FREE GUIDE · 2026



South Africa

# Income protection, disability & dread disease cover

3 chapters · every source listed

**Tulinde**

tulinde.co.za · independent guide, not an insurer

Tulinde — independent guide, not an insurer

# Income protection, disability & dread disease cover 2026

For workers and the self-employed in South Africa: how income protection, disability and dread disease cover work, how they are taxed and what to check in a claim.

This guide puts together 3 pages of Tulinde South Africa (tulinde.co.za), word for word. Each chapter states the date it was last reviewed; the 15 sources are listed at the end. Compiled on 31 October 2026. Laws, prices and rules change: check the online version of each chapter (its address is under its title) before you rely on it.

## Contents


1. **Income protection, disability and dread disease cover in South Africa: how they work, how they are taxed and how claims are decided** — reviewed 31 October 2026
2. **Life insurance in South Africa: life cover, disability, dread disease and income protection** — reviewed 28 October 2026
3. **Credit life insurance in South Africa: the price caps and your right to choose your own policy** — reviewed 28 October 2026
4. **Sources**


> Tulinde is an information and introduction service run by Takat AI. It is not an insurer, a broker or an agent, and it does not sell, price, rank or rate policies. Always read the policy wording before you buy.

Chapter 1

# Income protection, disability and dread disease cover in South Africa: how they work, how they are taxed and how claims are decided

Reviewed 31 October 2026 · online: https://tulinde.co.za/income-protection-insurance/

**Short answer** Checked 31 October 2026

**Income protection** pays a **monthly amount** if illness or injury stops you working; **disability cover** pays a **lump sum** (or monthly income) for a disability event; **dread disease** (critical illness) cover pays a **lump sum** on a listed condition such as a heart attack, cancer or a stroke. All three are **life insurance "risk" classes** under the Insurance Act 18 of 2017. Since **1 March 2015**, income protection **premiums are not tax-deductible** and its **benefits are tax-free** (SARS). A policy can be cancelled within **31 days**, and a rejected claim must come with reasons and **at least 90 days** to respond.

## What the law calls these covers

The Insurance Act 18 of 2017 puts them in **class 1 "Risk"** of life insurance (Schedule 2, Table 1): sub-class **(b) individual health** (lump sums or periodic sums on a health event, not linked to costs regulated under the Medical Schemes Act), **(c) individual disability – lump sum** and **(d) individual disability – recurring payment**.

Section 1 defines a **disability event** as the loss of a limb or sense organ (or its use), or becoming so impaired, totally or partially, temporarily or permanently, that a person **cannot continue their own occupation**, cannot take up any **reasonably suitable occupation** given their education, skills, experience or age, or cannot carry on the functions of **normal activities of life**. A **health event** is any other event relating to the health of mind or body.

| Cover | Pays | Class (Schedule 2, Table 1) |
|---|---|---|
| Income protection | A monthly income while you cannot work, after a waiting period | Class 1(d), disability – recurring payment |
| Disability cover (lump sum) | A once-off amount on a disability event | Class 1(c) |
| Dread disease / critical illness | A lump sum (or part of it) on a listed health event | Class 1(b), individual health |

None of these is medical aid: they pay you, not the hospital. Medical costs stay with your scheme (medical aid in South Africa). Life cover that pays on death is explained in life insurance.

## Tax: premiums and benefits since March 2015

Premiums for a policy that covers you against **loss of income** due to illness, injury, disability, unemployment or death are a **prohibited deduction** under section 23(r) of the Income Tax Act (SARS, Taxation in South Africa 2026).

In exchange, amounts paid out under an income protection policy are **exempt** under **section 10(1)(gI)**, "applicable from 1 March 2015"; before that date they were taxable (SARS PAYE guide 2026).

## Dread disease cover: ASISA's severity levels

Members of ASISA must follow its **Standard on disclosures for critical illness products** (SCIDEP) for new policies. It defines the four "core" conditions — **heart attack, cancer, stroke and coronary artery bypass graft** — which make up more than half of critical illness claims, each with **four severity levels, A (most severe) to D (least severe)** (ASISA Standard).

