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EMPLOYEE PROTECTION INSURANCE -- POLICY SCHEDULE

Insured Information

Scheme name :	Scheme number :
Insured :	Policy number :
Channel :	Advisor :
Sex :	M or F	Civil status :
Email :	Date of birth :
Mobile number :	ID/Passport number :

Policy information

Effective date :	25-Jan-2022	Maturity date :	25-Jan-2046
Policy Term :	24 years	Risk Premium :	48,615Frw
Premium frequency :	Monthly	Subscriber Sum Insured :	41,118,110Frw
Proposal Number:		

Covers, Sum Insured and life benefits

Life benefits and cover	Policyholder's Sum Insured	Spouse's Sum Insured
Death benefits:	41,118,110Frw	27,412,070Frw
Permanent disability:	41,118,110Frw	27,412,070Frw
Loss of income due to illness or accident:	30,838,580Frw	
Funeral cover:	1,000,000Frw	

NEXT OF KIN

Names	Date of birth	Gender	Relationship	Percentages
.....	100

FAMILY MEMBERS INSURED

Names	Date of birth	Gender	Relationship	Sum Insured
.....	Spouse	1,000,000
.....	Child	1,000,000
.....	Child	1,000,000

Premium payment: The signature of the contract implies the payment of the other instalments at the end of the following payment period. Any payment delay leads to losing rights of the agreement. Prime Life Insurance bears any delay not exceeding thirty (30) days after which the risk cover is automatically suspended.

Warning clause: I confirm that the information provided on proposal form is accurate and is irrevocably applicable. In case any distorted information will be found after the signature of the contract, it will lead to lose the right of filing any claim.

Exclusions: Suicide clause, Pandemic, Act of war exclusion, Criminal act, Pre-existing conditions such as critically ill and/or hospitalized at the time of insurance subscription and other exclusions mentioned in general conditions.

Waiting period: Except for accidental cause, the benefits will be payable if the insured event occurs two months after the effective date of this policy.

Done at Kigali,

Life Insured

Insurer

..... PRIME LIFE INSURANCE Ltd

This Contract was online signed on



Employee protection insurance - Terms and conditions

Version 1.0 of February 23, 2018

I. Definitions

The "**benefits**" or "**sum insured**" means the maximum amount the Company is liable for payment to the insured person(s) in case of any incident (death, partial or temporary disability, permanent total disability, Funeral and loss of income). Unless specified, this amount is different for each of the risks covered as per the policy schedule.

"Term of validity" or "**period of insurance**" means the period during which the insured is covered by his insurance

"Individual policy" means policy which is limited to the family level or where the policyholder is person (directly one person).

"Insured person(s)" or "**assured person(s)**" means the person(s) covered by the insurance for a specific sum insured for specific risks covered as specified in the policy schedule

"Insurer" or the "**Company**" means "Prime Life Insurance Ltd"

"Group policy" means policy with many insured persons and where the policyholder is a company or association.

The "**Insured**", "**assured**" or "**Policyholder**" means the policyholder as specified in the Policy schedule

The "**beneficiary**" means the party/person to whom the insurer will pay any claim related to the insured person(s) as outlined in the Policy schedule.

"Insurance", "**insurance policy**", "**policy**" or "**agreement**" means the full agreement between the insurer and the insured, including both the policy schedule as well as the terms and conditions

"Free limit" or "**free cover**" mean maximum benefits to be paid-out by the insurer without medical examination and/or other relevant criteria as specified in the Policy schedule.

"Personal details" or "**personal data**" means the description of all the items of the insurance, as outlined in section B of the policy schedule

"Policy schedule" means the additional document, duly signed by all parties, outlining the confirmation of the covers and premium, Confirmation of the policy personal details and

Confirmation of the acceptance of the terms and conditions.

"Risks covered" means the circumstances where the insurer will cover the insured for any damage to the insured person(s).

"Terms and conditions" means this document

II. Obligations of the insurer and risks covered

The insurer hereby agrees within the jurisdiction of Rwanda to indemnify the Insured, subject to the terms, exclusions and conditions contained in the policy schedule and the terms and conditions below. The Company insures the policyholder for the risks as outlined in the policy schedule. These risks covered apply only if the number and name set against them appear in the relevant section of the insured Policy schedule. Their definition is as follows:

Death (1) - Upon death of any of the insured persons, payment of the sum insured, as specified in the policy schedule.

Funeral costs (2) - Upon death of any of the insured persons, payment of the sum insured to cover funeral costs or any other expense, as specified in the policy schedule.

