

18.2 ANNUAL & MONTHLY PREMIUM / BENEFIT ILLUSTRATION - 8 YEAR TERM

AGED	SCOPE OF COVER	ANNUAL PREMIUM (GH₵)	MONTHLY PREMIUMS	SUM ASSURED/ BENEFIT (GH₵)
57	Death/Total Permanent Disability Dread Disease (optional)	6,690.00 2,837.00	607.63 257.68	100,000.00 50,000.00



Ultimate Protection Plus Condition

WHY SIGN ON THE StarLife ULTIMATE PROTECTION PLUS

- Provides absolute peace of mind.
- Attractive sum assured (benefits).
- Attractive non-medical limit of GHC200,000.00
- Return of all premiums at the end of policy term.
- Adequate financial security for dependents or business partners.
- Medical cost for insurance is borne by StarLife; subject to StarLife's medical limit.
- Return of premium if death occurred naturally within the waiting period.
- Policy is assignable.
- Business continuity in the event of unexpected life contingencies such as Death, Total/ Permanent Disability and Critical Illness.
- Prompt payment of claims (within 72 hours).

18.0 ANNUAL & MONTHLY PREMIUM / BENEFIT ILLUSTRATION-10 YEAR TERM

AGED BAND	SCOPE OF COVER	ANNUAL PREMIUM (GH₵)	MONTHLY PREMIUMS	SUM ASSURED/ BENEFIT (GH₵)
21-25	Death/Total Permanent Disability Dread Disease (optional)	808.00 142.50	73.39 12.94	100,000.00 50,000.00
26-30	Death/Total Permanent Disability Dread Disease (optional)	886.00 168.50	80.47 15.30	100,000.00 50,000.00
31-35	Death/Total Permanent Disability Dread Disease (optional)	915.00 234.00	83.11 21.25	100,000.00 50,000.00
36-40	Death/Total Permanent Disability Dread Disease (optional)	1,058.00 360.50	96.09 32.74	100,000.00 50,000.00
41-45	Death/Total Permanent Disability Dread Disease (optional)	1,343.00 556.50	121.98 50.54	100,000.00 50,000.00
46-50	Death/Total Permanent Disability Dread Disease (optional)	1,904.00 874.50	172.93 79.43	100,000.00 50,000.00
51-55	Death/Total Permanent Disability Dread Disease (optional)	4,557.00 2,036.50	413.90 184.97	100,000.00 50,000.00

18.1 ANNUAL & MONTHLY PREMIUM / BENEFIT ILLUSTRATION - 9 YEAR TERM

AGED	SCOPE OF COVER	ANNUAL PREMIUM (GH₵)	MONTHLY PREMIUMS	SUM ASSURED/ BENEFIT (GH₵)
56	Death/Total Permanent Disability Dread Disease (optional)	6,340.00 2,676.00	575.84 243.05	100,000.00 50,000.00

16.0 GENERAL EXCLUSIONS

No payment of benefit shall be made for death of the Principal Assured or any other assured member directly or indirectly from or consequent upon or traceable to:

16.1 Any Assured engaging in aviation other than as a fare paying passenger on a regular recognized air route;

16.2 War (whether war be declared or not) mutiny, civil war, riot, civil commotion or insurrection, invasion, hostilities, act of foreign enemy, revolution, conspiracy or state of siege.

16.3 The execution of a judicial sentence of death; or the assured's claim is caused by an act which is a willful and material violation of the law.

16.4 Suicide or attempt thereof or intentionally self-inflicted injury whether sane, insane; unless such death occurred after the policy had been in force a minimum of twenty-four (24) months.

16.5 From any illness or injury that originated before the assured member was accepted for this insurance unless such illness or injury or any related preceding condition was fully disclosed on the application form and accepted by the company without restrictions or such death occurred after the policy had been in force for a minimum period of twenty-four (24) months.

16.6 If the assured's claim is caused by exposure to atomic energy, nuclear fission or reactor radiating biological or chemical hazards whether accidental or not.

16.7 Participation in hazardous sports or pursuit including but not limited to rock climbing, scuba diving, hang gliding, parachuting, paragliding, drag racing and speed contest of any kind.

17.0 SETTLEMENT OF DISPUTES

In the event of any dispute arising between the parties to the Policy or their successors in title concerning any matter relating to the Policy, the parties shall endeavor to resolve the matter themselves. In the event of the parties being unable to resolve the dispute themselves, the dispute shall be first referred to the National Insurance Commission. A party who is dissatisfied with the decision of the National Insurance Commission may refer the dispute to a court of competent jurisdiction.

