DENTAL
RISK
INSURANCE

POLICY WORDING FOR DENTAL INSURANCE

This policy is underwritten by Guardrisk Insurance Company Limited, FSP26/10/75 (hereafter referred to as the “Insurer”).

This is a short-term insurance policy with specific stated benefits for interventions related to dentistry. The Dental Risk Insurance Policy is an insurance policy that offers financial benefits for everyday dental problems at a competitive and affordable premium.

Your claims administrator is Dental Risk Company (Pty) Ltd, a juristic representative of FAIS-IT Solution FSP Number 45810 (hereafter referred to as the “Administrator”).
We have various product intermediaries who are authorized to write business on behalf of Lion Heart Capital Risk Managers (hereafter referred to as the Underwriting Manager).

OPERATIVE CLAUSE

In return for the timeous payment of the required monthly premium and subject to the terms and conditions of this policy, the Insurer will pay specific amounts on the occurrence of specific conditions or events involving dental
The events and benefits (schedule of benefits) are tabled at the end of this policy document.

There are specific and defined rules and limits of cover that apply to each insured condition or event that is fully described in this document.

For a claim to be valid a diagnosis must be made by a registered dental practitioner and such claim may then be submitted to Dental Risk Company (Pty Ltd (or DRC) for payment.

A. POLICY WORDING AND DISCLOSURE

IMPORTANT: Certain Benefits are subject to PRE-AUTHORISATION. Please refer to the 'Schedule of Benefits' at the end of this document.

EVENT	BENEFIT
• A visit to the Dentist when dental treatment is needed.	**Consultation**
• A previously filled tooth where there now exists more filling than tooth. • The existing tooth structure becomes weakened and can no longer support the filling. • Extensive damage by decay. • Fractures. • Root canal - After root canal, teeth tend to become brittle and are more apt to fracture. They therefore need to be protected by a crown. • Bridges - When missing teeth are replaced with a bridge, the adjacent teeth require crowns in order to support the replacement teeth.	**Crown**
• When in the process of placing a crown, intermediate phase.	**Temporary crown**
• Severe toothache while chewing food or severe pain while taking hot or cold liquid where examination shows presence of severe tooth decay. • Darkening of the tooth or in case of an accident. • A long standing dental infection in the bone that erodes through the side of the bone and causes sudden, serious and painful swelling. • In case of severely worn out teeth, where a crown is being advised by the Dentist. Before placing a crown in such a case, that tooth may need Root Canal Treatment.	**Emergency root canal**
• See emergency root canal treatment description. • This benefit is associated with pre-planned procedures.	**Root canal treatment**
• Cavities reaching far under the gingiva or into the root. • Severe loosening due to periodontitis. • Lack of space or orthodontal lack of space. • Longitudinal dental fractures. • Root canal preparation in via falsa (root wall was drilled through accidentally). • Relocated or excess teeth. • Severe tipping of teeth.	**Extractions**

• Tooth decay. • Tooth fracture. • After root canal treatment. • Replacement of leaking restoration.	**Fillings**
• Symptomatic bony impactions.	**Impactions (Wisdom Teeth)**
• Where a permanent tooth (under insurance cover) is permanently decayed or deteriorated and no alternative procedure can save this tooth (cover is supplied to replace such tooth with an implant). • The Insured member cannot join and receive cover for a previously extracted tooth (The Administrator must have the extraction on record as paid, for cover to be granted for an implant). • The extraction of the toot must have been covered and approved or authorised by the Administrator in order to qualify for the replacement of this tooth via an implant. • This benefit description is only applicable to the cost associated with the pin and the insertion thereof. • The crown/cap required to complete the full procedure will be covered from the Crown benefits (if available). •	**Implants**
• X-rays or scans required by the dentist.	**X-rays**
• There is a specific annual limit amount per option on specialized dental benefits	**Overall annual limit**
• All policies benefit period will be from 1 January – 31 December of any specific Year.	**Benefit period**
• As the benefit period is 12 months, a new policy holder joining during any month of the year will be allocated pro rata benefits for the remainder of the year. The waiting periods applicable on the policies will be counted as part of the pro rata benefits period.	**Pro Rata benefits**
• A trauma means an unforeseen and unplanned event or circumstance resulting in the injury of the jaw or teeth. • Immediate medical treatment must be needed due to the accidental injury.	**Trauma**

• This is a full mouth X-ray that will only be covered when joining the Comprehensive or Complete options as an individual, over the age of 18 years. The radiograph will only be paid by DRUM once the scan has been received by DRUM via email claims@dentalrisk.com. • The cover is limited to Medicross or other facilities that has a panoramic radiograph machine. A benefit of R300 per nominated beneficiary is available and it is compulsory to submit this X-ray within 3 months of inception date to DRUM for capturing and releasing of future benefits. • Should claims be submitted prior to the panoramic radiograph received, these claims will not be covered.	**Panoramic Radiograph (PAN Scan)**

B. GENERAL DEFINITIONS

1. **Rehabilitation**: The successful rebuilding of a damaged tooth. To restore to good health or condition, through therapy and education.

