

**POLICY WORDING**

**HOSPITAL CASH PLAN POLICY DOCUMENT IMPORTANT NOTES ABOUT THIS INSURANCE**

Please take note.

1. Read and check the details of these terms and conditions carefully to ensure its accuracy and see that it meets your requirements.
2. Inform us immediately of any change in your address, occupation, state of health or any other changes affecting any insured person.
3. The policy is evidence of your contract with NicozDiamond Insurance.
4. The policy schedule and any endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
5. Provided that you pay the premium for all the persons intended to be insured under this policy and we receive and accept it, we will provide the insurance described in the policy.
6. Insurance under this policy is given subject to the endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

**SCOPE OF INSURANCE**

NicozDiamond (hereinafter referred to as “the Company “) will pay the Insured Person the benefits shown in the Schedule of Benefits, if during the Period of Insurance, any Insured Person suffers Sickness or Bodily Injury which results in the insured person’s Hospitalisation provided:

1. Hospitalization occurs after waiting periods have been met.
2. The sickness or injury was suffered during the currency of the Policy.
3. The sickness or injury falls within the policy terms and conditions included herein:

**POLICY TERM**

The policy shall run for a maximum period of 12 months and will be renewable thereafter.

**EXCESSS APPLICABLE:**

1. A two (2) day excess is a condition under this policy.

This means no payments will be made in respect of the first and second day in the hospital.

**HOSPITAL CASH PLAN BENEFITS**

1. Cash pay-out of USD50 each day spent in hospital when admitted for more than 48 hours
2. A maximum payout per claim is limited to USD1,500.00 per event and USD3,000.00 per year.
3. The Benefit in respect of Children younger than 18 (eighteen) years (Age Last Birthday) will be paid at USD 25.00 being the daily Cash Benefit.
4. A maximum payout per claim is limited to USD 750.00 per event and USD 1,500.00 per year.
5. An immediate cover for accident caused hospitalization and 3 months waiting period for hospitalization due to illness and 6 months waiting period for non-elective surgeries.
6. Claims payment after submission of all claims to support documentations and patient having been discharged from hospital.

**CASH PLAN BENEFITS FOR BENEFICIARIES**

1. Cash pay-out of USD50.00 for an adult beneficiary and USD25.00 for a child beneficiary for each day spent in the hospital when admitted for more than 48 hours
2. A maximum payout per claim is limited to USD1,500.00 for an adult beneficiary and USD750.00 for a child beneficiary per event and USD3,000.00 and USD1,500.00 per year respectively.
3. An immediate cover for the accident caused admissions and 3 months waiting period for hospitalization due to illness and 6 months waiting period for planned surgeries.
4. Claims are paid within 5 working days when all claim supporting documentation is submitted. Daily Cash Benefit re-hospitalization within 10(ten) days for the same cause counts as the same event.

**DEFINITIONS**

**Accident**

Accident means a sudden, uncertain, and unexpected event which is caused solely and directly by violent, external, physical, and visible means and independently of any other cause.

Such an accident must result in an external, visible injury confirmed by clinical examination and appropriate testing and excludes the following.

1. An event that is traceable to psychiatric trauma and an Insured person’s state of mental or physical health prior to or after the event that gives rise to the claim.
2. Non-visible soft tissue injuries excluding clinically confirmed ligament and tendon damage that requires surgical intervention.

**Child**

A child refers to a male or female dependent below the age of eighteen years (18) and the cover broadens to cover both biological and nonbiological children.

**Beneficiary**

This refers to the person or entity entitled to receive the claim amount and other benefits

**Next of kin**

In the event of the beneficiary’s death, the next of kin describes the person who stands to inherit the most.

**Day**

This refers to the period of 24 consecutive hours of hospitalization.

**Doctor**

This means a medical practitioner duly qualified, registered, licensed, and practicing within the scope of his/her license pursuant to the laws of the Republic of Zimbabwe. Physician shall not include the insured person whose Hospitalization is the basis of the claim hereunder or a relative by blood or marriage of such insured person unless approved by The Company.

**Surrender and paid-up values**

The sum of money an insurance company pays to a policyholder or an annuity contract owner in the event that their policy is voluntarily terminated before its maturity or an insured event.

**Elective surgery**

Surgery that is subject to choose (election). The choice may be made by the patient or doctor

**Hospital**

A hospital is defined as an institution which:

1. Is licensed in accordance with the applicable laws of the jurisdiction in which it is located.
2. Is primarily engaged in providing compensation for its patients, diagnostic, medical, and surgical facilities for the care and treatment of injured or sick persons.
3. Has always a staff of one or more Physicians available.
4. Has 24-hour day nursing services by registered graduate nurses under the permanent supervision of the Physician in charge.
5. Maintain inpatient facilities
6. Maintains a daily medical record for each of its patients
7. Does not include any institution which is primarily a rest or convalescent facility, rehabilitation wards or centers, a place custodial care, hospices, a facility for the aged or alcoholics or drug addicts or for the treatment of psychiatric or mental disorder, or nursing home, even if it is registered as a Hospital or Clinic.