The policy must show, in a **4 × 4 grid**, the percentage of cover paid at each level; the percentages are **each insurer's choice**. Two policies with the same cover amount can therefore pay very different sums for the same diagnosis: compare the grids, not only the premium.

## What the insurer must tell you before you buy

Rule 11 of the long-term Policyholder Protection Rules lists what must be disclosed, including any **waiting period**, **deferred payment period**, exclusions for certain diseases or conditions, limits on the **benefit period** and amount, and eligibility restrictions such as age, residence or employment.

1. Ask how **disability** is defined in the policy: own occupation, a suitable occupation, or activities of daily living.
2. Note the **waiting period** before income protection pays, and how long it pays (to a set age, or for a limited period).
3. For dread disease, ask for the **severity grid** and the list of conditions beyond the four core ones.
4. Check how benefits increase each year: the NFO's 20 July 2026 case turned on a fixed 10% increase versus CPI capped at 10% (NFO).
5. You may cancel within **31 days** after receiving the policy information, if nothing was claimed (rule 4, as substituted by GN 997 of 2018).

Retrenchment cover is often sold with credit: see credit life insurance.

## Claims and complaints

Under rule **17.6** of the long-term rules, the insurer must decide within a reasonable period and tell you **within 10 days** of its decision; a rejection must give **reasons**, allow you **at least 90 days** to make representations, describe the internal escalation and the ombud, and any time-bar; the insurer must answer representations **within 45 days**, and a time-bar must leave **at least 6 months** after the 90 days (PPR).

Then the **National Financial Ombud** (life division) handles the complaint free of charge, once you have complained to the insurer first; phone **0860 800 900** (NFO). Its life ombud's advice in July 2026: read the policy wording, get written confirmation of what you were promised, and challenge discrepancies early (NFO). More: insurance complaints.

## Frequently asked questions

**Is income protection tax deductible in South Africa?**

No. Since 1 March 2015 premiums are a prohibited deduction (section 23(r)), and the benefits are tax-free under section 10(1)(gI) (SARS).

**What is the difference between disability cover and income protection?**

Disability cover usually pays a lump sum on a disability event (class 1(c)); income protection pays a recurring monthly amount (class 1(d)) while you cannot work.

**What is dread disease cover?**

A lump sum paid on a listed serious illness — under the ASISA standard, heart attack, cancer, stroke and bypass surgery are graded A to D, and each insurer sets the percentage it pays at each level.

**Can I cancel an income protection policy?**

Yes, within 31 days after receiving the policy information, provided nothing was claimed or paid (long-term PPR rule 4, as amended in 2018).

**What can I do if my disability claim is rejected?**

Make written representations to the insurer within at least 90 days; it must reply within 45 days. Then complain, free, to the National Financial Ombud.

Chapter 2

# Life insurance in South Africa: life cover, disability, dread disease and income protection

Reviewed 28 October 2026 · online: https://tulinde.co.za/life-insurance/

**Short answer** Checked 28 October 2026

In South Africa, **life insurance** ("life cover") pays a sum of money when you die, become disabled or suffer a serious illness, and is sold only by insurers licensed by the Prudential Authority under the **Insurance Act 18 of 2017**. Every life policy is also covered by the **Policyholder Protection Rules** under the Long-term Insurance Act: you can cancel a new policy within **31 days**, a missed monthly premium leaves you covered for **15 days**, and a rejected claim gives you **at least 90 days** to challenge it.

