

OPTION 1 - ACCIDENTAL DEATH COVER ONLY: (Tick your Premium and Benefits option)

Cover Type		Standard	Silver	Copper	Emerald	Rubby	Gold	Diamond	Platinum
Sum Assured (ZMW)									
Cover	Accidental Death Benefit	K6,000	K8,000	K10,000	K12,000	K 14,000	K 16,000	K 18,000	K 20,000
Premiums per Trip (ZMW)									
PAY AS YOU GO	Premium per Individual (Single Policy)	K15	K20	K25	K30	K 35	K 40	K 45	K 50
	Premium per Individual (Group Policy)	K15	K20	K25	K30	K 35	K 40	K 45	K 50
Premiums per Month (ZMW)									
PER TRIP COVER	Premium per Individual (Single Policy)	K18	K20	K22	K24	K26	K28	K 30	K 32
	Premium per Individual (Group Policy)	K14	K16	K18	K20	K 22	K 24	K 26	K 28
WAY OF LIFE	Monthly Premium per Individual (Single Policy)	K 25	K30	K35	K40	K 45	K 50	K 55	K 60
	Monthly Premium per Individual (Group Policy)	K18	K20	K 22	K 24	K 26	K 28	K 30	K 32
FAMILY COVER	Monthly Premium per Family (Single)	K36	K38	K40	K42	K 44	K 46	K 48	K 50
	Monthly Premium per for Group of Families (min 10)	K25	K30	K35	40	K45	K50	K 55	K 60
Premiums per Term Per Student (ZMW)									
STUDENT COVER	Premium per Term per Student	K40	K45	K50	K55	K 60	K 65	K 70	K75

OPTION 2 – COMBINED INSURANCE COVER (Tick your Premium & Benefits cover)

Cover Type		Standard	Silver	Copper	Emerald	Rubby	Gold	Diamond	Platinum
Sum Assured (ZMW)									
Cover	Accidental Death Benefit	K6,000	K8,000	K10,000	K12,000	K 14,000	K 16,000	K 18,000	K 20,000
	Permanent Disability	K6,000	K8,000	K10,000	K12,000	K 14,000	K 16,000	K 18,000	K 20,000
	Medical Expense and Hospitalization	K3,000	K4,000	K5,000	K6,000	K 7,000	K 8,000	K 9,000	K 10,000
Premiums per Trip (ZMW)									
PAY AS YOU GO	Premium per Individual (Single Policy)	K15	K20	K25	K30	K 35	K 40	K 45	K 50
	Premium per Individual (Group Policy)	K15	K20	K25	K30	K 35	K 40	K 45	K 50
Premiums per Month (ZMW)									
PER TRIP COVER	Premium per Individual (Single Policy)	K25	K30	K35	K50	K60	K70	K 80	K 90

	Premium per Individual (Group Policy)		K22		K25		K28		K31		K34		K37		K40		K43
WAY OF LIFE	Monthly Premium per Individual (Single Policy)		K50		K55		K60		K70		K80		K90		K100		K110
	Monthly Premium per Individual (Group Policy)		K40		K45		K50		K60		K70		K80		K90		K100
FAMILY COVER	Monthly Premium per Family (Single)		K90		K95		K100		K105		K110		K115		K120		K125
	Monthly Premium per for Group of Families (min 10)		K80		K85		K90		K95		K100		K105		K110		K115
Premiums per Term Per Student (ZMW)																	
STUDENT COVER	Premium per Term per Student		K90		K95		K100		K105		K110		K115		K120		K125

N.B. Pay As You Go Cover option covers road trip up to point of destination within 24 hours. Per Trip Cover is for a period of Seven (7) Days.

PREMIUM PAYMENT OPTIONS

OPTION 1 – BANK DEBIT ORDER (DDACC) (tick your choice) Yes or No

If yes, please complete the following:

Name of the Bank:..... Branch

Account Number:.....Bank Sort Code (if Known).....

OPTION 2 – STOP ORDER PREMIUM PAYMENTS THROUGH AN ORGANISATION OR INSTITUTION

BASIC DETAILS OF EMPLOYER

Name of Employer

Postal Address.....

Physical Address

Department.....Department Number (if applicable).....

Pay Point (if applicable).....Division (if applicable)

Tel Number.....

OPTION 3 – OTHER PREMIUM PAYMENTS OPTIONS; KAZANG; MOBILE MONEY, c-GRATE etc.

Please indicate your choice

Statement of consent of premium deduction/payment:

I..... (Full names of proposer) the undersigned hereby authorize my Bankers, Organisation or Institution to be deducting the sum of K..... Every month from my Bank Account or Salary stated above and remit the same to Madison Life Insurance Company Zambia Limited with effect from..... Monthyear on every Day of the month.

Signature of the Proposer/Principal Member.....Date.....

