


# CLAIM DOCUMENTATION CHECKLIST

## CLAIM DOCUMENTS

a) Duly completed Claim Form

**CERTIFIED COPIES OF:**

b) Medical certificate of cause of death, Brought in Dead Certificate or Police Report

c) National Registration Card, Drivers License or Passport of the deceased plus NRC or Passport of the person claiming the benefit.

(i) Birth Record or Birth Certificate or Under Five Card In case of Children.

d) burial permit

In the case of deaths occurring in remoteareas or villages and in the absence of any of , written confirmations of the death by the following: authorised thereto in writing by such signatory or by the valuator of Madison Life Insurance Company Zambia Limited.

(i) The District Secretary or local Police Station

(ii) The Chief or Village Headman, plus

e) Funeral Palour Quotation (Optional)

All certificates, information and evidence required by MLife shall be furnished without expense 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.

## Benefit payment options

There is an option to be paid cash, i.e. full sum assured or professional funeral parlour services & cash or services only.

All professional funeral parlour services from Funeral Parlours partnered with MLife are accessed at 7.5% discount.

**The Claim Form and the fully certified supporting documents should be submitted via email – claims@mlife.co.zm**

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# CASH BACK CLAIM DISCHARGE FORM

Policyholder …… ……..Submitted at(Branch) ……..……

Policy Number (Serial Number of Proposal form):……...……..……..

Physical Address ……..……

| **Questions to be answered by the Claimant:** | **Answer** |
|---|---|
| 1. Name of Employers: | |
| 2. Residence | |
| 3. Date when policy Commenced | |
| 4. Date of last Deduction | |
| 5. Date of Birth | |
| 6. NRC number | |
| 7. Employee number | |
| 8. Indicate Mode of payment:-<br><br>Cheque or Mobile Money or Bank Transfer | |
| 9. If, Mobile Money Please Indicate Mobile Number | |
| 10. If, Bank Transfer Indicate your bank | |
| 11. Account Number: | |
| 12. Branch where the account was opened? | |
| 13. a) In what capacity or by what title do you claim the amount due under the policy? If executor, administrator or guardian, a certified copy of appointment must be furnished.<br>b) State your full names and relationship, if any, to the Principal. | |

**CLAIM REQUIREMENT:**

**1. Letter of claim from the Client 2. Copy of NRC 3. Copy of Policy Document 4. Copy of Payslip**

**I warrant the truth of the above answers and request for payment on the basis thereof.**

Signature ……..  Occupation ……

Address ……  Date …….

……  Telephone/Cell No……

…….  Email Address……...

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# TILITONSE DEATH CLAIM DISCHARGE FORM

Policyholder …… ……Submitted at(Branch) ……..……

Policy Number (Cell Phone Number that was Used to Register):……..

Claiming on the live/ lives of ……

| **Questions to be answered by the Claimant:** | **Answer** |
|---|---|
| 1. Name of the Deceased | |
| 2. Residence | |
| 3. Occupation at date of assurance | |
| 4. Occupation since assurance was effected | |
| 5. Date of Birth | |
| 6. Date of Death | |
| 7. Did the death arise as a result of bodily injury or ill-health which arose out of and in the course of Military Service i.e air force, ground force, naval etc | |
| 8. When did the health of the Deceased first begin to be Affected by disease or injury? | |
| 9. Duration of last illness | |
| 10. Principle cause of death | |
| 11. Names and addresses of a doctor who attended or prescribed treatment, drugs, etc. for the Deceased during the two years preceding death. | |
| 12. Did the deceased commit suicide or did he died as a result of violation of any law? | |
| 13. Had the assured any other life assurance? If so, state the policies. | |
| 14. a) In what capacity or by what title do you claim the amount due under the policy? If executor, administrator or guardian, a certified copy of appointment must be furnished.<br>b) State your full names and relationship, if any, to the deceased. | |

**I warrant the truth of the above answers and request for payment on the basis thereof.**

Signature ……..  Occupation ……

Address ……  Date …….

……  Telephone/Cell No……

……  Email Address……...

Bank Name……..  Bank Branch ……

Bank a/c #..... Bank sort code…….

MADISON LIFE INSURANCE COMPANY ZAMBIA LTD

# TERMS AND CONDITIONS

## of the Tilitonse Funeral Insurance Plan

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**1 Insurer**

Madison Life Insurance Company Zambia Limited (hereinafter referred to as the Company) being the insurer, will pay the funeral benefits described in this Policy document provided all premiums have been paid and the Policy conditions have been met.

**2 Insured Persons**

The persons who are eligible for membership of the Policy are described below under clause 3. The Insured Persons who, being eligible, have been admitted to membership and upon whose death the funeral benefits will be paid as nominated by the Proposer in terms of the application for membership or amendment.

**3 Principal Member**

The person who proposes the Policy, pays premium and whose attained age is between 18 years to 65 years at entry.

