

RESCUE ME
EFFECTIVE 2026

INSURER STANDARD TERMS AND CONDITIONS:

Subject to the terms, conditions and provisions of the policy, the Insurer agrees to pay the Policyholder for an insured incident occurring during the period of cover up to the limit of indemnity stated and based on the benefit option selected for each section of the policy. The application and relevant documentation form the basis of the policy agreement.

1. DEFINITIONS

The Policy and Schedule must be read as a summary document and forms the basis of the contract between the Insured and the Insurer.

"Accident" means an unintentional, violent, external, and visible bodily injury.

"**Acute Illness**" means any one manifested somatic illness or disease giving rise to or causing a medical emergency.

"Adult Beneficiary" means, for premium purposes, a beneficiary over the age of 21 (twenty-one) including a spouse, an overaged child beneficiary older than 27 (twenty-seven) or special beneficiary for premium purposes.

"**Ambulance Service**" means the transport or evacuation by ambulance by a duly registered service provider and can mean both road ambulance service and aeromedical ambulance service, depending on cover selected.

"**Benefit Year"** means the Insurer's benefit year, being 1 January to 31 December.

"Claim" means compensation requested by the Insured for an insured incident according to the benefit schedule of the insurance policy selected.

"**Dangerous Sport**" as defined by the rules of the medical Fund or Scheme.

"Date of Service" means the date on which a consultation, visit, treatment, procedure, or operation took place. In the event of hospitalisation, it shall mean the date of admission to a hospital.

"Eligible child" means a biological child, or legally adopted child or stepchild of the Policyholder who:

(1) The Policyholder is liable for family care and support up to the age of twenty-seven (27) (including the children of common law spouses, a legally adopted child or stepchild).

(2) Is 27 years old on his/her next birthday; the child beneficiary will enjoy a full year benefit during the year he/she turns 28.

"Eligible Spouse" means the spouse of the Policyholder who is not a member of a Medical Aid and has not attained the age of 60 (sixty) at commencement of insurance and shall include customary union according to Common Law Custom. There is no age limit on Medical Aid Members who elect to insure a spouse under this policy.

"Emergency Evacuation" means suffering acute illness or life threatening of bodily injury for which the Insured Person is recommended by a designated practitioner or paramedic to be transported by air or road ambulance for treatment at a different location.

"Emergency Transport and Emergency Home Care" in cases where a policyholder requires repatriation transport due to medical necessity, each case will be evaluated based on its merits, supported by a doctor's motivation letter. The letter should detail the policyholder's clinical condition and the reason for the required transport. Repatriation transport will be provided in the following circumstances:

1. **Post-Major Surgery**
   For policyholders who have undergone significant surgical procedures (e.g., spinal, brain, cardiac, joint surgeries) and need to be transferred from a higher to a lower level of care or transported home.
2. **Respiratory Conditions**
   For policyholders with respiratory conditions, such as Chronic Obstructive Pulmonary Disease (COPD), requiring oxygen during transport to their residence.
3. **Frail Policyholders**
   For frail policyholders, particularly those over 80 years of age, who require transport back to an old age home, hospice, or their home following admission to hospital.
4. **Oncology Patients**
   For oncology policyholders who require transport after procedures such as stem cell transplants, major surgeries, chemotherapy, or radiotherapy.

Additional Emergency Home Care
In the event a policyholder qualifies for repatriation transport under the above conditions, they shall also be entitled to an additional N$ 10,000.00 towards emergency home care services, ensuring continuity of medical and care support upon arrival at home.

"Exclusions" means the conditions and/or services excluded under this policy. Where members belong to a Medical Aid in Namibia, no exclusions or waiting periods will be imposed.

"Family" means the Policyholders' Eligible Spouse and Eligible Children provided such "family" who elects to insure under the policy.

"FIA" means Financial Intelligent Act, 2007 (Act 3 of 2007) (FIA Act). The Insurer is regulated by the Long-term Insurance Act, 1998 (Act 5 of 1998) and must comply with the (FIA Act), which requires the Insurer to verify the identity of the Policyholders and to keep proper supporting records thereof.

"Group" means any number of employees, where in relation to employers who are Premium participants.

"Hospital" means a registered institution providing diagnostic and therapeutic facilities for surgical and medical diagnosis treatment and care under the supervision of registered staff and/or medical practitioners.

"Inception Date" means the joining date of the Policyholder upon approval of the Insurer notwithstanding the date indicated on the application form, and provided Premiums are received for such joining date.

"Illness" means any one somatic illness or disease, which manifests itself during the period of insurance.

"Incident" means any one accident or illness, which causes an Insured Person to be confined to Hospital and to undergo medical or surgical procedures, or where Emergency Evacuation is required due to that one accident or illness.

"Insured Person" means a Policyholder or an Eligible Spouse or an Eligible Child who elects to insure under the policy.

"Insurer" means Prosperity Lifecare Insurance Limited (Reg. No. 03/LT/13).

"**Inter-Facility Transfer**" means the transfer or transport of an Insured Person between medical facilities by ambulance service.

"Medical and Surgical Procedures" means any procedure listed, based on the Prosperity Rate Insured and further based on the terms and conditions of the insurance policy selected.

"**Medical Emergency**" means a serious and often unexpected and dangerous situation requiring the evacuation of an Insured Person to a receiving Medical Facility, or another treatment facility to undergo medical or surgical treatment where failure to provide such treatment will result in death or serious impairment to bodily functions or serious dysfunction of a bodily organ or part thereof.

"**Medical Facility**" means a registered institution providing diagnostic or therapeutic facilities for surgical or medical diagnosis treatment and care under the supervision of a medical practitioner or medical staff.

"Medical Practitioner" means a legally qualified and registered medical practitioner.

"**Monitoring & Response Assistance**" means the twenty-four hour per day, seven days per week call centre services, aeromedical centre, national ambulance footprint, and cross border services as defined under the "Area of Cover" in the event of emergency evacuation.

"Medical Treatment" or **"Treatment"** means any form of investigation or examination by means of a consultation or treatment by a medical practitioner or paramedic for the purpose of treating or monitoring an insured person's medical condition arising out of an accident, acute illness, or emergency.

"NAMFISA" means the Namibia Financial Institutions Supervisory Authority established by Act 3 of 2001 as statutory regulatory body.

"**Paramedic**" means a legally qualified and registered paramedic.

"**Paramedical Service Provider**" means a duly licensed and registered service provider under Namibian Law to conduct medical evacuations transportation by air or road ambulance.

"Policyholder" means a person who elects to insure under this policy provided that the policyholder who is not a member of a Medical Aid has not attained the age of 60 (sixty) at commencement of individual insurance or in respect of Employer Groups as otherwise agreed to between the Insurer and the Employer Group. There is no age limit on Medical Aid Members who elect to insure under this policy.

"**Policy"** or **"Agreement**" means this insurance agreement, together with all schedules and annexures thereto, as may be amended by agreement between the parties from time to time.

"Prosperity Benchmark Tariff" refers to the scheme rates applied to claims made by Namibian healthcare providers, based on the standard tariffs established by the Namibian Association of Medical Aid Funds (NAMAF) and adjusted by an additional percentage.

"Pre-Existing Condition" means any illness or physical infirmity for which the Insured was diagnosed or received medical treatment or advice prior to membership. Where a member belongs to a Medical Aid in Namibia, no exclusions or waiting periods will be imposed.

"Premium" means the annual premium payable by the Policyholder to the Insurer before commencement of cover. Premiums are increased at the beginning of each Benefit Year, without the written consent of the premium payer.

"Risk Rate" means a penalty placed on the premium of the Insured due to age or claims patterns. Increased premiums following risk rating will be done without written consent of the premium payer.

