



TD Administrative Services (Pty) Ltd
Reg No 2014/090534/07
An authorised financial service provider FSP7379
Tel: 086 111 2348
E-mail: enquiries@tdas.co.za
Unit 1, Coram Park
86 Ferero Avenue, Randpark Ridge, 2169
www.tdas.co.za

GAP COVER / GAP PLUS COVER – SUMMARY

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.

COVER IS ONLY IN PLACE FOR CLIENTS WHO BELONG TO A **REGISTERED MEDICAL AID**. A SHORT-TERM INSURANCE POLICY IS **NOT** A REGISTERED MEDICAL AID. IF YOU HAVE ANY QUERIES, PLEASE CONTACT YOUR BROKER OR THE ADMINISTRATOR

COVER

1. The minimum entry age for members is age 18 last birthday and the maximum entry age is age 65 last birthday for standard gap cover, and no maximum entry age for senior gap cover.
2. Cover for all benefits will start on the first day of the month that follows the month in which the insurer has accepted insurability.
3. Cover ends on the death of the main member, or on withdrawal from the medical aid fund, or on non-payment of premiums, whichever takes place first.
4. This document, together with the master policy and any supporting marketing material, constitutes the full agreement with TD Administrative Services (Pty) Ltd.
5. The claimant and applicant, respectively, will have to pay all costs that they incur to substantiate a claim or other means of verifying the health status of the applicant.
6. The Insurer will not consider any claim of which we first receive notice one hundred and eighty days after the date of the claim event (*except where a deferred period applies*).
7. The Insurer will not pay any claim unless we have received all the premiums to date.
8. Future premium increases and adjustments to cover may occur provided that the Insurer provides one month's (30 days') written notice.
9. The master policy, to which the above terms and conditions refer, is available from the administrator's offices. In the event of any disputes, the terms and conditions that the master policy stipulates will prevail.
10. The policyholder may not cede the benefits under this policy.
11. There is no surrender, paid-up or maturity value available under this policy.
12. Premiums comprise a flat amount per month.
13. There is a limit of one policy per main member/individual.
14. Cover will start on confirmation from the administrator.
15. Cover is only for in-hospital medical or surgical procedures and procedures for outpatient treatment as listed in the policy document.
16. The policy will only provide cover to members of registered medical schemes – member plus spouse (if applicable). This includes unmarried natural/adopted or stepchildren of the main member up to the age of 21 (on attaining the age of 21 cover ceases) providing they are registered dependants on the main members medical aid. Cover may be extended to unmarried children listed on the main members medical aid as dependants up until attaining the age of 25 providing they are full time students who attend lectures at a registered tertiary institution. Extended family dependants (which includes parents and parents in law) are not covered under the family membership but may take out a policy in their own names if they are under the maximum joining age – see point 1
17. The policy will only cover dependants who are listed on the medical aid – refer point 16. If the member has more than one spouse listed on their medical aid, only one spouse is covered and this person must be nominated on joining the scheme, or cover for either spouse is excluded.
18. The maximum benefit payable is as follows:
 - R100 000 per event or aggregate per insured person per year.
 - R200 000 per event or aggregate per family per year.

