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Funeral Plan

Terms & Conditions

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What the Funeral Plan policy covers

The Funeral Plan policy gives the life assured monthly cover for death as a result of accidental and natural causes. Repatriation services are also included in this cover.

Description of benefits

- Natural and Accidental Death benefit
 - Individual Cover – this covers the main member only.
 - Family Cover – this covers the main member and spouse plus one to five dependants up to the age of 21 (or up to 25 if they are registered full-time students at time of death).
 - Extension of cover for individual family members is also available at an additional premium. Such persons are referred to as **extended family members**. In these cases, the principal member has an insurable interest in, and has paid the premium for, the assured life. The benefits applicable to such extended family members will be paid in terms of this policy upon the death of the additional member/s.
 - Death as a result of HIV/Aids-related illness is covered.
 - Death as a result of COVID-19 is covered.
 - Claims will be settled in less than two working days if all documentation is received.
- Repatriation Services benefit
 - In the event of the assured's death, the next of kin may decide on the place of burial and the funeral home.
 - The mortal remains will then be sent to a branch of the chosen funeral home closest to the cemetery.
 - This service is only offered if both the death and burial occur within the borders of South Africa.

Qualifying for cover

This cover will only be available where the assured member's entry age is between the ages of 18 and 65.

How do my payments work?

The Funeral Plan gives the assured member monthly cover and the premiums are deducted in advance on the date stated on your schedule. If in the month following the activation of the policy (and onwards) we do not receive the premium on the due deduction date, you will be allowed a 31-day grace period in which to pay the premium. If we still do not receive the premium after these 31 days, the benefits will be suspended, and the assured member/s will not have cover.

Premium obligations

For your premium obligations, refer to the paragraph titled "Policy details" on your schedule. This will give you details regarding the manner of payment and the due date for payment of the premiums. The policy will only commence upon receipt of the first premium.

Please take note that we agreed to collect the monthly payment for your policy by debit order. Your debit order will be deducted on the agreed upon date. We reserve the right to deduct the premium on an alternative date in an attempt to ensure cover. Should this date fall on a Sunday or public holiday, the deduction will be made either on the last working day prior to or the first working day after the weekend or public holiday. If we do not receive your premium on your preferred deduction date, we may attempt to collect it on a more suitable date in an effort to keep you covered. If payment is not received for three consecutive months, the policy will be cancelled immediately.

Cooling-off period

You may cancel your policy during the cooling-off period. This is the 31 (thirty one)-day period from the date on which you receive your policy documents. Your product supplier will assume that these would have been delivered to your postal address within 7 (seven) days of the dispatch date, or on receipt of an email. If you cancel your policy within the cooling-off period, your product supplier will refund the premiums you have paid, after deducting any costs specifically charged to provide cover for the period. The cooling-off period only applies if your product supplier has not paid out any benefits.

You have 31 (thirty-one) days from the date you receive confirmation that your policy has been accepted by 1Life to cancel your policy.

Policy changes

Any change or cancellation you make will be effective from the date we agree on. Note that if we need to change or cancel your policy, we will give you 31 days' notice.

Exclusions

Insurance cover will not be granted and benefits will not be payable in the event of the assured life's death resulting directly or indirectly from or which is attributable to, suicide or attempted suicide during the first 12 months from the commencement date, notwithstanding such suicide or attempted suicide being the result of insanity (temporary or permanent), mental illness, the influence of drugs or intoxication of the assured life.

No insurance cover shall be granted, or benefits paid, in the event of the death:

- of any of the members resulting directly or indirectly from, or which is attributable to, the negligence, recklessness, transgression of the law or intentional exposure to danger by such a member, except in circumstances to save another human's life; or
- of any of the members resulting directly or indirectly from, or which is attributable to, such a member being under the influence of illegal drugs or habit-forming substances, or resulting from the chronic abuse of drugs by the member; or
- of any of the members resulting directly or indirectly from, or which is attributable to, the wilful self-infliction of injuries by the member.

Your obligations

- Give us true and complete information.
- Tell us about anything you have not yet disclosed but that may be important for us to know in order to accept the policy, or about anything that changes that may be important for us to continue accepting the policy.
- Keep in mind that incorrect information, non-disclosure or misrepresentation of information may influence the outcome of claims arising from your insurance contract and may influence our decision to provide the benefits in terms of your policy or to accept or terminate your policy.
- Inform us if any of the policy details or declarations is incorrect, or if any of these details or declarations change.

Fraudulent or deliberate acts

This policy may be cancelled and claims rejected if:

- any claim under this policy is in any respect fraudulent;
- it is found that fraudulent means or false information were used to benefit from the cover granted;
- you knowingly allow anyone acting on your behalf to provide false information to obtain a benefit; or
- you deliberately and wilfully conspire to cause, aggravate or accelerate the illness or accident that gives rise to a claim.

There will be no refunds for premiums already paid and we may initiate legal proceedings against you.