"Rate Insured" means the tariff structure used by the Insurer based on the Prosperity Benchmark Tariff.

"Self-Inflicted" means intentional injury caused by the person injured, where such person is aware of consequences that can happen e.g., drink and drive or suicide.

"Special Beneficiary" means a Child who is over the age of twenty-seven (27) years, unmarried and handicapped, either physically or mentally and not self-supporting, in which event an adult beneficiary rate shall apply.

"Sum Insured" means the maximum amount payable to any eligible person specified in the Schedule of benefits.

"Territory" will include Namibia, South Africa, Lesotho, Eswatini, Mozambique, Botswana, Zimbabwe, Zambia, and Angola. Claims will be paid according to the Insurance Benefit structure. (Subject to Aviation and indemnity insurance coverage).

"Traveling" means traveling within the Area of Cover for purposes of obtaining medical treatment. Travel expenses incurred to obtain medical treatment, which is not available in your town of residence in or outside Namibia. Accommodation only at institutions registered at HAAN.

"Travelling International" means territory as defined by the international travel cover.

"Upgrade Transfer" means the transfer or transport of an Insured Person between medical facilities by ambulance service in case of a medical emergency, where the purpose of the transfer or transport is attributed to specialist care, treatment, facilities and/or equipment at the receiving medical facility, but exclude inter-hospital transfers.

"Treatment" means any form of investigation or examination by means of a consultation or treatment by a Medical Practitioner for the purpose of treating or monitoring an Insured Person's medical condition arising out of an insured Accident.

"Underwriting Protocols" means the guidelines, as amended from time to time, used to underwrite risk and to determine and impose the exclusion level of Pre-Existing Conditions on Individual or on group insured basis. Where members belong to a medical aid in Namibia, no exclusions or waiting periods will be imposed.

The Insurer's liability is conditional on the principal insured claiming the benefit and keeping to the policy Terms and Conditions.

2. PRODUCT CONDITIONS

The Rescue Me Policy covers insured beneficiaries in accordance with the benefits of the insurance plan selected, and in the following events:

- Medical Emergency Evacuation
- Emergency Transport and Emergency Home Care
- Repatriation
- International Travel Insurance
- 24/7 access to call centre dispatch.

2.1. COVER:

- Cover: N$10 000 000 per life.
- The policy does not constitute an exclusive service provider agreement, and the policy covers all duly registered paramedical service providers within the area of cover and within the agreed rate ensured by the Insurer.

2.2. BENEFITS

2.2.1. EMERGENCY EVACUATION

The benefit will pay the agreed amount of the bill received from a registered organisation providing emergency transportation, provided the transportation was absolutely necessary as a result of:
serious accident or injury; or

- an acute life-threatening condition

2.2.2. REPATRIATION

The benefit will cover the cost of repatriation in the event of:

- Within the Territory as defined. Emergency transport done under benefit 2.2.1, whether by means of either road transport or commercial flight in the case of a patient still being alive after the emergency treatment.

- Within the Territory as defined. Subject to Emergency transport done under benefit 2.2.1, where the patient (covered life under the policy) passed away and the mortal remains be repatriated to the town of residence in Namibia.

- The benefit payment is subject to the provision of the following documentation:
    - Valid Claim form of the Insurer.
    - Certified copy of the death certificate of the Insured.

2.2.3. ACCESS AGREEMENT

- 24/7 Call Centre Access for dispatch

2.2.4. INTERNATIONAL TRAVEL

- The International Travel Insurance is insured through Prosperity Life and re-insured by Hollard Insurance Company of Namibia Limited (CY/2003/0049).

- All trips are subject to a 90 (ninety) day maximum travel period.

- The Policy covers any event, which happens to an Insured Person, between 3 months of 80 years of age at the date of such event, unless otherwise agreed to by the Insurer.

- Terms and conditions of the Insurer apply and serve as annexure to this Policy Document.

- All claims must be authorised by the Insurer prior to incurring the cost.

- Outpatient or in-patient claims less than N$5,000.00 (five thousand Namibia Dollars) must be paid by the insured person and may be claimed back on the insured person's return Home.

3. PART (3) CLAIMS

3.1. CLAIMS PROCEDURE

Every Claim submitted to the Insurer in terms of the Insurance Plan, in respect of service rendered as contemplated in this Policy, must contain the following particulars:

- Family name, initials and signature of the member or Spouse.
- The first name of the patient as per the membership card.
- The name of the medical insurance plan.
- The membership number.
- The practice code/name of the supplier of the Service, where applicable.
- The practice code/number/name and specialty of the supplier of the Service where the Service Provider is in the employ or consulting on behalf of a Preferred Service Provider.
- The Date of Service.
- The nature and cost, according to the Agreed tariff, of each Service Diagnosis or diagnostic code, where applicable
- Copy of approved Pre-Authorisation when applicable.
- The name of the referring medical practitioner.
- To qualify for insured benefits, a claim shall be submitted to the Insurer not later than the last day of the sixth (6) month from commencement of the first occurrence or hospital treatment for such incident.
- No benefit payable shall carry interest.
- The Insurer will not be liable to pay any benefits if the Insured or any Eligible Persons fails to comply with any Policy obligation.

3.2. CLAIMS SETTLEMENT

In the event of an Insured Person suffering an insured event, as defined, this necessitates the Insured Person to:

- Undergo medical or surgical procedures or treatment in as an in-patient in a hospital or similar registered medical facility.

- Require emergency medical evacuation.

The Insurer shall compensate the Policyholder and/or Healthcare Professional in accordance with the standard terms and conditions of the Insurer, and in terms of the Policy selected.

3.3. POLICYHOLDER VALIDATION AND BENEFIT REGISTRATION

The in-Hospital benefits of insurance policies will be payable if treatment or medical services are validated through the Insurer.

4. PRODUCT SCHEDULE

The insured benefits and premiums of each insurance policy as set out in the Policy brochure.

4.1. INSURED COVER

Insured cover is subject to the terms and conditions of the Insurer as well as any special terms and conditions specific to each insurance policy.

4.2. PREMIUMS

The Premium is due monthly or annually in advance and if it is not received by the Insurer on or before the seventh (7^{th}) day of the month of cover, then this policy shall be deemed to have been cancelled at midnight on the last day of the preceding period of insurance.

Where a Policyholder requests a debit order deduction on a selected date, and if the payment day falls on a Saturday, Sunday or recognized Namibian public holiday, the payment day will automatically be the next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, the Insurer is entitled to track the account for a period of 48 hours and present the instruction for payment during this 48-hour period.

The Insurer in its sole discretion may allow a freeze of premiums for employer groups in industries directly or indirectly impacted by national and international pandemics. A freeze of contributions may, in such instances, be allowed for a maximum period of 6 months during which period Insured Persons will not have access to any insured benefits and no claims will be paid for medical services with Service Dates incurred during this period. Pro-ration of benefits will be effective from the first (1st) day of the month in which the Premium freeze is effective up to the end of the month of the Premium freeze period. The Premiums and benefit freeze period will be lifted on the first (1st) day of the month, in which full premiums have been paid. Policyholders will be re-activated on the first (1st) day of the month in which Premiums have been received, without any new underwriting restrictions.

The Insurer shall not be obliged to accept any Premium tendered to it after Inception Date or renewal date, but may do so upon such terms as it, at its sole discretion, may determine.

The Premium schedule of each insurance policy forms part of the benefit schedules as annexures hereto and may change from time-to-day at the Insurer's discretion.

No claims will be payable if the monthly premium is not paid up to date on/or before the 7th day of each month.

