

➤ SANLAM GAP FEDHEALTH NEXGEN POLICY DOCUMENT 2024
➤ FOR THE ELECT & SAVVY MEDICAL AID PLANS



Statutory notice:

This is not a **Medical Scheme** and the cover is not the same as that of a **Medical Scheme**.

This **Policy** is not a substitute for **Medical Scheme** membership.

Sanlam Gap Fedhealth Nexgen is administered by Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931).

Kaelo Risk (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.

Insurance Products are insured by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

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Disclaimer

This policy is specifically designed for the Fedhealth Elect and Savvy medical aid plans. Should you change medical aid plans with Fedhealth or move to another Medical Scheme provider, you will need to contact your broker to replace this policy with another Gap policy.

Please note that this Policy has certain terms, conditions and exclusions which may differ from Fedhealth medical aid Elect and Savvy plans' terms, conditions, and exclusions. It is therefore important to note that if Fedhealth approves a claim it is not automatic that the Benefits of this Policy will respond, and each claim will be assessed in terms of this Policy's terms, conditions, and exclusions.

This Policy replaces all previous versions of your Sanlam Gap Fedhealth NexGen Policy. All terms and conditions in this Policy are applicable to Insured Parties on the Policy.

All definitions throughout the Policy are indicated with bold font and with the first letter of each word capitalised. Important points are indicated with a bold and blue font type.

Processing of insurance information is done in accordance with the applicable legislation, as well as our Privacy Policies which can be found on our websites:

- 🔗 www.kaelo.co.za and
- 🔗 www.centriq.co.za

A. Your Insurer

The insurance cover is underwritten by your Insurer: Centriq Insurance Company Limited, FSP 3417, a licensed non-life insurer. The cover provided is always subject to all the terms and conditions explained throughout your Policy.

B. Your Underwriting Manager

Your **Underwriting Manager** is responsible for all administrative matters relating to your **Policy** which include:

- 🔗 Issuing of your **Policy**.
- 🔗 Processing of your claims.
- 🔗 Collection of your **Premium**.

C. Definitions

Any words and expressions used in this Policy can refer to either singular or plural and to either gender.

The words and expressions utilised are defined as follows:

- C1. **“Accidental Injury”**: bodily injury caused by violent, unintentional, external and physical means.
- C2. **“Benefit or Benefits”**: the **Policy Benefits** as listed in the **Benefit Schedule**.
- C3. **“Benefit Schedule”**: The cover and Benefits detailed in this Policy under Addendum A.
- C4. **“Condition-Specific Waiting Period”**: a period in which an **Insured Party** is not entitled to claim **Benefits** in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received prior to the cover **Inception Date**.
- C5. **“Co-payment”**: the fixed, defined Rand amount that the Insured Party is responsible for in terms of Fedhealth's Elect or Savvy medical aid plans for MRI and CT Scans.