2. **Prognosis**: The "prognosis" of a condition is the likely chance of successful treatment. For example, a poor prognosis of restoring a tooth means that the dentist feels that a tooth is affected too badly by decay or fracture and that there is no point in trying to restore the tooth and rather extract it.

   A prediction of the probable course and outcome of a disease and the likelihood of recovery thereof.

3. **Tooth decay**: Also known as "caries" is the bacterial process that results in demineralisation of the tooth structure and subsequent cavitation (creation of a hole). For insurance purposes the tooth is considered decayed once there is either clinical or radiological evidence of cavitation. Marginal leakage which is the visible staining of the margin between an existing filling and the tooth without demonstrated cavitation is not covered in terms of this insurance policy.

   Tooth decay, which is also called dental caries, is the destruction of the outer surface (enamel) of a tooth. Decay results from the action of acid producing bacteria that live in plaque, and sugary substances in the mouth. Tooth decay is a common health problem, second in prevalence only to the common cold. Changing existing fillings for reasons including headaches, fatigue or other conditions not directly related to the tooth structure and for cosmetic reasons is excluded.

4. **Impacted**: Teeth are termed "impacted" where eruption into the oral cavity is impeded by the position of another tooth or the bone of the mandible. Cover is granted only when there is pathology associated with the impacted tooth. Pathology is defined for the purposes of impaction as cysts, tooth resorption, recurrent pericoronitis (an intermittent infection of the gum surrounding a tooth which is in the process of eruption) in the case of partially impacted teeth (infection must have occurred at least twice over a 6 (six) month period), or osteomyelitis (a severe infection of the bone) resulting from the impaction.

   Teeth that have failed to erupt through the gum line. They can be completely embedded in the jawbone and be called a bony impaction, or it can be a soft tissue impaction, when it has symptomatic. Teeth that are in the process of eruption, but are not impacted are excluded.

5. **Dental abscess**: This is defined as a periapical (tip of the root) or other radicular (root) infection that results from a tooth related pathology (decay or fracture). **Tooth abscess:** A collection of infected material (pus) enclosed in the tissue of the jawbone at the root of the infected tooth.

6. **Severely decayed or damaged**: This indicates that at least two thirds of the visible tooth structure has been lost to decay or trauma regardless of the nature of the trauma. The resultant treatment would normally result in the tooth being crowned and once performed is deemed to resolve the situation for a minimum of 5 (five) years for that particular tooth.

7. **Tooth number**: This refers to the International Dental Federation's system commonly adopted in South Africa.

   Each tooth is allocated a tooth number and where referred to in this document tooth numbers refer to a unique tooth and its respective cover.

8. **Pre-authorisation:** All benefits that require a 6 month waiting period require a pre-authorisation. A pre- authorisation is a full quotation by a qualified dental provider, detailing the work / procedure required in addition to the relevant procedure codes and associated costs. This quotation must be sent to Dental Risk Company (DRC) for clinical evaluation and processing prior to the work being done. DRC once having processed this will send back an authorization document detailing what is covered according to the respective benefit plan and to what value, any items not covered or partially payable will be noted as a member liability.

9. **Panoramic Radiograph:** this is a full mouth X-ray that will only be covered when joining the Comprehensive or Complete options as an individual, over the age of 18 years. The radiograph will only be paid by DRUM once the scan has been received by DRUM via email claims@dentalrisk.com. The cover is limited to Medicross or other facilities that has a panoramic radiograph machine. A benefit of R300 per nominated beneficiary is available and it is compulsory to submit this X-ray within 3 months of inception date to DRUM for capturing and releasing of future benefits. Should claims be submitted prior to the panoramic radiograph received these claims will not be covered.

10. **Overall annual limit:** All benefits offered are subject the relevant annual limit. The annual limit is only relevant to specialized services and varies from Option to option. All benefits and limits are reviewed annually.

