

ONE PLANTM

Pet Insurance

Important Oneplan Pet Insurance Policy Information

Underwritten by



Effective Date: 1 April 2017
Version: 5.0

IMPORTANT ONEPLAN ONEPET POLICY INFORMATION

In order to assist our clients with regards to important information concerning our product, we have summarised the pertinent policy wording clauses that materially affects you, our client. This document is designed to assist you with understanding our product and must be read in conjunction with your policy wording and policy schedule. As a business we promote the principles of Treating Customers Fairly (TCF) and we hope that this document assists you with regards to our product. We have included a copy of your policy schedule and policy wording with this document for ease of reference.

COOLING OFF PERIOD AND PRODUCT SUITABILITY

In the event that you are not satisfied with the terms and conditions of your Oneplan Pet Policy, you have the right to cancel within 30 days from the date of application with no financial obligation to you. Any premiums or administration fees that have been deducted from your nominated bank account will be refunded to you if you cancel your policy during the cooling off period. It is advisable that you contact your financial advisor when making any decisions relating to your financial portfolio and to do a full financial needs analysis to determine what your financial needs are. Our representatives do not provide advice but focused information related specifically to our product. Our representatives are not able to provide you with product comparisons or guarantee that you will be adequately covered for all events or medical emergencies. Our products do not provide unlimited cover nor do we replace the benefits of a medical aid. Most importantly it is imperative to note that this is a short term insurance product and governed by the Short Term Insurance Act.

GENERAL EXCLUSIONS

The following is totally excluded from cover under our policy and we will not be responsible for any expenses, hospitalisation, injury or disease:

DECLINED / REPUDIATED CLAIMS

- Nuclear exposure, war and military risings
- Civil commotion, strikes and riots
- Criminal acts
- Cosmetic, elective or non-justifiable medical procedures such as tail docking, dewclaw removal, skinfold resection and ear cropping.
- Obesity, behavioural, hereditary or congenital illnesses
- Racing and working dogs such as search and rescue dogs, guard dogs, police dogs, custom and quarantine dogs, commercial breeding and laboratory testing dogs
- Third party claims or claims recoverable from another party
- Professional sport
- Infertility, breeding, mating, pregnancy or related conditions
- Spaying related to pregnancy
- Services provided by persons not registered with SAVA
- Negligence
- Grooming, bathing or de-matting
- New pandemic diseases
- Transplant surgery
- Declined or repudiated claims re-submitted after the waiting period
- Immunotherapy (unclosing allergen specific treatment) and cell replacement therapy
- Boarding or transport
- Costs for importing or exporting a pet
- Costs incurred during waiting periods
- Non-disclosure (intentional or unintentional)
- Costs over and above cover limits
- Costs related to afterhours or emergency care treatment
- House visits unless approved by the Underwriters
- Permanently excluded conditions
- Costs related to non-vaccination of a pet
- Voluntary spaying / neutering
- Dentistry and related treatments under Illness Cover
- Corrective optometry procedures
- Post-mortems
- Costs incurred as a result of failure to follow the advice of a vet
- Costs for obtaining medical history or requests for a second opinion
- Costs related to non-disclosure, misinformation or fraudulent claims
- Surrender or maturity values
- Purchase of bandages, aids and food
- Refund of premiums due to no claims history or unsuccessful claims
- Consequential loss or damage not directly caused by an insured risk
- Abuse or deliberate injury or illness caused by any person
- Costs of the treatment of conditions for an inconclusive diagnosis where treatment is similar to that of an excluded condition

South Africa

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

Oneplan is administered by Oneplan Underwriting Managers (PTY) Ltd an authorised financial services provider 43628. Oneplan is not a Medical Aid Scheme but a short-term insurance product underwritten by Bryte Insurance Company Limited.



