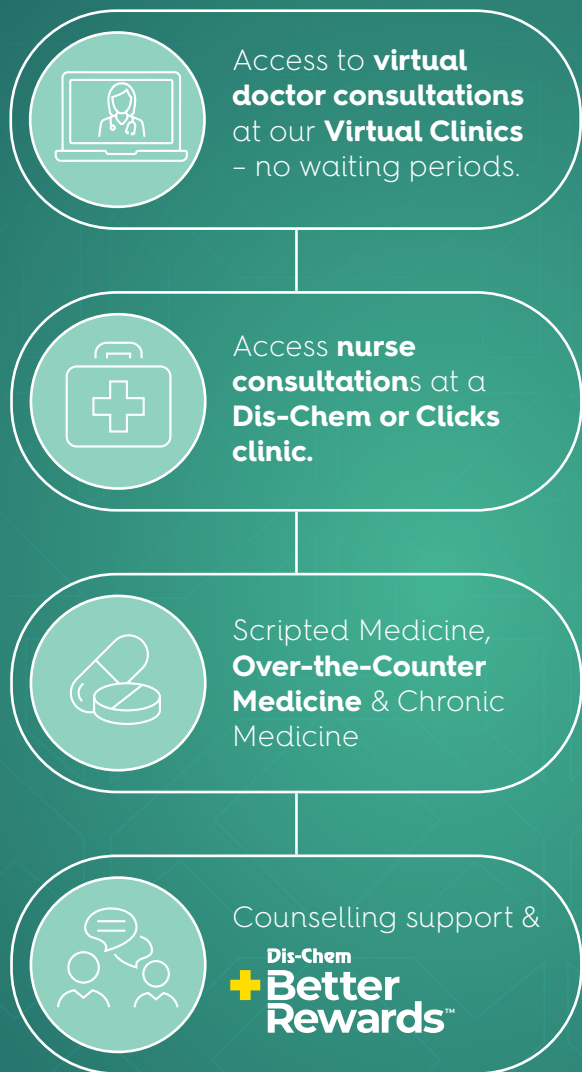


Making **Private Healthcare Affordable**  
 and Accessible for all South Africans



## DISCLOSURE NOTICE 2026

### Why Kaelo MyHealth Cover?

Kaelo Health My Health is a medical insurance plan that covers everyday healthcare needs, including doctor visits, medications, chronic illness management, along with a Maternity Benefit. Policyholders can access a wide network of healthcare providers through the Prime Cure Network for private healthcare.

# Contents

03

Things to Remember

Disclosure

About Your Intermediary/Broker

About The Underwriting Manager (UMA)

04

About Your Insurer

05

Important Information

Other Matters of Importance

How to Institute a Claim

06

How to Submit a Paid Claim for Refund

How to Submit a Complaint

07

Sharing of Insurance Information

Use of Your Personal Information

Waiver of Rights

08

Conflict of Interest

Things to Remember

Disclosure

About Your Intermediary/Broker

About the Underwriting Manager

About Your Insurer

Important Information

Other Matters of Importance

How to Institute a Claim

How to Submit a Paid Claim for Refund

How to Submit a Complaint

Sharing of Insurance Information

Use of Your Personal Information

Waiver of Rights

Conflict of Interest

## THINGS TO REMEMBER

- Do not sign any blank or partially completed application forms.
- Complete all forms in ink.
- Make notes of what was said to you and keep all documents handed to you.
- Do not be pressurised into buying the product.
- Read the full Policy which includes the Policy Wording and Policy Schedule immediately when you get it. If you are unsure of anything, discuss these questions with your intermediary (broker) or Underwriting Manager.
- Incorrect information or not disclosing important facts may influence the assessment of a claim.

## DISCLOSURE

As a short-term insurance Policyholder or potential Policyholder, you have the right to access important information. The Financial Advisory and Intermediary Services and Insurance Acts require the Insurer, Underwriting Manager, and your intermediary to comply with these acts, the FAIS General Code of Conduct, and the Policyholder Protection Rules.

This compliance is important to empower you to make well-informed decisions about the insurance products you buy. It also ensures that the Insurer, Underwriting Manager, and intermediary provide financial services that are honest, fair and in your best interests, and in the interest of maintaining the integrity of the financial services industry.

You will receive **two (2)** Disclosure Notices (**one (1)** from your intermediary and **one (1)** from your Underwriting Manager and Insurer) at the inception of your Policy and at each subsequent Renewal Date (or anniversary). The Disclosure Notices contain information about your Insurer, Underwriting Manager, and intermediary, together with information about the Ombud and Financial Sector Conduct Authority. If you experience any difficulties in finding the required details, please contact your intermediary for further assistance.