11. **Benefit period**: The benefit period for all members runs from January of each year to the end of December of the same year. Benefits can then only be accessed to the maximum annual limit for that year or the maximum overall limit for that year.

12. **Pro Rata benefits**: Should a member join during the course of a year their benefit rand values will be determined by the following equation: Rand value benefit divided by 12 months and then multiplied by the number of months remaining from your join date until the end of December of that year.

13. **Mouth guard**: Must be supplied by a registered dental practitioner to obtain cover for a protection device that limits the possibility of concussion and tooth fractures in sport related collisions.

    Recipient must be less than 23 years old at the time of the claim and can only claim every 24 months.

14. **Bite plate:** Must be supplied by a registered dental practitioner to curb the extent of attrition on teeth due to a person grinding their teeth.

15. **Premium Waiver:** The Insurer waives the Policyholder's obligation to pay any further premiums for the determined period as stated per option should he/she become seriously ill or disabled for a defined period. Medical certificate/s and motivation from a medical practitioner is required when applying for this waiver.

C. BENEFIT DEFINITIONS, RULES AND CLAIMS PROCEDURE

1 Limit of Liability

1.1 The Insurer will not pay more than the maximum limit per claim as specified in the Schedule of Benefits and Limits and as per specific Rules.
1.2 The waiting periods are specified in the Schedule of Benefits and Limits.
1.3 The first month is a registration month. The registration month will be part of the specified waiting periods.
1.4 Cosmetic dental procedures are not covered under any circumstances.
1.5 The Administrator holds the right to request any information from any dentist in order to approve any claim. The Administrator will have the final decision on any procedure benefit.
1.6 Pre-existing conditions apply in the following instances only:
- 1.6.1 In cases of **trauma** the date of the trauma or accident must be within the period of Insurance on one of the products available, for the incident to be covered
- 1.6.2 **Orthodontic** re-treatment is not covered. Should the Insured Member have commenced Orthodontic treatment, while not being a member of Dental Risk Insurance the event will not be covered. Should the Insured Member have undergone Orthodontic treatment previously, prior to the inception date and this treatment was not successful, the re-treatment of this will not be covered.
- 1.6.3 **Implants** are only covered for loss of teeth during the period that the Insured Member holds a valid paid-up policy with Dental Risk Insurance. The Administrator must have the extraction on record as paid for cover to be granted for an implant. The replacement of missing teeth in these instances where the tooth was lost/extracted will only be covered by dentures or bridges and not the implant benefit.
- 1.6.4 **Additional exclusions**: Once DRUM has received the panoramic scan, DRUM will identify all missing teeth, existing crowns, existing implants and existing temporary crowns. Existing crowns, existing implants and existing temporary crowns will be ruled as pre-existing conditions and will have an additional waiting period applied to them for a period of 5 (five) years. After the additional period of 5 years is completed, the policy holder may apply to have these procedures redone.

2 Consultations

2.1 A consultation with a Dentist due to the deterioration of teeth and where dental treatment may be needed as treatment.
2.2 The maximum consultations per year and cover per event is defined in the Schedule of Benefits and Limits as per chosen plan option.

3 Fillings

3.1 The fillings benefit includes;
- 3.1.1 Tooth decay
- 3.1.2 Dental abscess
- 3.1.3 Severely decayed or damaged tooth

3.2 The maximum amount per year and per event is defined in the Schedule of Benefits and Limits as per chosen plan option.

4 X-rays

4.1 X-rays are needed by the Dentist to determine the extent of the damage to a specific tooth.
4.2 X-rays include any type of x-ray, scanning of tooth and or photos of tooth to determine the damage to a specific tooth.
4.3 The maximum x-rays and amount of cover per year and per event is defined in the Schedule of Benefits and Limits as per chosen plan option.

5 Extractions

5.1 Extraction is the physical removal of a tooth.
5.2 The maximum extractions and amount per extraction and per year is defined in the Schedule of Benefits and Limits as per chosen plan option.

6 Emergency Root Canal

6.1 The maximum emergency root canal treatments and annual benefits are defined in the Schedule of Benefits and Limits as per chosen plan option and further in the Policy Rules.

7 Root Canal (Pre-authorisation required for benefit to be activated)

7.1 The maximum root canal treatments and annual benefits are defined in the Schedule of Benefits and Limits as per chosen plan option and further in the Policy Rules.

