

FNB Hospital Cash Plan Terms and Conditions

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1. Cover Description

The Hospital Cash Back Benefit pays out the selected Daily Benefit Amount for each day that any of the Insured Persons covered on this Plan stays in Hospital due to Bodily Injury or Illness, which falls within the policy terms and conditions included herein. The daily benefits are payable as a lump sum based on the number of days hospitalised.

This policy is classified as a health insurance product and should not be seen as a medical scheme and the cover is not equivalent to that of a medical scheme.

2. Plan

The Plan shall mean the Hospital Cash Back Benefit and is a voluntary Plan available to eligible persons.

3. Policy

The application form, these Terms and Conditions and any annexures or amendments will constitute the Policy.

4. Insurer

The Insurer and underwriter is Sanlam Life Insurance Zambia, an insurance company registered and licensed in Zambia, Company Registration No. 44704) whose principal office is at Sanlam Life House, Corner of Ituna & Nasser Roads, Lusaka, ZAMBIA, telephone No. +260 211 257713/15. FNB is administering the Policy.

5. Insured Person

The Insured Person means an individual who is covered by this Policy and accepted by Sanlam Life as the Insured Person. All Insured Person's must be named upfront on application. The Insured Person must have been a permanent resident of Zambia for at least 6 months before the insurance policy is issued. The following Insured Persons may be covered by this Policy:

Policyholder

The Policyholder shall be the person in whose name the Plan is issued, who is at least 18 (eighteen) years and not older than 60 (sixty) years of age at the Cover Commencement Date And who is eligible for Cover under the Plan. The Policyholder's Cover shall cease at 65 (sixty-five) years of age. The Terms Insured Person or Policyholder may be used interchangeably.

Spouse

The person married to the Policyholder either by civil, tribal, common or customary law and is at least 18 (eighteen) years or under the age of 60 (sixty) years at the Cover Commencement Date. The Spouses' Cover shall cease at sixty-five (65) years of age. Only one Spouse will be eligible for the Spouse's Cover under this Plan.

Child

A Child of the Policyholder may be:

- a) A legitimate child
- b) An illegitimate child
- c) An adopted child
- d) A foster child
- e) A step child

A Child must be at least 15 (fifteen) days old, and may not be older than 21 (twenty-one) years at Cover Commencement Date.

Cover for a Child will cease once the Child reaches the age of 21 (twenty-one) unless the Child is:

- a) A Child aged 21-25 (twenty-one to twenty-five) years, who is unmarried, not in receipt of a regular remuneration, with detailed evidence that the dependant is a registered student;
- b) A mentally or physically disabled Child who is fully dependent on the Policyholder, in which case Cover will cease at sixty-five (65) years of age.

The Plan offers cover for a maximum of six (6) children per policyholder.

6. Insured Event

The Insured Event is the Hospitalisation of any of the insured person/s

7. Cover

This is the insurance that is given to an Insured Person on condition that the Premium/s is paid and up to date.

8. Cover Options

Cover Options shall mean any one of the defined daily benefit amounts that the Policyholder may opt for. The monetary amount of any benefit payable to the Policyholder under this Plan will be defined in terms of the Cover Option selected by the Policyholder. The Cover option can change over time due to an upgrade.

9. Premium

This is the amount that is calculated, in terms of the Cover Option selected by the Policyholder and charged by Sanlam Life to the Policyholder. The Premium payment is payable monthly and is facilitated through a debit order. Where agreed a stop order deduction maybe made. On the death of the Policyholder, provided all premiums are paid or up to date, the Spouse may opt to become the main member and take over premiums in order for the policy to remain in-force. No Waiting Period shall apply and the benefit will remain the same.

10. Age Rated Premiums

The Premium rate charged will depend on the age of the Insured Person and will change on the anniversary of the Policy

11. Outstanding Premiums

If there are outstanding Premiums when a Benefit is due, Sanlam Life will deduct the arrears from the Benefit payable

The monthly premium for cover levels are shown in the table below;

12. Cover Commencement Date

Cover will commence on acceptance of a fully completed application form. Premiums will be collected on the next selected debit order date.

