

TERMS AND CONDITIONS OF MTN AHOTOPA

1. Ahotopa Microinsurance is a bundled insurance product that allows the subscriber to accrue point redeemable for health and life benefits. It a monthly subscription product which will allow unlimited access to telemedicine services, hospitalisation, life, and accident disability cover.

2.1 Subscription is slated at GHs10.00 payment monthly.

2.2 HEALTH INSURANCE

- 2.2.1** Benefits under the health insurance shall be as follows.

2.2.1.1 Unlimited access to qualified medical professionals through a dedicated telemedicine service

2.3 LIFE INSURANCE

- 2.3.1** Benefits under the life insurance shall be as follows.

2.3.1.1 Life insurance cover of GHS3,000.00; payment on claims of loss of life

2.3.1.2 Accident and Disability cover GHS3,000.00

2.3.1.3 Hospitalisation benefit of GHS300.00 per night from 3 days upon admission into a health facility for 10 nights in a year. This is applicable after 2 nights of admission in an accredited health facility.

2.4 SCOPE OF COVER

- 2.4.1** This policy is an overall one-year renewable policy; with payable premium on monthly basis that provides you the following as the main benefits.

2.4.1.1 Health insurance benefits will consist of unlimited access to the telemedicine programme for all medical concerns and interventions, coordinated referrals to designated health facilities and discounted pharmacy services.

2.4.1.2 Life Benefit – Benefit is payable in the event of permanent cessation of life due to accident or natural causes.

2.4.1.3 Permanent Total Disability Benefit (PTD) – Benefit is payable in the event of total and permanent inability to the policyholder to work resulting from an injury or natural causes. This includes the loss of use of both hands, both arms, both feet, both legs, both eyes or any two such body parts such as arm and legs

2.4.1.4 Hospitalisation Benefit – Benefit is payable in the event that the policyholder is admitted at a recognised health facility in Ghana. **Note:** The policyholder is paid hospitalisation benefit per day for a maximum of Ten (10) days after three (3) days / 2 nights of still being on admission. Hospitalisation benefit is payable once a year.

2.5 AGE LIMITS

- 2.5.1** The admissible age limit is as determined below. The age of the life assured under this policy at inception shall be the age next birthday (ANB). Minimum age at entry (18yrs). Maximum age at entry (64yrs).

2.6 SURRENDER BENEFITS

2.6.1 The policy does not attract any surrender benefit. Thus, in the case of the life, and disability cover, if the policy is surrendered before one year, no benefit will be payable.

2.7 POLICY DURATION

2.7.1 The policy duration will be 30 days from past monthly premium payment. The status of the subscriber will be inactive after 30 days from last premium payment.

2.8 BENEFICIARY (IES)

2.8.1 The beneficiary is the named person or persons to whom the benefits of this policy shall be paid. The policyholder during his lifetime shall be the beneficiary of this policy. The proceeds of this policy shall only be paid to the named beneficiary(ies) of the policyholder in the eventuality of a death of the policyholder before the expiry date. If the named beneficiary(ies) is a minor (less than 18 years old) the benefits shall be paid through the named Trustee(s) of the policyholder.

2.8.2 If no beneficiary is nominated or if the nominated beneficiary is deceased or not found at the time of death of the assured, the benefit will be paid to the legal representatives or estates of the policyholder. The policyholder reserves the right to change any beneficiary(ies) at any time the policy is active with a written notice to us.

2.9 WAITING PERIOD

2.9.1 Premium is payable monthly. Policy activation for health benefit and life assured is done 2 months after subscription, to qualify for subsidies on medications and cover on death and on permanent total disability due to natural causes. However, the client shall have unlimited access to the telemedicine services upon subscription.

2.10 TRAVEL AND RESIDENCE

2.10.1 The policyholder is not restricted to travel during the lifetime of this policy. However, at the time of the proposal, the policyholder must be resident in Ghana.

2.10.2 The benefit of this policy shall not be paid if the policyholder is a permanent resident of a foreign country.

2.11 CURRENCY

2.11.1 Premiums and benefits payable under this policy shall be paid in Ghana Cedis only.

2.12 PREMIUM BENEFIT PAYMENTS

2.12.1 This policy commences only upon completion of waiting period.

2.13 TERMINATION OF INSURANCE

2.13.1 This policy can be terminated in the following situations:

2.13.1.1 Failure to pay premium in 1 month after subscription.

2.13.1.2 When the policyholder decides to stop the policy

2.13.1.3 After death or disability payments.

2.14 DISCHARGE TO INSURANCE UNDERWRITERS

2.14.1 Payment by SANLAM LIFE INSURANCE to the policyholder, beneficiary, or trustee of any benefit due under this policy shall be a full and final discharge of SANLAM Life's obligations in respect of such amount due.

2.15 CLAIMS NOTIFICATION

- 2.15.1** Claim notification shall be done via the medical call centre, the official website, a dedicated mobile number and other digital medium to be provided the subscribers as well the USSD platform.
- 2.15.2** The life insurance underwriter shall not be liable for the payment of benefits in case of a death or a disability of the policyholder, where a claim is not notified in writing to us within twelve (12) months from the occurrence of the insured eventuality.
- 2.15.3** This condition shall also be applicable to any document deemed necessary to access the validity of the death or disability claim (sum assured) by the insurer before a claim can be finalized.

2.16 CLAIM SETTLEMENT REQUIREMENTS

- 2.16.1** Claims shall be paid within a maximum of five (5) working days subject to receipt of required documentation.

2.16.2 Death claim

- 2.16.2.1** Sanlam Life Insurance Ghana LTD shall require the following documents for any claim processing. Process will be facilitated via digital platform and the telemedicine hub. Claimant shall be required to complete the following:

- 2.16.2.1.1** Photo identification of the deceased
- 2.16.2.1.2** A properly completed claim form.
- 2.16.2.1.3** Original or certified copy Medical Certificate of Cause of Death
- 2.16.2.1.4** Photo identification of the claimant
- 2.16.2.1.5** Police report for accidental death only

2.16.3 Total Permanent Disability claim

- 2.16.3.1** A properly completed claim form.
- 2.16.3.2** Medical evidence of the cause of permanent total disability Police report of accident-causing disability
- 2.16.3.3** Photo identification of the claimant

2.16.4 Hospitalisation claim

- 2.16.4.1** A properly completed claim form.
- 2.16.4.2** Medical evidence of hospitalisation from an approved medical facility stating cause of hospitalisation.