

YOUR BENEFIT SCHEDULE				
COVER	AMOUNT	RULES	EXCLUSIONS	WAITING PERIODS
LIFE	<ul style="list-style-type: none"> <li>Nominated Beneficiary or Insured's estate</li> </ul> <p>Total Lump Sum Value =</p> <p>R 25,000.00 R 50,000.00 R 75,000.00 R 100,00.00</p>	Death of the insured supported by all official documentation in confirmation/ support and certification of the death.	Death as a result of suicide or a self-inflicted claims event within the first two years calculated from the date the policy starts.	<ul style="list-style-type: none"> <li>Unnatural death: None</li> <li>Natural death: 12 (twelve) months</li> </ul>
DISABILITY (Permanent & Temporary)	<ul style="list-style-type: none"> <li>Insured Life</li> </ul> <p>Total Lump Sum Value =</p> <p>R 25,000.00 R 50,000.00 R 75,000.00 R 100,00.00</p>	Total and permanent disability of the insured, as certified by a specialist medical practitioner and/or a registered and practicing occupational therapist. Provided that in the event of temporary disability the condition must be certified to apply for a period of three months or more, but not exceeding nine months. If the temporary disability exceeds the period concerned, the temporary disability will be considered permanent in nature, qualifying as a permanent disability.	Temporary disability must endure for at least 3 (three) months before a claim is paid out. Cases exceeding 9 (nine) months will be considered to be permanent disability.	<ul style="list-style-type: none"> <li>None</li> </ul>
PERSONAL ACCIDENT	<ul style="list-style-type: none"> <li>Insured Life</li> </ul> <p>Maximum of pro rata Sum Value =</p> <p>R10,000.00/claim event</p> <p>(Limited to one claim per 12 (twelve) month period, not exceeding 3(three) claims within the lifespan of the policy)</p>	Hospital admission of 3 (three) days or more as certified by a medical practitioner, brought about by any bona fide accident within the workplace. The reason for the period of admission must be reasonable based on accepted medicine.	Any accident or injury falling outside the scope of the life insured's normal duties whilst employed.	<ul style="list-style-type: none"> <li>6 (six) months</li> </ul>
PREMIUM WAIVER	<ul style="list-style-type: none"> <li>Insured Life</li> </ul> <p>Maximum of 6 (six) months worth of premiums</p>	Positive proof of the retrenchment or disability of the life insured for the period the benefit is claimed. If the qualifying condition falls away the benefit will terminate. This benefit may only be claimed for once within the lifetime of the policy.	Dismissal from service of the employer for any reason.	<ul style="list-style-type: none"> <li>6 (six) months from the date the policy has commenced or following the successful claiming of the benefit in the event of successive claims no further benefits will become payable.</li> <li>Subsequent claims: 24 months</li> </ul>

**New Adventure Insurance Brokers (Pty) Ltd t/a YAMBU**

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Registration Number: 2000/023619/07 t/a Yambu (FSP number 34750), a registered financial services provider  
& underwritten by Constantia Life and Health Assurance Company Limited

<b>PREMIUM PAYBACK</b>	10% of the premiums received over every 36 month period for the duration of the period the policy is maintained.	Premium payments must have been uninterrupted for the whole period and no claims paid within each 36 month period.	None	➤ 36 months (3 years)
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## YAMBU BUSINESS CARE PREMIUM PAYMENTS

<b>BENEFIT AMOUNT</b>	<b>R25 000.00 (Basic Plan)</b>	<b>R50 000.00 (Standard Plan)</b>	<b>R75 000.00 (Premium Plan)</b>	<b>R100 000.00 (Comprehensive Plan)</b>
<b>PREMIUM PAYABLE PER MONTH</b>	<b>R149.00</b>	<b>R199.00</b>	<b>R249.00</b>	<b>R299.00</b>



# YAMBU™