

StarLife Family Protection Plan



StarLife™
...your solid partner for life



Conditions For Starlife Family Protection Plan

One of the first social identification of every individual is belonging to a family. We pick up so many attributes including our first lessons in life from the family.

Thus the family plays a very important role in our lives and such its interest needs to be safeguard. Unfortunately, the "life" of a family is taken away with the demise of the bread winner. This is where the **StarLife Family Protection Policy** steps in to ensure that in the absence of the breadwinner the Family continues to enjoy life.

The policy features include the following:

- Attractive sum assured (benefits)
- The Sums Assured ranges from ₦10,000.00 to ₦25,000.00
- Cash back if no claim is made over every three-year period from the issue date of the policy
- Free cover after age 60 years for policyholders up to age 75 years.

SECTION 1

TYPE OF POLICY

1.1 This policy is a Renewable Term Life Assurance Policy which pays out the sum assured when the event insured against happens within the terms and conditions of the policy.

1.2 It does not provide a surrender value, policy loan nor partial withdrawal.

SECTION 2

Eligibility

2.1 Any Principal Assured, his/her spouse, child, shall be eligible for cover provided they are in good health and fall within the ages below:

Assured	Inception Age
Principal	Not more than 55
Spouse	Not more than 55
Child	Not more than 17

2.2 Only one spouse and a maximum of four (4) children shall be eligible for cover.

2.3 The Child cover ceases when the child attains age 18.

2.4 Any Principal Assured eligible for coverage shall submit a completed proposal form/ application form available on our digital platforms.

SECTION 3

Scope of Cover

3.1 BENEFITS

The benefit structure under this product is categorized into three options:

	Death	Total Permanent Disability	Child Disability	Dread Disease
Basic	10,000	3,000	1,500	3,000
Standard	17,500	4,000	2,000	4,000
Prestige	25,000	5,000	2,500	5,000

3.2 Death

Death, however, caused except suicide and any other exclusion stated in this policy. On the death of the Life Assured according to the terms and conditions of this Policy, StarLife Assurance Company Limited (hereinafter called STARLIFE) shall pay the sum assured to the named beneficiaries, **if policy has been in force for more than ninety (90) days.**

3.3 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. 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.

StarLife shall pay to the Life Assured the full sum assured or proportionate sum assured according to the degree of injury as determined by the insurer's registered and certified medical practitioner.

3.4 Dread Diseases

'Dread Disease' as used in this policy, shall refer to any of the following.

3.4.1 Heart Attack

The heart of a portion of the heart muscles as a result of inadequate blood supply The diagnosis will be based on 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.

3.4.2 Stroke resulting in permanent symptoms

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

Transient ischaemic attacks are excluded.

3.4.3 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.



3.4.4 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 or any skin cancer other than malignant melanoma.

3.4.5 Paralysis

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

3.4.6 Kidney (Renal) Failure

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

3.4.7 Blindness

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.

3.4.8 Major Organ Transplant [MOT]

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

3.4.9 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.

3.4.10 Major Burns

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

3.4.11 HIV through blood transfusion

The life insured being infected by the Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome provided that:

- a. The infection is due to a blood transfusion received from a recognized institution in Ghana.
- b. The institution which provided the transfusion admits liability.

3.4.12 Loss of Speech

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of twelve (12) months.

In the event of loss of speech, the Company must be notified with three (3) months of the onset of the loss of speech.

3.4.13 Full Blown AIDS

Payment of the Dread Disease Aids benefit will only be made if all three (3) of the following criteria are met:

1. Positive HIV antibody test performed by a recognized laboratory and a positive Western Blot.
2. Two separate CD4 cell counts of less than 200 cells/per micro litre, the blood test being performed on two separate occasions.
3. One of the following Aids related diseases must be proven.
 - 3.1 Kaposi Sarcoma (An Aids related cancer).
 - 3.2 HIV encephalopathy with dementia or progressive multi focal leucoencephalopathy (intellectual deterioration of a severe and progressive type).
 - 3.3 Pulmonary-proven Pneumocystitis or Cryptococcosis (fungal infections of the lungs by pneumocystitis carinii Cryptococcus neoformans respectively).
 - 3.4 Active tuberculosis.
 - 3.5 Infections by specified viruses of the Herpes group. These include only Herpes Zoster, Disseminated Herpes Simplex and Cytomegalo virus.
 - 3.6 Persistent chronic diarrhea over a period of more than three (3) months.
 - 3.7 Candidosis of the oesophagus or respiratory system (Thrush).
 - 3.8 Weight loss of more than 10% body weight over a period of five (5) months or less.