## The four kinds of life cover

The Insurance Act sorts life insurance into classes. The "risk" class is what most people mean by life insurance; it pays on a **death event**, a **health event** or a **disability event**. Insurers give their products their own names, so read what the policy actually pays on.

| What you see advertised | What the Insurance Act calls it | How it pays |
|---|---|---|
| Life cover | Risk — individual death | A lump sum (or set payments) when the insured person dies |
| Disability cover | Risk — individual disability, lump sum | A lump sum when you become disabled as defined in the policy |
| Income protection | Risk — individual disability, recurring payment | Regular payments while you are disabled as defined in the policy |
| Dread disease / severe illness cover | Risk — individual health | A lump sum on a health event, not linked to medical-scheme costs or services |
| Funeral cover | Funeral class | A capped amount for funeral costs — see funeral cover |
| Credit life | Credit life class | Pays your debt to a lender — see credit life insurance |

Employers and retirement funds also buy **group** versions of these covers for their staff or members. If you have cover through work, ask for the benefit statement before buying more.

> Dread disease and income protection are not medical aid. A health-event policy may not be linked to the costs or services regulated by the Medical Schemes Act (Insurance Act, Schedule 2, Table 1). For hospital bills, see health insurance.

## Which laws protect you

- **Insurance Act 18 of 2017** — who may sell life insurance (licensed insurers only) and the classes of business. Check a company on the Prudential Authority's list of insurers or on our page on insurance companies.
- **Long-term Insurance Act 52 of 1998**, section 62 — the basis for the **Policyholder Protection Rules (PPRs)**, gazetted on 15 December 2017 (in force 1 January 2018) and amended on 28 September 2018 (in force 1 October 2018). They are enforced by the FSCA.
- Whoever sells or advises you must be an authorised financial services provider (FSP) or its representative — check on the FSCA register.

## What the insurer must tell you

Under PPR rule 11.5, no later than **31 days after the policy starts** the insurer must send you, in writing and separate from the policy wording:

- evidence of cover and how and when benefits are paid to you or your beneficiary;
- all charges and fees, and the **commission** paid to the intermediary;
- all **exclusions and limitations**, with the significant ones shown prominently;
- your right to cancel and how to claim;
- the statements you made that the insurer treated as **material** to its risk assessment — check them carefully, because wrong answers are the classic reason for a rejected claim.

You must also receive a copy of the policy within 31 days, and you can ask for a copy at any time (rule 11.5.3 and 11.5.4).

## Changed your mind? The 31-day cooling-off right

PPR rule 4.2 (as amended in 2018) lets you cancel a new policy, or a change you asked for, within **31 days** of receiving the rule 11.5 information, as long as no benefit has been paid or claimed and nothing insured has happened. It does not apply to cover that lasts 31 days or less.

1. Send the insurer a written cancellation notice (keep proof of the date).
2. The insurer must act on it **within 31 days** (rule 4.4).
3. You get back what you paid, less the cost of the cover you actually had and, for investment-linked policies, any market loss (rule 4.3).

## Missed a premium: grace period and lapse

Rule 15A, added in 2018, says that if a premium is not paid on its due date the insurer must **tell you within 15 days**, and your cover stays in force:

- for **15 days** after the due date if you pay monthly (or more often);
- for **one month** after the due date if you pay less often;
- or longer, if your policy says so.

If you die or claim during that grace period, the claim is valid but may be **reduced by the unpaid premium** (rule 17.11). A policy clause that lets the insurer reject a claim because the premium was late, when you paid within the grace period, is void (rule 7.1(e)). After the grace period, a policy with no cash value lapses; one with enough cash value is dealt with as rule 15A.3 sets out (kept in force from its value, made paid-up or surrendered).

> Funeral policies have an extra protection: if a lapsed funeral policy is reinstated, or you take a new one with the same insurer within two months, no new waiting period may be imposed (rule 2A.9). See funeral cover.

## Replacing an existing policy

Swapping one risk policy for another can lose you cover (new exclusions, new waiting periods, older age at entry). PPR rule 19 therefore makes the new insurer ask the adviser whether the policy is a **replacement**; if so, it must get the adviser's record of advice and send it to your old insurer **within 14 days**, and a senior manager must confirm within 14 days that the record shows why the new policy suits you better.

If the insurer later finds the adviser hid that it was a replacement, it must report this to the regulator and tell you that you may cancel the new policy under the cooling-off rule within **31 days** of being told (rule 19.2.5).

