

FNB Family Protection Plan Application Form



Contract ID:

Signed Date:

1. POLICY HOLDER DETAILS

First Name(s)

Surname

Date of Birth (YYYYMMDD) ID No. Title Marital Status

CONTACT DETAILS

Cell Work Phone Home Phone

Email

Private Bag or P.O Box Town

2. PLAN DETAILS

Funeral Cover Sum Assured Premium Due K

Income Protection Sum Insured Premium Due K

Payment Start Date Total Premium Due K

3. STANDING ORDER DETAILS

Account Holder Name Account No. Payment Due Date

Branch Branch Code

4. BENEFICIARY DETAILS

1 First Name(s) BENEFICIARY 1

Surname Date of Birth (YYYYMMDD)

Gender Cell NRC No. Title

Relationship

5. FAMILY DETAILS

First Name(s) SPOUSE

Surname

Gender Title NRC No. Date of Birth (YYYYMMDD)

Spouse Cover Limit Premium

1 First Name(s) CHILD

Surname Date of Birth (YYYYMMDD)

Relationship Gender Student Disabled Cover Limit Premium

2 First Name(s) CHILD

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Student Disabled Cover Limit Premium

3 First Name(s) CHILD

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Student Disabled Cover Limit Premium

4 First Name(s) CHILD

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Student Disabled Cover Limit Premium

5 First Name(s) CHILD

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Student Disabled Cover Limit Premium

6 First Name(s) CHILD

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Student Disabled Cover Limit Premium

1 Extended Family of upto 6

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Cover Limit Premium

2 First Name(s)

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Cover Limit Premium

3 First Name(s)

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Cover Limit Premium

4 First Name(s)

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Cover Units Premium

5 First Name(s)

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Cover Limit Premium

6 First Name(s)

Surname

Date of Birth (YYYYMMDD)

Relationship Gender Cover Limit Premium

6. DECLARATION

I confirm that I have not been coerced into purchasing the Bancassurance product referred to herein and I apply for assurance with Sanlam Life Insurance Zambia Limited's usual terms and conditions. I understand that the details given on this form and any documents required by the company shall be the basis of the contract. I declare that the details given on this form, whether in my own handwriting or not, are true and complete and amendments to this will require submission of evidence. I authorize the company to receive the premium including any increase in premium arising on the anniversary of the issue date of the policy, by internal transfer as indicated in the application.

PROSPECTIVE
POLICY HOLDER'S
SIGNATURE

Date (YYYYMMDD)

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FNB Family Protection Plan – Policy Terms and Conditions

- 1. Introduction**

Please take the time to read through this document and understand the benefits applicable to your plan. A policy document contains many legal and technical terms, which are required to protect both the life assured and the life insurer.
- 2. Plan Description**

This Plan provides a lump sum benefit on death of the Insured Person(s) to aid in covering Funeral related expenses. This is a voluntary Benefit to cover the Main Member separately or the Main Member and his family as well as the Extended Family and Parents/ Parents in law.
- 3. Insurer**

The Insurer is Sanlam Life Insurance Zambia Limited, a registered and licensed Insurer that underwrites the Funeral Benefit as well as other Optional Benefits under the Funeral Plan.
- 4. Insured Person**

The Insured Person shall be the Policyholder and any other person who is, for this Plan, a Dependant of the Policyholder.
- 5. Policyholder**

The person in whose name the Policy is issued (Main Member) and who is at least twenty-one (21) years of age and no more than sixty (60) years of age at the Commencement Date. The Policyholder is the Premium payer and has all rights in respect of this Policy. Main Member shall be used interchangeably.
- 6. Dependants**

The Dependants shall be the Insured Person(s) who have insurable interest in the life of the Policyholder and who are eligible for cover under this Plan. This shall include the Spouse, Children, Parents/ Parents in law as well as extended Family Members of the Policyholder.
- 7. Policy**

The application form, the Terms and Conditions and any annexures or amendments will constitute the Policy.
- 8. Cover Commencement Date**

Cover under the Funeral Plan will commence on the first day of the month following the receipt, by the Insurer of the Premium, the completed application forms and any other substantiating documentation.
Cover for the Accidental Death Benefit will commence on receipt, by the Insurer, from the Policyholder of a fully completed application form.
- 9. Cover**

Cover refers to the Insured Person's entitlement to a Benefit on the happening of the Insured Event.
- 10. Benefit**