This benefit will terminate if AIDS is found to be a curable disease.


3.4.14 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 Officer.

3.4.15 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 NMR evidence of lesions of the central nervous system).

StarLife shall pay the Assured the allocated sum assured as specified in the Policy Schedule, should the Life Assured be diagnosed with any one of the dread diseases listed in section 3.4 that meets the Company's policy definition, prior to their 65th birthday.

A waiting period of 180 days applies during which no benefit is payable.

3.5 Cash Back

A cash back of 25% of the annual premium shall be payable to the policyholder if no claim is made over a 3-year period from the issue date of the policy. This payment will only be made if all premiums were received. However, the cash back benefit would cease once the waiver of premium benefit kicks in.

SECTION 4 RIDERS

4.1 Spousal Death Benefit

A fixed lump sum benefit is paid out on the death of the spouse assured, if this benefit was chosen at policy inception. Only **one (1) spouse** per policyholder shall be covered under this policy.

4.2 Child Disability Benefit

A fixed lump sum benefit selected at policy inception is paid out on the total and permanent disablement of the child. This benefit will however cease at age 18. Refer for definition of Total and Permanent Disability. In the case of the child, engaging in any business, or occupation, or performing any work, physical or mental, for compensation or profit does not apply.

4.3 Waiver of Premium on Death

After the death of the Policyholder, the policy can continue to be in-force for the Policyholder's Spouse and child (ren) if the child disability and death of spouse benefit were chosen at policy inception. Waiver benefits for spouse ends at age 75 (of Principal assured).

SECTION 5

Effective date of assurance

The effective date of assurance shall be the issue date as shown on the cover page following the receipt of the first premium and approval by the Company.

SECTION 6

Ownership of the Policy

The owner of the policy is the person who buys the life insurance policy and whose name appears on the cover page of the policy schedule. This person is referred to as the Policyholder or the Principal Assured and his or her life is being insured under this policy.

SECTION 7

Schedule of Assurance

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



SECTION 8

Insuring Clause

Upon receipt by the Company of due proof that any Assured hereunder shall have died, totally and permanently disabled or has suffered any of the defined dread diseases the Company shall pay the applicable amount of death benefit in accordance with the conditions of this policy.

SECTION 9

Cooling Off Period

The Policyholder is entitled to a thirty-one (31) day 'cooling off' period after signing the proposal form or applying on any of our digital platforms. Within this period, the policyholder is given the option to opt out of the contract if he or she is not satisfied with the policy conditions by returning the policy schedule and the policy document to the Company.

The Company shall then refund the first premium paid upon the said return, less any administrative charges.

SECTION 10

Waiting Period

10.1 A waiting period of **ninety (90) days** applies to Death.

Waiting period starts counting after the issue date and this is the period within which no benefits are payable except in the event of accidental death.

10.2 If death occurs within the first ninety (90) days, only a refund of premiums less administrative charges shall be paid.

10.3 However, in the event of accidental death occurring during the waiting period, the sum assured shall be paid in full. Accidental death means death caused by external violent means other than suicide.

SECTION 11

Premium Payments

11.1 The initial premium for this policy, the planned periodic contribution and the payment interval selected are as shown on the cover page and schedule attached.

11.2 Premiums are payable in advance, on or before their respective due dates at the selected frequency while the policy is in-force.

SECTION 12

Currency

Premium payments and benefits under this policy shall be made in Ghanaian currency.

SECTION 13

Right to effect change

13.1 The Policyholder or the Assured has the right to effect changes to his/her policy by completing the relevant forms of such change available on the Company's website or at any registered office of the Company.

The following changes are allowed and with their required documentations needed:

a. Beneficiary (ies)

Document and information required:

- i. Valid ID of policyholder
- ii. Original policy document (Not mandatory).

b. Trustee

Document and information required:

- i. Valid ID of policyholder
- ii. Original policy document (Not mandatory).

c. Source of payment

Document and information required:

- i. Valid ID of policyholder
- ii. Completed mandate form for banks or institution
- iii. New account number/staff ID.

d. Address

Document and information required:

- i. Valid ID of policyholder
- ii. New address
- iii. Proof of address like electricity bill, tenancy agreement, GPS location etc (not mandated).

e. Telephone

Document and information required:

- i. Valid ID of policyholder
- ii. New Phone number

f. Signature.