8 Dentures (Pre-authorisation required for benefit to be activated)

8.1 The replacement necessitated by the fact that teeth are missing or extracted.
8.2 Only one set of dentures will be covered in a 5 (five) year period.
8.3 A set of dentures includes both the upper and lower dentures or just the upper or just the lower set of dentures.
8.4 The maximum amount per cycle per dentures is as specified in the Schedule of Benefits and Limits as per chosen plan.

9 Crowns (Pre-authorisation required for benefit to be activated)

9.1 The maximum crowns per year and per crown are defined in the Schedule of Benefits and Limits as per chosen plan option and further in the Policy Rules.
9.2 Dentist must motivate any procedures.
9.3 The placement of a crown on a tooth number deems the particular tooth number's event to be resolved and additional cover on that particular tooth will not be provided for 5 (five) years from the date of placement of the crown.

10 Implants (Pre-authorisation required for benefit to be activated)

10.1 In cases where a permanent tooth (under insurance cover) is permanently decayed or deteriorated and no alternative procedure can save this tooth, cover is supplied to replace such tooth.
10.2 The Insured Member cannot join and receive cover for a previously extracted tooth. (The Administrator must have the extraction on record as paid for cover to be granted for an implant).
10.3 The extraction of the tooth must have been covered and approved or authorised by the Administrator in order to qualify for the replacement of this tooth via an implant.
10.4 No cosmetic implant will be approved. Dentist must motivate reasons for implant and Administrator makes the final decision.
10.5 Once per lifetime per tooth.
10.6 The maximum implants per year and per implant are defined in the Schedule of Benefits and Limits as per chosen plan option and further in the Policy Rules.
10.7 The placement of an implant on a tooth number deems the particular tooth number's event to be resolved and additional cover on that particular tooth will not be provided for 5 (five) years from the date of placement of the implant.
10.8 Additional cover on the implant after the 5 (five) year period will be limited to the replacement of the crown only and paid from crown benefit if available. Should the implant procedure fail for any reason the Insured Member will not be covered for re-treatment but will be able to access denture cover if their option covers dentures to replace the tooth in question.

11 Wisdom Teeth (Pre-authorisation required for benefit to be activated)

11.1 The maximum extractions of wisdom teeth per year are defined in the Schedule of Benefits and Limits as per chosen plan option.
11.2 Wisdom teeth may be extracted within the chair in the Dentist's practice or in the hospital. The Dentist needs to motivate the reasons for the extraction within a hospital.
11.3 We will not pay for wisdom teeth extracted in the chair of the Dentist's practice and for the extraction in hospital in the same year.
11.4 Once per lifetime per third molar.
11.5 The maximum benefits as per Schedule of Benefits and Limits as per chosen plan option.

12 Orthodontist (Pre-authorisation required for benefit to be activated)

12.1 Where the Insured Member's teeth or jaw are misaligned to such a degree that it is classified as severe and where a functional and good prognosis can be obtained for restoration of the condition.
12.2 Treatment by an Orthodontist must be motivated by the Dentist.
12.3 The maximum benefits as per Schedule of Benefits and Limits as per chosen plan option.
12.4 Once per lifetime.

13 Trauma

13.1 The maximum amount that we will pay for trauma, as defined in the Schedule of Benefits and Limits as per chosen plan.
13.2 There is a 1 (one) month waiting period applicable
13.3 An accident report from the South African Police Services or any hospital emergency ward, clearly showing that the incident was a trauma will need to be submitted to the Claims Administrator.
13.4 Trauma cases will only be covered if the accident report confirms that the date of the trauma was after the inception date of the Insured Member's policy.

D. DEPENDANT DEFINITIONS / AGE LIMITS

(a) 'Child/Children' are defined as children under common law (biological, adopted, fostered, stepchild or under legal guardianship) under the age of 21 (twenty-one). Once the child turns 21 they will be considered an 'Adult' under the policy and the premium will be amended accordingly.
(b) 'Spouse' is defined as a spouse in accordance to common law as entered into the legal marriage, or any partner by nature of cohabitation. This is an irrevocable nomination and can only be changed upon legal marriage or divorce. Spouses must be under the age of 65 (sixty-five) at the time of application. Only 1 (one) spouse is covered under this policy.
(c) 'Principal Member' is the main member of the policy. The main member must be 18 (eighteen) or over at the time of the application but under the age of 65 (sixty-five).

E. PRE-AUTHORISATION PROCESS

When a procedure is required that is indicated as requiring pre-authorisation the policy holder in conjunction with the treating practitioner needs to submit a quotation / treatment plan detailing the work required, with relevant procedures codes and claims cost per code to Dental Risk Company (DRC) on auth@dentalrisk.com.