5. POLICYHOLDER COVER

5.1. COMMENCEMENT OF COVER

Cover in terms of this policy commences on acceptance of the contract as approved by the Insurer, on the 1st day of the month following receipt of payment. Claims originating prior to the date of commencement of cover will not be covered by the Insurer.

5.2. INSURANCE AMENDMENTS

The terms and conditions of the Insurer may be amended at the sole discretion of the Insurer.

5.3. CANCELLATIONS OR AMENDMENTS

Either party may give 30 (thirty) calendar days' notice of amendments or cancellation subject to the terms and conditions of the insurance policy selected. For policies paid monthly, there will be no premium refund for the remainder of the month in which the policy is cancelled.

Claims received upon cancellation of the insured policy will only be considered if such claiming incident commences no later than the last day of the 6th (sixth) month from the commencement of the first occurrence or Hospital treatment or Medical Services, before the date of cancellation, with due consideration to available insured limits, which may be pro-rated upon cancellation.

5.4. BIRTH NOTIFICATION AND REGISTRATION

Registration of a newborn Child is required on the first (1st) day of the month following the month of birth, with a maximum allowable registration period of 30 (thirty) days after the date of birth or adoption of the child. Such a child shall thereupon be registered by the Insurer as a beneficiary.

Increased premiums shall be due for newborn Children as from the first day of the month following the month of birth; Benefits for newborn babies will accrue as from the first (1st) day of the month following the month of birth.

Unless otherwise determined by the Insurer, the registration of a newborn Child where the mother belongs to another medical aid fund or medical insurance plan, or where the mother does not belong to any medical aid fund or insurance plan, will be the first (1st) day of the month following the month of registration. Benefits for the new born Child, in the event of the mother belonging to another medical aid fund or medical insurance plan, or to no medical aid fund or insurance plan, will accrue from the first (1st) day of the month following the month of registration on a pro-rated basis, provided that no such Child shall qualify for benefits until such time as the Policyholder qualifies for benefits, unless an exclusion or waiting period is imposed, then the exclusion or waiting period will prevail and no benefits will be paid.

The Insurer will not be liable for any costs incurred associated with maternity, confinement, birth, or birth complication costs, which relates to the birth of the newborn Child on another registered Medical Aid Fund or Medical Insurance Plan. Contributions will be due from the first (1st) day of the month following the month of registration.

Unless otherwise determined by the Insurer, on admission of a new born Child born within another medical aid fund or medical insured plan, or where the mother does not belong to any medical aid fund or insurance plan on the first (1st) day of the month following the month of registration, the Insurer may impose waiting periods depending on the level of risk ranging from 3 months to a lifelong condition specific exclusion on the new born Child, during which periods no benefit shall accrue to the newborn Child, but contributions by the Policyholder for the beneficiary shall be payable to the Insurer.

The Insurer may decline a newborn Child application depending on the level of risk.

5.5. NOTIFICATION AND REGISTRATION OF ADDITIONAL FAMILY MEMBERS

A Policyholder who (re)marries or wishes to register a partner or child after joining the insurance policy, should apply within (thirty) 30 days from the date of marriage or adoption to register the spouse, common law spouse or child as a beneficiary. Registration will be the first (1st) day of the month, following the month of registration.

The Insurer may impose waiting periods and exclusions depending on the level of risk ranging from a 3-month waiting period to a lifelong condition-specific exclusion on the insured beneficiary, during which periods no benefit shall accrue to the insured beneficiary, but contributions by the Policyholder for the beneficiary shall be payable to the Insurer.

The Insurer may decline an application depending on the level of risk.

No waiting periods or exclusions will apply to members who belong to a Medical Aid in Namibia.

5.6. WITHDRAWAL OF COVER

The Insurer may declare a policy or any part of it invalid in the event of any essential facts affecting the insurance not being disclosed or being misrepresented by the

Insured, or in the event where premiums were not paid on or before the 7th (seventh) day or the month of cover.

5.7. RISK RATE

The Insurer may amend the policy, Premiums, and benefits of a Policyholder when the risk of such Policyholder increases, without the written consent of the premium payer.

5.8. MISREPRESENTATION, MISDESCRIPTION OR NON-DISCLOSURE

- Misrepresentation, misdescription, or non-disclosure of any material fact or circumstances in connection with this policy, a claim, or the application for this policy may result in this policy being cancelled, a claim rejected, or the policy voided from inception and all premiums forfeited.

- If a benefit has been paid as a result of any misrepresentation, non-disclosure, misdescription, or fraudulent action by an Insured Person, or by any person claiming any benefit under this policy, such person will be required to repay or return the benefit paid. The Insurer shall be entitled to take legal action to recover the benefit and any costs involved.

6. GENERAL

The policy does not acquire any paid-up value or surrender value.
The table of benefits and rates insured applies in the area of cover.

The Policyholder shall submit claims to the Insurer within 6 (six) months of occurrence of Incident. Failing to submit claims within the prescribed period will result in forfeiting benefits under this Policy in respect of such claim.

The Insurer reserves the right to alter the terms and conditions of this policy if it is necessary to do so to comply with any changes in legislation of NAMFISA.

The Insurer reserves the right to cancel the cover and declare all premiums paid as forfeited, should there be evidence of, or an attempted submission of a fictional claim, fraud, or misrepresentation.

Pre-Existing Conditions will be excluded for a period as determined by the Insurer.

The Insurers' liability is conditional on the Policyholder claiming the benefit and keeping to the policy terms and conditions.

Annual benefit- and premium reviews are done at the end of each Benefit Year and premiums increased at the beginning of each Benefit Year, without the written consent of the premium payer. These reviews exclude the risk rating.

The Insurer shall not be liable for the failure of a broker or agent to adequately explain the terms and conditions of the policy and the terms and conditions of the Insurer, and each policy schedule will serve as guidelines for payment of benefits and collection of premiums.

7. INDEMNITY TO THE INSURER

Neither the Insurer nor any employee, broker/agent or Consultant shall be liable for any damage caused by any act, advice, negligence or otherwise.

8. EXCLUSIONS

The Insurer shall not be liable for paying any benefits due to bodily injury, sickness, disease, death, or medical evacuation directly or indirectly caused by related or in consequence of:

- War, invasion, hostilities, civil war, rebellion, revolution, or terrorism
- Any condition for which an insured person received treatment or advice prior to becoming an insured person under the applicable sections of the policy, unless otherwise stipulated under this policy.
- The use of nuclear, biological, or chemical weapons, or any radioactive contamination
- Attacks on or sabotage of facilities (for example, nuclear power plants, reprocessing plants, final repository sites and research reactors) and storage depots that lead to the release of radioactivity of nuclear biological or chemical warfare agents.
- Misrepresentation, mis-description, or non-disclosure of any material fact shall render this Policy voidable.
- The cost of any medical benefit other than prescribed in the benefit schedule.
- Cost related to preventative surgery where no firm diagnosis has been made including Prophylactic mastectomy.
- Any cosmetic related procedures unless specifically provided for in the benefit schedule of the Policy selected.
- Orthogenetic surgery.
- Surgical treatment for obesity or its sequel.
- Dentistry (specialized and conservative), orthodontic or similar treatment unless specifically provided for in the Insured plan selected.
- Artificial insemination or hormone treatment for infertility.
- Routine physical or any procedure of purely diagnostic nature
- Investigator treatment.
- Transportation by, road or aid, for reasons other than urgent life savings necessity, or transport to a hospital, which could simply have occurred via own transport, is specifically excluded.
- Depression, mental- or mental stress-related conditions unless specifically provided for in the Insured plan selected.