Benefit refers to the lump sum monetary consideration paid to the beneficiary on death of the Insured person(s) as stated in the Schedule.
- 11. Waiting Period**

No Benefit will be paid should the death occur within six (6) months of the Cover Commencement Date. No waiting period will be applied for deaths from unnatural causes.
- 12. Spouse**

The person married to the Policyholder either by civil, tribal, common or customary law or under the age of sixty-five (65) years at the Cover Commencement Date. Only one Spouse will be eligible for the Spouse's Cover under this Plan.
- 13. 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 f) A stillborn child, following twenty-eight (28) weeks of pregnancy

A Child may not be older than Twenty-one (21) years at Cover Commencement Date. Cover for a Child will cease once the Child reaches the age of twenty-one (21) unless the Child is:

 - a) A student at a registered institution, in which case cover shall cease at the age of twenty-five (25).
 - b) A mentally or physically disabled child who is fully dependent on the Policyholder, in which case no Cover Cease Age will apply.

The Plan offers cover for a maximum of six (6) Children.
- 14. Premiums**

Premiums shall be the monetary consideration payable in order for Cover to be afforded. Premiums are payable monthly or annually in advance.
- 15. Outstanding premiums**

If there are outstanding premiums when a Benefit is due, the Insurer will deduct the arrears from the Benefit payable.
- 16. Premium Waiver on Death Benefit**

Provided that the policy has been in force for a minimum of 5 years prior to death of the principal life assured, the Company will, upon the death of the Principal Life Assured before the policy anniversary preceding his or her 65th birthday, waive the premiums due until the policy anniversary preceding when the Principal Life Assured would have turned 65. The automatic premium update facility will stop on the date this benefit starts. No lives can be added or changes to the plans made on the Policy when this benefit is paying the premiums.
- 17. Cash Back Benefit**

A Cash Back Benefit equal to the prior 6 months' premium due will become payable at every fourth (4) policy anniversary if the policy is in force, the main life assured is still alive and all premium payments are up to date. The cash back benefit ceases when the main life reaches age 65 or dies.

