

2021

kaelohealth

healthcare: MyHealth



CENTRIQ
INSURANCE

Disclosure Notice

Statutory notice:

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.

Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931).

This product is underwritten by Centriq Insurance Company Limited (FSP 3417).



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Contents

Disclosure and Other Legal Requirements.....	3
About Your Intermediary/Broker	3
About the Underwriting Manager (UMA).....	3
About the Underwriting Manager (UMA).....	4
About Your Insurer-Contact Details.....	5
Important Information.....	6
Other Matters of Importance.....	6
How to Institute a Claim.....	7
How to Submit a Paid Claim for Refund.....	7
How to Submit a Complaint.....	8
Warning.....	8
Other Contact Details.....	9
Sharing of Insurance Information.....	10
Use of Your Personal Information.....	11
Waiver of Rights.....	11
Conflict of Interest.....	11

Disclosure and Other Legal Requirements

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

The Financial Advisory and Intermediary Services and Short-term Insurance Acts require compliance, by the Insurer (who is the product supplier), Underwriting Manager and your intermediary/broker, with the Acts, FAIS General Code of Conduct and **Policyholder** Protection Rules to enable you in making informed decisions about the insurance products that you purchase. It also aims to ensure that your Product Supplier, **Underwriting Manager**, and Intermediary/Broker render financial services honestly, fairly, with due skill and diligence and in your interests and the integrity of the financial services industry.

You will receive two Disclosure Notices (one from your **Intermediary/Broker** and one from your **Underwriting Manager** and **Insurer**) at the inception of your **Policy** and at each subsequent Renewal (or Anniversary) date. The **Disclosure Notices** contain information about your **Insurer**, **Underwriting Manager**, and **Intermediary/Broker**, together with information about the Ombud and Financial Sector Conduct Authority. Should you experience any difficulties in obtaining required details, please contact your **Intermediary/Broker** for further assistance.

About Your Intermediary/Broker

Your **Intermediary/Broker** should provide you with their **Disclosure Notice** within a reasonable time from the time you are provided with a quotation, take out a **Policy** or amend your **Policy**. If they do not do so, even after you have requested it, please contact the **Insurer** or **Underwriting Manager** to assist.

About the Underwriting Manager (UMA)

The UMA is Kaelo Risk (Pty) Ltd, an authorised Financial Service Provider – Registration no. 2008/019335/07 (FSP no 36931) e-mail: service@kaelo.co.za website: www.kaelo.co.za
Kaelo (Pty) Ltd is approved for Category 1 Short Term Insurance Personal Lines, Short Term Insurance Personal Lines A1 and Short-Term Insurance Commercial Lines.
The UMA holds preference shares in a cell captive arrangement with the **Insurer** and as a result thereof has a share in the underwriting result of the cell captive.

In the past financial year, the UMA received more than 30% of its income from the **Insurer**.
The UMA has a written mandate (Binder agreement) to act on behalf of the **Insurer**.
The **Intermediary/Broker** commission fee is 8.5%

About the Underwriting Manager (UMA)

The UMA has a written mandate (binder agreement) to act on behalf of the **Insurer**.

The UMA holds professional indemnity insurance cover.

The UMA is paid a binder fee of **13.7 %** by the insurer for the performance of certain binder, **Claims** and administrative functions.

The UMA may from time to time have representatives that are rendering services under supervision.

Physical Address	2nd Floor, The Oval, East Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Postal Address	P.O. Box 3083, Houghton, 2041
Telephone Number	0861 493 587 / 011 759 9600
Details of Compliance Officer	Name: Compli-Serve (Gauteng) (Pty) Ltd Tel: 087 897 6970 Email: elzabe@compliserve.co.za Compliance practice number: CO 6797 Physical address: 2A Sunwood Park, 379 Queens Crescent, Menlopark, Pretoria
Details of Claims Department	Email: service@kaelo.co.za Subject: Claims Tel: 0861 493 587
Details of The Complaints Department	<p>All complaints must be reduced to writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request.</p> <p>Email: service@kaelo.co.za Subject: Complaints or Escalations Tel: 0861 493 587</p>