## ABOUT YOUR INTERMEDIARY/BROKER

Your intermediary should promptly provide you with their Disclosure Notice when you receive a quotation, take out a Policy, or make changes to your Policy. If they fail to do so, even after you've requested it, please contact the Insurer or Underwriting Manager for assistance.

## ABOUT THE UNDERWRITING MANAGER (UMA)

Kaelo Risk (Pty) Ltd, registration number 2008/019335/07, an authorised Financial Services Provider (FSP 36931) is your Underwriting Manager.

**The Underwriting Manager is responsible for administering your Policy which includes:**

- Issuing your Policy
- Assessing and processing claims
- Collection of Premiums.

You can reach Kaelo on **0861 665 665** or **support@kaelo.co.za** or **www.kaelo.co.za**

Kaelo (Pty) Ltd is approved for Category I Short Term Insurance Personal Lines, Short Term Insurance Personal Lines AI and Short-Term Insurance Commercial Lines.

The UMA holds preference shares in a cell captive arrangement with the Insurer and as a result, thereof has a share in the underwriting result of the cell captive.

In the past financial year, the UMA received more than **30%** of its income from the Insurer. The UMA has a written mandate (binder agreement) to act on behalf of the Insurer.

The Intermediary Commission Fee is stipulated on your policy schedule.

The UMA holds professional indemnity insurance cover.

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

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

Things to Remember

Disclosure

About Your Intermediary/ Broker

About the Underwriting Manager

About Your Insurer

Important Information

Other Matters of Importance

How to Institute a Claim

How to Submit a Paid Claim for Refund

How to Submit a Complaint

Sharing of Insurance Information

Use of Your Personal Information

Waiver of Rights

Conflict of Interest

## UMA Contact Details

|                                      |  |
|--------------------------------------|--|
| Physical Address                     | 2nd Floor, The Oval, East Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196  |
| Postal Address                       | P.O. Box 3083, Houghton, 2041  |
| Telephone Number                     | 0861 493 587 / 011 759 9600  |
| Details of Compliance Officer        | The internal compliance officer is contactable at the numbers above.<br>Email: <a href="mailto:compliance@kaelo.co.za">compliance@kaelo.co.za</a>  |
| Details of Claims Department         | Email: <a href="mailto:claims@kaelo.co.za">claims@kaelo.co.za</a><br>Subject: Claims<br>Tel: 0861 665 665  |
| Details of the Complaints Department | All complaints must be in writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request.<br>Email: <a href="mailto:healthescalations@kaelo.co.za">healthescalations@kaelo.co.za</a><br>Subject: Complaints or Escalations<br>Tel: 0861 665 665 |

## ABOUT YOUR INSURER

|                                      |  |
|--------------------------------------|--|
| Name                                 | Centriq Insurance Company Limited  |
| Company Registration Number          | 1998/007558/06   |
| Licensed Non-Life Insurer Number     | 1180   |
| FSP Number                           | 3417   |
| VAT No                               | 4230187124   |
| Physical Address                     | The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196   |
| Telephone Number                     | 011 268 6490   |
| Fax Number                           | 011 268 6495   |
| Email                                | <a href="mailto:info@centriq.co.za">info@centriq.co.za</a>   |
| Website                              | <a href="http://www.centriq.co.za">www.centriq.co.za</a>   |
| Details of the Compliance Department | <b>The internal compliance officer is contactable at:</b><br>Email: <a href="mailto:compliance@centriq.co.za">compliance@centriq.co.za</a><br>Tel: 0112686490  |
| Details of the Claims Department     | The claims specialist is contactable at:<br>Email: <a href="mailto:claims@centriq.co.za">claims@centriq.co.za</a><br>Tel: 0112686490   |
| Details of the Complaints Department | All complaints must be in writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request.<br><b>The Complaints Department is contactable at:</b><br>Email: <a href="mailto:faiscomplaints@centriq.co.za">faiscomplaints@centriq.co.za</a> / <a href="mailto:complaints@centriq.co.za">complaints@centriq.co.za</a><br>Tel: 0112686490 |

Things to  
Remember

Disclosure

About Your  
Intermediary/  
Broker

About the  
Underwriting  
Manager

About Your  
Insurer

Important  
Information

Other  
Matters of  
Importance

How to  
Institute a  
Claim

How to  
Submit a  
Paid Claim  
for Refund

How to  
Submit a  
Complaint

Sharing of  
Insurance  
Information

Use of Your  
Personal  
Information

Waiver of  
Rights

Conflict of  
Interest

## IMPORTANT INFORMATION

The Premium and all accompanying charges are detailed in your Policy Schedule.

This Policy is a primary healthcare insurance product offered under an exemption granted by the Council of Medical Schemes.

