

Addition to plan description

Waiver of payment with future growth at disability

What benefit will be provided?

If we admit a claim, we will waive the recurring payment of the plan. Each year the recurring payment will continue to increase by the growth type that applied when the claim was admitted, but subject to the current maximum increase each year of 15%. Every time the recurring payment is due, we will regard that payment as paid.

What will happen if, before a claim is admitted, the payment growth has been changed or cancelled?

If the type of payment growth has been changed or the payment growth has been cancelled, we will change this benefit to a similar benefit without future growth.

Special provisions

Special provisions, if any, regarding this benefit are set out in the statement.

Claim event

A benefit may be claimed if the life insured becomes disabled, and the disability amounts to one of the following:

- total, permanent and irrecoverable loss of
 - the vision in two eyes, or
 - the use of two hands, or
 - the use of two feet, or
 - the use of one hand and one foot;
- functional impairment to the extent that the life insured is
 - totally, permanently and continuously unable to take care of his or her body, or take care of his or her personal interests, or
 - totally and continuously unable to fulfil the occupational demands of the occupation he or she engaged in for income immediately before the functional impairment, resulting in a loss of such income.

It is important to note that we will not waive the recurring payments for more than one waiver of payment claim at the same time.

Admittance of a claim

We will admit a claim only if we are satisfied that all of the following conditions are met:

- The claim meets the description and requirements of the claim event.
- We receive all information we reasonably may require.
- The life insured obtained and followed medical advice immediately after the bodily injury took place or the illness had started.
- All aspects of the claim are proved by medical and other evidence we reasonably may require.
- The recurring payments of the plan have been made in full.
- The disability is caused directly and solely by a bodily injury or by an illness.
- The disability has lasted continuously for the entire waiting period.
- The bodily injury took place, or the cause of the claim was diagnosed for the first time, or the symptoms of the cause of the claim first presented, while the cover for the benefit was in force.

This benefit will be cancelled, and the risk part of all recurring payments made for this benefit will be forfeited, if a claim fraudulent in any aspect is submitted for this benefit, or if false information is supplied.

Waiting period

The waiting period is currently 6 months from the date we receive the claim. Recurring payments must still be made during the waiting period.

Exclusions

We will not admit a claim if the disability of the life insured can be substantially removed or improved by surgery or other medical treatment, which we can reasonably expect him or her to undergo, taking into account the risks involved and the chances of success of such surgery or treatment.

If the life insured at any time engages in sport as an occupation, or works as a pilot, and becomes continuously unable to fulfil the occupational demands of that occupation, we will not admit a claim as a result of such inability.

We will not admit a claim if it resulted directly or indirectly from any of the following, whereby the life insured:

- participates in riot, insurrection, civil commotion, military or hostile action, or an act of terrorism;
- commits or attempts to commit a crime of murder, assault, housebreaking, theft, robbery, kidnapping, a crime involving a sexual act, or a crime of a similar nature to any of the aforesaid crimes;
- deliberately inflicts an injury on himself or herself;
- takes drugs or medicine not in accordance with medical prescription, or drives any form of motorised vehicle on a public road whilst his or her blood alcohol level exceeds the legal limit;
- is exposed to a nuclear explosion or radio-activity;
- participates in cave diving, commercial diving, or the exploration of underwater wrecks for financial gain;
- participates in motorised racing, speed contests or acrobatic flights;
- recurrently participates in microlight flights, hang-gliding, paragliding, parasailing, sky-diving, parachuting or sky-surfing;

- participates in professional boxing, professional kick-boxing or professional wrestling.

Specific exclusions, if any, are set out in the statement under special provisions.

Temporary exclusions for specific conditions

During the first 3 years after cover for the benefit has started, we will not admit a claim if the disability directly or indirectly resulted from any of the following:

- depression or dysthymia, whether as an episode or disorder, or as part of the symptom complex of another psychiatric diagnosis;
- post-traumatic stress disorder;
- fibromyalgia;
- chronic fatigue syndrome and its synonyms;
- a neck or back condition, unless it is one of the following: paraplegia; quadriplegia; malignant tumours of the spinal cord and vertebral column; or failed back syndrome after multiple spinal surgery, provided the extent of the functional impairment arising from the failed back syndrome is verified by a specialist that we will nominate;
- an injury or illness that directly or indirectly resulted from, or is traceable to, any of the above causes;
- a complication that directly or indirectly is attributable to any of the above causes, or to such an injury or illness;
- a side-effect of treatment for any of the above causes, or for such an injury or illness, or for such a complication.

Waiving of payments

When will it start?

We will start waiving the recurring payments from the first payment due date on or after the date we admit the claim.

How long will the waiving continue?

We will waive the recurring payments for as long as the disability continues, but only up to midnight before the cover end date, as indicated in the statement. From the cover end date, the recurring payments must be resumed.

If we admit the claim because the life insured, as a result of the disability, is unable to fulfil the occupational demands of the occupation he or she engaged in for income immediately before he or she became disabled, we will waive the recurring payments for only 24 months.

Thereafter, we will continue waiving the recurring payments only if the life insured is also unable to fulfil the occupational demands of another occupation we may reasonably expect him or her to engage in despite his or her disability, taking into account his or her education, training and experience.

While the recurring payments are being waived, we may from time to time ask for proof that the life insured is still disabled. We may require the life insured to be examined for this purpose, at our cost. If the life insured recovers to such an extent that he or she is no longer disabled, we will stop waiving the recurring payments.

We will also stop waiving the recurring payments if

- we do not receive the required proof of the life insured's continued disability, or
- the life insured
 - refuses to be examined, or
 - refuses to undergo reasonable treatment on a regular basis, at his or her cost, by a medical doctor, other than the life insured if he or she is a medical doctor, or
 - dies.

If we stop waiving the recurring payments, the recurring payments must be resumed.

When will cover for the benefit start?

It will start on the last of

- the date of our written acceptance of the planholder's application,
 - the cover start date for the benefit, as indicated in the statement, and
 - the date on which we receive the first recurring payment, or on which arrangements to our satisfaction have been made for the first recurring payment.
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When will cover for the benefit end?

It will end

- at midnight before the cover end date, as indicated in the statement, or
- if the plan ends for any reason before the cover end date.

Can cover for the benefit be extended?

Yes, subject to our new business requirements at the time, it can be extended on request, provided that the life insured is still alive and we receive the request before the cover end date. However, we will not extend cover for the benefit if, during the year ending at midnight before the cover end date, a claim for a waiver of payment benefit for the life insured was submitted to us, or we waived the recurring payments.

Explanations

Neck or back condition

A disease, disorder, or dysfunction of the vertebrae, spinal cord, intervertebral discs, nerve roots and supporting muscles or ligaments, as well as the direct or indirect consequences of, or the side-effects of any treatment applied for, such disease, disorder, or dysfunction.

Paraplegia

Total, permanent and irrecoverable loss of function of both lower extremities, with or without loss of bowel or bladder function.

Quadriplegia

Total, permanent and irrecoverable loss of function of all four limbs.

Malignant tumours of the spinal cord and vertebral column

The incontrovertible presence of uncontrolled growth and spread of malignant cells, the invasion of normal tissue, and the definite histological evidence of a malignant growth in the spinal cord and vertebral column.

Failed back syndrome after multiple spinal surgery

When the life insured, after the cover for the benefit has begun, must undergo more than one spinal operation on two or more intervertebral disc spaces in the lumbar or cervical area, and despite those operations, still suffers severe back pain as verified by a multidisciplinary pain clinic. Such operations may include discectomy, vertebral fusion and internal fixation.