- C6. **“Eligible Child”**: a child born to either the Policyholder or Eligible Spouse of this Policy. An Eligible Child includes a legally adopted child or stepchild of a Policyholder. In the event that the Eligible Child reaches the age of 27 years, the child will no longer be an Eligible Child and will therefore no longer be covered under this Policy. On turning 27 and within 90 days of doing so, the Eligible Child may take up a new Policy in their own capacity without any additional waiting periods or exclusions being applied. The age limitation will not be applicable to a Special Needs Child.
- C7. **“Eligible Special Dependant”**: a dependant who is neither the Eligible Spouse nor an Eligible Child, nor a Special Needs Child of the Policyholder but who is an eligible dependant on the Policyholder’s Medical Scheme and has been explicitly accepted by the Insurer for such cover under this Policy. In the event that no such explicit acceptance is provided by the Insurer, such special dependants are not covered even though they are dependants on the Policyholder’s Medical Scheme.
- C8. **“Eligible Spouse”**:
- ⦿ the partner of the **Policyholder** with whom a spousal union exists, whether by virtue of South African law or religious tenet.
 - ⦿ the partner that shares a home with the **Policyholder** in a common law spousal union and has done so for at least six months.
- C9. **“Emergency”**: a serious, unexpected, and dangerous situation requiring immediate action.
- C10. **“Family”**: collectively the **Policyholder**, Eligible Spouse, Eligible Children, Special Needs Child and/or Eligible Special Dependants as defined in the **Policy**.
- C11. **“General Waiting Period”**: the period in which an **Insured Party** may not claim any **Benefits**, except for **Benefits** directly arising from **Accidental Injury**.
- C12. **“Hazardous Sport”**: includes, but is not limited to, participation in or use of any of the following:
- ⦿ All forms of motorised racing, speed tests or aerobatics, whether by land, sea or air;
 - ⦿ Mountaineering, trekking or hiking above an altitude of 4 000 metres;
 - ⦿ Hunting, shooting or deploying firearms in any manner other than for self-defence purposes.
- C13. **“Hospital”**: any institution in South Africa which meets all of the following criteria:
- ⦿ Provides surgical and medical diagnostic and therapeutic facilities for **Treatment** and care of sick or injured persons under the supervision of **Medical Practitioners**.
 - ⦿ Provides 24-hour nursing services to sick or injured persons within the aforementioned facilities.
- C14. **“Hospital Episode”**: the period of time between admission to **Hospital** of an **Insured Party** until the time of discharge from the **Hospital** of the same **Insured Party** for the same **Insured Event**.
- C15. **“Network Hospital”**: a list of **Hospitals** specified by Fedhealth’s Elect or Savvy medical aid plans, as their network hospital.
- C16. **“Illness”**: any physical disease or sickness which manifests in an **Insured Party** but is not a disease or sickness which is of such a nature as to be incapable of diagnosis by objective evidence or which, even though capable of diagnosis by such evidence, has not been diagnosed as such.
- In other words it must be capable of diagnosis and have been diagnosed.
- C17. **“Inception Date”**: the first day of the month on which cover commences for the **Insured Party** as noted in the **Policy Schedule**.
- C18. **“Insurer”**: Centriq Insurance Company Limited, (reg 1998/007558/06), a licensed non-life insurer an authorised Financial Services Provider (FSP 3417).
- C19. **“Insured”** or **“Insured Party”**: the **Policyholder**, **Eligible Spouse**, **Eligible Child** or **Eligible Special Dependant**, as defined in this **Policy**.
- C20. **“Insured Event”**: any one or more of the following:
- ⦿ **Accidental Injury, Illness** or other health incidents that cause an **Insured Party** to be admitted to a **Hospital** and to undergo **Treatment** or **Medical Procedures**.
 - ⦿ **Accidental Injury** that directly causes an **Insured Party** to receive **Emergency** medical treatment at the casualty ward of a **Hospital**.
 - ⦿ An MRI or CT scan whether as an out-patient or in-patient.

- C21. **“Kaelo Risk”**: Kaelo Risk (Pty) Ltd (registration no: 2008/019335/07), hereinafter referred to as “Kaelo Risk”, who is appointed to administer this Policy on behalf of the Insurer and is registered to do so in terms of the Short-Term Insurance Act No. 53 of 1998.
- C22. **“Medical expense shortfall policy”**: means an accident and health policy, as defined in Category 1 of section 7.2(1) of regulations to the Short-Term Insurance Act, No 53 of 1998.
- C23. **“Medical Practitioner”**: a person who is suitably qualified and registered with the Health Professions Council of South Africa to practice medicine.
- C24. **“Medical Procedure”**: a course of action intended to achieve a result in the delivery of healthcare. A medical procedure with the intention of determining, measuring, or diagnosing a patient condition.
- C25. **“Medical Scheme”**: A Medical Scheme as registered under the Medical Schemes Act.
- C26. **“Medical Schemes Act”**: to the **Medical Schemes Act** No. 131 of 1998.
- C27. **“Per Annum”**: the period from 01 January to 31 December of any year
- C28. **“Penalty Co-payment”**: a Penalty **Co-payment** applied by Fedhealth’s Elect or Savvy medical scheme plans, that would otherwise not have been applied had the Insured Party made use of a **Network Hospital**.
- C29. **“Policy”**: consists of this policy document as well as the annexure and the Policy Schedule.
- C30. **“Policy Exclusions”**: the list of services, conditions or events detailed in the **“Policy Exclusion”** section of this **Policy** which are excluded from cover at all times.
- C31. **“Policy Schedule”**: the schedule attaching to and forming part of this **Policy** that defines the Fedhealth medical aid plan, Policyholder, Inception Date, monthly Premium and Waiting Periods and other information that pertains to the cover provided under this Policy.
- C32. **“Policyholder”**: the Insured Party who applied for cover under this Policy for himself/herself and his designated Family (if you have selected to pay the Family Policy Premium) on inception of this Policy, who has been accepted by the Insurer to be eligible for the insurance cover provided by this Policy.
- C33. **“Premium”**: the monthly amount due to the **Insurer** payable by, or on behalf of, the **Policyholder**.
- C34. **“Prescribed Minimum Benefits (PMBs)”** are a set of defined benefits provided to beneficiaries of **Medical Schemes** to ensure that all **Medical Scheme** members have access to certain minimum health services.
- C35. **“Special Needs Child”**: any child, including a legally adopted child or stepchild, of the **Policyholder**, who by virtue of either a physical or mental disability, is unable to financially support him/herself and remains reliant on the **Policyholder** for support and care.
- C36. **“Treatment”**: any form of medical advice, diagnosis, care or treatment provided by a **Medical Practitioner** for the purpose of treating or monitoring the medical condition of an Insured Party.