Partial and/or total permanent disability (3) - Payment of benefit to insured persons partially and/or totally disabled by reason of injury or illness from following the insured person's usual occupation or any other to which he may be reasonably suited by training, education or experience. The policy will commence payment of benefit after six (6) months continuous disability. Benefits are scaled as a proportion of the sum insured as per the level of criticality of the disability (as confirmed by a recognized medical doctor).

Disability loss of income (4) - Payment of benefit in the case of an Insured's prolonged incapacity. Payments are made up to a certain period and related to the insured's normal income/salary.

Each of these risks covered have specific benefits, defined individually for each insured person in the policy schedule. The insurer is only liable to pay-off these benefits or combination of benefits in specific circumstances

- Upon death, payment of death (1) and (if subscribed) funeral costs (2) benefits
- Upon disability, partial and total and permanent disability (3) benefits
- Upon loss of income (4) benefits

For one specific person insured, once one of these circumstances and resulting benefit is triggered, all others cover are voided, and no additional benefit can be claimed. For instance, an insured person received permanent disability benefits, will not receive any death or funeral benefits.

Extension:

The funeral cover is extended to cover direct family members (spouse and children). Insured children are above 2 months old and less or equal to 24 years old. It means that a child of less than 2 months old is not covered and a child loses automatically the cover when he/she reaches 25 years old or when he/she gets married even before 24 years old without notifying the Company or modify the policy schedule.

However, in case the subscriber is single by status, this cover is extended to cover his/her parents with age below 64 years only. If this person is married, the cover is no longer extended to the parents and insured parents lose the cover automatically without notify the Company by the insured. If the parents reach 65 years old, automatically they lose cover without notifying the Company or modify the policy schedule.

Death capital can also be shared with policyholder and her/his spouse at 60% and 40% respectively.

Medical underwriting - Depending on the insured person(s) age, medical condition, general health, the sum insured or any other relevant criteria, the Company can require specific medical questionnaires, tests and or medical examinations.

Costs of the tests are borne by the company. Company defines the hospital/location for tests and sends out the forms, which are returned directly to the insurer within 2 business days. Results are kept confidential within the company.

The insured person(s) will only be covered by this policy (for any risk) once the necessary tests have been submitted to the Company, have been analyzed by the relevant expert, and that the Company has provided written confirmation that the tests are acceptable and that the cover is now fully valid and in place. Without this confirmation, the cover will be limited to the free limit for any of the risks outlined.

III. Exclusions

This Company is expressly declared to be free from liability for death to insured person(s) in the following circumstances:

Dangerous activities - This policy does not cover any disability caused or death caused by dangerous activities such as hunting, steeple chasing, mountaineering, winter sports, motor cycling (whether as a driver or passenger), football, rugby, polo racing of any kind military or air force service or operation.

Infectious epidemic or pandemic - Death resulting from a rapid spread of infectious disease to a large number of people.

Nuclear activity - This insurance does not cover death directly or indirectly caused by or arising from or in consequence of or contributed to by ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

Political disruption and war - War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, permanent or temporary dispossession resulting from confiscation, commandeering or requisition by any lawfully constituted authority, Mutiny, civil commotion assuming the proportions of or amounting to a popular or military uprising, insurrection, rebellion, revolution, military or usurped power, martial law or state of siege or any of the events

or causes which determine the proclamation or maintenance of martial law or state of siege;

Pre-existing medical condition(s) or diseases - Death resulting from any pre-existing medical condition or disease at the first date of validity of the policy, unless disclosed and specifically mentioned on the policy schedule.

Suicide, intentional self-inflicted injury or death due to murder by a related person or beneficiary - Death resulting from the action of killing oneself intentionally, either directly or following act of self-inflicted injury; death or disability resulting from the use of or while the insured is under influence of drugs or intoxicants or taking poisons or from insanity or general disease or the application of medications unless administered by a member of the medical profession, as well as drug addiction or Excessive use of alcohol;

Death of any of the insured persons resulting from the voluntary action of either another insured person under the same policy, a family member, an employee, domestic helper or the beneficiary and/or the representative of the beneficiary.

Terrorism - Any act of terrorism declared by any authorized governmental official to be or to involve terrorism, terrorist activity or acts of terrorism; or includes, involves, or is associated with the use or threatened use of force, violence or harm against any person, tangible or intangible property, the environment, or any natural resources, where the act or threatened act is intended, in whole or in part, to: promote or further any political, ideological, philosophical, racial, ethnic, social or religious cause or objective of the perpetrator or any organization, association or group affiliated with the perpetrator; influence, disrupt or interfere with any government related operations, activities or policies; Intimidate, coerce or frighten the general public or any segment of the general public; or disrupt or interfere with a national economy or any segment of a national economy.