In the event that a claim is repudiated due to being in the waiting period, it is important to note that the claim will not be covered once the waiting period has passed. In other words, you will not be able to wait until the waiting period has lapsed for the procedure / claim to be approved. Failure to follow the advice of your vet will be seen as negligence. Also, should a claim be repudiated based on an exclusion on your policy, we will not approve the claim should the vet change the diagnosis or condition after the initial request has been declined. It is vital that all medical conditions be disclosed at application to avoid your policy being cancelled due to non-disclosure or to avoid having claims declined.

Our product is a short term insurance product. The cover limits and limitations of the policy are clearly outlined in our documents.

CLAIMS

Claims submitted after four months will not be accepted. Please note that it remains your responsibility to ensure that your claims are received by our office timeously and you are encouraged to confirm that we have received each and every invoice related to a specific event from the providers within the time limit provided. Only detailed / specified accounts will be accepted.

There is a seven day turnaround time from the date of receipt of a valid proof of payment for Health Cover claim refunds. For quicker payment of claims, please swipe your card directly at your provider to avoid having to request refunds from our offices. Hospital Risk Claims refunds and payments have a 30 day turn-around time from the date of receipt of the account / invoice.

You may dial *120*17526# from your mobile phone to pre-load funds onto your card before a vet visit except in the case of Accident, Illness, Burial, Cremation and Euthanasia and Kennel Cover. Please refer to the "How to Claim Guide" on our website or the information booklet you will receive with your card or refer to your policy wording. Should you swipe your card at a point of sale other than at an approved provider, you will need to provide a valid proof of your visit within 48 hours so that we are able to confirm that the funds were utilised for purposes as defined in your policy. Failure to provide the proof of payment will result in the claim being declined, your policy being suspended and the funds being recovered from your bank account. We will not accept responsibility for any banks charges incurred due to the late submission of valid proof of payments. All receipts must be stamped by the service provider or a valid invoice may also be provided as proof. Claims recovered from your bank account will carry a R50.00 administration fee.

We complete random audits of claims from time to time. You may be requested to provide a statement of all visits from a particular service provider on occasion. Your co-operation with regards to audits conducted is greatly appreciated. Completing these audits assists us in detecting any fraud or irregularities which means that we are able to effectively manage our claim ratios and therefore do not have to pass on exorbitant price increases to you, our client.

Please note that claims will not be paid upfront for deposit purposes for hospital admissions or for service providers that request cash before providing a service or without a valid invoice.

CANCELLATIONS /UPGRADES/DOWNGRADES

Any removals or additions of dependants, upgrades or downgrades or cancellation of any plans has a one calendar months' notice period. We do not provide pro-rata cover and our cover runs from the 1st to the 30 / 31st of every month only. If you cancel you policy on the 15th August, your cover will be terminated on the 1 October only.

We reserve the right to cancel your policy due to the following:

- Change in risk profile
- Non-disclosure of conditions
- Fraudulent claims
- Non-receipt of premiums (either after the grace period has expired or two rejected premiums)

Should you wish to cancel your policy, you must send a written request to cancel@onegrp.co.za. There is a one calendar month notice period for cancellation and a R100.00 cancellation fee for policies cancelled after the cooling off period. The cooling off period is 30 days from the date of application of your Oneplan policy.

Please refer to section 1.4.5 and 1.4.13 for special conditions regarding cancellation, upgrading and downgrading of your policy.

PRE-EXISTING CONDITIONS

Please take note of the definition of a pre-existing condition as per our policy wording, clause 1.1.26. A pre-existing condition is defined as a medical condition that was in existence prior to the inception date of your policy, 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,

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whether or it was known or unknown to the Insured. Should we become aware of a condition / symptom that was not disclosed (intentionally or unintentionally) we reserve the right to apply underwriting restrictions to your policy retroactively. These restrictions may include, but are not limited to, minimum 12 month exclusion, total or exclusion and / or a premium loading.

Please also refer to the definition of a Symptom as per clause 1.1.30 as this may affect whether or not a condition is determined to be pre-existing.

