



**AFFINITY**  
**DENTAL**

**Policy Document**  
**2021**

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## 1. Introduction

- 1.1 This Affinity Dental Policy is managed and administered by National Risk Managers (Pty) Ltd (Registration Number 2016/109644/07), a registered Financial Service Provider (FSP Number 47132) (NRM). NRM is the Underwriting Manager and Binder Holder.
- 1.2 Lion of Africa Life Assurance Company Limited (Registration Number 1942/015587/06), a registered Life Assure and an authorised Financial Services Provider (FSP 15283), is the Assurer (Lion of Africa).
- 1.3 This is a long-term insurance policy regulated by the Financial Sector Conduct Authority and the Council for Medical Schemes. This is however not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for a Medical Scheme Membership.
- 1.4 Subject to Demarcation Regulations, the Assurer does not refuse membership on the basis of any means of discrimination.
- 1.5 This Policy Document should be read in conjunction with your Policy Schedule, as not all cover referred to in the policy wording may be applicable to the Option that you have selected.

## 2. Welcome to Affinity Dental

- 2.1 The customers, and all other stakeholders benefit if customers are treated fairly in all aspects of the business. This is why NRM has allocated the administration and servicing of your Policy to the Affinity Dental Team (Affinity) to assist in all your queries.
- 2.2 Affinity commits to:
  - 2.2.1 provide customers with clear information about the products and services that is offered, including fees and charges;
  - 2.2.2 be there to provide customers with information and further clarification on anything that they do not understand in relation to products and services;
  - 2.2.3 give customers access to a formal complaint procedure should they become unhappy with the service provided;
  - 2.2.4 act fairly, reasonably and responsibly in all dealings with customers;
  - 2.2.5 act honestly and try to make sure that brokers, and all other suppliers of goods and services that Affinity does business with do the same;
  - 2.2.6 treat all the policyholders personal information as private and confidential, and run secure and reliable systems; and
  - 2.2.7 train staff to make sure that the procedures they follow reflect the commitments set out in Affinity's code of conduct.

- 2.3 This Policy includes important information about the Policy purchased. The Owner must please take time to read through this document and keep it in a safe place. Affinity's dedicated team of client services staff are on hand to assist with any questions about the Policy.
- 2.4 Policyholders who are in any way unhappy with the services rendered, should refer to the Disclosure Notice that was included in the Welcome Pack for Guidance on their rights and how best to proceed.
- 2.5 Affinity is dedicated to meet the needs of clients whilst improving business and keeping the community at the heart of all we do. We strive to have a long and mutually beneficial relationship for many years.  
- The Affinity Dental Team

## 3. About your Policy

- 3.1 The Affinity Dental product provides you with advanced, professional and affordable dental care through our extensive network of dentists. This Benefit has been chosen by the Policyholder/Owner and is identified as the Defined Cover. Details of the Affinity Dental Plan Benefits will appear on the Policy Schedule.
- 3.2 **This contract consists of three parts:**
  - 3.2.1 the application form completed and signed by the Owner and/or by the Representative on the Assured Person(s)' behalf (if the Assured Person(s) and the Owner are not the same person) through a recorded telephonic conversation;
  - 3.2.2 the Policy Schedule issued to the Owner electronically; and
  - 3.2.3 this document, which contains all the terms and conditions of this life assurance contract.
- 3.3 The Disclosure Notice, which provides a summary of all the important details of this contract as well as details of where and how to lodge a complaint, is included in your Welcome Pack. It does not form part of the contract, but contains important information for the attention of the Assured Person(s).
- 3.4 **The Assurer Agrees to:**
  - 3.4.1 Maintain the Policy in force for as long as the Owner and/or Assured Person(s) meets all the Policy terms and conditions.
  - 3.4.2 Manage the Policy in accordance with the instructions provided by the Owner on the application form or in any subsequent written instructions provided by the Owner in the format required.
  - 3.4.3 Pay the Policy Benefits to the applicable service provider upon a Defined Event, provided that all special conditions have been adhered to.