13. Definitions

Accident	Means a sudden external, unexpected and specific event, external to the body, which occurs at an identifiable time and place.
Day	Means 24 (twenty-four) consecutive hours of hospitalisation.
Physical Illness or disease	Is a medical condition where objective evidence of an illness / disease is confirmed by investigations such as blood tests, X-rays or CT scans.
Bodily Injury	Means identifiable physical injury (internal or External) to an Insured Person's body which is caused directly and solely by an Accident, is not intentionally self-inflicted and does not result from sickness or disease.
In-patient	For the purpose of this policy, means someone staying in hospital for 72 (seventy-two) consecutive hours or longer for a medical condition.
Hospital	Is defined as an institution which: <ul style="list-style-type: none"> • Is licensed in accordance with the applicable laws of the jurisdiction in which it is located; • Is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of injured or sick persons; • Has staff of one or more physicians available at all times; • Has 24 (twenty-four) hour a day nursing services by registered graduate nurses under the permanent supervision of the physician in charge; • Maintains in-patient facilities; • Maintains a daily medical record for each of its patients, and does not include any institution which is primarily a rest or convalescent facility, a place for custodial care, a facility for the aged or alcoholics or drug addicts or for the treatment of psychiatric or mental disorders, or a nursing home, even if it is registered as a hospital or clinic.
Hospitalisation	Refers to admission as an In-patient due to Bodily Injury or Illness, at the instruction of and under the supervision of a Medical Practitioner, to a facility situated in Zambia. The hospitalisation must occur within thirty (30) days of bodily injury, accident or Illness (if applicable).
Medically Necessary	In respect of Hospitalisation or medical procedures are services which meet the following criteria: <ul style="list-style-type: none"> • They are provided by or at the instruction of a Medical Practitioner; • They are directly necessary, in terms of accepted medical practice, for the treatment of the principal injury, condition or illness in respect of which they are rendered; • They cannot be safely rendered in a less intensive health care setting; • They are not excluded under this Benefit and they comply with the applicable conditions of payments of Benefits under these Terms and Conditions.

Medical Practitioner	Is a person, who is duly qualified, lawfully registered as such, licensed and practising within scope of license, is actively practicing as a general practitioner or specialist and is not the Insured Person or an immediate family member of the Insured Person.
Deferred	The Deferred Period is the 3 (three) consecutive day period which immediately follows the date and time of Hospitalisation (72 (seventy-two) hours). The Insured Person must remain in Hospital for the length of the Deferred Period in order for a benefit to become payable. A 7 (seven) day Deferred Period is applicable for the following conditions only: - Influenza and bronchitis, Kidney infections, Gastric influenza, Gastritis, Diarrhoea, Headaches and migraines, Laryngitis, sinusitis and pharyngitis, Fibromyalgia, Chronic fatigue syndrome, Back injury the Deferred Period will be enforced
Off Period	If an Insured Person has been discharged from hospital, but is readmitted within 10 (ten) days for a related condition, the claim will be considered as part of the first claim event. The days of Hospitalisation to be included in the benefit will continue from the last day recorded in Hospital and the Deferred Period will not need to be enforced again. The Hospitalisation Period of 5 days includes the off days. If the Insured Person is re-admitted after 10 (ten) days have passed, the Hospitalisation will be treated as a new claim and the Deferred Period will be enforced

14. Benefit(s)

The Plan covers the Insured Person for the following Benefits:

Hospital Cash Back Benefit: wherein a daily amount is accrued and paid as a lump sum in the event of Hospitalisation of the Insured Person. The daily benefit amount will be doubled for each daily hospital stay in an Intensive Care Unit (ICU). This increase is only payable for the period that the Insured Person is in ICU. If the Insured Person is hospitalised consecutively for over 30 (thirty) days, an additional lump sum benefit of 5 (five) times the daily benefit is payable, and the Hospital Cash Back Benefit payment will stop for that claim.

General Benefit Rules

- The Insured Person must be hospitalised for at least 72 (seventy-two) continuous hours (3 days) in order to qualify to claim.
- Benefits are then calculated from day 1 (one) of Hospitalisation.
- An Insured Person may only be covered under a maximum of 1 (one) Policy per Plan that is underwritten by Sanlam Life.
- The period of Hospitalisation shall be calculated in accordance with the number of full days spent in a Hospital.
- The benefit payment shall be payable at the end of the period of Hospitalisation or after 30 (thirty) days if the Insured Person is hospitalised for longer.
- The Hospital Cash Back Benefit is for a maximum of 150 (one hundred and fifty) days per Insured Person in their lifetime and subject to a maximum of 30 (thirty) days per claim event.