PREMIUMS

Please note that should your debit order date fall on a Saturday, Sunday or public holiday, the debit order will be deducted on the next working day. Failed debit orders will result in your debit orders being deducted via NAEDO. This means that your debit order date may change and you may be double debited on the next debit date or on a date not selected by you. To ensure that your cover remains active and that you are able to access all the benefits of your policy, please ensure that your premiums are received by us. Non-receipt of premiums may result in your policy being cancelled and there will be new waiting periods in place should you restart your cover.

Premiums are payable in advance and the grace period allowed for non-payment of premiums is 15 days from the first of the month in which the premium was due. Should you fail to pay your premiums on time, your policy will be suspended and no claims will be entertained, regardless of whether or not you have a medical emergency.

It is important to note that ultimately it is your responsibility to ensure that premiums are received timeously. Should your premium be returned or not received for whatever reason, please contact us immediately so that the necessary arrangements can be made.

Unless you specifically cancel your authorisation for us to deduct premiums, claims or excess amounts, we are entitled to recover any outstanding monies from your bank account.

MICROCHIPPING

No claims will be entertained unless your pet has been microchipped. We have had an increase in the number of claims for pets that are not microchipped. Under no circumstance will any claims be paid out if we are unable to identify your pet via a microchip which has been confirmed by your vet. Your policy may be declared void in instances where pet is not identifiable by microchip. While there may have been leniency in the past, no further leniency will be granted.

We support the microchipping of pets especially as it is a means of identifying your pet in the event of your pet getting lost. We believe that it is part of responsible pet ownership.

ACCIDENT COVER

Claims will be paid as defined in our policy wording. It is important to note that we will only authorise claims for which there was immediate medical attention. For example, if you do not consult a vet immediately after an accident event and three months later your pet requires surgery, we will not authorise a claim. You will need to complete a claim form and provide proof that the accident occurred as claimed. Please take note of the definition of an accident:

1.1.1 "Accident" means a sudden, unexpected, unforeseen, unusual, unintended event which occurs at a specific time and place, the result of which incident requires immediate medical attention.

Please take note of the insertion of the word "immediate". You will no longer be able to claim for accidents that occurred a few days, weeks or months before seeking the attention of a veterinary practitioner. An accident must be a direct consequence of a car accident, burn, a fall from a raised position, the actions of another animal, a swallowed foreign object or poisoning and which requires immediate attention. These are merely examples and are not exhaustive.

For a claim to be considered under Accident Cover the account / invoice must reflect a charge for accommodation or overnight stay and a procedure must have been completed or treatment for a diagnosed condition must have been completed. Should an Accident Event result in a consultation fee and diagnostic tests only, the cover will be paid as per Health Cover according to cover limits specified on the Schedule.

- The removal of gastric foreign bodies is limited to one per Insured Pet per year.

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- Diagnosis must be made within forty eight hours of the time of the accident.
- Accident events which result in operations for cruciate ligament repair, hip replacement and luxating patella will be covered as follows:
 - Month one to month six: 25% (twenty five percent) of the total veterinary account subject to the event limit
 - Month seven to twelve: 50% (fifty percent) of the total veterinary account subject to the event limit.

ILLNESS COVER

In the event that your pet is re-admitted for the same or a related illness, it will be deemed to have formed part of the initial illness event. There is a twelve month waiting period for the following events and claims are limited to one event per Insured pet per year:

Cruciate ligament
Hip replacement
Luxating patella

Spaying and neutering will not be covered for the first twelve months of the policy and will only be considered once the waiting period has expired if specifically related to a diagnosed condition or illness (except when related to pregnancy).

Should your pet be treated for a number of conditions, you will receive authorisation only for the event and not per condition. You will only receive cover up to the available limit specified in your policy schedule and not the cover limit per condition.

Should your pet need to be re-admitted for the same or related condition within 6 months from an admission, it will be deemed to be part of the initial illness and you will not be entitled to a new claim amount. The claim will form part of the initial claim limit.

No dental procedures will be covered under this cover. This includes any specialised dentistry, operations or dental procedures of any type. Any conditions or illness that occurs due to non-vaccination will not be covered.