**4 Premiums and Sum Assured**

**a)** K1 and above premium Funeral Cover: a monthly funeral cover of ZMW 5,000 for monthly premium values of ZMW 5 or less and ZMW 10,000 for premium payments of ZMW 6 and above bundled with the existing products mentioned, of which the K1 differential above the base product purchased constitutes the Premium.

**b)** A Principal shall be restricted to a maximum of 2 Policies.

**5 Commencement of Cover**

Cover which is the entitlement to funeral expenses benefit in the event of death of any of the insured members commences immediately after payment of the first premium for accidental death only. For all other causes of death cover commences after a waiting period as described under clause 6.

**6 Waiting Period**

There is immediate cover for Accidental Death after the first transaction and a 3-month waiting period for natural death upon initial sign-up.

**7 Surrender Value**

Tilitonse Funeral Plan does not acquire at any time, a surrender value on its cancellation. It does not also provide for a loan facility.



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*In partnership with MTN*

MTN

**8 Jurisdiction**

The laws of the Republic of Zambia, whose Courts shall have jurisdiction in any dispute arising hereunder, will govern this Policy.

**9 Assignment**

This Policy cannot be ceded, assigned or in any way transferred to a third party. Benefits shall be payable only to the Insured Members, or its legal representative whose receipt shall discharge the Company.

**10 Fraud**

If any claim under this Policy is fraudulent in any manner, all the benefits will be forfeited, the Policy cancelled and there will be no refund of premiums. Furthermore, Madison Life Insurance Company Zambia Limited reserves the right to prosecute.

**11 Currency**

Premiums and benefits are expressed and payable in the legal tender of the Republic of Zambia.

**12 Policy Term**

The Tilitonse Funeral Plan is a Whole Life Plan.

**13 Inactive Policy**

A policy is considered inactive if no transactions are made within a month, and MLife is not obligated to pay claims on an inactive policy.

**14 Reinstatement of Policy**

Should a policy be deemed inactive, reinstatement is automatic the moment the client completes a new qualifying transaction.

**15 Revision of Terms and Conditions**

Madison Life Insurance Company Zambia Limited 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 amendments will have a prospective effect.

## 16 Claims

To enable the Company admit the claim under the Terms of this Policy, the following documents should be submitted to **claims@mlife.co.zm**:

**(i)** Duly completed Claim Form

**(ii)** Certified copies of Medical Certificate of Cause of Death OR Police Report plus burial permit and NRC OR Passport of the deceased plus NRC OR Passport of the person claiming the benefit.

**(iii)** In the case of death occurring in remote areas or villages and in the absence of any of the above, written confirmations of the death by the following: **a)** The District Commissioner or local Police Station; **b)** The Chief or Village Headman, plus a certified copy of the National Registration Card or Passport of the deceased.

**(iv)** Every Tilitonse Funeral Benefit claim shall have proof of purchase or provision of Coffin or Casket for the deceased member.

All certificates, information and evidence required by MLife shall be furnished without expense to MLife. Photo copies used as proof of death will not be admissible unless they bear original certification as true copies of the original by a Commissioner for Oaths.

## 17 Exclusions

The Company will not be liable for any claim arising whether directly or indirectly as a result of: War, invasion, act of foreign enemy, hostilities, civil war, rebellion, military or usurped power or while the life insured is on active service with military, navy, air or police services of any nation whether war be declared or not; active participation in labour disturbances, riot, strike, lockout or a life insured's conviction of a criminal offence.

Wilful self-exposure to danger and or suicide committed within 24 months of joining Tilitonse Funeral Plan or within 24 months of any reinstatement.

**ABC Exclusions** — Deaths as a direct or indirect consequence of the use of nuclear, biological or chemical weapons, or any radioactive contamination.

- Aviation other than as a fare paying passenger travelling on a scheduled flight of a recognized airline.
- Indulgence in alcohol or drugs not prescribed by a registered medical practitioner.
- Mental illness or nervous disorders.
- Service in any capacity for any army, navy or air force even if the Member is still following his normal occupation.
- Failure by a Member to seek or to follow medical advice.

## 18 No-Claim Cash Back Benefit

Policyholders are eligible for a 10% cash back of the premiums paid during each three-year cycle, provided that premiums have been paid monthly and no claims were filed within that period.

## 19 Queries and Complaints

To submit a query or complaint on your Policy please contact: 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:** 260 211 233936 **Mobile:** +260 975 992 517

**E-mail:** mlife@mlife.co.zm / customer@mlife.co.zm **Website:** www.mlife.co.zm

Or SMS "Claim" to **4440** or SMS "Help" to **4440**.

## 20 Territorial Limits

This Policy provides cover only for people who reside within the borders of the Republic of Zambia and who if not permanent residents of the Republic of Zambia are working on a legal work permit for a period longer than six months.

**21**

## Agreement

This Policy and amendments hereto, the proposal and the Schedule of insurance, shall constitute the sole agreement between the two parties. No contrary representation or agreement to vary this Policy shall be of any legal force or effect unless reduced to writing and signed by either the signatory hereof or by one specifically authorized hereto in writing by such signatory, or by the valuator of Madison Life Insurance Company Zambia Limited.