**Illness**

Means sickness or disease contracted and commencing during the currency of this policy.

**Insured Person/ Life Insured**

Means the person(s) who proposed or applied for the Hospital Cash Plan and subsequently paid the membership subscription who is/are a resident(s) of the Republic of Zimbabwe, residing in Zimbabwe and in possession of a valid Zimbabwean identity document.

**Pre-Existing Medical Condition**

Means sickness or bodily injury sustained or contracted by an Insured Person for which he or she has or should reasonably have received relevant medical treatment or advice by a Physician, prior to such.

Insured Person’s initial commencement date or Reinstatement Date of the Insurance under this Policy, whichever is more recent. This includes, but is not limited to, any physical or mental defect, disease infirmity, or condition which existed prior to the initial commencement date or Reinstatement Date of the Insurance Policy whichever is more recent. The policy excludes pre-existing conditions and HIV/AIDS.

**Spouse**

Means the person married (whether by civil, customary, tribal or religious union) to the Insured. Cover is limited to one nominated spouse where a person has more than one.

**Waiting Periods**

No claims as a consequence if illness will be considered during the waiting period. Only claims as a direct consequence of an accident will be considered during the waiting period. Waiting periods will apply on the policy: and for hospitalization due to illness:

The following waiting periods will apply on the policy:

1. Hospitalization due to illness: 3 (three) months after inception
2. Hospitalization for surgery: 6 (six) months after payment of the first subscription unless the surgery is a result of an accident.

**TERMS AND CONDITIONS GENERAL**

1. Hospital Cash Plan Benefits will be payable for hospitalization at any registered hospital in the Republic of Zimbabwe. In addition, the policy extends to cover hospitalization outside the country based on the agreed policy limits which will be disbursed in local currency at the agreed prevailing rates.

2. Reinstatement of a lapsed policy may be affected by the Company at its own discretion and subject to such Terms and Conditions as the Company may require from time to time and to the recommencement of the full duration of any required Benefit limitation or waiting period(s).

**POLICY REVIEW**

The risk premium for the product is expected to change in the future as the pay-out changes due to the following.

General inflation.

1. Actual experience on morbidity.
2. Volumes and expenses
3. Persistency.

**SURRENDER AND PAID-UP VALUES**

Due to the pooling of risks and the cover on uncertain risk the values are not acquired under the policy.

**CANCELLATION**

The Policy may be cancelled at any time by the Policy Owner by giving one calendar month notice in writing. The Company may cancel this Policy by giving one calendar month notice in writing to the Insured Person’s last known address. The Policy shall be automatically cancelled if a claim is fraudulent in any respect or intentionally exaggerated. The Company will cancel this Policy and all premiums paid hereunder will be forfeited.

**HOW TO MAKE A CLAIM**

1. Written notice of a claim must be given to the intermediary as soon as possible but in any event within 90 (ninety) days of the date of discharge from the hospital.
2. The Insured Person or Beneficiary shall apply in writing at his/her own cost any reasonable information that the Company may request.
3. You will need to provide a document from the hospital or doctor confirming the length of the insured person’s stay in the hospital. A full medical history may be requested at the claims stage together with reports by the regular and attending doctors to validate any claim and the impact of any Pre –Existing Condition.
4. A certified copy of the insured Person’s identity document and a copy of the Hospital account (to confirm the number of days in the Hospital) must be provided by the claimant. In order to qualify for the claim, all monthly Premiums must be paid on time.

The Company reserves the right to call for any additional documentation that may be required from time- to time to validate the information provided.

**PAYMENT**

The Company will pay up to the limit corresponding with the Hospital stay, directly to the person who is to receive it (policyholder) on proof of hospitalization of a Life Insured as a result of an accident or illness, provided that such hospitalization occurs during the currency of this policy and outside any applicable waiting periods.

**PAYMENT OF PREMUIM**

The relevant waiting periods commence upon receipt of the first Premium. In the event of non-payment of 1 (one) month ‘s consecutive Premiums, the Policy will automatically lapse. If at the time of a claim your premiums were not paid then you will not stand to benefit from the pay-out. In the event of part payments of the premium the Company will only be liable to pay as compensation a proportion which the paid premiums bear to the total premiums due. In the event of one policyholder having taken out several policies on their life, the Company will only pay compensation for the benefits which accrue on one policy.

**POLICY REINSTATEMENT**

If also you skip monthly payments, then you will have to start your 1 month waiting period again.

**NEXT OF KIN ROLE**

The next of kin of the principal can claim on behalf of him/her that is if he\she dies after being admitted in hospital. However, he/she will be required to provide all the required documents to make a claim including the death certificate.

**PREMIUM PAYMENTS GRACE PERIOD**

The cover will lapse if premium payments are not paid within the allowed grace period of 30 days.

