

GOVERNMENT EMPLOYEES

# Accidental Death, Disability & Income Protector <sup>PLUS</sup>



**Income Protection**

**& Accidental Cover**

**INSURANCE  
PRODUCT**

See details in policy breakdown

**R 59**  
PREMIUM



The Accidental Death Disability & Income Protector<sup>PLUS</sup> is for government employees who want to be covered specifically in the event of loss of income or disability as a result of an accidental event.

**Featured Benefits include:**

**ACCIDENTAL DEATH COVER**

Covering costs up to R50 000  
Accidental Death Cover

**ACCIDENTAL PERMANENT  
DISABILITY COVER**

Covering costs up to R50 000 Accidental  
Permanent Disability Cover

**MOBILITY COVER**

Up to R25 000 Mobility Cover if the direct result of the claim for Accidental Permanent wheelchair, the cover will include the necessary mobility facilitation.

**TEMPORARY TOTAL DISABILITY  
INCOME PROTECTION –  
ACCIDENTAL INJURY**

25% of average weekly earnings but not exceeding R3 000 per week payable for a maximum of 52 weeks

**Value Added Products:**

**ER24**

Emergency Medical Care with access to immediate medical assistance for you & your family.  
Available 24/7. Hotline: 084 124

**DATA**

**R 59**  
PREMIUM

**5 GB**  
ANYTIME  
DATA

**3 GB**  
NIGHT OWL  
DATA

**SMARTPHONE\***

**TOTAL AMOUNT**  
**R 229**  
PER MONTH  
INCLUDING  
DATA

\*Not actual product. Image shown is for illustrative purposes only.

## Other Benefits include:

Exposure

Disappearance

Emergency Transportation/ Search & Rescue

Claims Preparation Costs

Accident Expert

HIV/AIDS Accidental Exposure

## Exclusions:

The Insurers shall not be liable to pay any claim under this Policy in respect of any Insured Person:

1. while engaging in flying as pilot or member of the crew. This exception does not apply to Insured Persons engaging in ballooning, hang-gliding, paragliding and parachuting, provided that such activities are solely for social and/or pleasure purposes and not of a competitive nature or for reward
2. caused by the Insured Person's suicide or intentional self-injury
3. caused by, traceable to, prolonged by or otherwise affected by any physical defect, infirmity or condition existing prior to the effective date of this Policy
4. caused by mental disorders including but not limited to; anxiety disorders, eating disorders, psychotic disorders, affective disorders, personality disorders, substance use disorders, somatoform disorders, dissociate disorders, psychosexual disorders, adjustment disorders, organic mental disorders, mental retardation and autism
5. as a result of the influence of drugs or narcotics upon the Insured Person unless administered by a member of the medical profession (other than himself) or unless prescribed by and taken in accordance with the instructions of a member of the medical profession (other than himself)
6. for Bodily Injury to the Insured Person arising from any motor vehicle accident occurring whilst the Insured Person is driving or operating any motorised or mechanically operated vehicle whilst being under the influence of alcohol. For the purposes of this exception the term "under the influence of alcohol" means having a Blood Alcohol level Concentration (BAC) greater than the statutory limit at the time of the accident, or the level applicable according to prevailing legislation where the accident occurs, whichever is the lesser
7. caused by the Insured Person's participation in any riot or civil commotion
8. arising from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power
9. as a result of the Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life) or the Insured Person's own criminal act
10. while participating in sport as a professional player
11. directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fission.
12. as a result of an Act of Terrorism (regardless of any contributory cause) involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent. If the Insurers allege that by reason of this proviso any claim is not covered by this Policy, the burden of proving the contrary shall be upon the Insured

## How to apply:

### Stop Order Authorisation

I, the undersigned: \_\_\_\_\_ (g) Email \_\_\_\_\_

(a) Full Name \_\_\_\_\_ (h) Physical / Postal Address \_\_\_\_\_

(b) Institution Name \_\_\_\_\_

(c) Salary / Peral No \_\_\_\_\_

(d) Identity No \_\_\_\_\_

(e) Mobile No \_\_\_\_\_

(f) Alternative No \_\_\_\_\_

## Main Member Information

Full name \_\_\_\_\_ Email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Physical / Postal Address \_\_\_\_\_  
 Your income  R0 - R5000  R5000+ \_\_\_\_\_  
 ID no \_\_\_\_\_ \_\_\_\_\_  
 Mobile no \_\_\_\_\_ \_\_\_\_\_

## Increase of premiums

The insurance premium will increase annually at the discretion of the Insurer and this increase will be linked proportionally to the policy benefits.

The insurance premium above will be fixed for a period of one (1) calendar year from the commencement of the policy.

## Declaration Of Policy Holder

I, \_\_\_\_\_ hereby authorize the Accountant of the Department to deduct monthly with effect from \_\_\_\_\_ 20\_\_, the premium of R \_\_\_\_\_ from my salary and to remit it to Guardrisk Insurance Company Limited, of which I am a member until I substitute it with a new authorization. Should the relevant premium rate be adjusted by the Institution as a result of a general decrease/increase in subscription or should I request the Institution to decrease/increase the subscription for certain reasons, I confirm that the adjusted premium may be deducted from my salary, until such time as I cancel this authorization in writing or until I substitute it with a new authorisation. By signing below, I hereby authorize and consent to the above amount being utilised for both the abovementioned VAP and Insurance premiums.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature of payer

For terms and conditions, refer to your policy document.

Please contact us on **0861 91 91 91** should you require further information.

**Call us** 0861 91 91 91

**Fax** 086 612 2712

**Email us** sales@africadirectgroup.co.za

**Claims** claims@africadirectgroup.co.za

**Enquiries** customercare@africadirectgroup.co.za

**Website** www.africadirectgroup.co.za

## Insurer Details:

**The Insurer / The Company:**

**Contact details:**

**FSP license number:**

**Insurer Company Registration No:**

**Address**

Guardrisk Insurance Company

**Tel:** info@guardrisk.co.za

**E-mail:** info@guardrisk.co.za

FSP 26/10/75

1992/001639/06

P.O. Box 786015, Sandton, 2146