About Your Insurer-Contact Details

Name	Centriq Insurance Company Limited
Company Registration Number	1998/007558/06
FSP Number	3417
VAT No	4230187124
Postal Address	PO Box 55674, Northlands, 2116
Physical Address	The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Telephone Number	0112686490
Facsimile Number	0112686495
Email	info@centriq.co.za
Website	www.centriq.co.za
Details of The Compliance Department	The Internal Compliance Officer is contactable at the numbers above. Email: compliance@centriq.co.za
Details of The Claims Department	The Claims specialist is contactable at the numbers above. Email: claims@centriq.co.za
Details of The Complaints Department	All Complaints must be reduced to writing and any of our representatives will be able to provide you with a copy of our complaint's procedure on request. The Complaints department is contactable at the numbers above. Email: faiscomplaints@centriq.co.za / complaints@centriq.co.za

Important Information

The **Premium** and all accompanying charges are detailed on your **Policy Schedule**. Your Intermediary/Broker receives 8,5% commission.

This **Policy** is a Health and Accident **Policy** offered under the Short-Term Insurance Act.

If Premium is paid by debit order:

- it may only be in favour of one person and may not be transferred without your approval; and
- the **Insurer** must inform you at least **31 days** before the cancellation thereof, in writing, of its intention to cancel your **Policy**.

Consequence of Non-Payment:

- All **Premiums** are payable monthly in arrears by the last working day of each month.
- Non-payment of **Premiums** may lead to the rejection of a claim or cover being suspended.
- If the premium is not paid on the payment date, you have a **30 day grace period** after which we will automatically deduct the **Premium** from the same account to ensure continuous cover. If this **Premium** is also not paid you **will have no cover for the period for which you did not pay**.
- Any valid claim submitted in respect of an event that occurred during the **30 day** grace period, will be reduced by the sum of your unpaid **Premium**.
- Your cover starts on the first calendar day of a particular month and cannot be backdated.
- Your **Premium** will be reviewed annually.

Other Matters of Importance

You will be informed in the event of any material changes to this information provided. A polygraph or lie detector test is not compulsory in the event of a claim and the failure thereof may not be the sole reason for repudiating a **Claim**.

You will be given reasons, in writing, by the Insurer in the event of a **Claim** being repudiated, as well as full details of steps that can be taken, and timelines that you will need to stick to, if you do not agree with the **Insurer's** decision.

The Insurer must give you at least **31 days'** written notice of its intention to cancel the **Policy**. You will always be entitled to a copy of the **Policy** free of charge.

If you decide that this cover does not suit your needs and no **Benefit** has yet been claimed, you have **31 days** from when you receive our **Policy** to cancel the **Policy** in writing and any **Premiums** that have been collected before then, will be refunded within **31 days** after your cancellation notice is received.

How to Institute a Claim

You do not need to worry about claiming because your **Contracted Service Provider** will lodge your **Claim** on your behalf. However, in the rare circumstance that this does not happen, please contact us on any of the **Claim** contact details given above.

Once your **Claim** has been approved, funds will be paid directly to the **Contracted Provider**.

There will be times that you have to pay cash when you visit a **Healthcare Provider** ("a provider"). A Provider can include a Specialist, Non-Contracted General Practitioner or casualty Cash payments can happen when you choose a provider that is NOT contracted to our Network. In the event that you have made a cash payment to a **Provider**, you will need to **Claim** this back in the form of a refund.

How to Submit a Paid Claim for Refund

Please ensure you submit the following documentation to Kaelo Prime Cure.	
1.	A copy of your ID.
2.	A copy of the account you received from the provider that supports your refund claim.
3.	Your receipt from the provider that shows proof of payment.
4.	Any refunds exceeding R3 000.00 must be accompanied by proof of banking details (Either a cancelled cheque or bank stamped statement /letter).
5.	Your refund will be processed within 14 days of receipt of all the information.
6.	Where no proof of bank details has been supplied to Prime Cure we will not be held responsible for any payment made into an incorrect account.
7.	You can submit your documents either via email using the following email address: refunds@primecure.co.za or via post using the following postal address: Private Bag 2108, Houghton, 2042.
8.	Please note that you have 120 days to submit your refund Claim.

How to Submit a Complaint

If you have a complaint, please contact us on any of the Complaint contact details given above.	
1.	Please note that all Complaints must be addressed to us in writing.
2.	If any Complaint about your intermediary/broker is not resolved to your satisfaction, you may submit your Complaint to the FAIS Ombudsman, whose address appears at the foot of this notice.
3.	If any complaint to the UMA is not resolved to your satisfaction, please contact the Insurer and if it is still not resolved to your satisfaction, you may submit your Complaint to the Short Term Insurance Ombudsman or the FSCA, whose addresses appear at the foot of this notice.
4.	In terms of the Policy Holder Protection Rules, if you dispute the outcome of your claim you have 90 days from the day you are first informed of the outcome to notify us about your objection. Immediately following this you have a further six months within which to serve a summons on us. If you do not do so within this period, your right to challenge the decision is forfeited.