HEALTH LOADINGS

Loadings are calculated based on the actuarial calculation on the probability of risk of the Insured pet. An increase in the number of claims on your policy will result in an increase in your premium. Loadings for Health Cover claims are calculated quarterly according to the percentage of your annual limit utilised. An increase in premium due to claim events is an accepted practice for short term insurance products due to the fact that a claim indicates a change in your pet's risk profile. As a short term insurer, we are entitled to increase your premium due to changes in your risk provided that you are given 30 days written notification of any changes.

EXCESS AMOUNTS

It is important to take note of the excess amounts charged for any of the events covered under the Accident and Illness Cover. The excess amount is payable after the claim has been closed by the Underwriter and is a percentage / amount of the cover amount provided. The amount is payable to the Underwriter and failure to pay the amount due will result in the amount being handed over for collection which may affect your credit rating and may incur collection costs for which you will be responsible.

Please call our call centre on 010 001 0141 and enquire about our Excess Buster. In the event of a claim the excess amount, as defined in the policy wording and detailed on the policy schedule, will be waived.

CHANGE OF PERSONAL INFORMATION

In order to ensure that you receive the necessary communications regarding your policy, please update your details regularly through our self-service portal on our website. Our company communicates via email and SMS and unless you specifically request documentation through the post, we will assume that you are receiving our communications. We will not accept responsibility for communications not received or read by you.

You may either contact our call centre or log in via the online self-service portal.

GENERAL CONDITIONS

Please take note of the following important points:

- 1 Costs for veterinary cover due to failure to seek medical assistance should a pet show clinical signs of an injury, illness or accident will not be covered. Failure to provide adequate care and protection for

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your pet will be considered negligence and you may be reported to the SPCA should the need arise.

- 2 All reasonable steps must be taken to maintain the health of your pet and to prevent injury, illness and loss. Negligence will not be covered.
- 3 Should you be covered by an additional insurance company, the onus is on you to inform us of the details. Failure to provide details of your cover may result in your policy being declared void and the non-payment of claims.
- 4 All procedures and treatments must be medically justifiable and all other conservative lines of treatment must always be considered. Proof must be provided on request from our Underwriters.
- 5 Should you be requested to provide additional information for a claim, all costs will be for your own account. This includes costs for a second opinion from a vet of our Underwriters choosing. We may, at our discretion authorise payment of the claim for the lesser of two amounts for any claim. In other words, if Vet A charges you R5000.00 for a procedure but Vet B is able to perform the same procedure for R4500.00, we will pay for Vet B's quote. You may however elect to have the procedure completed by Vet A and pay in the difference in the bill yourself.
- 6 No refund of premiums will be authorised should you cancel your policy with no claim history. As with normal short term insurance policies, you would be deemed to have been provided with risk cover and therefore will not be entitled to a refund.
- 7 Please note that any leniency offered should not be deemed to be leniency on an ongoing basis and the terms and conditions of your policy remain in full force and effect. It is vital that should you become aware of any medical condition that requires treatment, that you seek the necessary medical advice.
- 8 This policy is intended as risk over only. It remains the duty of the Insured to inform us of any material changes that may affect the terms and conditions of this policy
- 9 Specified cover types, limits and exclusions per year (twelve calendar months) are calculated from the date of inception.

COMPLAINTS

In the event that you have not had any queries dealt with to your satisfaction, please do not hesitate to address your complaint in writing to our complaints officer, All valid complaints will be dealt with within 21 days of receipt although we endeavour to resolve each query speedily. The complaints department investigate each query thoroughly and should it be found that certain areas of our business need improvement, these will be implemented after recommendation to our Executive Committee. Please refer all written complaints to complaints@oneplan.co.za.

POLICY AMENDMENTS / PREMIUM INCREASES

The Underwriters reserve the right to increase premiums or amend the terms of the policy on a group basis at their discretion. You will be notified of any changes in writing 30 days before the effective date.

SPECIFIC BREEDS

We reserve the right to add a loading for a specific breed from time to time and some claims may be declined as they may be related to specific breeds due to congenital or hereditary conditions.

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