- Costs, which directly or indirectly arise from or can be ascribed to suicide, attempted suicide, or intentional self-inflicted injury, do not qualify for benefits whether the Insured Person concerned is of sound mind or not.
- Any illness or event caused by alcohol abuse.
- The cost of harvesting and/or preserving human tissue, including, but not limited to, stem cells, for future use thereof to treat a medical condition which has not yet been diagnosed in a beneficiary.
- Drug addiction, negligence, whether gross negligence or otherwise, wrongful acts or breach of any prohibition related to drug abuse.
- Voluntary Abortions.
- Infertility Treatment.
- Sterilization and Vasectomies unless pre-authorized by the Insurer.
- Any cost pertaining to maternity benefits for individual members as well as for employer groups with less than 10 principal insured lives, will be excluded for a period of 12 (twelve) months from the date of joining, including the cost of birth, birth complications and any medical complication of the newborn Child, unless otherwise agreed to by the Insurer (refer to policy conditions).
- More than one pregnancy per family per annum.
- Surrogate pregnancies.
- There is no cover, at the time of the accident, death, or injury, when the Insured Person participated in:
    - any activity that involves the use of firearms.

- No claims will be payable if the monthly premium is not paid up to date on/or before the 7th day of each month.
- Refer to international travel cover exclusions Annexure" A."

ANNEXURE A: HOLLARD INSURANCE - SCHEDULE OF BENEFITS

INSURED SELECTION: INTERNATIONAL TRAVEL – FULL TERMS AND CONDITIONS

The Insurer makes use of a reinsurer on the international travel cover and is therefore also subject to the reinsurer's terms and conditions. The terms and conditions below are expressly incorporated herein and form a binding part of this policy as if reproduced fully herein and are attached below to this document

DEFINITIONS

Accidental Bodily Injury: A sudden, violent, external, unexpected specific event, which occurs at an identifiable time and place, which solely and independently of any other cause results, within 12 months, in the death, Loss of Limb, Loss of Sight or the Permanent Total Disablement of an Insured Person.

Carrier Accumulation Limit: The maximum amount we will pay in the aggregate under this policy in respect of insured persons travelling in the same Carrier at any one time.

Carrier: A scheduled or chartered aircraft (excluding all non-pressurised single engine piston aircraft), land (excluding any hired motor vehicle and motorcycles) or water conveyance licensed to carry passengers for hire and in (or on) which you are travelling as a fare paying passenger.

Certificate: The validation page issued in respect of this policy, which sets out the name of the Insured Company, the Period of Insurance and any other special conditions and terms.

Children/Child: Your natural or adopted child (son/daughter) not in full-time employment, under the age of 18 years, unmarried, not pregnant, without children and primarily dependent on Your maintenance and support.

Complications of Pregnancy and Childbirth: For the purposes of this Policy 'Complications of Pregnancy and Childbirth' shall only be deemed to include the following unexpected events occurring more than 15 weeks prior to the expected delivery date: toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum hemorrhage, retained placenta membrane, placental abruption, placenta Previa, stillbirths, miscarriage, medically necessary emergency Caesarean sections and any premature births.

Effective Date: Cover will commence when you pass through passport control from Namibia or South Africa and end when you pass back through passport control into Namibia or South Africa (including local connecting flights).

Home: Your principal place of residence, used for domestic purposes.

Home Country: Namibia or South Africa.

Insured Person or You/Your: All active members of the Prosperity Lifecare, residing in and travelling from Namibia or South Africa, not exceeding the age limit.

Infectious or Contagious Disease: Any disease transmitted from an infected person, animal or species to another person, animal or species by any means when the World Health Organisation (WHO) declares the outbreak a Public Health Emergency or International Concern (PHEIC)

Injury: A bodily injury or physical trauma resulting from an Accidental Bodily Injury.

Illness: Any unforeseen sickness, illness or Disease originating, contracted, commencing or manifesting itself during your trip.

Limits of Cover: Unless stated to the contrary, our maximum liability in any one Period of Insurance is limited to the amount stated in each Section, per Insured Person.

Manual Work: Work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant, (other than in a purely managerial/supervisory, sales or administrative capacity), or the undertaking of any trade of plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind (other than in the catering industry).

Medical Emergency: An acute injury or illness that poses an immediate risk to a person's life or long-term health. Treatment is provided in an accident & emergency department (A&E), emergency room (ER) or casualty department.

Medical Practitioner: A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment, is practicing within the scope of his/her license and training, and who is not related to you or any travelling companion.

Period of Insurance:

Maximum 90 days from your date of departure from your Home Country.

Policy Excess: The first amount, per Insured Person, each and every incident, each and every section of cover, where the Policy Excess applies.

Pre-Existing Medical Condition:

1. Any past or current Medical Condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during 6 months prior to the commencement of cover under this policy and/or prior to any Trip: and
2. Any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this policy and/or prior to any Trip.

Travel Documents: Travel tickets, accommodation and other redeemable travel vouchers, Green Card, driver license and passport.

Trip: When travelling in a direct and uninterrupted manner on an International Journey, outside the borders of Namibia or South Africa, commencing when you pass through passport control from

Namibia or South Africa and ending when you pass back through passport control into Namibia or South Africa (including local connecting flights).

WHO QUALIFIES FOR THE COVER

1. We will provide the services and benefits described in this policy to Active Prosperity Lifecare Members qualifying for the International Medical Extension benefit, being a resident of Namibia (have not spent more than 6 months abroad) as well as members residing in SADC countries for longer than 6 months.
2. We will provide the services and benefits described in this policy to persons who reside in Namibia (i.e. have their main home in Namibia and have not spent more than 6 months abroad in the year prior to purchasing the policy, as well as to persons living in a temporary neighbouring (SADC) residence for more than 6 months, excluding cover within the respective Country of Residence.
3. Age Limits:
   (a) Medical & Related Expenses (except as listed above): under 80 years.
   (b) No cover is provided in respect of an Insured Person 70 years of age or older, relating to:
   - Any cardiac or cardiovascular or vascular or cerebrovascular illness or conditions or sequelae thereof.
   - Any infectious or contagious disease.
   - Or any complications that can reasonably be related to the above, whether pre-existing or not.

4. To be covered, you must be healthy and fit to travel.
5. The insurance will NOT cover You when You are travelling against the advice of a Medical Practitioner.
6. The insurance will NOT cover You when You are travelling with the intention of obtaining medical treatment or consultation abroad.
7. The insurance will NOT cover You if You have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which You are awaiting investigations / consultations, or awaiting results of investigations, where the underlying cause has not been established).
8. Pregnancy and Childbirth: Cover under this policy is provided for unexpected complications related to pregnancy which occur before the 26th week of pregnancy. Please refer to the Meaning of Words Section: “Complications of Pregnancy and Childbirth”, and each Section of cover to establish whether You are covered.

9. It is important to note that the policy contains conditions and exclusions in relation to non-insured travelling companions or close relatives in the event of any need to cancel or curtail a Trip as a result of changes in their health.

10. Health: Your policy contains restrictions regarding Pre-existing Medical Conditions. Refer to Important Health Information for more information.

CONTACT NUMBERS

EMERGENCY ASSISTANCE: + 27 11 991 8610 (South Africa)
CLAIMS & ENQUIRIES: Tel: +264 61 254 695

AUTHORISATION OF EXPENSES

1. Medical Emergency: Accident & emergency department (A&E), emergency room (ER) or casualty department.
   - 1.1.1. You, your travel companion or someone designated by you must phone +27 11 991 8610 immediately when your condition has been stabilised in the emergency department.
   - 1.1.2. Our liability will be limited to N$10,000 if you don't contact us for authorisation to be admitted as an in-patient.