Document and information required:

- i. Valid ID of policyholder
- ii. A sworn Affidavit.

g. Name

Document and information required:

Valid ID of policyholder and clear photostat copy of any of the following:

- i. A sworn Affidavit
- ii. Gazette
- iii. A newspaper clip
- iv. A marriage certificate.

A valid National ID shall be the preferred ID.

SECTION 14

Grace Period

A grace period of thirty-one (31) days shall be allowed for the payment of every premium after its due date during which period the assurance hereunder shall continue to be in force. Should death occur within the grace period, the overdue premium will be deducted from the benefits payable.

SECTION 15

Lapse

This policy will lapse if premium is not paid on or before its due date except as provided in section 14 above. This means that all benefits are forfeited unless the policy is reinstated by paying all outstanding premiums with existing applicable interest set by the Company.

SECTION 16

Reinstatement

16.1 This policy may be reinstated within twelve (12) months from the date of default by the Assured. It may be required that the Assured submits evidence of insurability.

To reinstate this policy, the policyholder must:

- Submit an application for reinstatement
- Pay all outstanding premiums together with interest at the prevailing interest rate that is set by the Company.

SECTION 17

Cancellation

The Policyholder may cancel his/her policy at any time. However, premiums will not be refunded when the cancellation is after the cooling off period.

SECTION 18

Surrender

The policy has no provision for surrender or surrender value.

SECTION 19

Beneficiaries

19.1 The Principal Assured shall be the sole beneficiary of any other Assured covered under this policy.

The Principal Assured shall name beneficiaries to the policy in the event of his or her death.

19.2 If the event that the beneficiary is/are below 18 years, the Company will pay the death benefit to the named Trustee on his/her/their behalf.

19.3 Contingent beneficiaries may be named to receive the proceeds if the primary beneficiary dies before the Assured.

19.4 If no named beneficiary is living when the Assured dies, the proceeds will be paid to the estate of the deceased.

SECTION 20

Mis-Statement of Age or Date of Birth

If the age or date of birth of the Principal Assured or any other assured member has been mis-stated but still falls within the age eligibility, the Company shall amend the amount of the death benefit to reflect what the premium would have purchased at the correct age at the inception or renewal date of the policy.

If the age or date of birth of the principal Assured or any other assured member has been mis-stated and falls above the maximum entry age, the premiums paid in respect of the affected Assured shall be refunded in the course of the policy or in the event of a claim.

SECTION 21

Freedom from Restriction

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

SECTION 22

Termination of Assurance

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

30.1 The Company has paid off the death benefit.

30.2 The benefit under the total and permanent disability has been paid by the Company.

30.3 The Policy is abrogated, whichever comes first.

SECTION 23

Claims Notification

On the occurrence of any of the events insured under this policy, the Company should be notified as soon as possible within ninety (90) days.

SECTION 24

Payment of Claims

Payment of a claim would be made upon receipts of such information required in establishing a claim. Information required to establish a claim will be, but not by way of limitation.

24.1 For Death Claim:

- a. A valid ID card of the claimant
- b. A valid Medical Certificate of Cause of Death or a Death Certificate
- c. Evidence of relationship with Principal Assured
- d. Evidence of coverage / Original Policy Document
- e. Police Report in the case of accidental death in addition to the previous mentioned information.

24.2 For Total Permanent disability and Critical illness:

- a. A valid ID card of the Policyholder
- b. A valid medical report/ evidence by a Qualified Medical Practitioner is required

- c. The Company reserves the right to seek any further medical advice it requires to establish the total permanent disability and critical illness that arises within the terms of this policy.

The Company reserves the right to repudiate an invalid and or fraudulent claim.

SECTION 25

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 endeavour 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 Compliant Management & Advice Bureau (CMAB) of Ghana Insurers Association (GIA). A party who is dissatisfied with the decision of the Compliant Management & Advice Bureau (CMAB) may refer the dispute to the National Insurance Commission.

SECTION 26

Incontestability

Provided that no claims are presented to the insurer 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, misrepresentation and non-disclosure of a material fact. The insurer will be entitled to contest the contract on the grounds that the contract was issued on the base of an incorrect declaration or statement made by the insured member either fraudulent or in the knowledge that it contained a material inaccuracy.

SECTION 27

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.

SECTION 28

Amendments or Abrogation of Policy

Where it becomes necessary to amend portions thereof or abrogate this Policy either party shall be required to give three (3) months' notice to that effect. During the period of such three (3) months, the Policy shall subsist.

SECTION 29

Exclusions

The Company shall not be liable to pay any benefit in respect of any event arising directly or indirectly from or traceable to any of the following events:

29.1 If the Assured commits suicide, while sane or insane, within twenty-four (24) months from the date of issue of the policy.