3.4.4 Notify the Owner of any exclusions applicable to the Policy.

### 3.5 The Assured Person(s) and Owner agrees to:

- 3.5.1 Timeously provide Affinity with all information requested. Failure to do so may delay or prevent payment of any Policy Benefit.
- 3.5.2 Pay each and every premium due on the Policy as agreed and on time. Failure to do so may result in the Policy lapsing. Affinity will notify the Assured Person(s) of any impending lapse. The Policy will lapse when the premium remains unpaid for a period of more than 45 (forty- five) calendar days.
- 3.5.3 Notify Affinity of any change in postal address, residential address or contact details, or other applicable information. Please note that Affinity will always communicate with the Owner using their last known details.
- 3.5.4 Us obtaining personal information relating to the Assured Person(s)' historical and future medical information.

## 4. Definitions

4.1 In this Policy, unless the circumstances indicate a different intention, the following words and expressions bear the meanings given to them and similar expressions bear corresponding meanings –

- 4.1.1 **“Accident”** means an unforeseen, unfortunate, sudden, unusual, specific incident or event which could not reasonably have been expected to occur and was not planned or happened unintentionally at an identifiable time and place resulting in Bodily Injury due to violent, external and visible means during the period of the Policy, such as a motor vehicle accident.
- 4.1.2 **“Active Cover”** means the cover and Benefits provided in terms of this Policy in force and available to you, subject to the terms and conditions contained in the Policy Wording.
- 4.1.3 **“Adult Dependant”** means a person other than a Spouse of the Policyholder who is wholly or partly dependent on the Policyholder for financial support including:
  - 4.1.3.1 a child of the Policyholder over the age of 21 (twenty-one) years;
  - 4.1.3.2 an immediate family member (sibling or parent) over the age of 21 (twenty-one) years; or
  - 4.1.3.3 the second and any additional Spouse of a Member under a customary union or under a union recognised as marriage under the tenets of any religion.

4.1.4 **“Affinity/We/Us/Our”** means Affinity Dental, the dental care services Benefits underwritten by Lion of Africa Life Assurance Company Limited (FSP Number 15283), and managed and administered by National Risk Managers (Pty) Ltd, a registered Financial Services Provider (FSP Number 47132) under contract from the Assurer.

4.1.5 **“Application Date”** means the date on which the application for this assurance policy is completed in its entirety and submitted to the Assurer for assessment.

4.1.6 **“Assured Person(s)”** means the natural person and Policyholder as named on the Policy Schedule and their named Spouse and/or Dependant/s who have applied and been accepted by the Assurer and whose Premium is paid and up to date and has in-force life assurance cover in terms of this Policy.

4.1.7 **“The Assurer”** means Lion of Africa Life Assurance Company Limited, the registered Assurer with FSP Number 15283, as may be amended from time to time.

4.1.8 **“Benefit”** means the Benefit amount as set out in the Policy Schedule, provided by the Assurer in terms of this Policy.

4.1.9 **“Benefit Start Date”** means the date on which the Assured Person(s) becomes entitled to Benefits. This date occurs after the completion of initial General or specific Waiting Periods.

4.1.10 **“Child Dependant”** means the named child of a Policyholder under the age of 21 (twenty-one) years, including:

4.1.10.1 a natural child;

4.1.10.2 a stepchild;

4.1.10.3 a legally adopted child, including a child adopted in terms of a customary adoption under a tradition practiced by the people of South Africa provided that the child's natural parents are both deceased;

4.1.10.4 an adoption under the tenets of any religion practiced by the people of South Africa provided that the child's natural parents are both deceased; or

4.1.10.5 a child of a Child Dependant and/or Adult Dependant.

4.1.11 **“Commencement/Commencement Date”** means the date on which the Policy comes into force and effect for the first time as specified in the Policy Schedule. Prior to Commencement, the Policy and contractual relationship between Affinity / The Assurer and the Policyholder does not exist.

4.1.12 **“Consecutive Payments”** means monthly premiums received, when due, in succession and without interruption or default.

