

LIFE CARE PLAN – KEY FACTS STATEMENT

This document is not a contract and does not contain the complete details of your cover.

What is the purpose of this Plan?

The purpose of the Life Care Plan is to provide funds in the event of death or hospitalization of a nominated member on the policy. The plan pays cash as a lump sum to the policyholder or nominated beneficiary under the policy.

1.DEATH COVER

This cover will help pay for the cost of a funeral.

Who is Covered?

The principal member, spouse, children, parents & in-law, and extended family members. The principal life and spouse should be aged between 18 to 59 while other nominated members should be aged between 0 to 74. The Life Care Plan can cover up to 22 members.

Premiums are based on age next birthday.

When does cover start?

A waiting period of six months applies to any one covered where death is because of natural causes. However, there is no waiting period where death is caused by an accident.

For accidental death cover commences upon receipt of first premium while for natural death cover starts 6 months after the first full premium payment given that all premium payments have been made in this period.

What Cover levels or packages are available?

There are three packages with Cover levels of up to K100,000 each: Essential, Enhanced and Premium packages.

What are the benefits under each package?

Benefits	Who is covered	Package
Funeral Benefit	You and any nominated family member	Essential, Enhanced & Premium
Double accident Benefit	All lives that have funeral cover	Enhanced & Premium
Family income Benefit	You and your spouse	Enhanced and premium
Burial Repatriation Benefit	All lives that have funeral cover	Enhance and premium
Memorial Benefit	All lives that have funeral cover	Premium
Waiver of premium death Benefit	Only you	Essential, Enhanced & Premium
Waiver of premium defined Benefit	Only you	Enhanced & premium
10% Cash back(3yrs)	You	All packages

2. HOSPITAL CASH BACK

This benefit is an optional cover only available to nuclear family which pays out a daily cash benefit in the event of hospitalization.

When does cover start?

A waiting period of six months from the day on which their cover starts applies to anyone covered by this benefit. However, if their hospitalization is because of accidental causes cover starts immediately.

If a new family member is added to the policy, the above conditions apply from the date of receipt of the full premium for the additional member.

What is payable?

- Daily cash benefit of K250 to K2,000 per day
- ICU benefit-Daily benefit will be doubled for each day spent in ICU.
- Long Stay - An additional lump sum of 5 times daily benefit is payable for being hospitalized at least 30 days consecutively and hospital cash payment will stop for that claim.

What happens when I retire from employment?

Provided the policy was taken before the principal member attained the age of 55 and is active on the principal member's 65th birthday, all benefits under the policy will continue thereafter without any further payment of premiums.

How much do I Pay?

Premiums payable are dependent on the following:

- Number of family members you wish to cover.
- Ages of all the members covered.
- cover level selected for each member covered.
- Insurance premium Levy (tax) of 5% of the total premium.
- Payments are to be made monthly.
- Currency – all transactions are in Kwacha.

How do I pay for this product?

- Payments can be made on agreed due dates by standing order, payroll deduction, Direct debit, tigg, VISA or any method agreed with Sanlam.

How we pay claims

- We will pay valid claims in Zambian kwacha. If anyone else covered by this policy dies, we will pay you.
- If you die we will pay your beneficiary.
- If the beneficiary is under age of 18 when you die we will pay the trust.
- We will deduct any premiums you owe us from the cover amount we pay you.

Sanlam makes the payment to you, or the nominated beneficiary within 48 hours of receipt of all required documentation.

Why a claim might be rejected? (Exclusions)

- A fraudulent or dishonest claim.
- The premium due is has been delayed by over 30 days.
- The premium payments received are less than the minimum required for the family member concerned.
- Death has not been notified to the insurer within 180 working days.
- Certificate of death has not been notified to the insurer.
- Death from suicide or self-inflicted injury.
- Failure to comply with reasonable requests from insurer.

If we dispute a claim

Visit our nearest office and complete a complaint form, or write to us on customercare@zm.sanlam.com or contact us on 0211 257713/15 or 7549 (Toll Free)

How will we take care of your complaint?

- Sanlam will acknowledge receipt of the complaint.
- We will investigate the complaint and provide feedback within 5 working days.
- Once we have dealt with your complaint we will learn from the experience and improve our offering to you where possible

If your complaint has not been resolved?

Escalate to the Customer Care Manager on thelma.siamo@zm.sanlam.com

If still not resolved escalate to Executive Head of Individual life on +260211277713/15

If still not resolved escalate to the Chief Executive Officer on +260211-257713/15

If you are still aggrieved or there has been no resolution after 6 weeks, contact the Pension and Insurance Authority (PIA) at Stand No 4618, Lubwa Road, Off Church Road Rhode spark, Lusaka. Box 30X Ridgeway LUSAKA.

Can I cancel this policy?

Cooling off period/Free Look Period: Within 30 days from the date, you received the contract.

- Cancellation: You may cancel the contract at any time at which point cover will cease.

I acknowledge receipt of the Key Facts Document upon my application for the Life Care Plan.

Name:

Sign.....