Declaration:-

I the undersigned declare that the information given in this proposal is true and correct and complete to the best of my knowledge and belief.
 I hereby consent to the company seeking any information it deems necessary from any health Institution or Medical personal or my bankers and employer and from any other insurance company to which a proposal for the assurance has been made and I authorize giving of such information.
 I also understand and agree that any willful misstatement of any material fact in this proposal will invalidate any death or benefit payable under the Policy and I undertake to abide by the terms and conditions of the Policy.

Signature: Date

The above Proposal has been accepted by the undersigned Authorized Representative of the Institution or Organisation on behalf of MLife.

Full Names of the Authorized Official.....

Signature: Date



Original – white (Client)

Blue – MLife

Yellow – To MLife (book copy)

Pink – Organisation/Institution

Terms and Conditions of Domestic Travel Insurance Policy

<p>1.</p> <p>2.</p> <p>3.</p>	<p>PREAMBLE</p> <p>1.1 In consideration of the payment of the premium payable under this Policy, Madison Life Insurance Company Zambia Limited (herein called “Company”) agrees to insure eligible Insured Persons to the extent hereto provided and subject to the exclusions and all other limitations and provisions of this Policy and Endorsements thereto, the proposal and the Schedule of Insured Members, shall constitute the sole agreement between the two parties.</p> <p>1.2 No contrary representation or agreement to vary this Policy shall be of any legal force or effect unless reduced to writing and signed by the Principal Members or by one specifically authorized thereto in writing by such signatory, or by the Actuary of the Company.</p> <p>DEFINITIONS</p> <p>2.1 “Accident” or “Accidental” means a sudden, unforeseen and unexpected event happening by chance</p> <p>2.2 “Accidental Death” Shall mean death arising from a Road Traffic Accident</p> <p>2.3 Bodily injury. Physical trauma to an Insured Person caused by a Road Traffic Accident (RTA) happening within the Policy Period and is not in any caused by any other physical defect or infirmity existing prior to the RTA.</p> <p>2.4 Insured Person. Any person declared by the proposer on this policy</p> <p>2.4 Medical Expenses. Are on reimbursement basis upto the maximum Sum Assured.</p> <p>2.5 Permanent Disablement. means disablement resulting from an Injury caused a Road Traffic Accident and which has lasted for at least twelve (12) months from the date of such Injury and which thereafter is beyond hope of improvement and which entirely prevents the Insured Person from carrying on their usual occupation or employment or business for compensation or profit.</p> <p>2.6 Policy. Means this document embodying the insurance contract and shall include any subsequent Terms, Conditions, Exclusions, Endorsements and Terminations</p> <p>2.7 Policy Holder. Means people/ a person stated in the corresponding item in the Policy.</p> <p>2.8 Principal Member. The person who proposes the Policy and whose age at entry is not less than 18 years.</p> <p>2.9 Private Motor Vehicle. Means a self-propelled private motor car with 3 or more wheels which of a type both designed and required to be licensed and does not sit more than 9 people including the driver.</p> <p>2.10 Policy. Means this document embodying the insurance contract and shall include any subsequent Terms, Conditions, Exclusions, Endorsements and Terminations</p> <p>GENERAL CONDITIONS</p> <p>3.1 Eligibility. This Policy covers Persons within the borders of The Republic of Zambia which includes Zambians or Foreign nationals working or travelling within Zambia.</p>	<p>5</p> <p>2.11 Public Service Transport. A shared passenger transport service which is available for use by the general public</p> <p>2.12 Road Traffic Accidents (RTAs). Are those accidents:</p> <ul style="list-style-type: none"> - which occur or originate on a way or street open to public traffic - which result in one or more person being killed or injured - in which at least one moving vehicle was involved <p>2.13 Terrorism. Means an act of violence or an act dangerous to human life, tangible or intangible property or infrastructure with the intention or effect to influence any government or to put the public or any section of the public or any section of the public in fear.</p> <p>2.14 Types of Insurance cover:</p> <ul style="list-style-type: none"> i) Accidental death cover only: Means insurance cover for death arising from a Road Traffic Accident. ii) Combined Insurance cover: Means insurance cover for Accidental death, Permanent Disability and Medical and Hospitalization expenses. <p>2.15 Types of Plan:</p> <ul style="list-style-type: none"> i) Pay-As- You – Go: Means Insurance cover for one way trip. Policy expires on arrival at the prescribed destination. ii) Per- Trip cover: Means Insurance cover for a period of Seven (7) days travelling within the Borders of Zambia. Insurance expires on the Seventh day of coverage. iii) Way – of – Life Cover: Means Insurance cover for a period of one Month. Multiple trip cover for a month and can be taken for a period longer than one Month. iv) Students Cover: Means Insurance specifically designed for Students and provides insurance cover for a term to term whilst at school as well as travelling to and from School. <p>HOW TO MAKE A CLAIM</p> <p>Contact Us. Madison Life Insurance Company Zambia Limited, Head Office, Dar-es-Salaam Place, South of Main Post Office, PO Box 33384, Lusaka, Zambia</p> <p>Telephone:260 233112/13, 233940/40,233943/44/46 Fax No. 260 211 233936 E-mail: claims@mlife.co.zm MLife website: www.mlife.co.zm WhatsApp: +260975992517 Cell Phone : 0971201087</p> <p>A completed Claim Form that has been signed by the Insured member, copies of the bus ticket, the insurance certificate, Police Report and other items that may be necessary, are required on all claims together with the following documents for the different types of losses.</p> <p>5.1 Accidental Death</p> <ul style="list-style-type: none"> - Claim Form - Police Report. - Or Medical Cause of Death - Copy of the Burial Permit - Copy of NRC of the Deceased and - Copy of NRC of the Claimant - Claim Notification Period for this Section will be 30 days.
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3.2 Special Restrictions.
- Cover for any other insured family member cannot be higher than that of the Principal Member.

