from us before any communication in this regard is sent to you and you will be provided with the option to opt-out of receiving this information with every marketing-relating communication sent to you. All current and existing clients will be provided the option to opt-out of all marketing-related communication sent. Once you opt-out of receiving marketing-related communication, we will not send you any direct marketing.

This document is to be read together with our [Privacy Policy](#) which is available on our website and which you are deemed to have read, accepted and agreed to by virtue of taking out

this policy with us. Should you have any queries or concerns relating to any terms contained in our privacy policy, or should you wish to withdraw your consent to allow Oneplan to process your personal information, you may, at any time, send a request in writing to our Compliance Manager at the following email address irene.w@onegrp.co.za.

Should you decide not to accept the proposal and not provide us with consent to process your personal information, the information already collected, will be de-identified and only used for statistical and research purposes. If, at any time, you feel that your personal information has been processed by us without your consent or that your rights in terms of the PoPI Act have been violated in any way, you may send a complaint through to our Compliance Officer at the following email address irene.w@onegrp.co.za or alternatively you may submit your complaint directly to the Information Regulator. Please see our Complaint Resolution policy for the Information Regulator's details.

SECTION 21 OF THE GENERAL CODE OF CONDUCT

Section 21 of the General Code of Conduct states that no provider may request or induce in any manner a client waive any right or benefit conferred on the client by, or in terms of, any provisions of this code, or recognise, accept or act on any such waiver by the client and such waiver is null of void.

CONTACT DETAILS

The Information Regulator
(SOUTH AFRICA), Tel: 012 406 4818
Fax: 086 500 3351
Email: inforeg@justice.gov.za

FSP Office Details
Park, Ground Floor,
54 Maxwell Drive, North Office
Woodmead, Gauteng, RSA
Tel: 010 001 0141
Fax: 086 610 3918
Email: care@onegrp.co.za
complaints@oneplan.co.za
(complaints)
Website: care@onegrp.co.za

Key Individual: Michael Robert Otten
micheal.o@onegrp.co.za
Sven Laurencik
sven.l@onegrp.co.za

Insurer
Bryte Insurance Company
South Africa Limited
Company registration number
1965/006764/06

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P.O. Box 61489,
Marshalltown, 2107
15 Marshall Street, Ferreirasdorp,
Johannesburg, 2107
Tel: 011 370 9111
Fax: 011 370 9910
Website: www.brytesa.com

Insurer Compliance:
Officer

The Compliance Officer
Bryte Insurance Company Limited
Legal and Compliance Department
P.O. Box 61489,
Marshalltown. 2107
Tel: +27(0) 11 370 9111
Email:
wynand.louw@brytesa.com

Ombudsman For
Short-Term Insurance

Sunnyside Office Park
5th Floor, Building D,
32 Princess of Whales Terrance,
Parktown, JHB
Tel: 011 726 8900
Email: info@osti.co.za

FSP Compliance
Officer

Dawn Julyan
Simply Comply (PTY) Ltd
Tel: 012 998 7938

Fraud Reporting

If you become aware of
irregularity on any policy you can
contact the Insurer where your
call will be treated in confidence.

Free call: 0800 16 7464

Free fax: 0800 00 7788 Email: Bryte@tip-offs.com

Free post: Tip-offs Anonymous, Freepost
KZN 138, Umhlanga Rocks, 4320

Alternatively contact the Insurance Fraud line on 0860
002526 or email insurance@fraudline.co.za.

The policy wording and schedule must be read as one
document. Please contact our offices should you require any
information on any aspect of your policy. A copy of the policy
wording can be viewed via our website at www.oneplan.co.za
or may be obtained through our Customer Care Call Centre
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