2. The following conditions are covered whilst you are being treated in the A&E, ER or casualty department:

- Anaphylaxis (airway constricted).
- Bone fracture.
- Burns.
- Cardiac Arrest.
- Choking / blockage of the airway.
- Diving disorders or drowning.
- Heat stroke.
- Hair tourniquet (where a hair or other thread becomes tied around a toe or finger tightly enough to cut off blood flow).
- Heavy bleeding.
- Hyperglycemia (diabetic coma) and Hypoglycemia (insulin shock).
- Hypothermia, or Exposure Insect and animal bites and stings.
- Joint dislocation.
- Poisoning.
- Seizures, or a malfunction in the electrical activity in the brain.
- Stroke.
- Wounds, including lacerations, incisions and abrasions, Gastrointestinal bleeding, avulsions and Sucking chest wounds.

3. Medical Emergency: In-patient and out-patient treatment.

3.1.1. You must phone +27 11 991 8610 prior to receiving any treatment where the cost is more than N$10,000.
3.1.2. If you are unconscious your travel companion must contact us within 24 hours of your admission. If you are travelling alone, you must contact us within 24 hours of regaining consciousness.
3.1.3. Our liability will be limited to N$10,000 if you don't contact us for authorisation.

IMPORTANT NOTICE

We would like to draw your attention to important features of your policy including:

1. This is a legal contract between Prosperity Lifecare, active Prosperity Lifecare Members and Hollard Insurance.
2. Terms and conditions are the rules you have to comply with in order for the policy to be valid – for example, that all jewellery must be kept locked away in a safe.
3. You can only claim for items in which you have an insurable interest – i.e. items which, if lost or damaged, cause you to be worse off financially. Example: you cannot claim for the loss of items that don't belong to you.
4. Emergency Medical Expenses: This policy is NOT a Medical Aid and does not provide cover for procedures that can be carried out in your country of residence after repatriation.
5. Adventure Sports & Activities: Your policy contains restrictions regarding the participation in sports. Please note that we do not provide cover for rescue costs relating to altitude sickness.
6. Trip Limits: Trips must commence and end in your country of Temporary or Permanent Residence as per your origin of travel and a return ticket must have been booked prior to departure.
7. We use an appointed emergency assistance provider: Europ Assistance S.A., they can be contacted on +27 11 991 8610 (South Africa).

YOUR RESPONSIBILITIES

1. Your duty of disclosure: You have a duty of disclosure to us when it is relevant to our decision whether to insure you, and, if we do, on what terms whenever you apply for, or change an insurance policy.

2. Medical Emergency: Accident & emergency department (A&E), emergency room (ER) or casualty department (Authorisation of Medical Expenses).

3. Avoid fraudulent acts. All dealings concerning this policy must be done honestly and in good faith. If you are found to have engaged in fraudulent or dishonest behaviour, you will lose all rights to claims and premiums. Examples of fraudulent behaviours are:
   3.1.4. Providing false information (claim or risk profile)
   3.1.5. Making a claim that you know to be false, fraudulent or exaggerated

3.1.6. Obstructing the outcome of a legal matter.

4. No admission, statement, offer, promise, payment or indemnity may be made by you without Our prior consent in writing.

5. You must give all information, documentation and assistance required by us to obtain indemnity from other parties.

6. Observe all terms and conditions, which are the rules you have to stick to in order for the policy to be valid. If you don't it may result in Us refusing to pay you out for a claim.

7. Communication of Material Changes: Any changes in your circumstances must be communicated to us in writing immediately and if possible before such changes occur to ensure continuous cover. Provided that the changes are acceptable to us, they will be effective from the date agreed upon, subject to Our terms and conditions being complied with. We will confirm these changes by sending you an updated Schedule.

IMPORTANT HEATH INFORMATION:

You must comply with the following conditions in order to have full protection under this policy. If you do not comply, we may cancel the policy, reject Your claim or reduce the amount of any claim payment.

1. Pregnancy: If you are aware of the pregnancy at the time of issue of the policy, you must declare the pregnancy to us if either of the following apply:
   1.1. There have been complications with this or any previous pregnancy, or
   1.2. The conception was medically assisted (including hormone therapies and IVF).

CLAIMS

1. How a claim benefit is calculated: When we pay a claim, we consider a number of aspects in calculating the amount. These can include:
   1.1. The amount of financial loss.
   1.2. The excess.
   1.3. The maximum benefit limits and sub-limits.
   1.4. The terms and conditions of the policy.

2. How much we pay, is always based on the value of the item, and not the sentimental or other value you may hold.

3. You cannot claim more than the actual loss. For example, by claiming under two different sections of this policy.

Similarly, if an insured event, is covered by another insurer, airline or operator, then the amount payable by such insurer, airline or operator will become the Excess of this policy.

4. Top-up cover: Our cover is conditional on you qualifying for free medical cover (either a medical aid or credit card company). This means our cover is in addition to your free cover, and you have to claim from the free cover first. The amount payable by your free policy will become the Excess of this policy.

5. Third party liability claims: We may finalise the claim by paying you the limit of liability, or any lesser amount for which the third-party claim may be settled. This will release us from any further liability for the claim.

6. You cannot claim more than the sum insured, even if your financial loss was greater.

7. If you have more than one policy underwritten by us, the maximum we will pay shall not exceed the sum insured of whichever policy has the highest sum insured. Example, if one policy covers baggage up to N$5,000 and the second up to N$7,000 the maximum we will pay is N$7,000.

8. We do not pay interest unless ordered to do so by a Namibian court of law.

9. You have to sign a release in our favour before we will settle a claim.

10. The pay-out is always reduced by the excess (if and where applicable). For every valid claim, you will always have to pay the first amount, also known as the excess. For example, if there is an excess of N$500 on a N$10,000 claim, then you will receive a pay-out from us of N$9,500. The excess is listed in the Certificate. The excess applies per person to any claim from a separate event. Please contact Prosperity Lifecare for any details with regard to the excess applicable.

11. How to claim:
    - 11.1. Tell us right away – no later than 30 days after your date of return.
    - 11.2. Do not admit liability or make misleading promises to anyone, such as:
    - 11.3. Make any statements (unless required by law)
    - 11.4. Offer payments to anyone.
    - 11.5. Negotiate with anyone claiming from you.
    - 11.6. Send us all documents.
    - 11.7. Help us with any legal proceedings against a party responsible for the loss.
    - 11.8. Note that any such legal action may be taken in your name.
    - 11.9. Sign a release before we pay you.
    - 11.10. The entire claims procedure is at your own expense, including the cost to obtain all reports we may require, or if you are required to submit to a medical examination.

TIME LIMITS

1. **Immediately**
   1.1. You MUST contact us before incurring expenses in excess of N$10,000. If you are physically prevented from contacting us immediately, you or someone designated by you must contact us within 24 hours. If you do not contact us for authorisation, we may provide no cover or reduce the amount we pay.
   1.2. Notice of death must be given immediately to us.

2. **48 Hours**
   1.3. Pre-existing cover is valid for expenses incurred where you are hospitalized for more than 48 hours.

3. **30 Days**
   Send us the following within 30 days:
   1.4. a) Completed claim form
   1.5. b) Details of any other policy covering the claim
   1.6. c) Any other documentation we think is necessary to handle the claim (such as death certificates, receipts, medical reports, invoices or a police report

4. **90 Days**
   If We formally reject your claim, you have 90 days to appeal this decision with us.

5. **180 days**
   If we maintain our rejection, you have a further 180 days to start any legal action against us.

6. **365 days**
   Your claim will no longer be valid after 365 days, unless you have started legal action against us, or the claim concerns your legal liability towards a third party.