On receipt of the relevant and valid quotation / treatment plan DRC will assess this clinically and where necessary request further motivation or radiographs (x-rays) from the practitioner in order to load the pre-authorisation onto the claims management system.

Once the pre-authorisation is loaded a pre-authorisation number will be allocated to it. This Authorisation letter will be returned to the policy holder and the practitioner so that the policy holder is aware of what is covered and to which rand values this will be covered. Additionally any none payments will be indicated along with reasons/descriptions of why it is not payable or partially payable.

NOTE: Your membership number or ID number and ICD10 codes of treatments must be on the documentation received from the treating practitioner!

F. CLAIMS DOCUMENTATION

(a) A diagnostic report is defined as follows: A report that indicates the existence of the condition and which has been written by a registered dental practitioner. Such report may contain an x-ray analysis or the x-ray itself or an intra-oral photograph, which clearly shows the condition.
(b) The minimum diagnostic report should contain the diagnostic description code (ICD-10) and, for benefits which involve a tooth, the relevant FDI tooth number.
(c) A treatment invoice is defined as follows: A treatment invoice indicates that a procedure has been done in order to treat an existing condition. Such invoices usually contain procedure descriptions or diagnostic descriptions.
(d) If the treatment that has been rendered is a treatment that is appropriate for both insured and non-insured conditions, then diagnostic evidence of the original condition is always required to support the claim.
(e) The Insurer and the Administrator reserve the right to further investigation any claim and to request any additional information in regards to any claim. In the event that the claim is found to be unlawful, the Insured Member will be liable for the immediate re-payment of any money that may have been paid out on that specific claim.

G. CLAIMS PROCESS

(a) Notwithstanding the claim processes stipulated in this Policy document, the Administrator reserves the right to make use of other communication and electronic tools as will be advised from time to time.
(b) A claim may only be submitted AFTER a diagnosis by a registered dental health care provider has been completed. The Principal Member should notify the claims Administrator within 1 (one) month. All benefits in respect of valid claims will be paid to the Principal Member provided that the Principal Member is in good standing.
(c) The claimant must submit a valid diagnostic report or treatment invoice from a registered dental practitioner including proof of payment.
(d) A medical certificate indicating the nature of the external blow is required where claiming for accidental trauma benefits.
(e) The claims Administrator may request clinical documentation and/or evidence to support the claim.
(f) A claim may be made telephonically by calling **0861 372 343 or (012) 741 5101.** The claims Administrator will enter into consultation with the claimant to assist with the necessary forms, processes and the required documentation. Please have your policy number and dental invoice available for the operator. The claim/invoice and proof of payment will still need to be emailed or faxed to effect payment.
(g) The dental invoice may be **emailed to claims@dentalrisk.com or faxed to 086 687 1285.** Alternatively, it can be submitted directly by mail to Dental Risk Company (Pty) Ltd, Postnet Suite 341, Private Bag X2, Raslouw, 0109.
(h) NOTE: a Payment Cession Form can be completed by the member and the Provider which gives permission for the claim to be paid directly to the Provider. Please email customercare@thethani.co.za or visit www.dentalrisk.co.za to obtain the form.

H. PREMIUM PAYMENT

The premium is payable monthly and is subject to review. The premium will be debited monthly from the Principal Member / Payer's bank account. The premium is due monthly in advance at a date agreed by you. The Commencement Date of the policy will be the first of the month after which your application was received. If the premium is not received by the Product Intermediary by the due date, a double payment/deduction is due by the agreed date plus a R10.00 (ten rand) penalty fee. If this is not received by the Product Intermediary, this insurance shall be deemed to have been cancelled at midnight on the last day of the last month for which a premium has been received. The Product Intermediary shall not be obliged to accept any premium tendered to it after the cancellation date and there will be no refund of premiums already paid.

I. WAITING PERIODS

The waiting periods (as specified in the Schedule of Benefits and Limits) will apply:

(a) As per the policy Commencement Date, which is reflected on the policy certificate
(b) Should a dependant be added to an existing policy after the principal members' inception date, the normal waiting periods will apply for the new dependant.

J. POLICY TERMINATION

Cover under this Policy shall cease on the day that;

(a) the premiums that are due are unpaid for 2 (two) consecutive months (and as provided for in the above Premium Payment clause) and member is notified via email / sms to the policy contact details provided;
(b) the Insurer provides 30 (thirty) days written notice of cancellation to the Principal Member at the latter's last known address;
(c) the Principal Member provides 30 (thirty) days written notice for cancellation to the Product Intermediary.