3.4 Evidence of Health. No medical evidence of health is required in order to be eligible for the Policy

3.5 Commencement of Cover Is after the issuance of a Policy Document and the receipt of Premium. However for Permanent Disability any entitlement to a benefit in the event of a Road Traffic Accident of any of the insured members will commence after a 30 days waiting period of the first premium having been paid. The waiting period will also apply on reinstatement of a lapsed Policy for Way of Life Cover.

3.6 Additions and deletions. In the event of the addition or deletion of an Insured Person or a change in the amount insured after the issuance of this Policy, all subsequent premium adjustment(s) shall be made at the end of each monthly policy anniversary date

3.7 Upgrade to higher Cover. Policy can on voluntary basis be upgraded to higher cover to counter the impact of inflation on the assured value. The upgrade will be applied on a two year (24 months) cycle.

3.8 Ownership of the Policy. Ownership of the Policy is transferable from the Principal Member to another premium payer within the insured members in the event of incapacitation of the Principal Member. Cover can continue for all the Insured members for as long as premiums due are paid in full.

3.9 Currency. The premiums and benefits are expressed and payable in the legal tender of the Republic of Zambia.

3.11 Premiums. The premiums payable for each Policy will be reflected on the Policy Schedule over leaf.

3.12 Premium Payments. Premiums are paid in advance for Pay as you go and Per Trip covers. For Student Cover premiums are paid Termly, Quarterly or Annually. For Way of Life Premiums are payable monthly in advance. A Fifteen (15) days grace period is allowed for payment of premium. Failure to pay premiums within the grace period will result in lapsation of the Policy.

3.13 Reinstatement of Policy. A lapsed Policy can be reinstated on application and a waiting period of thirty (30) days will apply.

3.14 Payment of Benefits. The benefits provided in terms of this Policy will be paid on receipt of the claim documentations stated in section 5 below. All certificates, information and evidence required by MLife shall be furnished without expenses accruing to MLife. Photocopies used as proof of death will not be admissible unless they bear original certification as true copies of the original by a Commissioner of Oaths

3.16 Payment of Medical Benefits. The Company shall pay Medical Expenses to the Policyholder and shall not be liable to pay any medical expenses benefit directly to the Medical Practitioner or other medical service provider.

3.17 The Company will defray the reasonable expenses in respect of Medical, Surgical or Hospital treatment up to the amount stated herein incurred as the result of such injury within six calendar months from the happening of the RTA.

3.18 Cancellation of Policy by the Company. The Company shall be at liberty at any time by giving 24 hours' notice in writing to the insured at his last known address to cancel this Policy as from the date of such notice in which event the Company shall return to the Principal Member or Insured members a proportionate part of the Monthly Premium corresponding to the Policy

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- Note all documents should be certified by Commissioner of Oath.

5.2 Emergency Medical Expenses

- Copy of NRC of the Insured.
- Claim Form
- Medical Bills from the Clinic Or Hospital attended the Patient immediately after the Road Traffic Accident.
- If the Patient had a pre-existing condition before the accident should get a Report from his usual attending stating such treatment which was received prior to the accident.
- Name of the Medical Practitioner as well as his address and telephone number.
- Medical Expenses Claims Must be submitted to MLife within 30 days
- It is not the responsibility of MLife to transport the Insured to the Hospital.

5.3 Permanent disablement

- Medical Reports/Doctor's statement.
- Claim Form
- Copy of NRC of the Claimant
- Claim Notification Period for this Section will be 30 days.

NB: Permanent disability benefit will be paid according to the guiding principles and Permanent Disability Compensation Table available at our Head Office and the website.

The accumulation of all the Disability percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent.

Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ.

In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing Disability and that present after the accident.