> Practical rule: do not cancel the old policy until the new one is issued, you have read its exclusions and waiting periods, and the cooling-off period has passed.

## Claims: deadlines the insurer must meet

- The insurer must record your claim **by the next business day** after it is received, even if documents are missing (rule 17.8.7), and may ask only for documents essential to assess it (rule 17.8.5).
- It must accept, reject or dispute the claim within a reasonable period and **tell you in writing within 10 days** of deciding (rules 17.6.1–17.6.2).
- A rejection must give reasons and tell you that you have **at least 90 days** to make representations to the insurer, plus how to complain to the ombud (rule 17.6.3).
- The insurer must answer your representations **within 45 days** (rule 17.6.5).
- It may not reject a claim **only** because of a polygraph or lie-detector test (rule 17.10), and a clause forcing disputes into arbitration is void (rule 7.1).
- A wrong or missing answer on your application cancels cover only if a reasonable, prudent person would see it as material to the risk (rule 21). If your age was wrong, benefits are adjusted to the correct age (rule 21.3).

If the insurer's final answer is still no, complain free of charge to the **National Financial Ombud Scheme (NFO)**, which took over the Long-term Insurance Ombud and began work on 1 March 2024. Our complaints guide explains the steps, and policyholder rights lists the rest of the rules.

## Beneficiaries and keeping cover up to date

- Name your beneficiaries on the policy and update them after a marriage, divorce or birth. Ask the insurer for written confirmation of every change.
- Tell your family which insurer you are with and where the policy documents are; a claim cannot be paid if nobody knows the policy exists.
- Rule 11.5.1 requires the insurer to tell you if you need to review your cover periodically — check the amount against your debts and your family's needs every few years.
- The insurer may end a policy for reasons other than non-payment or a change in risk only with **31 days' written notice** (rule 20.2.1).

## Frequently asked questions

**What is the difference between life cover and life insurance?**

In South Africa they mean the same thing in everyday use: a policy that pays a sum of money when the insured person dies. Many life policies add disability, dread disease (severe illness) or income protection benefits, which the Insurance Act classes as disability and health events.

**Can I cancel a life policy after I sign?**

Yes. Under PPR rule 4.2 you can cancel a new long-term policy within 31 days of receiving the policy information the insurer must send you, as long as no claim has been made. You get your premiums back less the cost of the cover you had.

**What happens if I miss a life insurance premium?**

The insurer must notify you within 15 days, and the cover stays in force for 15 days after the due date for monthly premiums (one month for less frequent premiums). If you pay within that grace period, your cover continues (PPR rule 15A).

**What is income protection?**

Income protection pays regular amounts while you are disabled and cannot work as defined in the policy. The Insurance Act calls it individual disability cover paid as a recurring payment. Read the definition of disability and the waiting period before benefits start.

**What is dread disease cover?**

Dread disease or severe illness cover pays a lump sum when you are diagnosed with a condition listed in the policy. In the Insurance Act it is a 'health event' policy, which may not be linked to the costs or services regulated under the Medical Schemes Act, so it does not replace medical aid.

**Where do I complain about a life insurer?**

First use the insurer's complaints process. If you are still unhappy, the National Financial Ombud Scheme (NFO), which absorbed the Long-term Insurance Ombud on 1 March 2024, handles complaints free of charge.

Chapter 3

# Credit life insurance in South Africa: the price caps and your right to choose your own policy

Reviewed 28 October 2026 · online: https://tulinde.co.za/credit-life-insurance/

**Short answer** Checked 28 October 2026

**Credit life insurance** pays off or pays your loan instalments if you die, become disabled or lose your income. Under the **Credit Life Insurance Regulations, 2017**, a lender may charge at most **R4.50 per month per R1,000** of the amount you owe on most loans and **R2 per R1,000 on a home loan**, commission included. A lender may require credit life, but the **National Credit Act (section 106)** gives you the right to **replace its policy with one of your own choice**.