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.

Do not be pressurised into buying the product.

Study the **Policy** with care immediately when it is received. If you have any uncertainties, discuss these with your Intermediary/Broker or UMA.

Incorrect or non-disclosure by you of relevant facts may influence the assessment of a **Claim**.

Other Contact Details

The FAIS Ombudsman	
The FAIS Ombudsman	Physical Address: Kasteel Park Office Park, Orange Building, 2nd Floor, c/o Nossob and Jochemus Street, Erasmus Kloof, Pretoria, 0048
The FAIS Ombudsman	Postal Address: P O Box 74571, Lynnwood Ridge, 0040
The FAIS Ombudsman	Telephone: +27 (0)12 762 5000
The FAIS Ombudsman	Email: info@faisombud.co.za
The FAIS Ombudsman	Website: www.faisombud.co.za
Short-Term Insurance Ombudsman	
Short-Term Insurance Ombudsman	Physical Address: 1 Sturdee Avenue, c/o Bolton and Baker Roads, 1st Floor, Block B, Rosebank, Johannesburg, 2196
Short-Term Insurance Ombudsman	Postal Address: P.O. Box 32334, Braamfontein, 2017.
Short-Term Insurance Ombudsman	Telephone: 011 726 8900 / 0860 726 890
Short-Term Insurance Ombudsman	Fax: 011 726 5501
Short-Term Insurance Ombudsman	Email: info@osti.co.za
Short-Term Insurance Ombudsman	Website: www.osti.co.za
Financial Sector Conduct Authority	
Financial Sector Conduct Authority	Physical Address: Riverwalk Office Park, Block B, 41 Matroosberg Road (Cnr Garsfontein Road and Matroosberg Road), Ashlea Gardens, Extension 6, Menlo Park, Pretoria.
Financial Sector Conduct Authority	Postal Address: P.O. Box 35655, Menlo Park, Pretoria.
Financial Sector Conduct Authority	Telephone: +27 (0) 12 428 8000
Financial Sector Conduct Authority	Facsimile: +27 (0) 12 346 6941
Financial Sector Conduct Authority	E-mail: info@fsca.co.za
Financial Sector Conduct Authority	Website: www.fsca.co.za

Sharing of Insurance Information

Insurers share information with each other regarding Policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future Premium increases may be limited. This is done in the public interest and in the interest of all current and potential Policyholders.

The sharing of information includes but is not limited to information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the Insurer accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agent.

You also similarly give consent to the sharing of information regarding past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases.

By insuring or renewing your insurance you hereby not only consent to such information sharing, but also waive any rights of confidentiality with regards to underwriting or claims information that you have provided or that has been provided by another person on your behalf.

In the event of a Claim, the information you have supplied with your application together with the information you supply in relation to the Claim, will be included on the system and made available to other Insurers participating in the Information Data Sharing System

Use of Your Personal Information

When you enter into this **Policy** you will be giving us your personal information that may be protected by data protections legislation, including but not only, the Protection of Personal Information Act, 2013 ("POPI"). We will take all reasonable steps to protect your personal information.

You authorise us to:	
1.	Process your personal information to; Communicate information to you that you ask us for; Provide you with insurance services; Verify the information you have given us against any source or database; Compile non-personal statistical information about you;
2.	Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control;
3.	Transmit your personal information to any third party Service Provider that we may appoint to perform functions relating to your Policy on our behalf;
4.	You acknowledge that this consent clause will remain in force even if your Policy is cancelled or lapsed.

Waiver of Rights

No intermediary/broker, **Underwriting Manager** or **Insurer** may request or induce in any manner a **Policyholder** to waive any right or **Benefit** conferred on the **Policyholder** by or in terms of any provisions of the General Code of Conduct, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

Conflict of Interest

We have considered the conflict of interest provisions in terms of the FAIS Act 37 of 2002 and the **Policyholder** Protection Rules and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates or distribution channels as defined.

We adopted a values-based approach where the spirit of the legislation is embraced. This is reviewed at least annually and reported on to the Financial Sector Conduct Authority. A Conflict of Interest Management **Policy** is available to Policyholders upon request.