D. Claims

Following an **Insured Event**, the **Insured Party**, as the case may be, shall at his own expense:

- ① Notify **Kaelo Risk** of any claim in writing as soon as possible but not later than **six months** after the end of the **Insured Event**. Claims submitted more than **six months** after the end of the **Insured Event** are excluded from cover.
- ② Supply written proof, copies of medical accounts or other information as may reasonably be required for **Kaelo Risk** to process the claim or to ensure the validity of the claim. These documents include: a completed **Claims Form, Service Provider Accounts or Casualty Account; Claims Transaction History Report**. There may be additional information requested such as medical reports as required and determined on a case by case basis.

- ④ Provide authority for **Kaelo Risk** to inspect as often as is necessary all current or past medical information or clinical records including the results of any diagnostic tests and submit to medical examination on behalf of and at the expense of **Kaelo Risk**.
- ④ Where the **Insured Party** is not the **Policyholder**, the **Policyholder** shall provide or obtain the necessary permission or consent from the **Insured Party** to comply with the above condition failing which the processing of the relevant claims shall be suspended until such time as the requisite permissions or consents are obtained.
- ④ **Assessing claims.** Claims are assessed on a line by line basis. Each line has a code on your healthcare or service provider's account and this accounts for the total amount charged. These codes describe the **Medical Procedure** that was performed or the service that was provided.
- ④ **Claims** flagged as **Prescribed Minimum Benefit (PMB)** are subject to clinical review by our specialist third party company, MedClaim Assist and may be investigated with your **Medical Scheme**. PMB's are a set of defined benefits that **Medical Schemes** are required to cover by law. This means that as a **Medical Schemes** member, you shouldn't incur any out-of-pocket medical expenses related to a PMB.

Any **Benefit** payable in respect of an **Insured Event** shall only become payable after the end of the **Treatment** relating to the **Insured Event** but at the sole discretion of the Insurer, interim **Benefit** payments can be made to the **Policyholder** after a 31 day period during an **Insured Event**.

All **Benefits** payable shall be paid to the **Policyholder** or his legal representative whose receipt of the **Benefits** shall in every case be a full discharge of liability.

No **Benefit** payable shall carry interest.

Any discount accrued by an **Insured Party**, against the amount owing by the Insured to any **Medical Provider**, shall be factored into the calculation of the **Benefits** of this **Policy**.

If the Insurer rejects any claim, or disputes the quantum of a claim, the **Insured Party** has **90 days** to make representation to the Insurer, challenging this decision. If the Insurer persists in rejecting

the claim or disputing the quantum, the Insured Party has to have summons issued and served on the Insurer, within **six months (180 days)** after the expiry of the **90 days** period; failing which, the **Insured Party** will forfeit his claim and will have no further claim in terms of this **Policy**.

Payment of any **Benefit** is conditional on the **Insured Party** supplying such medical evidence as is required by the Insurer to adequately assess the validity of the claims or for an **Insured Party** to undergo any medical examination if requested and paid for by the Insurer.