**GENERAL EXCLUSIONS:**

The Company will not be liable in respect of any claim for Bodily injury, Sickness, or Accidental disability which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with, or resulting from any of the following:

1. War, invasion by the foreign country, acts of foreign enemies, hostilities (whether war is declared or not), civil war, labour disturbances, active participation in strikes or the activities of locked out worker,

rebellion, revolution insurrection or military or usurped power, or the Insured Person engaging in military duty or military exercises with any armed force of any country or international authority will not be covered.

2. Intentionally self-inflicted injury or attempted suicide, while sane or insane, will not be covered.

3. Engaging in (or practicing for or taking in training peculiar to) underwater activities necessitating the use of artificial breathing apparatus, climbing or mountaineering necessitating the use of ropes or guides, potholing, parachuting, hang gliding, winter sports involving snow and ice, professional sports or racing other than on foot will not be covered.

4. Engaging in aviation other than as a fare paying passenger in a fixed wing aircraft provided and operated by an airline or are charter company, which is duly licensed for the regular transportation of fare paying passengers, provided such helicopter is operating only between established commercial airports and/or licensed commercial helicopters will not be covered.

5. The actions of any Insured Person contrary to the law, criminal or otherwise, will not be covered.

6. The driving of a motor vehicle while the blood alcohol level of the Insured Person is higher than that permitted by law, irrespective of whether such action causes an accident or not, will not be covered. 7. Illegal acts of the Insured Person(s) or the Insured Person(s)’ personal representatives will not be covered.

**SPECIFIC EXCLUSIONS:**

8. Confinement for routine physical or any other examinations where there are no objective indications or impairment in normal health will not be covered.

9. Any hospitalization caused or contributed to directly or indirectly wholly or partly by:

10. a) Being under the influence of alcohol, drugs or narcotics unless such drugs or narcotics were administered by a medical practitioner (other than himself) or unless prescribed by and taken in accordance with the directions of a medical practitioner (other than himself).

11. Any psychological or psychiatric disease or disorder, including Post Traumatic Stress Disorder will not be covered.

12. Confinement in an establishment which is not a Hospitals defined herein will not result in a valid claim, will not be covered.

13. Operations, treatments and examinations for obesity cosmetic purposes or of the Insured Person’s own choosing which has no connection with any illness, will not be covered.

14. The treatment of infertility or the artificial insemination of a person as defined in medical terms will not be covered.

15. Hospitalization or disability as a consequence of breast reduction and enlargement operations. 16. Dental conditions and treatment will not be covered.

17. Any hospitalization not recommended by a qualified doctor will not be covered.

18. Any hospitalization undertaken in nature, cure clinics, or hydro or during periods of quarantine will not be covered.

19. Cosmetics or Plastics surgery except in the case of bodily reconstruction after an injury will not be covered.

20. Alcohol or drug dependence syndrome including treatment of any medical condition which, in the opinion of the Insurer’s consulting Physician, is considered to be either an underlying cause of, or directly attributable to, alcohol or drug dependence syndrome, will not be covered.

21. Hospitalization for the investigation of pain or pain related conditions and treatment in this context includes bed rest, traction, physiotherapy, spinal blocks, medication, or intravenous medication will not be covered

22. Hospitalization for surgery within the first six months of payment of the premium unless the surgery is a result of an accident.

23. Any hospitalization for the removal of cysts and fibroids.

24. Any persons below the age of one month or older than sixty years

25. Hospitalization pertaining to Maternity.

**DISPUTE RESOLUTION**

In respect of disputes or differences which may any time hereafter, whether during the continuance in effect of this agreement or upon or after its discharge arising between the parties hereto concerning any

matters specified in this agreement, either or both parties shall declare a dispute in writing and call for a meeting to discuss a possible amicable solution to the dispute.

The meeting shall be held within 7 days of the declaration of a dispute. If a resolution is reached, parties shall reduce the same to writing and sign the same to indicate agreement.

If after 7 days, the meeting fails to be held or, of the holding of this meeting and an amicable resolution has not been achieved, then the aggrieved party shall have the option to approach Insurance and Pension Commission in Zimbabwe.

Insurance Pension Commission

Address 160 Rhodesville Ave

Greendale

Harare

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**MODE OF COMMUNICATION**

We will send any correspondence based on your latest contact details known to us and any proof of sending by us would be deemed as receipt by you.

**CONTACT DETAILS:**

**HARARE**, Insurance Centre, 30 Samora Machel Avenue, Tel: 263-0242– 799286, 700297

**BULAWAYO**, 1st Floor, First Mutual Building, JMN Nkomo & 9th Ave, Tel: 263-029-71532/4

**GWERU**, MIPF Building, 7th Street, Tel: 263-054-222661

**MASVINGO**, 1st Floor Zimre Center, Hughes Street, Tel: 263–039- 263937, 263929

**MUTARE**, Manica Centre AGI House, 118 H.Chitepo St, 253 West Street, Tel: 263-020-63200, 62412