29.2 If the Assured dies within twenty-four (24) months from the date of issue of the policy and such death is in any way due to or arising directly or indirectly, entirely or partially from Acquired Immunodeficiency Syndrome (AIDS) or infection from any Human Immunodeficiency Virus (HIV).



No payment of benefit shall be made for death of the Assured directly or indirectly from or consequent upon or traceable to.

29.3 Any Assured engaging in aviation other than as a fare paying passenger on a regular recognized air route or as part of the cabin crew.

29.4 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.

29.5 Death caused by rioting, civil disturbances or epidemic, or pandemic, firing squad or mutiny or insurrection or public execution or while committing an unlawful act, or execution of a judicial sentence of death.

29.6 Active participation in hazardous sport or pursuit including but not limited to rock climbing, scuba diving, hang gliding, mountaineering, horse riding, hunting, motor-racing, power boat racing or fighting (except in self-defense).

29.7 Any accident directly or indirectly caused by or contributed to or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or nuclear weapons material or from any nuclear waste from the combustion of any nuclear fuel. Solely for the purposes of this exclusion, combustion shall include any self-sustaining process or nuclear fission.

29.8 Any illness or injury that originated before the Assured 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.

29.9 Should death arise from any of the above events in this section, the benefit shall be equal to the total premiums paid up to the time of death less any administrative charges.

SECTION 30

Definitions

30.1 Anniversary Date

Anniversary means one year from the date of commencement of the Policy and the same date falling each year thereafter, till the date of maturity. Policy Anniversary means the date corresponding numerically with the Date of Commencement of the Policy after every Policy Year.

30.2 Assured

A person whose life is insured under the life insurance policy.

30.3 Beneficiary

A person designated to receive the death benefit of the life insurance policy in the event of the death of the Policyholder or Assured.

30.4 Cancellation

Cancellation is the termination of an insurance policy, before the end of the policy term, by either the insured or the insurer.

30.5 The Company

This refers to StarLife Assurance Limited Company.

30.6 Renewable Term Life Assurance

Is a life insurance policies that allow for its renewal without the need for new underwriting. With renewable term, coverage can be extended even if the insured's health has declined, but the new premiums will reflect their older age.

30.7 Surrender

This is the termination of an insurance policy before its maturity date by the policyholder. This is after the policy has acquired some surrender value.

30.8 Surrender Value

It is the amount the policyholder will get from the life insurance company if he decides to exit the policy before maturity.

30.9 Waiver of premium

A waiver of premium is a life insurance rider where the future due premium payments are waived off by the insurance company under certain circumstances specified in the policy conditions.

30.10 Hazardous Pursuits

Defined as participation in risky or hazardous sports, pursuits or activities including, but not limited to car racing, ballooning, parachuting, hang-gliding, paragliding and drag racing.

30.11 Death due to Health-related Causes

Death due to illness or diseases.

APPENDIX

SECTION 1

Premium Payment

Premiums can be paid via the following modes.

1. Mobile Money

- MyStar App (MTN, VODAFONE, AIRTEL/TIGO).
- *7373* (MTN, VODAFONE).
- *887*240# (AIRTEL TIGO).
- *170# MTN ONLY (Direct payment to this number 0245287497) or via the general merchant process.

2. Controller and Accountant - General's Department (CAGD)

3. Ghana Police Service (GPS)

4. Ministry of Defence (MOD)

5. Corporate Institutions

6. Cash

7. Cheque

8. Bank Deductions

SECTION 2

How to Contact Us

We are accessible through the following digital and physical channels:

- Digital Channels
- Mobile App.
- MyStar App (Downloadable on any of the app stores).
Website: www.starlifeassurance.com
- Social Media
- Facebook: StarLife Assurance Company.
- Instagram: [starlife_assurance](https://www.instagram.com/starlife_assurance).
- Twitter: [starlifegh](https://twitter.com/starlifegh).
WhatsApp: 05480817856.
- E-mail:
- customerservice@starlifeassurance.com
info@starlife.com.gh

SECTION 3

Complaint Management.

We earnestly seek feedback on our services and conduct. You can channel all your enquiries, questions, complaints, and other feedback to us through.

- WhatsApp **0548081786**
- Email **customerservice@starlife.com.gh**
- Telephone **0302739600**

**Walk-in to any of our offices
nationwide**

**You can also contact the below if unsatisfied
with our service**

Complaint Management Bureau of GIA

complaints@ghanainsurers.org.gh

0800442000 / 0302510913