

**IMPORTANT - PLEASE READ CAREFULLY**

**DISCLOSURE AND OTHER LEGAL REQUIREMENTS**

(This notice does not form part of the Insurance Contract or any other document)

As a short-term insurance policyholder, or prospective policyholder, you have the right to the following information:

**1. Details of your Administrator - Please contact this party for all administrative related issues**

(a) Xelus (Pty) Ltd - Registration no. - 2008/019335/07 (FSP no 36931) e-mail: [info@xelus.co.za](mailto:info@xelus.co.za)

Physical address: 26 Baker Street, Rosebank, 2196	Postal address - P.O. Box 3083, Houghton, 2041
Telephone number - +27-11-327-2811	Facsimile number - +27-86-501-8521

- (b) The administrator has no shareholding within the insurer.
- (c) The administrator has a written mandate to act on behalf of the insurer.
- (d) The administrator has Professional Indemnity Insurance Cover in force
- (e) An administration fee is paid by the insurer to the administrator

**2. About your Insurer -**

(a) Centriq Insurance Company Limited. Registration no. - 1997/07558/06, FSP nr. 3417

Physical address: 4 Fricker Road, Illovo, 2196	Postal address - P.O. Box 55674, Northlands, 2116
Telephone number - +27-11-268-6490	Facsimile number - +27-11-268-6495

- (b) Complaints should be written or faxed to the Complaints Officer at the address in 1(a) above.
- (c) The Compliance Officer is contactable at Tel +27(0)861-266759 or Fax +27(0)86-504-4119.
- (d) The premium and all accompanying charges are detailed on your policy schedule. Your broker receives a maximum commission of 20% (inclusive of VAT) of the gross premium received by the administrator as per Part 5 of the Regulations under Section 70 of the Short Term Insurance Act, Act 53 of 1998.  
This policy is a Health & Accident policy.
- (e) Payment Method: Monthly - premiums to be paid on the first day of each calendar month (due date).  
Annual - premium to be paid on the anniversary date of the policy (as reflected on your policy schedule)
- (f) Consequence of Non-Payment - If the premium is not received by the due date of the following calendar month then the policy shall be deemed to have been cancelled by midnight on the last day of the preceding calendar month.

**3. Other matters of importance -**

- (a) You will be informed in the event of any material changes to the information referred to in paragraphs 1 & 2.
- (b) If the information in paragraphs 1 and 2 was given orally, you will receive this information in writing.
- (c) If any complaint to the administrator or insurer is not resolved to your satisfaction, you may submit in writing your complaint to the Short-term Insurance Ombudsman whose address appears at the foot of this notice.
- (d) A polygraph or lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim.
- (e) You will be given a reason in writing in the event of a claim being repudiated. You have the right to lodge a complaint within 180 days of your claim being repudiated.
- (f) If the insurer wishes to cancel your policy, this will be given in writing to your last known address.
- (g) You will always be entitled to a copy of the policy free of charge.

**4. How to institute a claim:**

- (a) Claims must be submitted to your administrator and your relevant medical aid scheme.
- (b) If you receive a summons or notice of impending legal action with regard to a claim in terms of your policy notify your administrator immediately and forward any documentation to your administrator.

**5. Warning -**

- \* Do not sign any blank or partially completed application forms.
- \* Complete all forms in ink.
- \* Make notes of what was said to you and keep all documents handed to you.
- \* Don't be pressurised to buy the product.
- \* Study the policy with care immediately it is received. If you have any uncertainties, discuss these with your administrator.
- \* Incorrect or non-disclosure by you of relevant facts may influence the assessment of a claim.

<p><b>Particulars of -</b></p> <p><b>6.1 THE FAIS OMBUDSMAN</b> PO Box 74571 LYNNWOOD RIDGE 0040 Tel (012) 470-9080 Fax (012) 348-3447 To assist and advise you on complaints and claims problems which are not resolved satisfactorily by your administrator or insurer.</p>	<p><b>6.2 SHORT-TERM INSURANCE OMBUDSMAN</b> P.O. Box 32334 BRAAMFONTEIN, 2017 TEL: +27-011-726 8900 FAX: +27-011-726 5501 To assist and advise you on complaints and claims problems which are not resolved satisfactorily by your administrator or insurer.</p>
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