



✉ sales@nyarueresources.co.zw  
 📍 First Floor ZB Chiyedza House : 68 Kwame Nkurumah Avenue, Hre  
 📞 0787 885 017 | 0779 570 378 | 0779 090 867

# APPLICATION FORM

No. \_\_\_\_\_

FIRST NAME/S: ..... SURNAME: .....

ID NO. 

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D.O.B: 

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 SEX: Male  Female

ADDRESS: ..... OCCUPATION: .....

## PRODUCT INFORMATION

RELATIONSHIP	NAME & I.D	GENDER	TOTAL	

### DECLARATION

SUB TOTAL

I hereby declare that all the information provided is in all respects correct and that no material facts have been suppressed or withheld.

If such information has been provided on my behalf, I agree that this declaration and the answers given shall be the basis of the contract between myself and the company.

I further agree that as a result of my acceptance to take up the above cover, I am giving permission to my employer to deduct the premium from my salary (where applicable).

I understand that cover commences after being officially accepted by the company and the first premium has been paid.

By signing, I accept the usual terms and conditions prescribed by the company and endorsed on their policy.

VAT		
TOTAL		

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ AGENT CODE 

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DATE: \_\_\_\_\_

## TERMS AND CONDITIONS

### Definitions

These words have the following meanings wherever they appear:

**AIDS** – Acquired Immune Deficiency Syndrome, Human Immunodeficiency Virus (HIV) and all related conditions.

**Bodily injury** – Bodily injury or physical suffering within 12 months of the accident that caused it. The injury cannot have any other cause such as a physical problem, weakness or illness that existed before the accident. Injury includes exposure to the elements (having no shelter) because of an accident. But it excludes any sickness or infection, unless this was directly because of an accidental bodily injury.

**Cover day** – benefit offered by us to the policyholder in exchange for a premium. One cover day is 24 consecutive hours.

**Doctor** – a person who is registered and licensed to practise medicine in the relevant country, except any covered member or their immediate family members.

**Hospital** – a medical facility where patients can stay overnight, be diagnosed and have surgery or treatment. It excludes any nursing or old age home or similar place for extended recovery, care or rehabilitation.

**Hospitalisation** – admission to hospital for treatment.

**Hospital stay** – stays in a registered hospital in Zimbabwe as a registered in-patient.

**Waiting period** – the number of months a covered member must wait before this benefit comes into effect. The waiting period per covered member is measured from the later of the date of commencement of the member's cover or the date of any reinstatement of this Policy from a lapse state.

**Claimant** – the person claiming benefits under this Policy.

### How it works

A claim pay-out is made when one is hospitalised for more than 48 hours

- A lump sum cash pay-out is done after one is discharged from hospital or after 30 days whichever is earlier.
- Pre-existing conditions are covered
- Benefits are paid out directly to member

### General Conditions of this benefit

1. The length of any hospital stay is the number of 24-hour periods that the covered member spends in hospital as a registered in-patient because of an injury or illness.
2. We will pay daily benefits as a lump sum at the end of a hospital stay. However, benefits may also be paid before discharge if the hospital stay is longer than 7 days.
3. We will not pay interest on any claims under this benefit. This benefit has no value that builds up or that can be paid out in any situation other than a hospital stay. It has no cancellation, paid-up or maturity value.

### HOSPITAL CASH PLAN- USD

Member Type	Monthly Premium per covered member	Daily Maximum Benefit (USD)	Maximum benefit per Event	Maximum benefit per year
Member	\$1.70	\$100	3000	6000
Family (up to 4 kids)	\$4.70	\$100 (\$50 for kids)	\$3000 (\$1500 for kids)	\$6000 (\$3000 for kids)
Extended family (up to 70 years)	\$1	\$100	3000	6000

UNDERWRITTEN BY:

## Exclusions

We will not pay any benefit if a covered member goes to hospital because of any:

- 1.1.1. effects of alcohol;
- 1.1.2. hospitalisation as a result of or related to diabetes and/or epilepsy
- 1.1.3. mental or psychiatric illness;
- 1.1.4. drug abuse
- 1.1.5. drugs taken for treating drug addiction;
- 1.1.6. injury or illness while flying unless as a paying passenger;
- 1.1.7. Accidents where a covered member is driving a motor vehicle with the blood or urine alcohol content over the legal limit;
- 1.1.8. Bodily injury suffered while directly involved in an illegal activity;
- 1.1.9. dangerous situation they get into on purpose;
- 1.1.10. sport they play or train for as a professional, even if this is not a direct or main cause;
- 1.1.11. Accident directly caused by war;
- 1.1.12. congenital defect (a problem they were born with);
- 1.1.13. cosmetic surgery, for example a skin graft or face-lift; or
- 1.1.14. use of explosives
- 1.1.15. Sex-change operation or similar procedure.
- 1.1.16. Any hospitalisation undertaken in nature, cure clinics, or hydros or during periods of quarantine will not be covered.
- 1.1.17. Pandemic and Epidemic diseases - hospitalisation resulting from illnesses or death caused or contributed to by any virus or medical condition, that is declared to be an outbreak or epidemic by

the World Health Organisation (WHO) or any Government or ruling body of a country

## Waiting periods

The following waiting periods will apply for this benefit:

- no waiting period for accidents,
- 3 months waiting period for illness
- 6 months waiting period for surgeries.
- 12 months waiting period for pre-existing conditions

No benefits are payable for hospital stays within the stated waiting period.

## Claiming Process

Making a claim is easy. Just follow these steps:

- Notify your agent or any nearest Zimnat Life branch
- ❖ Submit all required documentation including
- Claim form,
- Proof of hospitalisation
- (including hospital discharge evidence), and
- your identification document Zimnat reserves the right to request any further documentation that may help to verify a claim

## Why you need the Hospital Cash-Back Plan

- Help with financial expenses incurred due to hospitalisation
- You can use it to access over the counter medication
- It can assist you with medical aid shortfalls
- You can spend the money as you wish.

UNDERWRITTEN BY:



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THE DIRECTOR  
 SALARY SERVICE BUREAU  
 P.O. BOX CY 507  
 CAUSEWAY

PLEASE ACTION THE UNDERMENTIONED DEDUCTION FROM SALARY IN RESPECT OF:

SURNAME FOLLOWED BY FIRST NAMES	DEPT. CODE NO.	STATION CODE NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>

ID NO.

MOBILE NO

EMPLOYED IN THE MINISTRY DEPARTMENT OF: \_\_\_\_\_

THIS IS A NEW/CHANGE TO/ CESSATION OF: EXISTING DEDUCTION (Delete the Inapplicable)

(NOTE: COMPLETE VACANT BLOCKS IN CLEAR BLOCK CAPITALS)

EMPLOYEE CODE NO:	C/D
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
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REF NUMBER

PAYEE CODE:

<input type="text"/>	<input type="text"/>
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MONTHLY INSTALMENT

<input type="text"/>	<input type="text"/>
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APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_