## What credit life insurance is

Section 106 of the National Credit Act 34 of 2005 lets a credit provider require you to keep **credit life insurance** for the term of a loan, for no more than what you owe it. It may not demand insurance that is unreasonable, or at an unreasonable cost, given the real risk (section 106(2)).

The Credit Life Insurance Regulations were published by the Minister of Trade and Industry on **9 February 2017** (GN 103, Gazette 40606). They took effect six months later and apply to credit agreements entered into from then on — the National Credit Regulator (NCR) announced them in February 2017.

## The maximum price (regulation 3)

The cap includes any commission, fees or expenses, applies **per life insured**, and is calculated on the deferred amount at the start of the agreement or on the amount owed from time to time:

| Type of credit | Maximum cost per month |
|---|---|
| Mortgage (home loan) | **R2** per R1,000 of the deferred amount |
| Affordable housing mortgage (principal debt up to R450,000) | **R2** per R1,000 if you are under 55; **R2.50** per R1,000 if you are over 55 |
| Credit facility (credit card, overdraft, store card) | **R4.50** per R1,000 of the average amount used in the billing cycle |
| Unsecured credit transaction (personal loan) | **R4.50** per R1,000 of the deferred amount |
| Short-term credit transaction | **R4.50** per R1,000 of the deferred amount |
| Developmental credit | **R4.50** per R1,000 of the deferred amount |
| Other credit agreements (for example instalment agreements) | **R4.50** per R1,000 of the deferred amount |

Worked examples (our arithmetic from the caps): on R100,000 owed on a personal loan, credit life may cost at most **R450 a month**; on a R1,000,000 home loan, at most **R2,000 a month**.

If the policy also settles your **whole debt** on temporary disability and on inability to earn an income, the cap may rise by **R1 per R1,000** — but you cannot be forced to take those extra benefits (regulation 5). If the premium is charged yearly, the limit is the monthly cap × 12 (regulation 6).

## What the policy must cover (regulation 3(2))

- **Death or permanent disability**: the full outstanding balance of the loan.
- **Temporary disability**: the instalments that fall due, for 12 months, the rest of the loan term, or until you are no longer disabled — whichever is shortest.
- **Unemployment or inability to earn an income** (other than through disability): the instalments that fall due, for 12 months, the rest of the loan term, or until you find work or can earn again — whichever is shortest.

Some costs are not allowed at all: if you are **not employed** when the policy starts, you may not be charged for retrenchment cover; if you are a **pensioner**, you may not be charged for occupational disability cover (regulation 3(3)–(4)). Self-employed people and informal-sector workers may be covered for inability to earn an income, but not for retrenchment or occupational disability (regulation 3(5)).

## What it may exclude (regulation 4)

The regulations list the only exclusions allowed. In short:

- **Death or disability** caused by alcohol or drug abuse, self-inflicted injury or suicide, war and civil unrest, nuclear/biological/chemical weapons, crime, or hazardous activities such as mountain climbing, bungee jumping and speed racing.
- A **pre-existing condition** you knew about and that affected you in the 12 months before cover started — but a condition you disclosed can be excluded only if you were clearly told about that specific exclusion.
- **Loss of income** from retrenchment in the first 3 months of cover (on loans longer than 6 months), dismissal, voluntary retrenchment, resignation, retirement, an unprotected strike, or a retrenchment you knew about in the 3 months before cover started.
- A **waiting period of up to 3 months** for disability benefits, only on loans longer than 6 months — and no waiting period at all on short-term credit of 1 month or less.

The exclusions must be explained to you when you sign the credit agreement and repeated at regular intervals afterwards (regulation 4(2)).

## Using your own policy instead of the lender's

If the lender proposes a credit life policy, the National Credit Act says you must be told of your **right to waive it and substitute a policy of your choice** (section 106(4)). Regulation 7 adds that you can do this **at any time** after signing, and the lender **must accept** if your policy gives at least the minimum cover listed above.