- 4.1.13 **“Co-payment”** means an amount that the Member needs to pay towards healthcare service. The amount can vary by the type of diagnostic procedure, not making use of a network service provider, or services that are not part of the various Formularies, or if the amount the service provider charges, is more than what Affinity Health will cover. If the Co-payment amount is higher than the amount charged for the healthcare service, Members will have to pay for the cost of the healthcare service.
- 4.1.14 **“Defined Event”** means the event which gives rise to the Assured Person having to seek medical treatment and which will be payable by the Assurer as set out in this document.
- 4.1.15 **“Designated Service Provider (DSP)”** is similar to a Network Provider. These service providers are contracted or have an ongoing business relationship with Affinity Dental. They offer preferential rates and are required to be used for most benefits and is Affinity's first choice when its Members need diagnosis, treatment or care. For certain benefits, State Hospitals are Designated Service Providers. Visit [www.affinitydental.co.za](http://www.affinitydental.co.za) to view the full list of DSPs.
- 4.1.16 **“Family”** includes the Main Member's Spouse, Child Dependants and Adult Dependants added to the Policy.
- 4.1.17 **“Formulary”** means the complete list of procedures, prices, medication and Service Providers, as approved and amended from time to time by Affinity Health, which together constitutes the maximum limit of Benefits which Affinity will be bound to pay in terms of this Policy.
- 4.1.18 **“Fraudulent Act”** includes the main Member, or any Member on the Policy, or any person acting on the Member's behalf or associated with the Member providing Affinity or the Assurer at any time with inaccurate, incomplete, dishonest, false, fabricated or exaggerated information.
- 4.1.19 **“Grace Period”** means the 15 (fifteen) day period of grace allowed for payment of missed Premiums, prior to Policy suspension/termination.
- 4.1.20 **“In-Force Cover”** means the cover and Benefits provided in terms of this Policy in-force and available to you, subject to the terms and conditions contained in the Policy Wording.
- 4.1.21 **“Lapse/Lapsed Cover”** means that the cover and Benefits provided in terms of this Policy have been suspended due to non-payment of Premiums due and are no longer available.
- 4.1.22 **“Network Dentist”** means a Dentist that is part of Affinity Dental's appointed dentist network herein referred to as a Service Provider.
- 4.1.23 **“Option”** means a plan registered under Affinity Health, which offers a specific structure of Benefits.
- 4.1.24 **“Out-of-Network Providers”** means providers not on the Affinity Health Network or have no business relationship with Affinity Health. Costs incurred for most out-of-network providers are not reimbursed unless specifically Pre-Authorised per event.
- 4.1.25 **“Owner/Member/Policyholder/You/Your”** means the Policyholder as named on the Policy Schedule and their named Spouse and/or Dependant/s who have applied and have been accepted by the Assurer and whose Premium is paid and up to date.
- 4.1.26 **“Policy”** means the Assurance Agreement concluded between the Assurer and the Policyholder in respect of the Benefits underwritten by the Assurer and set out in the Policy Schedule.
- 4.1.27 **“Policy Schedule”** means the confirmation of Benefits and Assurance Amounts payable for a Defined Event, issued to the Policyholder in terms of section 48 of the Long-Term Insurance Act, which should be read in conjunction with this document.
- 4.1.28 **“Pre-authorisation”** means the act of contacting and obtaining authorisation from Affinity Health before utilising certain Benefits.
- 4.1.29 **“Pre-Existing Condition”** means any personal Illness, injury or health condition for which the Assured Person(s) received or sought medical and/or dental advice, diagnosis, care or treatment in the 12 (twelve) month period ending on the Commencement Date.
- 4.1.30 **“Premium/Contribution”** means the Premium payable to the Assurer on a monthly basis in terms of this Policy to secure the Benefits.
- 4.1.31 **“Premium Payer”** means the person responsible for the payment of Policy Premiums.
- 4.1.32 **“Professional Sport”** means a sporting activity in which the Assured Person(s) engages and from which such Assured Person(s) derives the majority of their annual income.
- 4.1.33 **“Service Provider”** means registered healthcare providers and institutions that are part of Affinity's appointed Network for the provision of relevant healthcare services.
- 4.1.34 **“Shortfall”** means the difference between the Benefit amount available that will be paid by Affinity and the amount that is charged by the Service Provider. The Member is responsible for the payment of the Shortfall.
- 4.1.35 **“Spouse”** means the named Spouse of a Policyholder, including any life partner.

