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| NOTIFICATION FORM: INS007POLICYHOLDER PROTECTION RULES (PPRs) – LTIA[[1]](#footnote-1) AND STIA [[2]](#footnote-2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTIFICATION OF THE INTENTION TO LAUNCH A NEW MICROINSURANCE OR FUNERAL PRODUCT |

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| **Notice:** The notification form must be completed with reference to the applicable Legal and Policy Framework that appears at the end of the notification form**.** |

**PART 1: GENERAL INFORMATION**

## 1.1 Insurer Name

## 1.2 Insurer Number

**Type of notification (please indicate with “x” for all the questions in the spaces provided below):**

Notification under the -

LTIA STIA

PPR Rule 2A.11 PPR Rule 2A.12

**PART 2: DETAILS OF THE PRODUCT**

2.1 State the class and sub-class of insurance business[[3]](#footnote-3) under which the product is underwritten:

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2.2 Provide the name of the product and a brief description thereof:

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2.3 Provide a summary of the product benefits:

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2.4 Does the product provide for any exclusions?

**YES NO**

2.4.1 If yes, provide a detailed description of the exclusions:

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**Questions 2.5 and 2.6 are only applicable to notifications under the STIA PPRs**

2.5 Does the product provide that any of the policy benefits thereunder are subject to the principle of average?

**YES NO**

2.6 Does the product provide for any excesses?

**YES NO**

2.6.1 If yes, state the value of the excess either expressed in Rand value as a monetary amount or expressed as a percentage of the aggregate value of the policy benefits:

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2.6.2 Explain how the excess will be calculated and when it will apply:

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2.6.3 At which point during the sales process is the excess payable disclosed to the potential policyholder/ policyholder?

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2.6.4 Explain how and in which format the exclusions and excesses will be disclosed to the potential policyholder/ policyholder.

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2.7 Provide the details of the intended target market for this product: *(i.e. LSM group, geographical specific, gender specific or other)*

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2.8 Has the product been approved in writing by a senior manager of the insurer? If yes, attach proof of the approval.

**YES NO**

2.9 Has an assessment of the main characteristics of the product, the distribution methods and the disclosure documents as per Rule 2 of PPRs been conducted?

**YES NO**

**PART 3: DISTRIBUTION AND MARKETING OF THE PRODUCT**

3.1 Confirm the intended structure of the proposed commission payable for the rendering of services as intermediary[[4]](#footnote-4) for this product:

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3.2 Express the proposed commission payable as a percentage of the premium payable under the policy:

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3.3 List all the distribution channels that will be used to distribute this product: *(i.e. face- to face sales, call centres, mobile apps, etc)*

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3.4 List all mediums of advertising which will be used to market this product: *(i.e. radio, television, printed media, websites, SMS, voice logging, mobile applications, etc)*

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**PART 4: SUPPORTING INFORMATION**

Clearly indicate the attachments that have been included with this notification form.

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|  | **Description** | **Indicate with ✓ if attached** | **Number of pages where applicable** |
| **Attachment A** | Copies of the proposed disclosure documents / sales scripts explaining the exclusions and excesses to potential policyholders/ policyholders |  |  |
| **Attachment B** | Copies of the policy terms and conditions |  |  |
| **Attachment C** | Proof of written product approval by a senior manager of the insurer |  |  |
| **Attachment D** | Specimens of all material intended to be used in advertisements/disclosure documents relating to the product. |  |  |
| **Attachment E** | Proof of authorisation to act on behalf of the CEO, if applicable |  |  |

**PART 5: CONTACT DETAILS OF CEO OR DULY AUTHORISED REPRESENTATIVE**

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| **Explanatory Note:**  Details of the CEO or duly authorised representative must be provided. The Financial Sector Conduct Authority (the Authority) will liaise with the CEO or duly authorised representative and all correspondence from the Authority will be sent to the CEO or duly authorised representative. |

5.1 Full name and surname

5.2 Telephone number

5.3 Mobile number

5.4 E-mail address

**INDEMNITY**

The insurer hereby authorises the Financial Sector Conduct Authority, and its duly authorised agent, to request or confirm any information provided in support of this notification with any person.

The insurer authorises such other person/s to furnish information regarding this notification to the Financial Sector Conduct Authority and its duly authorised agent. The insurer unconditionally indemnifies the Financial Sector Conduct Authority, its agent and any person/s against any liability that may result from furnishing information in this regard.