1. Get a quote for a credit life or life policy that covers at least death, permanent and temporary disability and loss of income, for at least the amount you owe.
2. Have the lender recorded as beneficiary or cessionary up to the settlement value (the lender may require written directions to this effect, section 106(6)).
3. Give the lender the details of your new insurer **within 5 business days** of taking up the policy (regulation 7(2)).
4. Cancel the lender's policy only once the lender confirms the substitution.

The insurer of your new policy must help you meet the lender's requirements and, when asked, confirm in writing that the policy is in force and the lender is recorded on it (PPR rule 3.2, GN 1407 of 2017).

## What the lender must do

- Add **no surcharge** above the real cost of the insurance it arranges (section 106(5)(a)).

- Disclose the cost of the insurance and any **commission or fee** it earns (section 106(5)(b)).
- Explain the terms and give you a **copy of the policy** (section 106(5)(c)).
- Be paid only up to the **settlement value** of the loan when you claim — anything left over goes to you (section 106(5)(d)).
- If you paid annually, refund the unused part of the final year's premium when you settle the loan (section 106(7)).

If a lender overcharges or refuses your own policy, complain to the lender first, then to the free National Financial Ombud Scheme, which includes the former Credit Ombud — see complaints. You can also report it to the National Credit Regulator, which can require a lender to show that its credit life charges comply (regulation 3).

## Frequently asked questions

**Is credit life insurance compulsory in South Africa?**

A lender may require you to have credit life insurance for the term of a loan (National Credit Act, section 106), but you do not have to buy the lender's own policy: you may substitute a policy of your choice that gives at least the minimum cover in the regulations.

**How much can a lender charge for credit life insurance?**

At most R4.50 per month per R1,000 owed on personal loans, credit cards, vehicle finance and most other credit, and R2 per R1,000 on a home loan (R2.50 for over-55s on an affordable housing mortgage). The cap includes commission and fees (Credit Life Insurance Regulations, 2017, regulation 3).

**Can I cancel the bank's credit life and use my own policy?**

Yes, at any time after signing. The lender must accept your policy if it provides at least the minimum benefits; you must give the lender your insurer's details within 5 business days of taking up the new policy (regulation 7).

**Does credit life cover me if I lose my job?**

It must pay your instalments for up to 12 months (or the rest of the loan, or until you earn again, if shorter) if you become unemployed. But it may exclude resignation, dismissal, retirement, voluntary retrenchment and retrenchment in the first 3 months of cover, and you may not be charged for this cover if you had no job when it started.

**Who regulates credit life insurance?**

The National Credit Regulator enforces the National Credit Act and the credit life regulations against lenders; the insurer itself is licensed by the Prudential Authority and must follow the FSCA's Policyholder Protection Rules.

# Sources

## Chapter 1: Income protection, disability and dread disease cover in South Africa: how they work, how they are taxed and how claims are decided


1. Insurance Act 18 of 2017 — Government Gazette 41388, 18 January 2018 (gov.za): s 1 ('disability event', 'health event'), Schedule 2, Table 1, class 1 'Risk' — https://www.gov.za/sites/default/files/gcis_document/201801/41388gon32insuranceact2017.pdf
2. Policyholder Protection Rules (Long-term Insurance), 2017 — GN 1407, Government Gazette 41321, 15 December 2017: rules 11 (disclosure) and 17.6 (claims) — https://www.gov.za/sites/default/files/gcis_document/201712/41321gon1407.pdf
3. FSCA — Amendment of the Policyholder Protection Rules (Long-term Insurance), GN 997, Government Gazette 41928, 28 September 2018: rule 4 (31-day cooling-off) — https://www.gov.za/sites/default/files/gcis_document/201809/41928gon997.pdf
4. SARS — Taxation in South Africa 2026: prohibited deductions, section 23(r) (income protection premiums) — https://www.sars.gov.za/wp-content/uploads/Ops/Guides/Legal-Pub-Guide-Gen01-Taxation-in-South-Africa.pdf
5. SARS — Guide for codes applicable to employees tax certificates 2026 (PAYE-AE-06-G06): income protection benefits exempt under s 10(1)(gI) from 1 March 2015 — https://www.sars.gov.za/wp-content/uploads/Ops/Guides/PAYE-AE-06-G06-Guide-for-Codes-Applicable-to-Employees-Tax-Certificates-2026-External-Guide.pdf
6. ASISA — Standard on disclosures for critical illness products (SCIDEP; last updated 19 March 2025) — https://www.asisa.org.za/media/v2vjshfi/asisa_standard-on-disclosures-for-critical-illness-products_2026-hp.pdf
7. National Financial Ombud — 'A decade of trust, undone by fine print' (press release, 20 July 2026; income protection dispute) — https://nfosa.co.za/a-decade-of-trust-undone-by-fine-print/
8. National Financial Ombud — How to complain (home page) — https://nfosa.co.za/