4.1.36 **“Waiting Period”** means the number of months from the Commencement Date before the Members can access Benefits. No claims will be payable during this period.

4.1.37 **“Year”** means a calendar year.

4.2 Any reference to the singular includes the plural and vice versa.

4.3 Any reference to a gender includes other genders.

4.4 The clause headings in this Policy Document have been inserted for convenience only and shall not be taken into account in its interpretation.

4.5 If any provision in a definition is a substantive provision conferring rights or imposing obligations on any party, effect shall be given to it as if it were a substantive clause in the body of the Policy, notwithstanding that it is only contained in the interpretation clause.

4.6 This Policy shall be governed by, construed and interpreted in accordance with the laws of the Republic of South Africa.

## 5. Premium Payments and Fees

5.1 All Premiums are payable monthly in advance by, or on behalf of, the Owner, on the day of the month selected by the Policyholder, from the list of dates provided.

5.2 If the Premium is not paid on the payment date selected, a 15 (fifteen) day Grace Period will be applicable. The Policy will be suspended during the Grace Period and no claims will be payable.

5.3 The Grace Period will commence from the second month following the Commencement Date provided that collection of the first Premium was successful.

5.4 The Assurer reserves the right to collect any failed or rejected Premium, which may include a double debit, from the nominated bank account.

5.5 Non-payment of Premiums for 2 (two) consecutive months will result in automatic termination of this Policy and no further Benefits will be payable.

5.6 Premiums are subject to an annual increase in January of each year. The Owner shall be notified at least 31 (thirty-one) days before the increase takes place.

## 6. Waiting Periods

6.1 Benefits are subject to a 3 (three) month Waiting Period from Commencement Date unless stated otherwise.

6.2 Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from Commencement Date.

6.3 Please read through the Benefits carefully, as specific Waiting Periods are specified under each Benefit.

## 7. Benefits

7.1 All Policy Benefits are payable up to the maximum cover limit as per Affinity Dental's Formulary, subject to the utilisation of a Affinity Dental Service Provider.

7.2 All Benefits are subject to Pre-authorisation.

### Silver Plan Benefits

If this Option is selected, the following benefits are payable up to the maximum cover limit, subject to the Formulary:

#### 7.3 Emergency Examination

##### 7.3.1 Defined Event

Unlimited consultations available if a member is in pain or discomfort deriving from any form of dental occurrence.

Once this benefit has been utilised a 30 (thirty) day cooling off period will apply.

##### 7.3.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

##### 7.3.3 Special Conditions

Pre-authorisation is required.

#### 7.4 Infection Control

##### 7.4.1 Defined Event

No annual limit, but limited to 2 (two) codes per consultation. This Benefit includes sterilisation of equipment.

##### 7.4.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date..

##### 7.4.3 Special Conditions

Pre-authorisation is required.

## 7.5 Full Mouth Examination or Scale and Polish

### 7.5.1 Defined Event

Full Mouth Examination or Scale and Polish once per 6 (six) month interval.

Full Mouth Examination includes inspection of the teeth and surrounding tissues of the oral cavity.

Scale and Polish involves the removal of all tartar build up on the teeth.

### 7.5.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.5.3 Special Conditions

Pre-authorisation is required.

## 7.6 Intraoral Radiographs

### 7.6.1 Defined Event

2 (two) films per Member, per year.

### 7.6.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.6.3 Special Conditions

Pre-authorisation is required.

## 7.7 Extractions

### 7.7.1 Defined Event

3 (three) extractions per member per year.

### 7.7.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.7.3 Special Conditions

Pre-authorisation is required.

## 7.8 Fillings

### 7.8.1 Defined Event

3 (three) restorations per Member per year.

1 (one) restorations code per tooth number in a 12 (twelve) month period.

## 7.8.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

## 7.8.3 Special Conditions

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

Only Posterior fillings are covered.

## 7.9 Specialist Dentistry

### 7.9.1 Defined Event

Additional R640 per policy per year.

Covering any events not mentioned above.

### 7.9.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

Pre-Existing Conditions are subject to 12 (twelve) month Waiting Period from Commencement Date.

