

13 May 2013

Mr Maphumulo
Section 27
P.O. Box 32361
Braamfontein
2017

Dear Mr Maphumulo,

Thank you for your letter dated 3 May 2013.

I wish to draw your attention to the fact that my response by e-mail, dated 12 April 2013, was by no means intended to be a comprehensive reply to the concerns raised in your first letter. The intention was merely to inform you that we are in the process of re-writing the entire HIV protocol, and that it would not serve much purpose to discuss the shortcomings of the current protocol in view of the extensive changes anticipated. So if my response created the impression that we have not addressed your major concerns, I apologise for this.

The new protocol has almost been completed into a final draft, but it still needs to be approved through internal processes. Indications are that this will be completed by mid-August, by which time we will gladly provide you with a copy of the entire protocol.

In the interim, we want to share the following details with you:

1. ASISA is a trade organisation, and as such cannot prescribe to their members how their product design or underwriting philosophy should be practised. These are determined by the risk appetite and marketing approach of each office. Therefore, if your organisation has any concerns or queries with regards to the suite of products offered by any specific insurer, it is advised that this matter be taken up with the company in question.
2. The HIV protocol is currently not a compulsory protocol, but a best practice guideline. Each company is therefore entitled to deviate from the protocol as they see fit.
3. The new protocol will no longer have any references to the recommended underwriting outcomes of any HIV test result. All such references have been removed, including from the Information Sheet referred to in your correspondence.
4. Instead, the new protocol will be a scientific document aimed at proper identification, counselling, informed consent, quality assurance of test methodologies, and test result interpretation. There will be no reference to the insurability (or not) of any HIV test

outcome, and this will be left to each company to determine, based on their own underwriting policy.

5. There will therefore be no blanket refusal of cover based on HIV status.
6. We are fully aware of the recent study of Dr Leigh Johnson, and we support your view that HIV is entering the arena of a chronic treatable and insurable disease. However, with reference to the first point made above, it is up to each insurer to what extent the data of this study will be taken into account in their product design and/or underwriting practices.
7. We agree that, since our communication with you two years ago, the effect of non-Aids related deaths due to ARV side-effects have been proven not to be material. However, it is still evident that the average life expectancy of HIV positive lives ranges between 75% and 86% of that of HIV negative lives, which indicates that their insurance premiums can still not be standard life rates. These premiums should be comparable to other chronic diseases with similarly impaired life expectancies.

We trust that you will be more comfortable with the approach of our new protocol. We will be more than willing to discuss this in more detail once the protocol has been approved by ASISA management.

Regards



Dr. Pieter Coetzer
CONVENOR: ASISA MUSC