## Chapter 2: Life insurance in South Africa: life cover, disability, dread disease and income protection


1. Insurance Act 18 of 2017 — Government Gazette 41388, 18 January 2018 (gov.za) — https://www.gov.za/sites/default/files/gcis_document/201801/41388gon32insuranceact2017.pdf
2. Long-term Insurance Act 52 of 1998 — Government Gazette 19276, 23 September 1998 (gov.za) — https://www.gov.za/sites/default/files/gcis_document/201409/a52-98.pdf
3. FSB — Policyholder Protection Rules (Long-term Insurance), GN 1407, Government Gazette 41321, 15 December 2017 (gov.za) — https://www.gov.za/sites/default/files/gcis_document/201712/41321gon1407.pdf
4. FSCA — Amendment of the Policyholder Protection Rules (Long-term Insurance), GN 997, Government Gazette 41928, 28 September 2018 (gov.za) — https://www.gov.za/sites/default/files/gcis_document/201809/41928gon997.pdf

5. Prudential Authority (SARB) — list of licensed insurers (live register, seen 29 October 2026) — https://www.resbank.co.za/en/home/what-we-do/Prudentialregulation/insurers-list
6. FSCA — search for authorised financial services providers (seen 29 October 2026) — https://www.fsca.co.za/Entity-Persons-Search?iframe_target=financial-services-providers
7. National Financial Ombud Scheme South Africa — About us (seen 29 October 2026) — https://nfosa.co.za/about-us/

### Chapter 3: Credit life insurance in South Africa: the price caps and your right to choose your own policy

1. National Credit Act 34 of 2005 — Government Gazette 28619, 15 March 2006 (gov.za) — https://www.gov.za/sites/default/files/gcis_document/201409/a34-050_0.pdf
2. Department of Trade and Industry — Credit Life Insurance Regulations, 2017, GN 103, Government Gazette 40606, 9 February 2017 (gov.za) — https://www.gov.za/sites/default/files/gcis_document/201702/40606gon103.pdf
3. National Credit Regulator — media release: the final credit life insurance regulations published (February 2017) — https://ncr.org.za/documents/Final%20Credit%20Life%20Insurance%20Regulations.pdf
4. FSB — Policyholder Protection Rules (Long-term Insurance), GN 1407, Government Gazette 41321, 15 December 2017 (gov.za) — https://www.gov.za/sites/default/files/gcis_document/201712/41321gon1407.pdf
5. FSCA — Amendment of the Policyholder Protection Rules (Long-term Insurance), GN 997, Government Gazette 41928, 28 September 2018 (gov.za) — https://www.gov.za/sites/default/files/gcis_document/201809/41928gon997.pdf
6. National Financial Ombud Scheme South Africa — About us (seen 29 October 2026) — https://nfosa.co.za/about-us/

## About this guide

Written and checked by the Tulinde editorial team. How we check facts: https://tulinde.africa/editorial-policy/.Read and share it online: https://tulinde.co.za/free-guides/income-protection-disability-dread-disease-2026/.

Tulinde — independent guide, not an insurer. © Takat AI. Compiled 31 October 2026.