If you go beyond any of these time limits, your right to payment of the claim will lapse.

WHAT TO DO IF YOUR CLAIM IS REJECTED

If we reject or dispute your claim, you have the right to appeal the decision. Send your complaint in writing to:
The Hollard Insurance Company of Namibia Ltd
PO Box 5077,
Ausspannplatz,
Windhoek, Namibia
Tel: +264 61 422 300
Fax: +264 61 422 348
E-mail: complaints@hollardnam.com

OTHER POINTS TO NOTE

1. Cancellation: This Policy may be cancelled:
   - by Prosperity Lifecare at any time, they request this in writing.
   - by us by giving thirty (30) days' notice to you at your last known address.
   - If you cancel the Policy, we will be entitled to retain a portion of the premium calculated at pro-rata for the period that this policy was in force, provided no visa has been obtained using this policy, and no claims have been submitted to us. No refund is due once a Trip has commenced, or after the expiry date of your policy.
   - If we cancel the Policy, we will retain a pro-rata premium.

2. Territorial limits: The cover in this policy is valid for travel outside the territorial limits of your Country of Residence. We don't provide cover for travel to a country where the United Nations Armed Forces are present and active, or where the British and Commonwealth Office and/or the local department of foreign affairs has issued a travel warning.

3. The policy is subject to Namibian law.

4. All claims (except for medical inpatient) are only payable in Namibia.

5. In the event of a valid claim, you shall allow us the use of your travel documents.

6. Currency: We shall use the rate at the due date of settlement, should your expenses incurred be in a foreign currency. The monetary limits are deemed to be Namibian Dollars.

7. Interpretation: Should there be any conflict in interpretation between the contents of the printed Policy Wording and the contents of the Schedule of Benefits, the Schedule of Benefits shall be given precedence.

8. The medical standards, sanitary conditions, reliability of telephone systems and facilities for urgent medical evacuations differ from country to country. Responsibility for any loss, medical complication or death resulting from any factor reasonably beyond our control cannot be accepted by our emergency assistance provider or us.

9. Your cover terminates on the earliest of the following dates:
   a. On the date of return Home (when you pass through passport control), or
   b. Unexpected illness, injury or death: On day 91 after your date of departure from Namibia or South Africa.
   c. Pre-existing medical conditions: On day 31 after your date of departure from Namibia or South Africa, or
   d. On the date that you reach the maximum age limit; or
   e. On day 91 after your date of departure from your country of residence.
   f. After the termination of cover by either Prosperity Lifecare or Hollard Insurance.

g. On the expiry date of the master agreement with Prosperity Lifecare Insurance Ltd.

10. Automatic Extension: The period of insurance shall automatically be extended due to the occurrence of an event giving rise to a legitimate claim under Section 1 (Medical expenses and Repatriation) occurring after the commencement of your trip.

11. Repatriation: We will use your return ticket towards our costs for repatriation. Repatriation is back to Your Home.

12. Rights of others: This policy gives rights to you only. Any extension of our liability for the losses of any other person gives no right to that person to claim from us.

13. Consent to Disclosure of Private Information
    a) You acknowledge that the sharing of information for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies and assess risks fairly and reduce the incidence of fraudulent claims with a view to limiting premiums.
    b) On your behalf and on behalf of anyone you represent herein, you hereby waive any right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claims made or lodged by You, or on Your behalf.
    c) You consent to such information being stored in the shared database and used as set out above.
    d) You also consent to such information being disclosed to any insurer or its agent.
    e) You further consent to any underwriting information being verified against legally recognised sources or databases.
    f) You agree that this consent clause will survive the termination for whatever reason of the Policy, including its cancellation or lapsing.

WHAT DO WE NOT COVER

The following General Exclusions apply to the entire Policy:

1. Any person who has reached the age limit.

2. Medical expenses incurred after 6 months of the loss occurring, or the sickness first manifesting itself.

3. Loss, damage or expense, which at the time of happening is insured by or would but for the existence of this policy, be insured by any other existing policy. If you have any other policy in force, which may cover the event for which you are claiming, you must tell us.

4. Costs which would have been payable if the event being the subject of a claim had not occurred (for example, the cost of meals which you would have paid for in any case).

5. Any consequential loss (not listed under the headings “What is covered”).

Examples of losses We will not pay for include costs of telephone calls or faxes, meals, taxi fares (with the sole exception of the taxi costs incurred for the initial journey to a hospital abroad due to an Insured Person's illness or injury), interpreters' fees, inconvenience, distress, loss of earnings, loss of enjoyment of holiday, time-share fees, holiday points and any additional travel or accommodation costs (unless pre-authorised by us).

6. Any deliberately reckless act or omission by you.
7. Any claim arising or resulting from your own illegal or criminal act.
8. Needless self-exposure to danger except in an endeavour to save human life.

9. Any claim arising directly or indirectly from:
   a) An Insured Person being under the influence of alcohol with more than the legal limit of alcohol in his blood, or
   b) An Insured Person being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a Medical Practitioner or unless prescribed by and taken in accordance with the directions of a Medical Practitioner; or
   c) An Accident occurring whilst an Insured Person was driving a motor vehicle with more than the legal limit of alcohol in his blood or breath; or
   d) Alcohol abuse, alcoholism, substance abuse, solvent abuse, drug abuse or addictive conditions of any kind.

10. Any claim arising or resulting directly or indirectly from your suicide, attempted suicide, intentional self-injury, mental disturbance or disorders, insanity, psychiatric, psychological, emotional or nervous conditions.

11. Sexually transmitted diseases.
12. Myalgia.
13. You (being the driver of a motor vehicle or motorcycle) not being in possession of a valid/legal license.

14. You are engaging in Manual Work in conjunction with any profession, business or trade during the Trip.

15. Cover for the intention of emigrating (travelling on a one-way ticket).

16. You engaging in or practicing for the following sports and activities: Bobsleigh, Boxing, Canyoning, Caving/Cave Diving, Flying as crew, Heli-skiing, Horse Jumping, Horse Racing, Hunting/Shooting, Hunting-on-horseback, Hurling, Ice Hockey, Luge, Martial Arts (Competition), Microlighting, Motor Racing (all types), Mountaineering, Parasailing, Paraskiing, Polo, Potholing, Professional Sports, Quad Biking exceeding 250cc, Rock Climbing, Rock Scrambling, Shark feeding/cage diving, Skeleton, Ski Jumping, Ski Racing, Ski Stunting, Skiing off-piste, Snowboarding off-piste, Steeple chasing, Team sports played in competitive contests, Wrestling, Yachting (racing) or any other activities not mentioned under this policy unless you have referred these to us and we have written to you accepting them for insurance.

17. Flying or sea travel of any kind, except: On a flight arranged by us (Repatriation and Evacuation); as a fare-paying passenger on a Carrier (not as a member of the crew).

18. War (whether War be declared or not), Hostilities, Invasion or Civil War. For Medical Expense (Section 1) benefits only this exclusion is amended as follows: This Policy does not cover death or disablement in any way caused or contributed to by war, whether war be declared or not, hostilities or any act of war or civil war when the Insured Person is taking an active part therein.

19. Any Terrorist Act or bomb incident or threat thereof.

20. Radioactive Contamination, whether arising directly or indirectly.

21. Engaging in occupational activities requiring the use of explosives.

22. Being in the service of any military or police force, or militia or paramilitary organisation.

23. You travelling to a country or specific area or event to which the Foreign and Commonwealth Office has advised persons not to travel.

