



Administrators (Pty) Ltd



CONSTANTIA

Insurance made personal

Life & Health Cover

Tel:
010 021 0260

Fax:
086 500 7713

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mail@curaadmin.net

A glass jar filled with coins and a stethoscope are visible in the background. A white bandage is wrapped around the jar, with the word "Medical" written on it in a large, black, serif font.

Medical

Underwritten by:

Constantia Insurance Life & Health Assurance Company Ltd,
an authorised FSP 49986

Cura Administrators (Pty) Ltd is an authorised Financial Services Provider (FSP no 26848)



WHAT DOES CURA LIFE & HEALTH COVER ENTAIL?

1. Emergency transportation.
2. Per day reimbursement for medical hospital stay or surgical hospital procedure or treatment, up to a maximum of R3 000 per insured per day (if not a stated benefit).
3. Funeral benefits. Cura will pay to the principal insured an amount in accordance with the Funeral benefit table below, subject to limits.

Children are covered until they reach the age of 21. They then have the option to enrol for continued cover as principal insured without application of any new waiting periods. This age may be extended up to 26 in respect of an unmarried child who is a full-time student by means of submitting their student registration as proof thereof. All newborns must be registered on this policy within 30 days after birth.

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.



WHAT ARE THE BENEFITS COVERED BY THIS POLICY?

Benefit	Total Insurance Benefit
Expenses incurred for transport charges or for services rendered while being transported in an emergency vehicle, vessel or aircraft	Netcare 911
Hospitalisation from the first day of admission	R270 per day
Under the care of a Specialist Practitioner	R380 per day
Admission to a High Care Ward	R420 per day
Admission to an Intensive Care Unit	R740 per day
For each minute in a hospital theatre	R18
Stated benefits Maximum of up to R20 000 per insured, per annum. Where the admission to hospital is for one of the following conditions or procedures, the benefit will default to the following applicable total amount per event: Childbirth (Natural Birth) Cranial surgery Cardio angiogram and angioplasty Open heart surgery	R1 900 R4 200 R6 800 R12 600
Funeral benefit Principal and spouse Child aged 14 to 21 Child aged 7 to 13 Child aged 0 to 6 Stillbirth Double benefit in case of an accidental death	R8 000 each R6 000 R3 000 R1 500 R1 500

PREMIUM

Entry Age

64 or younger
65+

Monthly Premium

R240.00 per month
R430.00 per month

Premiums (incl. VAT) are for a family, or a single person.



HOW DO I CLAIM?

Following an insured event the principal insured shall at his/her own expense:

- Give written notice of the claim within 6 months from the date of treatment for such incident;
- Submit a completed Cura claim form and any such proof or other information as Cura may reasonably request, with the following supporting:
 - Fully specified hospital and related doctor's accounts;
 - Medical scheme remittance advice;
 - Proof of banking details of insured for reimbursement purposes;
- Any benefit payable in respect of hospital confinement shall

- become due at the end of the period of such confinement only;
- Any claims in terms of this policy will lapse after 12 calendar months from the date of occurrence of the insured incident provided it is not subject to the outcome of a pending court case;
- All benefits payable shall be paid to the principal insured and not the service provider;
- No benefit payable shall accrue interest.

For a funeral Claim – supply in writing any such proof or other information as Cura may reasonably request, which would include:

- Completed and signed claim form
- Certified copy of Death Certificate
- Certified copy of Cancelled ID
- Certified copy of Beneficiaries' ID
- Proof of banking details
- Additional reports where applicable (this may cause a delay in payment of the claim)

Are any waiting periods applicable?

Applicable to the Health portion of this policy:

- 3 month general waiting period.
- 9 month waiting period on pregnancy.
- 12 month waiting period for pre-existing conditions.

Applicable to the Funeral benefit portion of this policy:

- 6 month general waiting period. During this period no benefits will be paid out for any death due to **natural causes**.
- 1 month waiting period for **accidental death**, excluding suicide. On condition that the first premium was received by Cura. A double benefit (x2) will be paid in the case of accidental death.
- 24 month waiting period in the case of suicide.

- 12 month waiting period for pre-existing illnesses and opportunistic diseases caused as a direct result of HIV and Aids.

Is there a Maximum Entry Age for this policy?

No Maximum entry age is applicable to this policy. Child dependants are covered until they reach the age of 21 years, with the option to continue cover as a principal insured and no new underwriting or waiting periods will apply. The age of 21 may be extended up to 26 years in respect of an unmarried child dependant who is a fulltime student, provided proof thereof can be provided to Cura Administrators. All newborns must be registered on this policy within 30 days after birth.

WHAT ARE THE GENERAL EXCLUSIONS ON THIS POLICY?

The Product Provider shall not be liable for hospitalisation, bodily injury, sickness or related disease, directly or indirectly as a result of, or in consequence of:

- Exposure to discharge of nuclear weaponry fallout or by ionising radiation or contamination by radioactivity from any nuclear matter or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission;
- Investigations, treatment and surgery for obesity, resulting as a consequence of previous cosmetic surgery other than as a result of an otherwise insured and authorised event;
- Cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;
- Suicide, attempted suicide or intentional self-injury;
- Consuming any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person) or any illness caused by the abuse of alcohol;
- Drug addiction;
- An event directly attributed to the insured person having a blood alcohol concentration in excess of the legal permitted level;

- Participation in:
 1. Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers;
 2. Aviation other than as a passenger (excluding commercial pilots);
 3. Any form of race or speed test, other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft;
- No benefits shall be payable for an insured event for which the Insured member received treatment or advice twelve (12) months prior to date of inception. This exclusion applies to the first twelve (12) months of an insured's cover only;
- No benefits shall be payable for pregnancy or childbirth for a period of nine (9) months from date of inception of this policy;
- Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility;
- Depression, insanity or mental stress or psychotic/psychoneurotic disorders;
- No benefits shall be payable in the event of a fraudulent claim submissions.
- These benefits do not apply to an incident in any territory outside of the borders of the Republic of South Africa, Botswana, Lesotho, Swaziland and Namibia.



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2020
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