

HOSPITAL CASH BENEFIT

GENERAL TERMS AND CONDITIONS

1. 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.

2. What this Benefit covers

We will pay a daily benefit if a covered member is hospitalised due to a bodily injury or illness for at least 48 (forty-eighty) consecutive hours in a registered hospital in Zimbabwe on the recommendation of a doctor.

3. General Conditions of this Benefit

3.1. 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.

3.2. 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.

3.3. 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.

4. Premiums and Benefits Escalation

4.1. Zimnat will have the right to escalate premiums and benefits on renewal. Policyholders will review their premiums and sum assured on a monthly basis in line with the official ZIMSTATS inflation rate or increase in cost of funeral assurance service provision or within limits as set by Zimnat.

5. Premiums and Benefits Payable

5.1. The monthly premium, daily benefit, maximum benefit per event and maximum benefit per year are shown in the premium and benefit table below.

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Hospital Cash Plan - USD

Member Type	Monthly Premium Per covered member	Daily Benefit (USD)	Maximum Benefit per Event	Maximum Benefit per Year
Member	\$1.70	100	3,000	6,000
Family (up to 4 kids)	\$4.70	\$100 (\$50 for kids)	\$3,000 (\$1,500 for kids)	\$6,000 (\$3,000 for kids)
Extended Family (up to 75)	\$1.00	100	3,000	6,000

6. Limits of Cover under this Benefit

- 6.1. The most we pay for each day in hospital is shown in Clause 5 above.
- 6.2. No benefit shall be payable if the hospital stay is less than 48 (forty-eight) consecutive hours.
- 6.3. This benefit has a maximum hospital stay of 30 days for any one event and 60 days per annum for cumulative events.
- 6.4. If a covered member is re-admitted into hospital within 14 days of discharge from hospital showing symptoms of the injury or illness that led to the preceding hospital stay, we will regard it as the same claim. But if re-admission occurs after more than 14 days, we will regard the later stay as a new claim even if symptoms of the injury or illness are the same as for the preceding hospital stay.

7. Waiting Period

- 7.1. The following waiting periods will apply for this benefit:
 - 7.1.1. no waiting period for accidents,
 - 7.1.2. 3 months waiting period for illness
 - 7.1.3. 6 months waiting period for surgeries.
 - 7.1.4. 12 months waiting period for pre-existing conditions
 No benefits are payable for hospital stays within the stated waiting period.

8. Pre-existing Conditions

- 8.1. All pre-existing conditions are excluded for the first 12 months measured from the later of:
 - 8.1.1. The date of commencement of a member's cover, and
 - 8.1.2. The date of any reinstatement of the Policy from a lapse state.
- 8.2. A pre-existing condition is any medical condition (diagnosed or not) which, during the past 12 months:
 - 8.2.1. A covered member had symptoms of it or received medicine, advice, tests or treatment for it;
 - 8.2.2. A covered member knew or should have known about it; or
 - 8.2.3. Our doctor thinks it is a cause of any injury or illness you claim for under this benefit,

9. How to Make a Claim

- 9.1. Making a claim is easy. Just follow these steps:
 - 9.1.1. Notify your agent or any nearest Zimnat Life branch
 - 9.1.2. Submit all required documentation including

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- 9.1.2.1. Claim form,
- 9.1.2.2. Proof of hospitalisation (including hospital discharge evidence), and
- 9.1.2.3. your identification document
- 9.1.3. Zimnat reserves the right to request any further documentation that may help to verify a claim

10. Valid Claims are Paid quickly

- 10.1. We may reject a claim if you do not tell us about it within 90 days after being discharged from hospital, unless you have a good reason for why it was not practical to do so.

11. Further Information or Medical Tests We May Need

- 11.1. We may ask for further information (including asking a covered member to have medical check-ups) if this will help us to decide about the claim. We will pay for the check-ups and any reasonable travel costs we agree to first. We may reject any claim if we do not get the information or if a covered member refuses to have a medical check-up.
- 11.2. If a covered member dies during a hospital stay, we may ask for a medical examination of the body (post mortem), which we will pay for.