E. Premiums

- ④ All **Premiums** are **payable monthly in advance or arrears by the last working day of the month**. Non-payment of **Premiums** may lead to the rejection of a claim or cover being suspended and any **Benefit** payable will be suspended until all **Premiums** have been received by **Kaelo Risk** or the Insurer.
- ④ If the **Premium** is not paid on the payment date, you have a **30 day grace period** after which we will automatically deduct the outstanding **Premiums** from the same account to ensure continuous cover. If this **Premium** is also not paid you **will have no cover for the period for which you did not pay**.
- ④ Should your **Premium** remain **outstanding after the third month** your cover will be **cancelled at midnight on the last day of the month** for which **Premium** has been received.
- ④ Should you cancel or stop your debit order, it will be deemed that you have cancelled your cover and you will not enjoy the **30 day grace period**. In the event that you reinstate your **Policy** thereafter, your **Policy** will be treated as a new **Policy** and the grace period will only apply from the second month of cover thereafter.
- ④ Your **cover starts on the first calendar day of a particular month** and cannot be backdated.
- ④ Your **Premium** will be reviewed annually.
- ④ The **Insurer may adjust the Premiums by giving at least 31 days written notice** thereof to the **Policyholder**.

F. General Terms and Conditions

Jurisdiction and Currency

This **Policy** shall be subject to the jurisdiction of the courts of the **Republic of South Africa and South African law will apply**. The payment of all **Premiums** and **Benefits** shall be made in the currency of the **Republic of South Africa**.

Commencement of Cover

Cover shall commence on the first day of the calendar month for which the **Premium** has been paid by or on behalf of the **Policyholder**, subject to all the terms and conditions of this **Policy**.

Cover and Benefits

- ⦿ Cover shall only be in force or effective if the **Insured Parties** are also current and paid up beneficiaries of a Fedhealth Elect or Savvy medical aid plan.
- ⦿ This **Policy**, **Benefit Schedule**, **Policy Schedule** and correspondence sent to the **Policyholder**, the **Policyholder's** application for insurance, and any written or spoken statement made by the **Policyholder** or on his/her behalf, forms the contract between the **Policyholder** and the **Insurer**.
- ⦿ The Insurer **may alter the Benefits** and/or Policy Exclusions or the basis upon which **Benefits** are calculated under this **Policy** by giving **31 days written notice** thereof.

Eligible Spouse

Should a **Policyholder** have more than one spouse who could qualify as an **Eligible Spouse** then the **Policyholder** must make an irrevocable nomination of one spouse as the **Eligible Spouse**. **Benefits** will only be paid to the nominated **Eligible Spouse** or the **Eligible Special Dependant**.

On the death of the **Policyholder**, the nominated **Eligible Spouse** may transfer the **Policy** of cover into their own capacity within 90 days without any additional waiting periods or exclusions being applied.

G. Termination of Cover

You may cancel this cover at any time, by giving **a calendar months, prior written notice**. **A calendar months notice will be considered from the 1st of the month to the 31st of the same month**. **The insurer may cancel this cover at any time, by giving you 31 days, prior written notice**.

Should your Medical Scheme plan have ended before the date of cancellation of your Gap cover **Policy**, your cancellation will be backdated to the Medical Scheme cancellation date and a full refund of premium for this period will be processed.

In the event that any fraudulent act is committed by any **Insured Party** or any **Service Provider**, the Insurer reserves the right to immediately cancel this cover and/or to institute legal proceedings against the relevant party to recover any losses.

In the event that the **Insured Party**, or any person acting on behalf of the **Insured Party**, has misrepresented, inaccurately described or not provided all the details that affect the risk insured under this **Policy**, the Insurer may declare that the whole of this **Policy** or any part thereof is invalid. In such an event, the **Insurer** shall be entitled to reject any claim under this **Policy** and/or to void this **Policy** from the Policy Start Date.

H. Waiting Periods

The **Insurer** shall apply waiting periods to the cover of an **Insured Party** as outlined below:

During the first 3 months of being an Insured Party, a General Waiting Period shall apply except for Benefits directly arising from Accidental Injury.

During the first 12 months of being an Insured Party, a Condition-Specific Waiting Period shall apply. Where this is applied, a pre-existing questionnaire will be requested at claim stage, within the first 12 months. The requirement is that this questionnaire is completed by the diagnosing Medical Practitioner.