24. Nuclear, Chemical and Biological Terrorism: this Policy does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent. For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

25. Loss arising from the provision, or any delay in providing, the services to which this policy relates.

26. Any loss or damage directly or indirectly caused by the provision of, or any delay in providing, the medical (or medical related) services to which the cover under this policy relates, whether provided by us or by anybody else (whether or not recommended by us and/or acting on our behalf).

27. Cover for the fulfilment of any ransom demands.

28. Pregnancy of you or any other person where the problem arising is not defined under Complications relating to Pregnancy and Childbirth before the 26th week of pregnancy.

29. Participation as a professional sportsperson receiving payment for each appearance (other than sponsorship only).

30. Any sport not listed in this policy (refer to Adventure Sports Table)

31. Contraceptive devices, prosthetic devices and/or crutches, a brace of any kind, new/replacement spectacles and new/replacement dentures.

WHAT IS COVERED

INSURED SELECTION: INTERNATIONAL TRAVEL COVER AND REPATRIATION BENEFIT

The benefit given under this option and additional to the Rescue Policy:

- N$10 000 000.00 (ten million Namibia Dollars) (all cost and taxes inclusive) for all international transfers per family per annum, limited to N$500 000.00 (five hundred thousand Namibia Dollars) for any pre-existing conditions, in the area of cover and subject to the terms and conditions for international travel cover.

COVER

a) In-patient and Out-patient treatment related to your unexpected illness, injury or death not relating to an infectious or contagious disease.

b) Inpatient treatment when you are hospitalised for more than 48 hours relating to the following medical conditions you already have:

1. Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, food Intolerance, hay fever
2. Asthma, providing that you have no other lung disease, and are younger than 60 years of age at the date of policy purchase
3. Bell's palsy
4. Benign positional vertigo
5. Carpal tunnel syndrome
6. Coeliac disease
7. Congenital blindness
8. Congenital deafness
9. Diabetes (Types I and II) provided you were diagnosed over 12 months ago and have no eye, kidney, nerve or vascular complications. Furthermore, you do not suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolemia and you are younger than 65 years at the policy purchase date
10. DVT provided you do not suffer from a cardiovascular condition
11. Epilepsy provided there has been no change to your medication regime in the past 12 months
12. Flu provided the symptoms are not accompanied by shortness of breath, chest pain, sudden dizziness or confusion
13. Folate deficiency
14. Gastric reflux
15. Hiatus Hernia
16. Hypercholesterolemia (High Cholesterol) provided you do not also suffer from a known cardiovascular disease and/or diabetes

17. Hyperlipidaemia (High Blood Lipids) provided you do not also suffer from a known cardiovascular disease and/or diabetes
18. Hypertension (High Blood Pressure) provided you do not also suffer from a known cardiovascular disease and/or diabetes
19. Impaired Glucose Tolerance
20. Incontinence
21. Insulin Resistance
22. Iron Deficiency Anaemia
23. Meniere's disease
24. Menopause
25. Migraine
26. Osteopenia
27. Osteoporosis
28. Pernicious Anaemia
29. Pregnancy: for a single, uncomplicated pregnancy, where your trip ends on or before 26 weeks gestation, which does not arise from services or treatment associated with an assisted reproductive program, including but not limited to in vitro fertilization
30. Raynaud's disease
31. Sleep apnoea
32. Inpatient treatment when you are hospitalised for more than 48 hours relating to a medical condition you already have, where you have declared the medical condition to us, and we have agreed to provide cover in writing to you.
33. Inpatient treatment when you test positive for an infectious or contagious disease whilst on your trip, where you have declared your pre-existing medical conditions to us, and we have agreed to provide cover in writing to you for any claim relating to an infectious or contagious disease.
34. Inpatient and Outpatient treatment related to your unexpected injury whilst participating on a non-professional basis in the following Sports and Activities:

ADVENTURE SPORTS LIST

1. Abseiling
2. Acrobatics
3. Aerobics
4. American football
5. Amateur Athletics
6. Archery
7. Badminton
8. Banana boat rides
9. Baseball

10. Basketball
11. BMX cycling (exclude racing and competition)
12. Blackwater rafting, cave tubing
13. Boating, sailing
14. Bowling (lawn & ten pin)
15. Boxing (training / no contact)
16. Bungee jumping using a body harness as a back-up
17. Camel riding for a day or if you are on a camel trek
18. Canoeing (inland or 10km coastal waters limit)
19. Canyon swing
20. Clay pigeon shooting
21. Cricket
22. Curling
23. Cycling (exclude racing and competition)
24. Dancing (ballroom, salsa, Capoeira, ballet, contemporary, jazz, hip hop)
25. Dirt boarding
26. Dragon boating
27. Dune buggy
28. Elephant riding for an hour, a day or overnight
29. Fencing
30. Fishing (deep sea, angling, fly fishing, on a river, boat, or standing in a lake: exclude ice fishing or commercial fishing)
31. Fly by wire
32. Football
33. Go karting (recreational)
34. Golf
35. Gym - including weights, Pilates, aqua aerobics, yoga
36. Gymnastics
37. Handball
38. Hiking (under 6,000 meters altitude / organised tours / clearly marked routes. Exclude solo treks, mountaineering and helicopter rescue)
39. High diving (less than 10 meters)
40. Hockey (field or indoor / exclude ice hockey)
41. Horse riding (leisure, on a tour with a licenced tour operator, non-competitive / exclude polo, hunting and jumping)
42. Hot air ballooning (exclude racing and competition)
43. Husky sledge driving (exclude endurance and racing)
44. Ice skating (indoor and outdoor rinks / exclude racing)
45. Jet boating
46. Jet skiing
47. Jogging
48. Kayaking - white water, sea, river, lake
49. Kite boarding
50. Kite surfing (exclude racing, competition and surfing during a storm)

51. Land surfing
52. Marathons
53. Martial arts (training, exclude contact)
54. Moped, scooter (Namibian and local licence for operating this class of vehicle required; must be wearing a helmet)
55. Motor experience as a passenger only (excluding racing)
56. Motorcycle riding (touring, independent, organised tour / Namibian and local licence for operating this class of vehicle required / Must be wearing a helmet / exclude off-road, racing and competition)
57. Motorcycle riding (as a passenger you must be wearing a helmet)
58. Mountain biking (exclude racing and competition)
59. Netball
60. Paint ball
61. Parasailing over water
62. Quad biking (not exceeding 250 cc / exclude racing and competition)
63. Racquetball
64. Roller skating
65. Roller blading/inline skating
66. Rowing/sculling, surf boat rowing (inland or 10km coastal waters limit)
67. Rugby / Team sports when you are younger than 19 years, exclude sprains, strains and physiotherapy.
68. Running or jogging, including half-marathon or less, marathon and ultra-marathon distances
69. Safari tours (exclude hunting/guns)
70. Sail boarding/wind surfing
71. Sailing
72. Sandboarding/sand skiing
73. Scuba diving (when an open water diving licence is held and diving with a buddy diver, or diving with a licensed instructor / maximum depth 30m)
74. Shark cage diving
75. Segway tours
76. Skateboarding
77. Skiing (on-piste or glacier / exclude racing, competition and black slopes for first time skiers)
78. Skidoo
79. Snorkelling
80. Snowboarding
81. Soccer
82. Softball
83. Speed boating (as a passenger on a licensed carrier)
84. Squash
85. Stand-up paddle surfing/paddle boarding
86. Surfing (exclude competition)
87. Swimming
88. Swimming with whales/whale sharks/dolphins
89. Tennis

90. Tobogganing (exclude racing and competition)
91. Tuk Tuk as a passenger (excludes Tuk Tuk racing)
92. Volleyball
93. Wakeboarding (exclude competition)
94. Wall climbing (artificial / Proper harness wear and usage / exclude racing and competition)
95. Water polo
96. Water skiing (exclude competition)
97. White water rafting (grades 1 to 4)
98. Windsurfing (exclude competition)
99. Yachting (inside territorial waters / exclude racing and competition and being a member of the crew)
100. Yoga
101. Zip line
102. Zorbing (exclude racing and competition)

We will pay the following costs, up to the Limit of Liability in the Schedule of Benefits, for each Insured Person:

1. Reasonable medical expenses for the immediate treatment of an unforeseen Medical Emergency.
2. Medical Practitioner's fees.
3. In-patient treatment.
4. Out-patient treatment related to an unexpected Illness or Injury.
5. Ambulance charges to the nearest hospital.