Waiting period

The 'waiting period' is a period during which no insurance cover is provided, and monthly premiums are payable. The following waiting periods apply:

- The waiting period for natural death on the funeral plan is a completed six months and six paid premiums. Death from accidental causes is covered from the time we receive your first premium.
- If you have had matching existing cover which is active within 31 days of taking up this policy, only the remaining waiting period on your existing cover will apply. Should there be no remaining waiting period left on your existing cover, no additional waiting period will be applied to this policy. Waiting periods will only be adjusted if you have cancelled or you are going to cancel your existing cover.
- In order for your reduced waiting period to be deemed valid on this policy in the case of a claim related to the above paragraph, we require that you submit a copy of your most recent policy schedule from your previous insurer for assessment and confirmation. This will be stored against your policy record.
 - Should you fail to submit a policy schedule confirming your cover and waiting period with your previous/current insurer, our standard waiting periods will be applied in the case of a claim submission within the first six months of cover with us.
- Where your cover is cancelled with us for a period of no more than two months from the last day of the last month for which we received a premium payment, and if we agree to reinstate you on the same terms, we will not extend or reinstate your waiting periods, If you had not completed your initial waiting period, the remaining waiting period would be applicable. The waiting period previously agreed upon will be applied.
 - Where your cover is cancelled with us for a period greater than two months from the last day of the last month for which we received a premium payment, and if we agree to reinstate you on the same terms, we will reinstate our standard waiting periods for natural death of six months and six paid premiums, whichever comes first.
- If we do not receive two consecutive monthly premiums, the above waiting periods will recommence.

Risk assessment

The age of the assured life is considered to be material to the acceptance of this policy. Please note that any incorrect or incomplete information relating to the above may result in the non-payment of a claim.

How to claim in the event of death

In the event of a claim, call the **Claims number** provided below.

The following documents must be submitted to the Claims department:

- A certified copy of the life assured's abridged death certificate.
- Certified copies of the life assured's and nominated beneficiary's identity document.
- A fully completed DHA 1663 form (notification of death form).
- An official police report if the death of the assured life was due to unnatural causes.
- Proof of the beneficiary's banking details and one month's bank statement.
- If no beneficiaries exist, a letter of executorship from the high court is required.
- Any other documentary proof that may be required by the insurer.
- More information will be provided when you contact us.

Please note: In order to make use of the offering, information must be transferred between ourselves and the service provider.

Disclosures (about your Underwriter/Product Supplier)

Product Supplier: 1Life Insurance Limited
FSP Number: 24769
Registration Number: 2005/027193/06
Website: www.1Life.co.za
Telephone: (011) 428 1405
Compliance Officer: PO Box 11250, Johannesburg, 2000
Tel: 0860 99 99 54
E-mail: compliance@1Lifefuneral.co.za

The product supplier is an authorised financial services provider and life insurer.

The product supplier has professional indemnity cover in place.

Queries and complaints

The product supplier will try to resolve policyholder queries and complaints in an efficient, speedy and fair manner. We will make printed recordings of any telephone discussions (where applicable) available to the client on request.

How we handle your enquiry or complaint

STEP 1 - Contact the client services department

Should you have any complaints regarding the following, you may be requested to submit your complaint in writing together with any supporting documentation:

- 1 The administration of your policy, for example, problems with your debit order, incorrect information on your policy schedule or complaints against the consultant that sold you the policy; or
- 2 Claims on your policy, for example, a claim lodged is taking too long or has been repudiated.

Client services department

Tel: 0860 10 51 94
E-mail: clientservices@1lifefuneral.co.za

STEP 2 - Contact the internal dispute resolution department

If the matter is still not resolved to your satisfaction, please contact our internal dispute resolution department, the details are as follows:

Internal dispute resolution department

Tel: 0860 10 54 31
E-mail: complaints@1lifefuneral.co.za

Contact the compliance department

Should you believe that the insurer has contravened any regulatory or statutory requirement, in that, the financial service was not rendered honestly, fairly, with due skill, care and diligence, and in the interests of you the client, please contact the compliance department.

Compliance department

Tel: 0860 99 99 54
Fax: (011) 489 4381
E-mail: compliance@1lifefuneral.co.za

STEP 3 - Contact the National Financial Ombud Scheme South Africa or the FAIS Ombudsman (where applicable)

Should your complaint not be resolved to your satisfaction or if we failed to timeously respond to your complaint, you may submit your complaint to the FAIS Ombudsman, or the National Financial Ombud Scheme South Africa, whichever is applicable.

The National Financial Ombud Scheme South Africa provides consumers with a free dispute resolution mechanism. It mediates between subscribing members such as the insurer and policyholders regarding insurance contracts.

National Financial Ombud Scheme South Africa

Tel: 0860 800 900
E-mail: info@nfosa.co.za
Website: www.nfosa.co.za

The FAIS Ombudsman is an independent and impartial dispute resolution tribunal which investigates, considers and disposes of complaints by consumers against Financial Services Providers, for example, the way a policy was sold or how a service was provided.

FAIS Ombudsman

Tel: (012) 470 9080
Sharecall: 0860 FAISOM (0860 32 47 66)
E-mail: info@faisombud.co.za
Website: www.faisombud.co.za

Sales, Admin & Claims
0860 10 50 85

www.dialdirect.co.za

Your Funeral Plan is underwritten by 1Life Insurance Ltd,
a licensed life insurer and financial services provider.
Dialdirect Insurance Ltd is a licensed non-life insurer
and financial services provider.

dialdirect