Waiting Periods shall be applied to the cover of the relevant **Insured Party**, from the time that such **Insured Party's** cover commences under this **Policy**.

In the event that an **Insured Party** previously had a **Medical Expense Shortfall Policy**, not longer than **90 Days** before the **Inception Date**, the period of the **General Waiting Period** and **Condition-Specific Waiting Period** shall be reduced by the expired portion of the **General Waiting Period** and **Condition-Specific Waiting Period** served under such previous policy.

Waiting periods will not be applied to a newborn, **Eligible Child**, **Special Needs Child** or **Eligible Spouse** if they are registered with **Kaelo Risk** within **90 Days** and added to the **Policy**, as a dependant, from the birth or marriage date. **Premiums** will be payable from the birth or marriage date.

Should the **Eligible Child** or **Eligible Spouse** not be registered with **Kaelo Risk** within **90 Days**, full waiting periods will be applied to the **Insured Party**.

The **Insurer** reserves the right to waive the Waiting Periods for the Insured Parties. Any such waiver applied will be indicated on the **Policy Schedule**.

I. Exclusions

The **Insurer** shall not be liable for any claim caused by or related to, whether such cause or related cause is as a direct or indirect consequence of any of the following:

- ① Any **Treatment** or **Medical Procedure** related to obesity.
- ① Cosmetic surgery except in the case where reconstructive cosmetic surgery is necessitated, in the sole opinion of the Insurer, as a direct result of **Accident Injury** or other essential non-elective **Treatment** or **Medical Procedure**.
- ① Suicide, attempted suicide or willful injury to oneself.
- ① Abortion, attempted abortion or any complications related thereto unless **Treatment** is, in the sole opinion of the **Insurer**, of a non-elective nature.
- ① Any procedure or examination where there is no objective indication of impairment in normal health.
- ① The consumption of any drug or narcotic, whether legal or illegal, unless legally prescribed by and taken in accordance with the instructions of a **Medical Practitioner**.
- ① The failure of an **Insured Party** to follow any medical advice given by a **Medical Practitioner**.
- ① Any incident, **Illness**, **Accidental Injury**, or event directly or indirectly caused by the continuous and excessive consumption of alcohol or where the **Insured Party** suffers from alcoholism.
- ① Any incident, **Illness**, **Accidental Injury** or event directly or indirectly attributable to the **Insured Party** having a blood alcohol content exceeding thirty milligrams per one hundred millilitres of blood.
- ① Nuclear weapons, nuclear material, ionising radiations or contamination by radioactivity from any nuclear fuel, or from any nuclear waste, or from the combustion of nuclear fuel which includes any self-sustaining process of nuclear fission.
- ① Participation or attempted participation by any **Insured Party** in any of the following:
 - Defence force, police force, medical rescue service, firefighting service, correctional services facility or the disarming of explosives;
 - Aviation activities where any medical expense incurred in relation to such activities are insured by any other party (excludes farepaying passengers in a licensed passenger carrying aircraft);
 - **Hazardous Sport** as defined, regardless of whether activities are performed privately, socially, during practice sessions, while participating in organised events, as an amateur or a professional.
- ① Any acts or attempted acts, including participation or attempted participation by any **Insured Party**, of any of the following:
 - Civil commotion, labour disturbances, riot, strike, lock-out or public disorder or any act or activity which is calculated or directed to bring about any of the above
 - War, invasion, act of foreign enemy, hostilities, civil war or warlike operations (regardless of whether war is declared or not)
 - Mutiny, military rising or usurped power, martial law or state of siege, or any other event or cause which determines the proclamation or maintenance of martial law or state of siege, insurrection, rebellion or revolution
 - Any act (whether on behalf of an organisation, body, person or group of persons) calculated or directed to overthrow or influence any state or government or any provincial, local or tribal authority with force or by means of fear, terrorism or violence;
 - Any act calculated or directed to bring about loss or damage to further any political aim, objective or cause, or to bring about any social or economic change, or in protest against any state or government, or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public, or any section thereof;
 - Terrorism. An act of terrorism means the use or threat of violence for political, religious, personal or ideological reasons. This may or may not include an act that is harmful to human life. It could be committed by any person or group of persons, acting

alone, on behalf of or with any organisation or government. It includes any act committed with the intention to influence any government or inspire fear in the public;