### 7.9.3 Special Conditions

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

## Gold Plan Benefits

If this Option is selected, the following benefits are payable up to the maximum cover limit, subject to the Formulary:

## 7.10 Emergency Examination

### 7.10.1 Defined Event

Unlimited consultations available if a member is in pain or discomfort deriving from any form of dental occurrence.

Once this benefit has been utilised a 30 (thirty) day cooling off period will apply.

### 7.10.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

### 7.10.3 Special Conditions

Pre-authorisation is required.

## 7.11 Infection Control

### 7.11.1 Defined Event

No annual limit, but limited to 2 (two) codes per consultation.  
This Benefit includes sterilisation of equipment.

### 7.11.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

### 7.11.3 Special Conditions

Pre-authorisation is required.

## 7.12 Full Mouth Examination or Scale and Polish

### 7.12.1 Defined Event

Full Mouth Examination or Scale and Polish once per 6 (six) month interval.  
Full Mouth Examination includes inspection of the teeth and surrounding tissues of the oral cavity.  
Scale and Polish involves the removal of all tartar build up on the teeth.

### 7.12.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.12.3 Special Conditions

Pre-authorisation is required.

## 7.13 Intraoral Radiographs

### 7.13.1 Defined Event

3 (three) films per Member, per year.

### 7.13.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.13.3 Special Conditions

Pre-authorisation is required.

## 7.14 Extractions

### 7.14.1 Defined Event

5 (five) extractions per member per year.

### 7.14.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.14.3 Special Conditions

Pre-authorisation is required.

## 7.15 Fillings

### 7.15.1 Defined Event

4 (four) restorations per Member per year.

1 (one) restorations code per tooth number in a 12 (twelve) month period.

### 7.15.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.15.3 Special Conditions

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

Only Posterior fillings are covered.

## 7.16 Root Canal

### 7.16.1 Defined Event

1 (one) tooth per Member per year.

Emergency Root Canal is covered under this Benefit.

### 7.16.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

Emergency Root Canal is subject to a 1 (one) month Waiting Period.

### 7.16.3 Special Conditions

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.



## 7.17 Impaction

### 7.17.1 Defined Event

The removal of 2 (two) teeth per member per year, as a result of impaction.

This Benefit is only applicable to wisdom teeth.

### 7.17.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.17.3 Special Conditions

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

## 7.18 Crowns

### 7.18.1 Defined Event

1 (one) tooth per Member per year, up to a maximum of R2000.

1 (one) crown per tooth number per 5 (five) year period.

### 7.18.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.18.3 Special Conditions

Pre-authorisation is required.

A claim for the Crown Benefit is subject to at least 45% of the tooth structure being compromised.

## 7.19 Specialist Dentistry

### 7.19.1 Defined Event

Additional R1 250 per policy per year.

Covering any events not mentioned above.

### 7.19.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from Commencement Date.

### 7.19.3 Special Conditions

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

## Platinum Plan Benefits

If this Option is selected, the following benefits are payable up to the maximum cover limit, subject to the Formulary:

### 7.20 Emergency Examination

#### 7.20.1 Defined Event

Unlimited consultations available if a member is in pain or discomfort deriving from any form of dental occurrence.

Once this benefit has been utilised a 30 (thirty) day cooling off period will apply.

#### 7.20.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

#### 7.20.3 Special Conditions

Pre-authorisation is required.

### 7.21 Infection Control

#### 7.21.1 Defined Event

No annual limit, but limited to 2 (two) codes per consultation.

This Benefit includes sterilisation of equipment.

#### 7.21.2 Waiting Period

This Benefit is subject to a 1 (one) month Waiting Period from the Commencement Date.

#### 7.21.3 Special Conditions

Pre-authorisation is required.

### 7.22 Full Mouth Examination or Scale and Polish

#### 7.22.1 Defined Event

Full Mouth Examination or Scale and Polish once per 6 (six) month interval.

Full Mouth Examination includes inspection of the teeth and surrounding tissues of the oral cavity.

Scale and Polish involves the removal of all tartar build up on the teeth.

### 7.22.2 **Waiting Period**

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.22.3 **Special Conditions**

Pre-authorisation is required.

## 7.23 **Intraoral Radiographs**

### 7.23.1 **Defined Event**

4 (four) films per Member, per year.