### If the Premium is paid by debit order:

- It may only be in favour of **one (1)** person and may not be transferred without your approval.

### Premium payment and cover:

- Your cover starts on the first day of the month and cannot be backdated.
- Your Policy will stay active as long as you keep paying your Premiums on time.
- Premiums for the month must be paid by the last working day of that month and the payment must be made in South African rand.
- If you don't pay your Premium on time or if your bank returns the debit order due to insufficient funds, you have a grace period of **30 days** to pay all the outstanding Premiums. After **30 days**, we will automatically debit **two (2) months'** Premiums.
- If your Premium remains unpaid after the second month, you won't have cover for the unpaid period until you pay all the outstanding Premiums.
- If we don't receive your Premium for **two (2) months** in a row, we will cancel your Policy. Your Policy and cover will end on the last day of the period for which you last paid your Premium.
- If you pay your Premium by debit order and you cancel or stop your debit order, your Policy will be considered cancelled immediately, and you won't have a **30-day grace period**. If you want to reinstate your Policy later, it will be treated as a new Policy and the grace period will only apply from the second month of cover.
- The Insurer may adjust your **Premiums by giving you 31 days written notice**. Your Premium will be reviewed every year.

## OTHER MATTERS OF IMPORTANCE

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

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

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

If you decide that this cover does not suit your needs and no Benefit has yet been claimed, you have **14 days** from when you receive our Policy to cancel the Policy in writing and any Premiums that have been collected before then, will be refunded within **31 days** after your cancellation notice is received. This is not applicable where a Policy is funded by an employer.

## HOW TO INSTITUTE A CLAIM

In the case of claims for services provided by a Prime Cure Healthcare Provider, you do not need to worry about claiming because a Prime Cure Healthcare Provider will submit your claim on your behalf. However, in the case of visiting a non-Prime Cure Network Healthcare Provider, or in the rare case that your Healthcare Provider does not submit your claim to us, you will be required to submit your claim directly to us within **120 days** from the date of service on any of the claim contact details below:

- Email: [claims@kaelo.co.za](mailto:claims@kaelo.co.za)
- Subject: Claims refund
- Tel: 0861 665 665

Once your claim has been approved, funds will be paid directly to the Prime Cure Healthcare Provider. There will be times that you have to pay cash when you visit a Healthcare Provider. A provider can include a Specialist, COVID-19 testing facility, or a non-Prime Cure Network doctor. This can also include a casualty facility fee payment or can happen when you choose a provider that is not in the Prime Cure Network. In the event that you have made a cash payment to a provider, you will need to claim this back in the form of a refund.

Things to Remember

Disclosure

About Your Intermediary/ Broker

About the Underwriting Manager

About Your Insurer

Important Information

Other Matters of Importance

How to Institute a Claim

How to Submit a Paid Claim for Refund

How to Submit a Complaint

Sharing of Insurance Information

Use of Your Personal Information

Waiver of Rights

Conflict of Interest



## HOW TO SUBMIT A PAID CLAIM FOR REFUND

Please ensure you submit the following documentation to Kaelo Prime Cure:

- A copy of your ID.
- A copy of the account you received from the provider that supports your refund claim.
- Your receipt from the provider that shows proof of payment.
- Any refunds exceeding **R3 000.00** must be accompanied by proof of banking details, such as a bank stamped statement or letter.
- Your refund will be processed within **14 days** of receipt of all the information.
- Where no proof of bank details has been supplied to Kaelo Prime Cure we will not be held responsible for any payment made into an incorrect account.
- You can submit your documents either via email to [refunds@kaelo.co.za](mailto:refunds@kaelo.co.za), by completing a Refund Application form on the Prime Cure website at [www.primecure.co.za](http://www.primecure.co.za) or via the Kaelo MyHealth mobile App.
- Please note that you have **120 days** to submit your claim for a refund.

## HOW TO SUBMIT A COMPLAINT

If you have a complaint, please contact us on any of the Complaint Department's contact details given above.

1. Please note that all complaints must be addressed to us in writing.
2. If any complaint about your intermediary is not resolved to your satisfaction, you may submit your complaint to the FAIS Ombudsman, whose address appears at the foot of this notice.
3. If any complaint to the UMA is not resolved to your satisfaction, please contact the Insurer and if it is still not resolved to your satisfaction, you may submit your complaint to the National Financial Ombuds Scheme (NFO) or the FSCA, whose addresses appear on the foot of this notice.
4. In terms of the Policyholder Protection Rules, if you dispute the outcome of your claim you have **90 days** from the day you are first informed of the outcome to notify us about your objection. Immediately following this you have a further **six (6) months** within which to serve a summons on us. If you do not do so within this period, your right to challenge the decision is forfeited.

