

AFRICA DIRECT

CANCER PROTECTOR

AFRICA
DIRECT

Policy benefits, underwritten by
Guardrisk Insurance Company Ltd (FSP:75)

GUARDRISK 
TAILORED RISK SOLUTIONS

A subsidiary of MMI Holdings

Better Cover. Better Value.

A registered Financial Service Provider (FSP 45834).

MEMBER BENEFITS

Maximum entry age of 70 years



REPATRIATION COVER

Up to R50 000 Repatriation Cover. This pays for the transportation costs of the deceased or critically injured.



EMERGENCY TRANSPORTATION, SEARCH & RESCUE

Pays you up to **R25 000**.
30 day waiting period.



ACCIDENTAL DEATH COVER

R50 000 Accidental Death Cover. No waiting periods.



PERMANENT DISABILITY COVER

R50 000 Accidental Permanent Disability Cover. No waiting periods.



TEMPORARY TOTAL DISABILITY COVER CANCER BENEFIT

Contribution not exceeding **R5 000** per month payable for a maximum of 32 weeks



MOBILITY COVER

Up to **R75 000** Mobility Cover for Permanent Disability. Covers the costs for an electric wheelchair or prosthetic limbs.



ER24

Emergency access to Life saving support, Stabilization and appropriate transportation to medical facility.

Available 24/7.

Hotline: **084 124**



TRAUMA COUNSELLING

R750 per session (Up to **R25 000** p.a.) covering acts of violence.



FREE DEBT ASSISTANCE AND CREDIT CHECK.

This service can help you reduce your payments by as much as 50%. (Example: R3000 pm in debt payments can be reduced to R1000 pm - saving the member R2000 in repayments.) Email: hello@edubond.co.za

Member Service:

HOW TO APPLY

Complete your details below, email it to sales@africadirectlife.co.za or alternatively fax it to 086 612 2712.

STOP ORDER AUTHORISATION

I, the undersigned:

(a) Full Name _____

(b) Institution Name _____

(c) Salary / Peral No _____

(d) Identity No _____

(e) Mobile No _____

(f) Alternative No _____

(g) Email _____

(h) Physical / Postal Address _____

hereby authorize the Accountant of the Department to deduct monthly with effect from _____ 2018 the premium of: R. _____ from my salary and to remit it to Guardrisk Insurance Company Limited, code 3396, of which I am a member until such time as I cancel this authorization in writing, or until I substitute it with a new authorization. Should the relevant premium rate be adjusted by the Institution as a result of a general decrease/increase in subscription or should I request the Institution to decrease/increase the subscription for certain reasons, I confirm that the adjusted premium may be deducted from my salary, until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

Signed at _____

on this _____ day of _____ 2018.

Signature of payer _____

MAIN MEMBER INFORMATION

Full name _____

Occupation _____

Your income R0 - R5000 R5000+

ID no _____

Mobile no _____

Email _____

Physical/postal address _____

DECLARATION OF POLICY HOLDER

I, _____ hereby authorize the Accountant of the Department to deduct monthly with effect from _____ 2018, the premium of R _____ from my salary and to remit it to Guardrisk Insurance Company Limited, of which I am a member until I substitute it with a new authorization. Should the relevant premium rate be adjusted by the Institution as a result of a general decrease/increase in subscription or should I request the Institution to decrease/increase the subscription for certain reasons, I confirm that the adjusted premium may be deducted from my salary, until such time as I cancel this authorization in writing or until I substitute it with a new authorisation.

Signed at _____ on this _____ day of _____ 2018.

Signature of payer

Date

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For terms and conditions, refer to your policy document.

CONTACT US

Sales & Claims - 0861 91 91 91

sales@africadirectlife.co.za

claims@africadirectlife.co.za

Fax - 086 612 2712

Enquiries - customer@care.africadirectlife.co.za

Website - www.africadirectlife.co.za