K. REPUDIATION OF CLAIMS

Where the Insured Member/claimant disputes the Insurer's rejection of the claim, the Insured Member/claimant has 180 (one hundred and eighty) days from the date of the rejection letter to make representations to the Insurer in respect of this decision. If the dispute is not resolved at the end of this period then the Insured Member/claimant must within a further 180 (one hundred and eighty) days institute legal action by way of the service of summons against the Insurer, failing which the Insured Member/claimant will forfeit his/her claim and no liability can arise in terms of such claim.

L. MISREPRESENTATION

This Policy shall become voidable in the event of misrepresentation, mis-description or non-disclosure by or on behalf of the Insured Member, of any material information particular to the Insurer. Any premiums paid or payable shall be forfeited and therefore not refundable

M. NO SURRENDERS OR CESSIONS

This Policy may not be surrendered, assigned or transferred.

N. CONDITION PRECEDENT

Strict compliance by the Principal Member and by the Product Intermediary with all the provisions, conditions and terms of this Policy shall be a condition precedent to liability on the part of the Insurer hereunder.

O. POLICY OPTION CHANGES

The Principal Member may change to a lower plan option only on the 1st of January of each year. The Principal Member may change to a higher plan option at any time but the normal waiting period shall apply from the date of the upgrade, for any increased benefit or amount.

P. POLICY AMENDMENTS

The Insurer may amend the terms and conditions of this Policy upon giving the Product Intermediary written notice of such intention at least 1 (one) month before any premium rate adjustment, and 2 (two) months before any other Policy amendment. The Product Intermediary must inform the Principal Member of any material amendment of the terms and conditions.

Q. VALUE ADDED TAX

It is hereby agreed that all sums insured, amounts and limits reflected in this Policy are inclusive of VAT.

R. FRAUD

If any claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Member or anyone acting on their behalf to obtain any benefits under this Policy, all benefit under this Policy in respect of such claims shall be forfeited

S. JURISDICTION

Only the courts of the Republic of South Africa shall have jurisdiction to entertain any claims arising out of or in respect of this Policy and the law of the Republic of South Africa shall apply to this Policy. The parties hereby consent to the jurisdiction of the High Court in respect of all claims and causes of action between them, whether now or in the future, arising out of or in respect of this Policy.

T. PAYMENTS

All payments are to be made in the currency of the Republic of South Africa and payment is to be made to DRUM's colleting agency, currently the Insure Group/Epic, on the specified date using the following details:
Account Name: IOM Epic DRUM
Bank: FNB
Acc no: 6233 0641 425
Branch: 255005
REF: Your DRUM Policy Number

U. COMMISSION OR OTHER REMUNERATION

Remuneration included in the monthly premium:

The Dental plan includes, non-insurance services, collection costs, risk premium and commission. A maximum of 20% commission is payable to the Broker. All amounts are inclusive of VAT.

V. ADDITIONAL DISCLOSURE DETAILS

1 Contact and other details of the Administrator:

1.1 Dental Risk Company (Pty) Ltd, a Juristic Rep of FAIS-IT FSP Number 45810, a company incorporated in terms of South African company legislation. DRC is mandated and authorised to administer the product.
1.2 Physical Address: Marula House, 266 Rose Avenue, Centurion,0046
1.3 Postnet Suite 341, Private Bag X2, Raslouw, 0109
1.4 Telephone Number: 086 137 2343 or 021 741 5101
1.5 Fax Number: 086 6871 285
1.6 E-mail: claims@dentalrisk.com

2 Contact and other details of the Underwriter:

2.1 Guardrisk is an Authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act (FSP number 75)
2.2 Physical Address: 2nd Floor, 102 Rivonia Road Sandton, 2196
2.3 Postal Address: P.O. Box 786015, Sandton, 2146
2.4 Telephone Number: 011 669 1000
2.5 Fax Number: 011 669 1931

PI and FG Cover-Guardrisk has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.
Compliance Officer: The Compliance Officer: Tel: +27-11-669-1039, Fax: +27-11-669-2792,
E-mail: compliance@guardrisk.co.za
Complaints: You can access our Complaints Resolution Policy at: www.guardrisk.co.za
Or e-mail: complaints@guardrisk.co.za
Conflict of Interest: You can access our Conflict of Interest Management Policy at : www.guardrisk.co.za