### 7.23.2 **Waiting Period**

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.23.3 **Special Conditions**

Pre-authorisation is required.

## 7.24 **Extractions**

### 7.24.1 **Defined Event**

7 (seven) extractions per member per year.

### 7.24.2 **Waiting Period**

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.24.3 **Special Conditions**

Pre-authorisation is required.

## 7.25 **Fillings**

### 7.25.1 **Defined Event**

5 (five) restorations per Member per year.

1 (one) restorations code per tooth number in a 12 (twelve) month period.

### 7.25.2 **Waiting Period**

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.25.3 **Special Conditions**

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

Only Posterior fillings are covered.

## 7.26 **Root Canal**

### 7.26.1 **Defined Event**

2 (two) teeth per Member per year.

Emergency Root Canal is covered under this Benefit.

### 7.26.2 **Waiting Period**

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

Emergency Root Canal is subject to a 1 (one) month Waiting Period.

### 7.26.3 **Special Conditions**

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

## 7.27 **Impaction**

### 7.27.1 **Defined Event**

The removal of 3 (three) teeth per member per year, as a result of impaction.

This Benefit is only applicable to wisdom teeth.

### 7.27.2 **Waiting Period**

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.27.3 **Special Conditions**

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

## 7.28 **Crowns**

### 7.28.1 **Defined Event**

2 (two) teeth per Member per year, up to a maximum of R2000.

1 (one) crown per tooth number per 5 (five) year period.

### 7.28.2 **Waiting Period**

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.28.3 Special Conditions

A claim for the Crown Benefit is subject to at least 45% of the tooth structure being compromised.

Pre-authorisation is required.

## 7.29 Specialist Dentistry

### 7.29.1 Defined Event

Additional R1 900 per policy per year.

Covering any events not mentioned above.

### 7.29.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from Commencement Date.

### 7.29.3 Special Conditions

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

## Platinum Plus Booster

The Booster can only be added if the Platinum Option has been selected. If the Booster is added to your plan, the following increased or additional benefits are payable up to the maximum cover limit, subject to the Formulary:

## 7.30 Crowns Increased Benefit

### 7.30.1 Defined Event

2 (two) teeth per Member per year, up to a maximum of R2500.

1 (one) crown per tooth number per 5 (five) year period.

### 7.30.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

### 7.30.3 Special Conditions

Pre-authorisation is required.

A claim for the Crown Benefit is subject to at least 45% of the tooth structure being compromised.

## 7.31 Special Dentistry Increased Benefit

### 7.31.1 Defined Event

Additional R2 500 per policy per year.

Covering any events not mentioned above.

### 7.31.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from Commencement Date.

### 7.31.3 Special Conditions

Pre-authorisation is required.

Radiographs of the tooth/teeth that require treatment must be obtained upon requesting pre-authorisation.

## 7.32 Partial Plastic Dentures

### 7.32.1 Defined Event

1 (one) set of partial plastic dentures per Member every 48 (forty-eight) months.

### 7.32.2 Waiting Period

This Benefit is subject to a 3 (three) month Waiting Period from the Commencement Date.

Pre-Existing Conditions are subject to a 12 (twelve) month Waiting Period from Commencement Date.

### 7.32.3 Special Conditions

Pre-authorisation is required.

This Benefit is subject to a limit of up to R 2294 per single Member, subject to Formulary.

## 8. General Provisions

**8.1** This Policy Document together with the Policy Schedule and application form constitute the entire agreement and any word or expression to which a specific meaning has been assigned shall bear specific meaning wherever it may appear. Please read clauses in their entirety to understand their full meaning.