IV. Obligations of the insured

Accurate description - The insured must describe the risk accurately to the Company at

the moment of underwriting the policy. The policy schedule outlines the risk and disclosures given by the policyholder and on which the Company relies to provide insurance. If there be any material misdescription of any of the insured person(s) or any misrepresentation as to any fact material to be known for estimating the risk, or any omission to state such fact, the Company shall not be liable upon this Policy so far as it relates to property affected by any such misdescription, misrepresentation or omission. This is also valid in case the policyholder is a corporate entity or individual, representing several insured persons. In this case, it is the duty of the policyholder to find the right information about every single third or related parties mentioned in this insurance policy, and ensure every single data is accurate. Any liability derailing from incorrect information provided by the policyholder cannot be directed to the insurer. In addition, should any of the insured persons change occupation or adopt a hazardous pursuit other than that declared in the policy schedule, such change shall immediately be notified to the Company in writing which may then cancel this benefit or reassess the premium due for this benefit as may be deemed necessary.

Full premium payment - The insured has the obligation to pay the full premium as outlined in the Policy schedule, latest on the first day of validity of the policy. No payment in respect of any premium shall be deemed to be payment to the Company unless a printed form of receipt for the same signed by an Official or duly appointed Agent of the Company should have been given to the Insured or the insured has a valid proof of bank or mobile money provider transfer. The insured has to keep this proof of payment for the entire validity of the policy. In the event of non-payment of a premium or a part of a premium within thirty days as of its due date, the cover will be immediately suspended.

Claims process - The policyholder and/or the beneficiary should notify the insurer by a written notice within 24 hours upon the occurrence of the insured risk, by indicating on the claim, the names of the life insured and his/her policy Number. The claim will be entertained only upon submission of the proof documents of insured event. No presentation of valid and

complete claims document and evidence or respect of the procedure will void any obligation and liability from the insurance.

- The proof of death and funeral are original or a notarized death certificate and duly stamped from a recognized Medical Doctor/Hospital/Clinic or competent Local Government authority together with a copy of the National Identification Card or Passport of the deceased and a copy of the policy schedule.
- Disability and loss of income documents are Medical certificate of permanent disability confirmed by a recognized medical doctor and a notification letter.

Fraud - If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof, or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under this Policy; or if the loss or damage be occasioned by the willful act, or with the connivance of the Insured; or if the claim be made and rejected and an action or suit be not commenced within three months after such rejection, all benefit under this Policy shall be forfeited.

V. Rights of the insurer

Accessibility by the insurer - The Company shall have the right to investigate the circumstances of death, to examine the body and unless prohibited by law, to request or order for an autopsy before the burial.

VI. Modifications of your policy

Validity and expiry - This policy is valid during the period outlined in the Policy schedule. In no case whatever shall the Company be liable for any loss or damage before validity, waiting period or after the expiration.

Renewal - This policy will be renewed upon agreement from both parties. Any renewal will require a separate documentation and new Policy schedule.

Amendment and update - The insured has to communicate to the company of any change of the information contained in the policy schedule

before the change materializing. Amendment can be made via our call center, the branch or your preferred distributor. Any modification of the police schedule or the terms and conditions is only valid upon documented and signed approval by both parties. Should the insured require any modification, he should directly reach out to the company.

Cancellation and termination of policy - This policy shall automatically terminate preceding the sixtieth (66) birthday of the insured person. In addition, the policyholder and the Company may each terminate this policy by giving thirty (30) days' notice by registered letter. If the Company gives such notice, in the case of group term insurance contracts, the insured shall thereupon become entitled to a proportionate refund of the annual premium paid for the current year.

VII. Legal framework

Jurisdiction - This contract shall be governed by and construed in all respects in accordance with the laws of the Republic of Rwanda.

Contractual basis - It is hereby declared and agreed that the insured not having completed the insurer's formal printed proposal form for this class of business but having proposed to the insurance by means of a risk note (referred in the schedule) wherever the within policy makes reference to proposal and/or declaration these terms shall be deemed to include the terms agreed on at the time or making quotations for the said class of business.

In the event of conflict in terms between the Broker's Risk Note and the agreed terms the latter shall prevail.

Subject otherwise to the terms provisos conditions and exclusions of the policy.

Dispute - Any dispute or difference between the Parties arising out of, or in connection with, or resulting from this policy, its application or interpretation shall in the first instance be settled amicably. Where such dispute or difference cannot be so settled within thirty (30) days from the date a notice of the dispute was brought to the attention of the Party, it shall be referred to the Rwandan competent court.