1.0 INTRODUCTION

The dreams and aspirations of every family or business partners are affected upon the demise or disability of the breadwinner or business partner. It is during these trying times that the essence of their roles is truly appreciated.

With the best interest of our clients at heart, the StarLife Ultimate Protection Plan was carefully and thoughtfully crafted to offer businesses, breadwinners and their dependants the vital protection from the unexpected and eventual events of disablement and death.

2.0 THE StarLife ULTIMATE PROTECTION PLUS

This policy is a Unique Term Assurance Policy which pays out the sum assured (benefits) when the event insured against happens within the terms and conditions of the policy.

2.1 Ownership of the Policy

The owner, as of the date of issue of this policy, is the Life Assured whose name appears on the schedule.

2.2 Eligibility

Minimum age at entry is 19 years and Maximum age is 57 years. (Please note that this is age next birthday).

2.3 This policy has a minimum term of 8 years and a maximum of 20 years. The age of the assured at the end of the term shall not exceed 65 years.

3.0 SCOPE OF COVER

The Policy covers; Death, Total and Permanent Disability and Critical Illness.

3.1 Death

Death, however, caused except suicide and any other exclusion stated in this policy (See Section 16.0). On the death of the life assured according to the terms and conditions of this Policy, StarLife Assurance Company Limited (hereinafter called the Company) shall pay the sum assured to the named beneficiaries, if policy has been in force for more than one hundred and eighty (180) days.

In the event of accidental death occurring within the one hundred and eighty (180) days period, the sum assured shall be paid in full. Accidental death means death caused by external violent visible means other than suicide.

3.2 Total and Permanent Disability:

Total and Permanent Disability, as used in this policy, shall mean disability, whether caused by bodily injury arising from an accident or disease, which wholly prevents the assured from engaging in any business, or occupation, or performing any work, physical or mental, for compensation or profit, provided, however, that the total disability has become a permanent one, and must have continued uninterrupted for a period of at least six (6) months or one hundred and eighty (180) days. Total and Permanent Disability shall be understood to have begun on the first day that such disability has occurred.

The loss of use of both legs and both arms or of one arm and/or one leg and the loss of use of Key Senses as to loss of both eyes, Speech and hearing in both ears shall be considered total and permanent disability. Loss shall mean, with regard to arms or legs in a permanent state of disuse or dismemberment by amputation of the entire hand or foot; with regard to eyes, entire and irrecoverable loss of sight.

Also refer to the Permanent Disability Scale below:

INJURY	PER-CENTAGE	INJURY	PER-CENTAGE
1.Loss /loss of use of both hands at or above the wrist	100	10.Loss of leg – at hip between knee and hip below knee	70 50 35
2.Loss/loss of use of both feet at or above the ankles	100	11.Total and irremediable deafness- Both ears	100
3.Loss/loss of use of one hand at or above the wrist and of one foot at or above the ankle.	100		
4.Loss/loss of use of all fingers and thumbs of both hands.	100		
5.Total and irremediable blindness in both eyes.	100		
6.Total and irremediable paralysis.	100		
7.Loss of arm – At shoulder Between elbow and shoulder At elbow Between wrist and elbow	60 50 47.5 45		
8.Loss /loss of use of hand at wrist	42.5		
9.Loss of ankle	32.5		

After the payment of the above (for benefits below 100%), the policy shall continue to be in force with a reduced death / total and permanent disability benefit subject to the percentage of benefit paid.

3.3 Critical Illness (optional)

Critical Illness as used in this policy, shall refer to any of the following diseases:

a) Alzheimer's Disease

The deterioration or loss of intellectual capacity or abnormal behaviour arising from Alzheimer's disease or irreversible organic disorders (excluding neurosis and psychiatric illness) resulting in significant reduction in mental and social functioning and requiring the continuous supervision of the life insured.

The diagnosis must be clinically confirmed by an appropriate consultant and confirmed by the Company's Chief Medical Office.

12.0 CLAIMS

A claim shall be lodged in the form specified by the Company:

- In the case of death, either a Death Certificate and or a Medical Certificate of Cause of Death or any other legal proof of death.
- A Police Report should be added to the above in the case of Accidental Death
- In the case of Total and Permanent disability, medical evidence by a qualified registered medical doctor is required.
- In the case of Critical Illness, medical evidence by a qualified registered medical doctor will be required
- The Company however reserves the right to seek further medical advice it requires to establish the Total and Permanent disability or Critical illness that arises within the terms of this Policy.
- For assureds who opt for monthly payment frequency, the outstanding portion of premiums for the policy anniversary year will be deducted from the claim amount at the time of claim.