3 Contact and other details of the Underwriting Manager:

3.1 Lionheart Risk Management (Pty) Ltd is an Authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Service Act (FSP number 22447)
3.2 Physical address: 16 Culross Road, Bryanston
3.3 Telephone Number: 011 706 3322

4 Other matters of importance:

4.1 You, the Insured Member, must be informed of any material changes in the detail provided above about the Product Intermediary, Administrator and Insurer;
4.2 If the information about the Product Intermediary, Administrator and Insurer was given orally, it must be confirmed in writing within 30 (thirty) days;
4.3 If any complaint to the Product Intermediary and/or Administrator and/or Insurer is not resolved to your satisfaction, you may submit the complaint to the Registrar of Short Term Insurance;
4.4 A polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim;
4.5 If the premium is paid by debit order:
4.5.1 it may only be in favour of one person and may not be transferred without your approval; and
4.5.2 the Insurer must inform you at least 30 (thirty) days before the cancellation thereof, in writing of its intention to cancel such debit order;
4.6 The Insurer and not the Administrator must give reasons for repudiating your claim;
4.7 The Insurer may not cancel your insurance merely by informing the Product Intermediary. There is an obligation to make sure the cancellation notice has been sent to you;
4.8 You are entitled to a copy of this Policy document free of charge; and
4.9 You have read and understood the contents of this Policy.

5 Warnings to Insured Member:

5.1 Do not sign any blank or partially completed forms;
5.2 Complete all forms in ink;
5.3 Keep all documents handed to you;
5.4 Make a note as to what is said to you;
5.5 Do not be pressurised to buy the product; and
5.6 Incorrect or non-disclosure by you of relevant facts may influence the Insurer / Administrator regarding any claims made.

W. COMPLAINTS PROCEDURE

If any insurance complaint to the Product Intermediary, Administrator or Insurer is not resolved to your satisfaction, you may submit the complaint to the following regulators after the claims process and procedure have been followed:

The Short Term Insurance Ombudsman – in the event of claims problems not satisfactorily resolved:
Postal Address: P.O. Box 32334, Braamfontein, 2017
Telephone Number: 011 726 8900
Share Call Number: 0860 726 890
Fax Number: 011 726 5501
E-mail: info@osti.co.za
Website: www.osti.co.za

The FAIS Ombudsman – in respect of complaints about the Product Intermediary, Administrator or Insurer:
P.O. Box 74571, Lynnwood Ridge, 0040
Telephone Number: 012 470 9080
Share Call Number: 0860 324 766 / 0860 FAISOM
Fax Number: 012 348 3447
E-mail: info@faisombud.co.za
Website: www.faisombud.co.za

The Registrar of Short Term Insurance (Financial Services Board) if any complaint to the Product Intermediary, Administrator or Insurer is not resolved to your satisfaction:
Postal Address: P.O. Box 35655, Menlo Park, 0102
Tel: 012 428 8000
Fax: 012 347 0221
E-mail: info@fsb.co.za
Website**:** www.fsb.co.za

Important Notes (Claims)
Claim line: 0861 372 343 or (012) 741 5101 (have your policy/ID number ready)
Membership line: 0861 843 842 (have your policy/ID number ready)
Fax number: 086 687 1285
Postal address: Postnet Suite 341, Private Bag X2, Raslouw, 0109
Website: www.dentalrisk.com
E-mail: dri@drcclaims.co.za

How to claim
You must supply one of the following via email or post:
a) A treatment invoice if you have already been treated by a dentist + proof of payment, or
b) A treatment invoice if you have already been treated by a dentist + Payment Cession Form, or
c) An accident report detailing what has happened and how + proof of payment
NB: Always ensure your policy/ID number is quoted.

X. ADDITIONAL BENEFIT – CONCIERGE SERVICE

1 Concierge Service

The Concierge Service is a service contract between the Principal Member and DRUM and the service fee is included in the total premium. The Concierge Service is managed by DRUM.

DRUM and certain services may be outsourced. This is a completely separate service agreement and Guardrisk are therefore not responsible for this service.

The Insured Member will only need to contact the service call centre on 0861 843 842. Or SMS the word DENTIST to 45288.

1.1 The call centre will establish which Dentist is the nearest and most convenient to the Insured Member.

1.2 The call centre will make the booking at the Dentist and/or Orthodontist on behalf of the Insured Member.

1.3 The call centre will inform and confirm the booking to the Insured Member.

1.4 This service manages the whole authorisation process for the Insured Member.

1.5 The call centre will assist the Insured Member with any claim procedure.

2 Consumer Protection Act

The Concierge Service included falls under the protection of the CPA (Consumer Protection Act).