- The act of any lawfully established authority in controlling, preventing, suppressing or in any other way dealing with any event referred to above.
- ④ Any claim that does not form part of the registered benefits of the **Insured Party's** Fedhealth Elect or Savvy medical aid plan but has been paid on an ex gratia basis by Fedhealth.
- ④ The following procedures, items, services, **Service Providers** or events:
 - Breast augmentation;
 - Gastroplasty, lipectomy or otoplasty;
 - Gender reversal procedures;
 - Therapeutic massage therapists;
 - TTO (To-Take-Out) medicines.
- ④ Any expenses incurred as a result of an injury in a motor vehicle accident that are subsequently recoverable by the relevant **Insured Party** from the Road Accident Fund.
- ④ Any expenses incurred as a result of an injury on duty that are subsequently recoverable by the relevant **Insured Party** from Workman's Compensation Fund.
- ④ Any criminal act or attempted criminal act by an **Insured Party** which shall include the submission of any fraudulent information or the use of any fraudulent means to obtain any **Benefit** under this **Policy**.
- ④ Expenses incurred for transport charges or for services rendered whilst being transported in any vehicle, vessel or craft whether or not such vehicle, vessel or craft is specifically designed for the purposes of medical emergency transport.
- ④ Any act by an **Insured Party** that wilfully exposed the **Insured Party** to danger (except where such act was necessitated in order to save human life).
- ④ Any Treatment or **Medical Procedure** that, in the sole opinion the **Insurer** is of such a nature that it is not considered to be medically necessary, or where alternative conservative Treatment would provide a similar outcome, or is of such a nature that there is no likely improvement in the medical condition of the **Insured Party**.
- ④ Any **Hospital Episode, Treatment** or **Medical Procedure** relating to the **Insured Event** which commences after the date of cancellation of this **Policy**.
- ④ Any **Treatment** or **Medical Procedure** where such treatment occurred outside of the period of cover.

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SANLAM GAP FEDHEALTH NEXGEN COVER BENEFITS 2024

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Benefit Schedule

Addendum A: Detailed Benefits

Sanlam Gap Fedhealth NexGen Cover

The **Benefits** listed below applies to Fedhealth's Elect & Savvy medical scheme plan options.

The **Benefits** listed below apply only for services rendered within the territory of the Republic of South Africa. Any services provided outside of the borders of South Africa are excluded from cover.

The **Benefits** listed below are deemed as separate benefits and may qualify for coinciding yet distinct benefits, as the case may be.

NexGen Benefits 2024

Benefit	Benefit Description	Benefit Limit
MRI and CT Scan Co-Payments	The Benefit amount payable is equal to the Co-payment amount, as defined in the rules of Fedhealth's Elect or Savvy medical aid plans in respect of MRI's and CT scans.	A maximum of one such event is covered per Annum and up to a maximum amount of R3 890 .
Penalty Co-Payment	The Benefit payable is equal to the Penalty Co-payment amount, as defined in Fedhealth's Elect or Savvy medical aid plans for the voluntary use by an Insured Party of a Hospital that is not a Network Hospital .	A maximum of one such event is covered per Annum and up to a maximum amount of R8 600 for an Insured Party on the Fedhealth Savvy medical aid plan or R14 700 for an Insured Party on the Fedhealth Elect medical aid plan.
Casualty Ward Co-Payment Contribution	The Benefit payable is equal to the Co-payment amount, as defined in the rules of Fedhealth's Elect or Savvy medical scheme plans in respect of Emergency Treatment in a casualty ward. The Benefit will only apply in the event of Emergency Treatment required as a result of Accidental Injury .	A maximum of one such event is covered per Annum and up to a maximum amount of R800 .
Sports Injury Accidental Casualty for Appliances, External Accessories and Orthotics	The Benefit payable is for Appliances, external accessories and orthotics which are provided within a casualty ward of a Hospital as a result of a sports related Accidental Injury . Examples of Appliances, external accessories and orthotics include but are not limited to: <ul style="list-style-type: none">• Crutches• Wheelchairs• Neck Braces• Moon Boots• Support braces	Limited to a maximum amount of R1 600 per option per Annum .

*The Benefit names listed throughout this document are for reference purposes only and will not form part of any Benefit definition.



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