12.1 CLAIMS NOTIFICATION

It is advised that the Company be notified within two years in the event of any of the risks covered within the terms and conditions of the policy

13.0 TERMINATION OF ASSURANCE

The Company's liability, with regards to individual members assured, shall cease, when:

- The Company has paid off the death benefit or
- 100% of the benefit under the total and permanent disability has been paid in full by the Company or
- Cover ceases at age 65 or
- The critical illness benefit is terminated once benefit under this option has been paid or
- When the policy term ends and the RETURNS FOR LOYALTY(RFL) is paid or
- The Policy is abrogated, whichever comes first.

14.0 INCONTESTABILITY

Provided that no claims are presented to the Company within the first two policy years, the insurer will not contest the contract on the subsequent claim of the contract, except in case of fraud or misrepresentation. Should a claim occur within two years of the effective date of the contract, the Company will be entitled to contest the contract only on the grounds that the contract was issued on the base of an incorrect declaration or statement made by the Policyholder either fraudulent or in the knowledge that it contained a material inaccuracy.

15.0 VOIDABILITY OF THIS POLICY

Notwithstanding any of the provisions in this policy, willful misrepresentation in answer to any of the questions by the assured in the application for the policy or reinstatement shall be deemed material misrepresentation and the company reserves the right to render this policy null and void and such right of invalidation shall survive the occurrence of death.

7.9 Freedom from Restriction

This Policy is free from restrictions as to foreign residence, travel or occupations.

7.10 Surrender/Cancellation Value

No benefit is payable if the Policyholder surrenders or cancels the policy.

7.11 Right to effect change

7.11.1 The Assured has the right to effect the following changes in his policy by filing a written notice of such changes at any registered office of the Company. i.e. Address, Beneficiary (ies), Email address, Name, Signature and Telephone number.

7.11.2 In the case of a change of name, it shall be accompanied by a clear photocopy of any of the following documents;

- A sworn Affidavit
- Gazette
- A newspaper clip
- A marriage certificate

8.0 PREMIUM

8.1 The Company shall advise the Assured of premiums due under this Policy upon the submission of a completed application form.

8.2 All premiums are payable in advance to the Company.

8.3 In the event that the premiums actually paid to the Company are incorrectly computed the Policyholder shall be notified immediately and the error rectified.

8.4 Premiums at entry shall remain same till end of policy tenure unless the benefits increase option has been activated

9.0 ASSIGNMENT

The policy is assignable. This policy shall however be binding upon the company unless or until the original or duplicate of the Deed of Assignment has been filed with the company at the Head Office. The Company assumes no obligation as to the validity of any assignment.

10.0 NON-MEDICAL LIMIT

The policy has a non-medical limit of GHS 200,000.00. Benefit amounts above GHS 200,000.00 shall be subject to medicals and StarLife shall bear the cost of the medicals for annual paying clients; subject to StarLife's medical limit. The non-medical limit is subject to review by StarLife.

11.0 BENEFIT PAYMENT

11.1 The Company shall pay any benefit within 72 hours upon receipt of all the relevant claims documents.

11.2 All payments due under this policy shall be made in the original currency of the policy

b) Blindness (Severe Glaucoma or cataract)

Total and irreversible loss of sight in both eyes as a result of acute sickness or accident. The blindness must be certified by an ophthalmologist's report

c) Cancer

The presence of a malignant tumour, characterized by the uncontrolled growth and spread of malignant cells with the invasion of normal tissue. Unequivocal biopsy evidence of invasive malignancy must be produced. This includes leukaemia (other than chronic lymphocytic leukaemia), but excludes non-invasive cancers *in situ*, tumours in the presence of any human immunodeficiency virus and any skin cancer other than malignant melanoma.

d) Coma

State of unconsciousness with no reaction to external stimuli or internal needs persisting continuously with the use of life support systems for a period of at least 96 hours which in the opinion of the Company results in a neurological deficit of a permanent nature

e) Coronary Artery disease requiring surgery

The undergoing of heart surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts in persons with limiting anginal symptoms, but excluding non-surgical techniques such as balloon angioplasty or laser relief of an obstruction.

f) Heart attack

The death of a portion of the heart muscles as a result of inadequate blood supply. The diagnosis will be based upon all of the following three criteria:

- A history of typical chest pain,
- New electro-cardiographic changes
- Elevation of specific cardiac enzymes.

g) Loss of limbs

A definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of medically acquired amputation.