**8.2** The minimum entry age of the Policyholder is 18 (eighteen) years old.

**8.3** Persons joining this policy after the age of 54 (fifty-four) will be subject to increased Premiums.

- 8.4** Once any Assured Person(s) has been assured under this Policy for a period of 12 (twelve) consecutive months, any Pre-Existing Condition shall no longer apply.
- 8.5** Assurance cover shall commence on the Commencement Date subject to receipt of the first Premium by the Assurer, unless otherwise stated.
- 8.6** The Assurer may alter the terms and conditions, Premiums, or Benefits of the Policy by providing the Policyholder with at least 31 (thirty-one) days' notice in writing.
- 8.7** It shall be the duty of the Policyholder/Assured Person(s) to inform the Assurer of any material changes which may affect the terms and conditions of the Policy, such as a change in medical health, dental health or personal details.
- 8.7.1** Any Fraudulent Actions, misrepresentation, mis-description or non-disclosure of any material fact or circumstances in connection with this Policy, a claim in terms of this Policy or the application for this Policy by the Life Assured or anyone acting on their behalf or anyone claiming under this Policy, may result in this Policy being cancelled, a claim rejected or the Policy voided from inception.
- 8.8** This Policy does not accumulate a cash or surrender value.
- 8.9** An Assured Person(s) may not be covered for more than one Policy under this type of Assurance. In the event that this policy is not the first policy, then this Policy shall be invalidated and no claim shall be recognised.
- 8.10** Assured Person(s) shall only be covered within the borders of the Republic of South Africa.
- 8.11** This Policy shall be governed by, construed and interpreted in accordance with the law of the Republic of South Africa.
- 8.12** Failure to comply with our, or the Assurer's reasonable requests, non-cooperation in the investigation of claims or failure to submit specific claim validation documents/information may result in the rejection of your claim.
- 9. Exclusions**
- 9.1** In the event of failure to obtain pre-authorisation National Risk Manager's shall not provide cover.
- 9.2** The Crown benefit will not be covered in the event where the clinical prognosis with a poor prospect where the tooth is compromised.
- 9.3** In the event of failure to obtain Radiographs of the tooth/teeth that require treatment.
- 9.4** The Assurer shall not be liable to pay Compensation in respect of any Assured Person(s):

- 9.4.1** if caused by a Pre-Existing Condition within the first 12 (twelve) months of cover (If applicable);
- 9.4.2** if resulting from mental disorders or any other self-injury or intentional exposure to obvious risk of Injury (unless in an attempt to save a human life);
- 9.4.3** if caused by, or as a result of, the influence of alcohol, drugs or narcotics upon such Assured Person(s), unless administered by or prescribed by and taken in accordance with the instructions of a Member of the medical profession (other than himself);
- 9.4.4** if caused by, or arising from, exposure to, or contamination by, atomic energy and/or nuclear fission or reaction;
- 9.4.5** whilst travelling by air other than as a passenger and not as a member of the aeroplane crew, technical staff or for the purpose of any technical operation thereon or therein;
- 9.4.6** whilst participating in any riot, civil commotion or public disorder, including authorised and sanctioned union activity or active involvement in war, acts of terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind;
- 9.4.7** whilst participating in a Professional Sport;
- 9.4.8** for any claim arising whilst the Assured Person(s) is perpetrating an intentional unlawful act in terms of South African Law;
- 9.4.9** if caused by any gradually operating cause of which the Assured Person(s) is aware;
- 9.4.10** for elective cosmetic surgery, and laser surgery or treatment and costs resulting therefrom;
- 9.4.11** if injuries are sustained whilst any person driving the vehicle is under the age prescribed by law, or who is not authorised or qualified to drive the vehicle;
- 9.4.12** for any treatment provided by a Dentist, other than a Service Provider as per 4.1.33 above;
- 9.4.13** for services rendered by a person not registered with the Dental Council;
- 9.4.14** for third party claims such as Compensation Fund claims, Workmen's Compensation claims and Road Accident Fund claims;
- 9.4.15** for costs incurred as a result of failure to carry out the instructions or advice of a Dentist, including deferring treatment in order to have costs covered once Waiting Periods and endorsements are no longer applicable;
- 9.4.16** for a Pandemic or Epidemic.