12. Paying Benefits

- 12.1. We will pay any benefit to the hospitalised member, and to the policyholder if the hospitalised member is a minor.
- 12.2. We will pay the benefit to the policyholder if the hospitalised member (other than the policyholder) dies before making a claim.
- 12.3. We will pay the benefit to the beneficiary if the policyholder dies before making a claim.

13. Rejection of Claims and Disputes

- 13.1. If we reject a claim or if the claimant does not agree with the value of a claim, the claimant may, within 90 days of our decision:
 - 13.1.1. ask us to reconsider the claim; and
 - 13.1.2. If the claimant remains unhappy after we have reconsidered the claim, he/she may take legal action against us within a further six months. If he/she does not take legal action within this time, he/she will lose his/her rights to claim and we will not have to pay anything.

14. Exclusions that Apply to this Benefit

- 14.1. We will not pay any benefit if a covered member goes to hospital because of any:
 - 14.1.1. effects of alcohol;
 - 14.1.2. hospitalisation as a result of or related to diabetes and/or epilepsy
 - 14.1.3. mental or psychiatric illness;
 - 14.1.4. drug abuse
 - 14.1.5. drugs taken for treating drug addiction;
 - 14.1.6. injury or illness while flying unless as a paying passenger;
 - 14.1.7. Accidents where a covered member is driving a motor vehicle with the blood or urine alcohol content over the legal limit;
 - 14.1.8. Bodily injury suffered while directly involved in an illegal activity;
 - 14.1.9. dangerous situation they get into on purpose;
 - 14.1.10. sport they play or train for as a professional, even if this is not a direct or main cause;
 - 14.1.11. Accident directly caused by war;
 - 14.1.12. congenital defect (a problem they were born with);
 - 14.1.13. cosmetic surgery, for example a skin graft or face-lift; or

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- 14.1.14. use of explosives
- 14.1.15. Sex-change operation or similar procedure.
- 14.1.16. Any hospitalisation undertaken in nature, cure clinics, or hydros or during periods of quarantine will not be covered.
- 14.1.17. 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

15. Period of Grace, Lapse and Reinstatement

- 15.1. One calendar month grace period shall be allowed for the payment of annual premiums. Where premiums are paid on a frequency other than annually, a 15 (fifteen) day grace period shall be allowed.
- 15.2. In the event of non-payment of premiums within the grace period at any time during the currency of this Policy, the Policy shall lapse. All premiums paid shall be forfeited to the Company and any benefits under this Policy shall be lost.
- 15.3. Should this Policy lapse, it may be reinstated on written request, on such terms as may be fixed from time to time by the Company. Such reinstatement shall be allowable only within 6 (six) months from the date of lapse.

16. Voluntary Cancellation of Policy

- 16.1. Voluntary cancellation of this Policy is a breach of contract and all premiums paid shall be forfeited to the Company.
- 16.2. A voluntarily cancelled Policy cannot be reinstated.

17. Fraud, Misrepresentation, Misdescription or Non-disclosure

- 17.1. It is very important for you to be honest when you apply for this benefit, make any claim or give us any information. If you are not honest, this may result in the Policy being cancelled, a claim rejected or the Policy voided from inception and all premiums forfeited.
- 17.2. In the event that a benefit has been paid as a result of any misrepresentation, non-disclosure, misdescription or fraudulent action by you, any covered member or any person claiming any benefit under this Policy, such person shall be required to repay or return the benefit paid within 14 days.
- 17.3. The Company shall be entitled to take legal action to recover the benefit and any costs incurred.

18. Expiry of Benefit

- 18.1. This benefit expires at the earlier of:
 - 18.1.1. The end of the premium paying term; or
 - 18.1.2. The date of removal of a covered member from the Policy

19. Law and Jurisdiction

- 19.1. The laws of Zimbabwe govern this benefit.

20. Waiver And Amendment of Policy Terms and Conditions

- 20.1. No variation, amendment, change or waiver of these Terms and Conditions in any manner whatsoever shall be valid and binding on the Company unless reduced to writing under the signature of a duly authorized officer of the Company.

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