Where an Insured Person is hospitalised due to complications of childbirth, abortion, miscarriage, pregnancy or any other condition arising from this, the Insured Person is covered for a maximum of 5 (five) days per claim. No additional lump sum benefit is payable after the 5 (five) days benefit is paid.

15. Beneficiary

The Benefit will be paid to the Policyholder.

In the event of the death of the Policyholder following the Hospitalisation of the Policyholder, payment of the Hospital Cash Back Benefit, for that valid claim only, will be made to his/her nominated Beneficiary.

Once a Beneficiary nomination has been made, the Policy remains in force until the Policyholder informs Sanlam Life in writing of any change. If no Beneficiary has been nominated, the Benefit will be paid to the Policyholder's estate.

16. Grace Period

If a Premium is not paid on the due date, the Plan will fall into a 30 (thirty) days Grace Period during which time Cover will be afforded to the Insured Person/s.

17. Plan Lapse

In the event that a Policy lapses due to non-payment of Premiums for 180 consecutive days, it cannot be reinstated. A new Policy must be purchased and waiting periods will apply.

18. Claim

The Claim shall mean a claim by the Insured Person or Beneficiary to receive the Benefits due to an Insured Event. The Benefits provided for in terms of this Plan will not be paid unless Sanlam Life is satisfied as to the entitlement of the Insured Person or the Beneficiary to receive the Benefits. The Hospitalisation must be recommended by a registered Medical Practitioner and must be deemed Medically Necessary. If the Insured Person is re-admitted after 10 (ten) days have passed, the Hospitalisation will be treated as a new claim and the Deferred Period will be enforced.

19. Claim Requirements

The hospitalisation must be recommended by a registered medical specialist and must be deemed medically necessary.

The insured must have been a permanent resident of the country in which the insurance policy is issued, for at least 6 months prior to submitting a claim. The hospitalisation must occur within 30 days of an injury or accident.

The following documentation must be presented at Claim stage:

- Completed claims form
- Certified copy of identity / birth certificate of the Insured Person
- Proof of banking details for account in which claim will be paid in
- Copy of hospital bills, receipt and discharge certificate / card from the hospital / interim hospital bill or certificate / hospital statement

Sanlam Life reserves the right to call for any additional information reasonably necessary in order to assess and verify a Claim. All costs associated with the obtaining and submission of the initial supporting documents must be borne by the Insured Person or Beneficiary. The costs for any additional requirements shall be borne by the Insurer. The onus of proving any Claim rests on the Insured Person or Beneficiary.

Sanlam will appoint a claims assessor to verify the validity of the claim.

20. Waiting Period

A Waiting Period is a period of time that must pass before a benefit can be paid. No Benefit will be paid if the Insured Person is admitted into Hospital during the Waiting Period, unless hospitalised because of an Accident. The Waiting Period begins at Cover Commencement

Date. The Waiting Period will differ depending on the benefit plan you chose as well as the cause of the claim:

- A 6 (six) month Waiting Period will be applicable on Hospitalisation as a result of natural causes.
- A 9 (nine) month Waiting Period will be applicable on Hospitalisation due to complications of childbirth, miscarriage, pregnancy or any other condition arising from this.
- No Waiting Period will apply on Hospitalisation as a result of accidental causes.

21. Evidence of Health

No medical evidence is required to be eligible to purchase the Plan.

22. Claim Notification Period

Sanlam Life must be notified within 3 (three) months of the date of discharge of the Insured Person from Hospital.

23. Document Submission Period

All completed and supporting documentation must be submitted within 12 (twelve) months of the date of discharge of the Insured Person at a Hospital.