2.1 In the event of any dispute and where such possible dispute cannot be resolved, the Insured Member has the right to turn to the Consumer Ombudsman to resolve the situation.

2.2 Consumer Ombudsman contact details:

National Consumer Commission
Share Call: 0860 266786
Fax Number: 0861 515259
E-mail: ncc@thedti.gov.za
Website: www.nccsa.org.za

2.3 The Company has a compliance procedure in place.

BENEFIT DESCRIPTION	WAITING PERIODS	PRIME USAGE PER ANNUM	PRIME LIMIT	BRONZE USAGE PER ANNUM	BRONZE LIMIT	SILVER USAGE PER ANNUM	SILVER LIMIT	GOLD USAGE PER ANNUM	GOLD LIMIT
Basic Dentistry									
Consultations (including Infection Control, Local Anaesthetic & Sterilisation)	3 Months	2 Visits @ R295 each	R590	3 Visits @ R295 each	R590	4 Visits @ R295 each	R1 180	5 Visits @ R295 each	R1 475
Fillings	3 Months	2 Events @ R300 each	R600	3 Events @ R300 each	R900	4 Events @ R400 each	R1 600	4 Events @ R400 each	R1 600
X-rays	3 Months	2 X-rays @ R75 each	R150	3 X-rays @ R75 each	R225	5 X-rays @ R85 each	R425	6 X-rays @ R90 each	R540
Extractions	3 Months	2 Events @ R180 each	R360	2 Events @ R180 each	R360	3 Events @ R200 each	R600	4 Events @ R215 each	R860
Emergency Root Canal	3 Months	2 Events @ R190 each	R380	3 Events @ R200 each	R600	3 Events @ R270 each	R810	3 Events @ R290 each	R870
Bite Plate	3 Months	Not covered on this option		1 Per annum	R600	1 Per annum	R800	1 Per annum	R1 000
Mouth Guard	3 Months			1 Per 24 month cycle	R400	1 Per 24 month cycle	R400	1 Per 24 month cycle	R600
Pan Scan (for over 18yrs)	none			1 Per policyholder	R300	1 Per policyholder	R300	1 Per policyholder	R300
Specialised Dentistry (pre-authorisation required before any treatment commences)									
Overall Annual Limit	6 Months	**R1 160**		**R3 000**		**R20 000**		**R30 000**	
Orthodontist	6 Months	Not covered on this option				1 Treatment plan Per life	R17 000	1 Treatment plan Per life	R25 000
Wisdom Teeth in Chair	6 Months	2 Teeth @ R580 each	R1 160	Not covered on this option		4 Teeth @ R1 000 each	R 4 000	4 Teeth @ R1 250 each	R 5 000
Wisdom Teeth in Hospital	6 Months	Not covered on this option				2 Teeth @ R3 500 each	R 7 000	4 Teeth @ R3 500 each	R14 000
Root Canal	6 Months					2 @ R1 300 each	R 2 600	3 @ R1 500 each	R 4 500
Dentures	6 Months	Not covered on this option		1 full set every 5 years	R 3 000	1 Full set every 5 years	R 3 000	1 Full set every 5 years	R 3 500
Temporary Crowns	6 Months	2 @ R 450 each	R 900	Not covered on this option		2 @ R450 each	R 900	3 @ R450 each	R 1 350
Crowns and Bridge work	6 Months	Not covered on this option		1 treatment	R 3 000	2 @ R4 000 each	R 8 000	3 @ R4 000 each	R12 000
Implants (pin and placement)	6 Months	Not covered on this option				2 @ R7 000 each	R14 000	3 @ R7000 each	R21 000
Value Added Benefits									
Trauma	1 Month	1 Per Year @ R16 000		1 Per Year @ R25 000		1 Per Year @ R25 000		1 Per Year @ R25 000	
Premium Waiver	1 Month	Not covered on this option		3 Months premium		3 Months premium		6 Months premium	

PRE-AUTHORISATION: all Specialised dental benefits listed must be pre-authorised before the treatment commences! We require a comprehensive quotation + an x-ray to support the treatment. In the event of Trauma, pre-authorisation must be obtained within 48 working hours of the event occurring. A policy report / emergency room report is required. Further evidence may be requested at the discretion of the Administrator. **Email to auth@dentalrisk.com**