The diagnosis must be made by a specialist.

h) Major Burns

Third degree burns covering at least 20% of the body surface area

i) Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis, made by a consultant neurologist holding an appointment as such in a major hospital and confirmed by the Company's Chief Medical Officer, with evidence of the typical symptoms of demyelination, persisting neurological abnormalities and impairment function.

The diagnosis will be based on confirmatory neurological investigations (e.g. lumbar puncture, evoked visual responses, evoked auditory responses and Nuclear Magnetic Resonance (NMR) evidence of lesions of the central nervous system).

j) Organ transplant

The actual undergoing as a recipient of a heart, heart and lung, liver, pancreas, kidney or bone marrow transplant.

k) Paralysis

Paralysis of both legs or arms or one leg or one arm, resulting in the permanent loss of the use of these limbs.

l) Renal Failure

Chronic irreversible total failure of both kidneys as of which regular renal dialysis is instituted

m) Stroke resulting in permanent symptoms

Any cerebrovascular incident producing neurological sequelae including infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source. Evidence of permanent neurological deficit must be confirmed by a neurologist at least 6 weeks after the event.

Transient ischaemic attacks are excluded

An Assured will receive the critical illness sum assured, should he/she be diagnosed with any of the critical illness listed above.

Where claims for two or more of the critical illnesses are presented, only one payment will be made. Critical Illness benefit is payable only once and in respect of the diagnosis of only one of the 13 Critical Illnesses specified above during the lifetime of the Life Assured.

4.0 WAITING PERIOD

A waiting period of one hundred and eighty (180) days is applicable for both death and critical illness. During this period, premium paid is returned less administrative charges. However, if the policyholder dies as a result of an accident, the full death benefit is payable.

5.0 RETURNS FOR LOYALTY(RFL)

There is a return of all premiums, less administrative charges if the assured survives the entire term of the policy without making any claims. All premiums must be paid before the assured qualifies for this benefit. For assureds who chose 10 years and above 5% simple interest will be calculated on the net premiums paid in addition to the return of premiums. The net premium is defined as the premium paid less administrative charges

6.0 BENEFITS INCREASE OPTION

The policyholder has the option to increase the contractual premium on an annual basis in order for the benefits to be inflation-linked. The policyholder can choose one of the following options:

Option	Annual Premium Increase	Annual Benefit Increase
1	5%	3%
2	10%	6%
3	15%	9%
4	20%	12%

7.0 OTHER GENERAL CONDITIONS

7.1 Effective Date of Assurance

The effective date of the assurance on any assured shall be the day he/she is granted cover.

7.2 Schedule of Assurance

The details of the benefit for the Assured shall be as per the attached Individual Specification Schedule provided together with the Policy Document.

7.3 Insuring Clause

Upon receipt by the Company of due proof in writing that the assured has died, become totally and permanently disabled, suffered from any named critical illness the Company shall pay the sum assured in force on account of such individual member in accordance with the conditions of this Policy.

7.4 Free-Look Period

The Assured may opt out of the contract within thirty-one (31) days of signing the proposal form by returning the policy schedule and the policy wordings to the Company. The Company will then refund the first premium paid upon the said return, less any expenses paid for medical evidence, commissions and administrative fees.

7.5 Beneficiary (ies)

The Company will pay any death benefit to the Assured. Contingent beneficiaries may be named to receive the proceeds if the Assured dies. If no named beneficiary is living when the Assured dies, the proceeds will be paid to the estate of the deceased owner.

7.6 Grace Period

A grace period of thirty-one (31) days shall be granted for the payment of every premium during which period the cover shall be in force.

7.7 Lapse

This policy will lapse if premium is not paid on or before its due date except as provided under 7.6.

7.8 Reinstatement

This policy may be reinstated (coverage restored) anytime within twelve (12) months after it has terminated at the end of a grace period. To reinstate this policy, the owner must:

- Submit an application letter for reinstatement.
- It may be necessary to submit proof satisfactory to us that the Assured is still insurable.
- Pay all outstanding premiums together with interest at the prevailing interest rate that is set by the Company. However, the policy cannot be reinstated;
- Where one or more claims takes the policy out of force or
- Where it has been cancelled