24. Exclusions (GENERAL)

Sanlam Life will not be liable for any Claim arising whether directly or indirectly as a result of:

- a) Invasion or act of foreign enemy;
- b) Hostilities (whether war is declared or not) or unrest;
- c) War, riot or acts of terrorism;
- d) Injuries arising while under the influence of alcohol or illegal drugs;
- e) Involvement in criminal activity;
- f) Attempted suicide or self-inflicted injuries within the first 24 (twenty-four) months following the commencement date;
- g) The effects of radioactivity or nuclear explosion;
- h) Hospitalisation as a result of riot, private flying, hazardous sports or any illegal acts where the Insured Person was directly involved;
- i) Pre-existing conditions are not covered: Any illness or bodily injury which occurred or the Insured Person was aware of; or any condition for which the Insured Person has sought or received medical examination, treatment or advice, during the 12 (twelve) months following the Insured Person's cover commencement.

25. Exclusions (BENEFIT SPECIFIC)

In addition to the general policy exclusions, no benefit will be payable:

- a) for dental or optical conditions and treatment, except as a result of an injury;
- b) for Hospitalisation undertaken as a preventative measure or for the purpose of conducting medical investigations;
- c) due to cosmetic or plastic surgery, except in the case of bodily reconstruction after injury of a covered event;
- d) for the investigation or treatment of infertility or obesity;
- e) for hospitalisation arising from or following 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;
- f) Due to psychiatric illnesses or disorders including, eating disorders, anxiety disorders, affective disorders, personality disorders, functional mental disorders, chronic fatigue disorders, etc.

26. Territorial limits

This Plan is available to residents of Zambia. Coverage is limited to hospitals in Zambia and South Africa only. i.e. The Insured Person may opt to be treated at a South African hospital and the chosen daily benefit will be payable as per the product rules.

27. Surrender values

No surrender values are payable under this Plan.

28. Benefits Non-Assignable

The Benefits under this Agreement cannot be ceded, pledged or assigned in any way.

29. Upgrades and Downgrades

Upgrades or Downgrades can be made on Policy anniversary only and will take effect as of the first day of the following month of the request. Upgrades or Downgrades will not impact the payout on a claim that is in process i.e. if the upgrade takes place while a member is still in hospital or subsequent readmission during the off period. The Waiting Period will be applicable on the increased benefit amount.

30. Termination of Plan

No Benefit will be paid from a Claim occurring after the Lapse of a Plan for any reason. Sanlam Life may terminate an Insured Person's Cover with notice if the Insured Person does not comply with the Terms and Conditions of the Plan.

This Plan will end on the earliest of:

- a) The maximum benefit term of 150 (one hundred and fifty) days of cover has been paid for the Insured Person under this Plan; or
- b) The last day of the month in which the Insured Person elects to cancel the Plan; or
- c) The lapse of the Plan; or
- d) When the Insured Person is no longer eligible for cover in terms of the Plan; or
- e) The death of the Insured Person; or
- f) The Insured Person reaching Cover Cease Age.

31. Cancellation

Sanlam Life may cancel this Plan at any time by giving 1 (one) calendar months' notice in writing to the last known contact details. The Insured Person may cancel the Plan at any time by giving 1 (one) calendar months' notice, in writing, to Sanlam Life.

Any premium paid within the notice period will not be refunded; however, the Insured Person will enjoy cover during the notice period

32. Fraud

All Benefits under this Policy will be forfeited if a claim is fraudulent in any respect or intentionally exaggerated and Sanlam Life will cancel this Policy and all premiums paid hereunder will be forfeited.

33. Non-Disclosure and Misrepresentation

If any material information has been withheld or any information disclosed appears to be false or incorrect, Sanlam Life reserves the right to invalidate the Plan and all Premiums paid will be forfeited.

34. Amendment, Deletion, Revocation, Variation or Alteration

No change to this Plan is valid unless in writing and authorized by Sanlam Life. Sanlam Life reserves the right to amend, revoke, vary or alter any terms and conditions of this Plan provided that the Insured Person is given 30 (thirty) days' notice of such an amendment. Changes shall only take effect at the next Plan renewal date.

35. Currency

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

36. Jurisdiction and Law

The laws of Zambia, whose courts shall have jurisdiction in any dispute arising hereunder, will govern this Plan. The Benefits payable and the Premium rates under this Plan may be changed if any legislation is changed. If these changes are made, the Insured Person will be notified in writing.