IMPORTANT NOTICE ON CLAIMS

- 6.1 Claim Forms.** The Company shall provide Claim Forms to the Insured member upon receipt of written notice of the claim. All evidence shall be furnished in the form prescribed and must be submitted to the Company within 30 days of the Insured member's notification.
- 6.2 Claims Notification.** The Insured must give the Company notice in writing within 30 days of an accident or any occurrence which may lead to a claim under this Policy
- 6.3 Claims Evidence.** The Insured must provide at his own expense all proceedings where the insurer alleges that by reason of this definition a loss, damage or expense is not covered by this Policy, the burden of proving that such loss, damage or expense is covered shall be upon the insured.
- 6.4 Acceptance of Benefits** if the Company has paid a claim under this Policy and the Insured member has accepted full and final payment then the Company will not have to make any further payments under the same claim.

No Benefit shall be payable until the total amount thereof has been ascertained, agreed and Discharge Form has been signed by the Principal member or Insured member

<p>4.</p>	<p>3.19 Cancellation of Policy by the Insured. There shall be no premium refund in case of Policy cancellation. Furthermore, NO surrender values are payable on cancellation.</p> <p>3.20 Cession. This Policy cannot be ceded, assigned or in any way transferred to a third party. Benefits shall be payable only to the Insured, or its legal representative whose receipt shall discharge the Company.</p> <p>3.21 Fraud. Any fraud, deliberate dishonest or hiding of material information related to the Policy or claim, will invalidate the Policy. If this happens, the Insured or Insured members will forfeit any benefit due and must pay back any benefit that the Company would have paid</p> <p>3.22 Jurisdiction. The laws of the Republic of Zambia, whose Courts shall have jurisdiction in any dispute arising hereunder, will govern this Policy.</p> <p>3.23 Arbitration. If any difference shall arise as to the amount to be paid under the Policy (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with the statutory provision. Where any difference is by Condition to be referred to arbitration the making of an award shall be a Condition precedent to any liability of the Company or any right of action against the Company.</p> <p>3.24 Failure to comply with Policy Conditions. Where the Insured members do not comply with any obligation to act in a certain way as specified in this Policy; this may prejudice the Insured member's position to recover under any claim including rejection of the claim.</p> <p>3.25 Revision of terms and Conditions. The Company reserves the right to amend, revoke, vary or alter any of the Terms and Conditions of this Policy provided that Mlife will give the Principal Member at least thirty (30) days written notice of such amendment.</p> <p>No alteration in the Terms of this Policy and no Endorsement hereon shall be valid unless signed or initialed by an authorized official of the Company.</p> <p>3.26 No Claim Cash Back Benefit. There shall be a Cash Back Benefit of 10% of the premiums paid in every three (3) year cycle provided all premiums due are fully paid in that cycle and there was no claim paid in the period under consideration.</p> <p>GENERAL EXCLUSIONS</p> <p>Madison Life Insurance Company Zambia Limited shall not pay for bodily injury whether fatal or non-fatal to any Insured member directly or indirectly caused by or arising or resulting from or traceable to:</p> <p>4.1 Death arising from any other cause other than a Road Traffic Accident.</p> <p>4.2 Intentional self-injury, suicide or attempted suicide (whether felonious or not) provoked assault or fighting, unless on bonafide self-defence.</p> <p>4.3 An accident happening directly as a result of an Insured members under the influence of intoxicating liquor or of a drug or is in a state of insanity.</p> <p>4.4 Directly as a result of participation in racing or duration test.</p> <p>4.5 Injury to any Insured members under 16 years of age or over 75 years of age operating a motor vehicle.</p> <p>4.6 Notwithstanding any provision to the contrary within this policy or any endorsement thereto, this policy does not cover any liability, loss, damage or expense of whatsoever nature directly or indirectly caused by, resulting from,</p>	<p>6.5 Maximum Claim. The Insured member shall be entitled to benefit up to a maximum of two benefit categories arising from a single accident.</p> <p>The insured member will be entitled to claim benefits from this Policy of up to a maximum of two claims per year.</p> <p>6.6 Notification of Travel Date: Not more than one change of travel dates is allowed</p> <p>6.7 Claims, Queries and Complaints</p> <p>Claim Forms are available from any MLife Office or appointed Agents or Broker. To claim a benefit or to submit a query on your Policy please contact;</p> <p>Madison Life Insurance Company Zambia Limited, Head Office, Dar-es-Salaam Place, South of Main Post Office, P.O Box 33384, Lusaka, Zambia Telephone: 260 233112/13, 233940/40, 233943/44/46 Fax No. 260 211 233936 E-mail: mlife@mlife.co.zm; MLife website: www.mlife.co.zm WhatsApp: +260975992517</p>
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	<p>happening through or in connection with any act of terrorism, regardless of any other cause contributing concurrently or in any other sequence to the loss, damage or expense.</p>		
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