YOUR RESPONSIBILITIES

1. All claims exceeding N$10 000 must be accompanied by a medical report stating:
   - Diagnosis
   - Date of first consultation
   - Treatment provided
   - Cause of medical problem
   - medical reason if you are unfit to fly.
   - You must contact us per the Authorisation requirements.

COST NOT COVERED

i) Costs in excess of N$10,000, which have not been authorised by us in advance. Where no prior approval has been obtained from us, our liability will be limited to N$10,000 for any one incident.
ii) More than N$600,000 in respect of any pre-existing medical expenses.
iii) Motorcycle/moped riding if you are not wearing a helmet, and/or you are not in possession of a valid Namibian license.
iv) Any claim arising directly or indirectly as a result of any Pre-existing Medical Condition, unless you were hospitalised for more than 48 hours.

v) Treatment which, in the opinion of Our Medical Officer, can reasonably be delayed until your return to your Country of Residence.
vi) Any treatment which is not a surgical or medical procedure received as an Inpatient or Outpatient.
vii) Any claims for costs related to pregnancy or childbirth unless the claim is certified by a Medical Practitioner due to Complications of Pregnancy and Childbirth and occurring within the first 26 weeks prior to the expected delivery date.
viii) Treatment or services provided by a private clinic or private hospital, health spa, convalescent home or any rehabilitation centre.
ix) Treatment and/or surgery for cosmetic purposes.
x) The Policy Excess.
xi) Physiotherapy without a referral from a general practitioner. Where you have been referred, our maximum cover for physiotherapy or manipulative therapy is limited to N$2,000.
xii) Cancer of any kind (whether pre-existing or not).
xiii) Medical expenses incurred after 12 months of the loss occurring or the illness first manifesting itself.
xiv) Outpatient treatment related to a pre-existing medical condition.
xv) Pre-existing medical conditions: Expenses related to a pre-existing medical condition when you are hospitalised for less than 48 hours.
xvi) All persons to whom a terminal prognosis have been given (whether pre-existing or not)
xvii) Treatment and medicines in connection with the stabilisation and regulation of a pre-existing, chronic or recurrent illness.
xviii) Any costs relating to search and/or rescue operations.
xix) Any costs for helicopter rescue due to altitude sickness.
xx) Anything mentioned in the General Exclusions.
xxi) Emergency dental: We will pay for pain stilling treatment up to the limit of liability.
xxii) Air and ground shipping expenses.

THE INSURED RESPONSIBILITY

a) You or your close relative must contact us to make all the arrangements prior to incurring the expense.

b) Obtain authorisation for all claims in excess of N$10,000.

c) You must send a copy of your airline ticket to us immediately in order for us to determine whether we can use your ticket for evacuation or repatriation.

SECTION 2:

MEDICAL RELATED – WHAT WE COVER

1. On condition that you contact us first and we make all the travel arrangements, in the event of a valid claim for repatriation under Section 1 (Medical Emergency & Repatriation), We will pay up to the Limit of Liability in the Schedule of Benefits per Trip:
   - Medical Evacuation: Emergency transportation arranged by us to the closest medical facility appropriate for your needs for the immediate treatment of a covered illness or injury.
   - Medical Repatriation: We will pay for transportation back to your country of residence if you were treated as an inpatient for a covered illness or injury and your fit-to-fly requires that you travel on a different date than your booked date.
   - Death abroad: In the event of a covered illness or injury that results in death, we will pay for the transportation of your body or ashes to a funeral home in your country of residence. We will pay for the following services arranged by us:
   - Coordinating with local authorities on the post-mortem exam.
   - Removal and transportation of the body to medical facilities, coroner and airport.
   - An appropriate container for transport of remains
   - Coordination with government agents to arrange for services, authorizations, and approvals for transport.
   - Air and ground shipping expenses.

2. Emergency dental: We will pay for pain stilling treatment up to the limit of liability.

YOUR RESPONSIBILITY

You or your close relative must contact us to make all the arrangements prior to incurring the expense.

1. You must send a copy of your airline ticket to us immediately in order for us to determine whether we can use your ticket for evacuation or repatriation.

COST NOT COVERED

1. Costs which have not been authorised and/or arranged by Us in advance.
2. Any costs where you have declined to be evacuated or repatriated. Our cover will terminate immediately, and any further costs will be for your own account.
3. Unused flights and/or accommodation.
4. Pre-paid flights and/or accommodation.
5. Taxi costs.
6. Telephone costs.
7. The cost of an urn or a coffin.
8. Any cost not listed under what we cover.
9. The cost to transport your personal baggage/effects.

SECTION 3: ASSISTANCE SERVICES

Personal assistance services

We will provide assistance with the following services in respect of a Trip:

1. **Child Assist**
   If your child (aged under 18 years) who has been left in your Country of Residence becomes ill or suffers injury, we can provide medical advice and monitor the situation until our return Home.

2. **Consular Referral**
   We will provide you with the relevant contact details of diplomatic representatives wherever possible.

3. **Emergency travel and accommodation arrangements**
   We will provide you with all reasonable, practical and possible assistance in arranging emergency alternative accommodation and onward or return transportation. You will be responsible for the payment of all costs incurred, and you should make arrangements to pay us or the service provider at the time the cost is incurred.

4. **24 Hour Nurse Assist**
   Our 24-hour helpline provides access to a professional medical assistance service to assist you with any health query.

5. **Legal Assist**
   We will provide you with an advice line manned by qualified and experienced in-house attorneys who will provide guidance and information on legal matters.

6. **Replacement of Travel Documents**
   We will help you replace lost or stolen tickets and Travel Documents and refer you to suitable travel offices. What is not covered: The cost of any items insured under another Section of this policy.

7. **Transfer of Emergency Funds**
   We will transfer emergency funds to you in case of urgent need. This service will apply when access to your normal financial/banking arrangements is not available locally and is intended to cover your immediate emergency needs. You must make arrangements to deposit the required funds in our account in Namibia equal to the amount of the transfer plus a 10% administration fee.

8. **Trauma Assist**
   We will provide assistance in the case of assault, hijacking, child abuse, medical emergency and most other forms of trauma.

9. Urgent Message Relay

We will transmit urgent messages following illness, accident or travel delay problems.

SCHEDULE OF BENEFITS

PROSPERITY LIFECARE INTERNATIONAL EXTENSION

			Sum Insured/ Benefit N$
1	**Part 1: Overseas Medical**		
	1.1	Unexpected illness/injury: Expenses duly authorised by Us	10,000,000
	1.2	Passive war & terrorism extension: Expenses duly authorised by Us	5,000,000
	1.3	Overseas medical expenses not authorized by Us	10,000
	1.4	Overseas medical expenses: Excess - Outpatient Treatment	1,000
	1.5	Pre-existing medical conditions: *Excess: 48 hours Inpatient*	600,000
	1.7	Leisure sport extension *(excluding extreme, competition, professional)* Leisure sport excess: N$1 000	10,000,000
	1.8	Return of dependent children	Actual expense