## 10. Claims

- 10.1** If pre-authorisation is not obtained, the Assured Person(s) will be liable to pay for the account and National Risk Manager's shall not be held liable for the claim.
- 10.2** Crown benefits are subject to standard clinical protocols applied by National Risk Manager's managed care provider.
- 10.3** A claim for the Crown Benefit is subject to at least 45% of the tooth structure being compromised.
- 10.4** Assured Person(s) must obtain pre-authorisation for certain Benefits as contained in this document. Moreover, the Assured Person(s) must determine the maximum Benefit payable for each and every Defined Event as the level of Benefit is determined by the actual procedure followed by the Service Provider. To do this, the Assured must contact us via telephone on 0861 55 55 22 or email info@affinitydental.co.za.
- 10.5** Dental Claims can be emailed to claims@dentalrisk.com
- 10.6** All claims under this Policy are payable up to the maximum cover limit when your Premium is paid. If your Dentist charges a rate above the Benefit payable under this Policy, then such difference is payable by the Member.
- 10.7** It is the sole responsibility of the Assured Person(s) to seek medical assistance immediately when the Assured Person(s) becomes aware of a Dental condition that requires treatment. The Assurer will not be liable to provide cover due to negligence in the treatment of Dental requirements.
- 10.8** Written notice on the prescribed form must be given to the Assurer in Writing as soon as practicable of any occurrence which may give rise to a claim under this Insurance, but within 3 (three) months of such occurrence, failing which the claim will not be entertained.
- 10.9** Costs associated with the claim need to be submitted to the Assurer within 120 (one hundred and twenty) days of service. In the event of the costs being submitted after 120 (one hundred and twenty) days, they will be deemed stale and the Assurer will not be liable to cover the costs.
- 10.10** In the event that the Assurer repudiates the claim:
- 10.10.1** 10.10.1 The Assured Person(s) has 90 (ninety) days to make representations for repudiated claims.
  - 10.10.2** 10.10.2 Representations must be made in writing outlining the Assured Person(s) reason for the dispute.
  - 10.10.3** 10.10.3 We will provide the Assured Person(s) with a written response within 30 (thirty) days.

**10.10.4** 10.10.4 Should the response be unsatisfactory to the Assured Person(s), they reserve the right to refer the dispute to the Ombudsman for Longterm Insurance or to serve legal process against us within 90 (ninety) days after such representations have been made.

**10.10.5** 10.10.5 Should the Assured Person(s) not exercise these rights within these time frames the claim will be deemed abandoned.

**10.11** All certificates, information and evidence required by the Assurer shall be furnished in the form prescribed and without expense to the Assurer. The Assured Person(s) shall attend a Dental examination on behalf of, and at the expense of, the Assurer as often as shall be required in connection with any claim. Should such documentation not be received the Assurer shall not be liable to consider the claim.

**10.12** If any claim under this Insurance be in any respect fraudulent or intentionally exaggerated or if any fraudulent means or devices are used by the Assured Person(s) or anyone acting on their behalf to obtain any Benefits under this Insurance, all Benefits herein shall be forfeited, and no Premiums shall be refunded.

**10.13** The Policyholder hereby gives the Assurer the right to claim from the Assured Person(s) any payment or compensation received by the Assured Person(s) from any third party due to an event that is covered by this Policy.

**10.14** Should a Pre-Existing Condition exist that results in the injury or illness becoming more severe, the Assured Person(s) shall only be due the amount deemed to have been incurred because of the specific accident or illness.

**10.15** Any leniency offered in the processing/payment of claims or extension of cover to an Assured Person(s) is not deemed to be leniency on an ongoing basis and the terms of this Policy remain in full force and effect.

## 11. Amendment/Upgrade/Cancellation Procedure.

**11.1** Should the Policyholder wish to change personal details, amend any Option or add Dependents onto their existing plan they must contact our offices directly on 0861 55 55 22, or email info@affinitydental.co.za along with their membership number.

**11.2** The Policyholder may cancel his/her membership by giving written notification. The Assured Person(s) will, however, still be covered for the remainder of the month for which the last Premium was collected. No Premiums will be refunded in instances where Benefits were not utilised by the Assured Person(s).

**11.3** If the Policyholder cancels the Policy, no claim will be payable for any event occurring after the effective date of termination.



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### **Physical Address**

1 Dingler Street  
Rynfield, Benoni  
South Africa  
1501

### **Postal Address**

Postnet Suite 124  
Private Bag X101  
Farrarmere, Benoni  
1518



**Call Centre**  
0861 55 55 22



**Email Address**  
[info@affinitydental.co.za](mailto:info@affinitydental.co.za)



**Fax Number**  
086 607 9419

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