19. All rand amounts that this contract refers to are in the currency of the Republic of South Africa and all amounts due to, or by the Insurer will be paid in the currency of the Republic of South Africa. Any question of law arising under this contract will be decided according to the laws of the Republic of South Africa.
20. The administrator will deduct the premium, as explained in the benefit statement, by debit order or via payroll if this has been agreed with the employer. The payment date will take place on the date that the policyholder agrees to. The Administrator cannot be held responsible for any variation on this date. The Insurer reserves the right to alter the premium collection date. Payment of the premium is the sole responsibility of the policyholder; non-payment of the premium may result in cancellation of the policy. The Insurer will not pay any claim unless all the premiums due are up to date.
21. You must be a member of a registered medical aid in order to enjoy cover under this policy. Short term insurance policies are **not** considered a registered medical aid, and there is no cover under this policy unless you belong to a **registered medical aid**.
22. There is no cover for which an insured person received treatment or advice within 12 months prior to becoming an insured person. This exclusion only applies to the first 12 months of an insured person's cover. The exclusion is extended to pregnancy or childbirth during the first 12 months of the female's contract. Any member who joined on or after 1 January 2013 will have a general waiting period of three calendar months during which time there is no cover. There is a general waiting period of three months for the Gap Plus cover if this is selected after the inception date of the original Gap cover
23. Benefits in respect of GAP cover exclude ward fees, theatre fees, medicines, materials and other hospital expenses. It includes services rendered by a Medical Practitioner who charged above Scheme Benefit Rates subject to a maximum of 3 times the Scheme Benefit Rate. Benefits in respect of GAP Plus are only in respect of the co-payment (deposit) required by the hospital on admission and not refunded by the medical aid and do not include the benefits outlined under "Gap" cover. Sub limits imposed by the medical aid on certain procedures are excluded.
24. No Benefits Shall be payable due to the Insured person's failure to comply with the Medical Scheme rules regarding the failure to make use of a Service Provider or Hospital that is a Designated Service Provider, Preferred Service Provider, Associated Hospital or Network Hospital. This exclusion does not apply to traditional cancer treatment if such Designated Service Provider is Public Hospitals or Public Clinics.
25. A claim must be lodged within 6 months (180 days) of the initial hospitalisation date and all documents requested received by the administrator within 12 months of the initial hospitalisation date.
26. No benefits are payable which should be provided by the medical aid scheme (such as Prescribed Minimum Benefits), this exception includes ward fees, theatre fees, materials (including prosthesis), medicines and other hospital expenses.

Exclusions

No benefit is payable for hospitalisation that is directly or indirectly caused by or in consequence of:

- any claim that the medical scheme has not paid
- nuclear weapons or nuclear material or ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
- investigations, treatment or surgery for obesity or cosmetic surgery
- artificial insemination, fertility or hormone treatment for infertility
- routine physicals or procedures of a purely diagnostic nature
- depression, insanity or mental stress or psychotic/psychoneurotic disorders
- alcohol abuse
- suicide or attempted suicide or intentional self injury
- drug and/or narcotics addiction or abuse
- treatment outside of the territorial limits of South Africa.

Participation in:

- any form of race or speed test (*other than on foot or involving any non-mechanically propelled vessel or aircraft*).
- aviation other than as a passenger
- active military police duty; police reservist duty; civil commotion; labour disturbances; riots, strikes or the activities of locked-out workers.

Claims procedures

In the event of a claim, the following procedures need to be followed to make sure that the claim is settled quickly and efficiently. All claims must be lodged with TD Administrative Services in writing within one hundred and eighty days from the first day in hospital that gave rise to the claim.

- Complete a Gap Cover claim form. To obtain a claim form, please phone TD Administrative Services (Pty) Ltd on 086 111 2348, or email to claims@tdas.co.za.
- complete all details and sign the claim form and attach the documents outlined on the claim form. Email to claims@tdas.co.za or deliver to:

The Claims Department:
TD Administrative Services (Pty) Ltd
Unit 1, Coram Park
86 Ferero Avenue
Randpark Ridge
2169

Protection of Personal Information Act, 2013 (POPIA)

The Company or its authorised representatives shall process, disclose or transferring personal information only for the intended purpose of administering this contract or for any statutory purposes.

An Insured Person has the right to -

- object to the processing of their personal information on reasonable grounds, unless legislation allows for such processing, in the manner prescribed by POPIA;
- request from the Company details of personal information the Company or its authorised representatives holds, and details of how personal information is processed. Requests should be addressed to –

The Information Officer
TD Administrative Services (Pty) Ltd
Unit 1, Coram Park
86 Ferero Avenue
Randpark Ridge, 2169

Tel: 086 111 2348
Email: enquiries@tdas.co.za

- lodge a complaint with the Information Regulator, as per the contact details provided below.

Chief Executive Officer
Mr Marks Thibela
P.O Box 31533
Braamfontein
2017

Tel: 010 023 5200
Email: complaints.IR@justice.gov.za

TD Administrative Services (Pty) Ltd (Reg. No 2014/090534/07) is an authorised Financial Services Provider and is acting as a non-mandated intermediary on behalf of Guardrisk Insurance Company Limited (Reg. No 1992/0016939/06), the Insurer of this policy, in terms of an agreement between the parties entered into as required in terms of section 48 A of the Short-Term Insurance Act No 53 of 1998.

TD Administrative Services performs binder and administrative functions.