I, ………………………………………………………………………………………………..*[Insert full name of CEO or duly authorised representative]*, identity / passport number ……………………………………………………. hereby certify, to the best of my knowledge, that the information provided in the notification form and any attached information are complete, accurate, true and not misleading in any respect.

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**Signature of CEO or duly authorised representative**

**Date**

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| **LEGAL AND POLICY FRAMEWORK**  **SECTION 62 PPR (LTIA)**  **SECTION 55 PPR (STIA)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOTIFICATION OF THE INTENTION TO LAUNCH A NEW MICROINSURANCE OR FUNERAL PRODUCT** |

**A. INTRODUCTION**

This notification form relates to a notification of the intention to launch a new product as contemplated in Rule 2A.11 and Rule 2A.12 of the PPRs under the LTIA and STIA, respectively. An insurer intending to launch a new microinsurance or funeral product must complete this notification form and submit it with the relevant supporting documentation to the Financial Sector Conduct Authority (Authority) 31 days prior to marketing or offering a new microinsurance or funeral product.

**B. INTERPRETATION**

In the notification form any word or expression defined in the LTIA or STIA or the PPRs under these Acts, as the case may be, bears that meaning, unless the context otherwise indicates.

Note that, if there is any discrepancy between the notification form and the provisions of the LTIA and the STIA, the provisions in such Acts will be deemed correct.

***Note:***

In terms of Rule 2A.11.2 of the LTIA PPRs and Rule 2A.12.2 of the STIA PPRs, any material change to the design of an existing product or to the benefits, terms or conditions offered thereunder constitutes a new product.

The Authority may at any time (within the 31-day period referred to above, or at any time thereafter) by notice to an insurer –

1. object to any of the benefits, terms and conditions, commission payable and advertisement of a microinsurance or funeral product, and

(b) instruct the insurer to –

(i) stop advertising, marketing or offering the microinsurance or funeral policies;

(ii) not renew the microinsurance or funeral policies;

(iii) terminate the microinsurance or funeral policies within 90 days of the date determined by the Authority; or

(iv) amend any of the benefits, terms and conditions and advertisements of any microinsurance policy or funeral policy or policies by a date determined by the Authority and in accordance with the requirements of the Authority.

**C. INSTRUCTIONS**

1. Notifications must be submitted directly to the Authority.
2. The notification form must be submitted to the following e-mail address: [MI.Products@fsca.co.za](mailto:MI.Products@fsca.co.za)
3. This notification form must be completed in full by the responsible person and be signed by the CEO or duly authorised representative. If a duly authorised representative signs the form, proof of the authorisation must be attached to this notification form.
4. The format of the form or the wording of questions may not be changed. All questions must be answered and if not applicable marked “N/A”.
5. The notification must be accompanied by the documents referred to and listed in paragraph D below.
6. Notification forms that do not comply with instructions 1 – 5 above will not be processed and will be returned to the applicant.

**D. DOCUMENTS THAT MUST ACCOMPANY THIS NOTIFICATION**

The notification must be accompanied by at least the following documents as listed in Part 4 of the notification form:

1. Copies of the proposed disclosure documents/ sales scripts explaining the exclusions and excesses to potential policyholders/ policyholders;
2. Copies of the policy terms and conditions;
3. Proof of written product approval by a senior manager of the insurer;
4. Specimens of all material intended to be used in advertisements/disclosure documents relating to the product.
5. Proof of authorisation to sign on behalf of the CEO, if applicable.

**E. ADDITIONAL INFORMATION**

The Authority, in terms of section 131(1) of the Financial Sector Regulation Act, 2017, may by written notice to any person, request the person to provide specified information or a specified document in the possession of, or under the control of, the person that is relevant to assisting the Authority to perform its functions in terms of a financial sector law.

1. Meaning the PPRs made under section 62 of the Long-term Insurance Act, 1998 (LTIA) [↑](#footnote-ref-1)
2. Meaning the PPRs made under section 55 of the Short-term Insurance Act, 1998 (STIA) [↑](#footnote-ref-2)
3. As set out in Table 1 and Table 2 of Schedule 2 of the Insurance Act, 2017, respectively [↑](#footnote-ref-3)
4. in the case of a life insurance policy underwritten by a microinsurer meaning ”rendering of services as intermediary” as defined in Part 3 of the Regulations made under section 72 of the LTIA; or

   in the case of a non-life insurance policy underwritten by a microinsurer meaning “services as intermediary” as defined in Part 1 of the Regulations made under section 70 of the STIA. [↑](#footnote-ref-4)