- 18. Income Protection Benefit**
In the event of death of the principal life assured, the selected monthly income protection benefit will be paid for 6 months. The beneficiary can select to receive the monthly income protection benefit in advance, in which case 85% of the total amount due will be paid.
- 19. Parents and Parent-in-Laws**
For an additional premium, this Plan, if selected, will cover a maximum of two (2) Parents and two (2) Parents in law. A Parent includes a biological Parent or an adoptive Parent who is under the age of seventy-five (75) at the Cover Commencement Date. A Parent-in-Law is a Parent of the Spouse of the Policyholder. Parents and Parents-in-law must be added at Policy inception and cannot be added at a later stage with an exception of the Policyholder's Parents in law if the Policyholder marries after the Policy inception.
- 20. Extended Family Benefit**
For an additional premium, this Plan, if selected will cover a maximum of six (6) Extended Family members which are below the age of seventy-four (74) at cover commencement. Extended family members must be added at policy inception and cannot be added at a later stage with an exception of the Policyholder's Children being added as Extended Family after attaining the age of twenty-one (21) years.
Extended Family will include the following:
a) Any Child above the maximum number allowed to be covered under the Family Benefit;
b) A blood relative of the Policyholder that is financially dependent on the Policyholder.
- 21. Beneficiary**
In the event of the Policyholder's death, the Benefit will be paid to:
 - The Beneficiary as nominated on the application or amendment form.
 - If no Beneficiary is nominated, the Spouse will be paid the Benefit
 - If there is no Spouse on record, the Benefit will be paid to an Insured Person who qualifies as the closest relative on the Benefit
 - Failing all of the above, the Benefit will be paid to the deceased's estate.
In the event of the death of an Insured Person other than the Policyholder, the Benefit will be paid to the Policyholder.
- 22. Insured Event**
Death of the Insured Person(s) shall be the event that activates a claim under this Plan.
- 23. Benefits Non-Assignable**
The Benefits under this Agreement cannot be ceded, pledged or assigned in any way.
- 24. Evidence of Health**
No medical evidence is required to be eligible for the Funeral Plan.
- 25. Claims**
Valid claims will be paid upon receipt and verification of all the necessary supporting documentation. The Benefits provided in terms of this Plan will not be paid unless the Insurer is satisfied as to the validity of the Claim and the entitlement of the claimant to receive the Benefits.
If the Beneficiary is unable to sign his/her name, a fingerprint of the Beneficiary is acceptable provided such finger print is certified on the Claim Form at a Police Station in the presence of a Commissioner of Oaths.
Please ensure that the following documentation is presented at the time of Claim in order to speed up the claims process. These are applicable for the optional benefits as well:
 - A fully completed claims form
 - Death certificate
 - Burial Order or Medical Certificate for cause of Death
 - For an adult (over the age of 18), a certified copy of the identity document
 - For a Child (as defined), a certified copy of the birth certificate
 - Certified copy of the identity of the claimant
 - In the event that the deceased is not the Policyholder, proof of relationship (marriage certificate, birth certificate etc.).
 - In the event of Accidental Death, a police report
The Insurer reserves the right to call for any further additional information in order to assess the claim.
- 26. Notification Period**
A claim must be submitted within six (6) months of the date of death of the Insured. The Insurer reserves the right to reject a claim that is not submitted within the Notification Period.
- 27. Document Submission Period**
All relevant documentation pertaining to a claim must be submitted within twelve (12) months of the date of death of the Insured. The Insurer reserves the right to reject a claim whereby the relevant documentation is not submitted within the submission period.
- 28. Upgrade and Downgrade of Benefit**
Upgrades and downgrades are allowed once annually. Should a Policyholder upgrade then a new Waiting Period will be applied to the additional cover provided.
- 29. Exclusions**
The Insurer will not be liable for any claim arising whether directly or indirectly as a result of:
 - Invasion or act of foreign enemy
 - Hostilities (whether war is declared or not)
 - Involvement in criminal activity
 - Suicide within the first twenty-four (24) months following the commencement date.
 - The effects of radioactivity or nuclear explosion
 - Accidental Death or disability as a result of riot, private flying, hazardous sports or any illegal acts where the deceased was directly involved.
- 30. Termination of cover**
No Benefits will be paid from claims occurring after the Lapse of a Policy for any reason. The Insurer may terminate an Insured Person's Cover without notice if the Insured Person does not comply with the Terms and Conditions of the Funeral plan. A Policyholder may, at any time, terminate the cover of any of the other Insured Persons included in the Funeral Plan. On the event of any other Insured Person's Cover being terminated that Insured Person may not be readmitted to the Funeral Plan.
A Policyholder's Funeral cover will end on the earliest of:
a) the end of the Grace Period;
b) the last day of the month in which the Policyholder elects to Terminate the Policy;
c) on death of the Policyholder
Cover in respect of Dependants will end immediately:
a) In the case of a Child, reaching the Child's Maximum Cover Age;
b) In the case of a Spouse, ceasing to be defined as such;
c) The Policyholder ceasing to be defined as such.
d) On the death of the Policyholder;
e) Termination of membership for the Policyholder;
f) The Insured person failing to be defined as such.
- 31. Cancellation**
The Insurer may cancel this Policy at any time by giving one calendar months' notice in writing to the last known contact details. No new Insured Person may be added after the notice of cancellation has been delivered. No refund of premiums whether pro-rata or otherwise will be given on cancellation of this Policy. The Policyholder may cancel the Policy at any time by giving one calendar months' notice to the Insurer.

- 32. Governing Laws**
The laws of Zambia, whose courts shall have jurisdiction in any dispute arising hereunder, will govern this Policy. The Benefits payable and the premium rates under this Policy may be changed if any legislation is changed. If these changes are made, the Policyholder will be notified in writing.
- 33. Territorial limits**
The Insured will be covered while domiciled in the country where the policy was issued. The Insured will also be covered outside the domicile country for a maximum period of 12 months, provided premiums are continued to be paid. Should the Insured be outside the domicile country for longer than 12 months the policy will Lapse. Written permission may be sent to the Insurer to request an extension of stay outside the domicile country. Should the Insured return to the domicile country and subsequently leave before 30 days have expired then this will not constitute a return to the domicile country.
- 34. Surrender values**
No surrender values are payable under this Policy.
- 35. Fraud**
If any claim under this Policy is fraudulent in any manner all Benefits will be forfeited, the Policy cancelled and no refund of Premiums will be payable.
- 36. Currency**
Premiums and Benefits are expressed and payable in the legal tender of Zambia