### Other Contact Details

| The FAIS Ombudsman                               |   |
|--|---|
| Physical Address:                                | 125 Dallas Avenue Menlyn Central, Waterkloof Glen, Pretoria 0010  |
| Postal Address:                                  | P O Box 74571, Lynnwood Ridge, 0040   |
| Telephone:                                       | +27 (0)12 762 5000 or Sharecall 086 066 3247  |
| Email:   | <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>  |
| Website:   | <a href="http://www.faisombud.co.za">www.faisombud.co.za</a>  |
| National Financial Ombud Scheme South Africa NPC |   |
| Physical Address:                                | <b>JHB Physical Address:</b> 110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198<br><b>CPT Physical Address:</b> Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708 |
| Telephone:                                       | 0860-800-900  |
| Email:   | <a href="mailto:info@nfosa.co.za">info@nfosa.co.za</a>  |
| Website:   | <a href="http://www.nfosa.co.za">www.nfosa.co.za</a>  |
| Financial Sector Conduct Authority               |   |
| Physical Address:                                | Riverwalk Office Park, Block B, 41 Matroosberg Road (Cnr Garsfontein Road and Matroosberg Road), Ashlea Gardens, Extension 6, Menlo Park, Pretoria.   |
| Postal Address:                                  | P.O. Box 35655, Menlo Park, Pretoria.   |
| Telephone:                                       | +27 (0) 12 428 8000   |
| Fax:   | +27 (0) 12 346 6941   |
| E-mail:  | <a href="mailto:info@fsca.co.za">info@fsca.co.za</a>  |
| Website:   | <a href="http://www.fsca.co.za">www.fsca.co.za</a>  |

## SHARING OF INSURANCE INFORMATION

Insurers share information with each other regarding policies and claims to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Insurers also request information sharing from Network Providers to manage the risk as a result of fraud, waste and abuse. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and the interest of all current and potential Policyholders.

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

You hereby give consent to the Insurer and or Network Provider to obtain from any Network Provider, or any other person who may be in possession of, or may hereafter acquire, any information concerning claims submitted to the Insurer and or Network Provider to disclose such information to Kaelo.

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

By accepting or renewing this insurance, you consent to such information sharing regarding underwriting or claims information that you have provided or that has been provided by another person on your behalf.

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

Sharing of insurance information is done in accordance with applicable legislation, as well as our Kaelo and Centriq's Privacy Notices which can be found on our websites: [www.kaelo.co.za](http://www.kaelo.co.za) and [www.centriq.co.za](http://www.centriq.co.za).

## USE OF YOUR PERSONAL INFORMATION

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

| You authorise us to: |   |
|----------------------|---|
| 1.                   | Process your personal information;  |
| 2.                   | Communicate information to you that you ask us for;   |
| 3.                   | Provide you with insurance services;  |
| 4.                   | Verify the information you have given us against any source or database; and  |
| 5.                   | Compile non-personal statistical information about you;   |
| 6.                   | Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and enable us to further our legitimate interests including statistical analysis, re-insurance and credit control. |
| 7.                   | Transmit your personal information to any third-party service provider that we may appoint to perform functions relating to your Policy on our behalf.  |

You acknowledge that this consent clause will remain in force even if your Policy is cancelled or lapsed. Processing of your personal information is always done in accordance with applicable legislation, as well as Kaelo and Centriq's Privacy Notices which can be found on our websites: [www.kaelo.co.za](http://www.kaelo.co.za) and [www.centriq.co.za](http://www.centriq.co.za).

## WAIVER OF RIGHTS

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

- Things to Remember
- Disclosure
- About Your Intermediary/ Broker
- About the Underwriting Manager
- About Your Insurer
- Important Information
- Other Matters of Importance
- How to Institute a Claim
- How to Submit a Paid Claim for Refund
- How to Submit a Complaint
- Sharing of Insurance Information
- Use of Your Personal Information
- Waiver of Rights
- Conflict of Interest

## CONFLICT OF INTEREST

We have considered the conflict of interest provisions in terms of the FAIS Act 37 of 2002 and the Policyholder Protection Rules and have identified no actual or potential conflicts of interest, either ownership interest, financial interest, third-party relationships, associates or distribution channels, as defined.

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

[Your Policy Wording](#)
[Our Contract With You](#)
[Your Insurer](#)
[Your Underwriting Manager](#)
[Your Network Provider](#)
[Meaning of Common Terms](#)
[Your Detailed Benefits](#)
[General Terms & Conditions](#)
[How to Submit a Paid Claim for Refund](#)
[How to Submit a Complaint](#)
[Sharing of Insurance Information](#)
[Use of Your Personal Information](#)
[Waiver of Rights](#)
[Conflict of Interest](#)