Member \& Spouse Personal Details

| Surname (Mr/Mrs/Ms/Miss) |  |  | Names |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Date of Birth | Branch |  | Telephone (w) |  | Telephone (m) |
| Designation |  |  | Payroll No. |  |  |
| Sector (please tick) ○ Council | O Government | $\bigcirc$ Parastatal | $\bigcirc$ Land Board | $\bigcirc$ Private Companies | ID Number |
| Physical \& Postal Address |  |  |  |  |  |
| Spouse Surname (Mr/Mrs/Ms/Miss) |  |  | Names |  |  |
| Date of Birth | ID Number |  | Telephone |  | Telephone ( m ) |

O Tombstone $\qquad$ O Beast Benefit $\qquad$ O Grocery $\qquad$ ○ Casket Benefit
$\qquad$

Children(s) Details
Children should be under 21 , any children over 21 can only be covered ift they are in full-time studies or if mentally or physically disabled (proof required). Any other children over 21 who do not fit this criteria should be covered under Extended family.

| Full Name |
| :--- |
| $\square$ |
| $\square$ |
| $\square$ |
| $\square$ |
| $\square$ |

## Parents \& Parents Inlaw Details

Maximum of 4 parents if married. Please provide copies of parents IDs. Parent cover is compulsary for all members irrespective of the number of parents they have.

| Full Name | Relationship | Date of Birth | ID No. | Cover Amount |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Extended Family Details



## Summary of the Terms and Conditions for BLLAHWU Benefit Scheme

1. Insured Persons

Full time members of BLLAHWU and the family members per completed proposal form.

## 2. Membership

The member in whose name the policy is issued and who is over the age of 18 and under the age of 65 at the Commencement date

The main member insured will qualify for cover if he/she is a member of BLLAHWU and have not attained the normal retirement age.

The premiums are paid monthly and policy will lapse if the premium is not paid.
3. Evidence of Health

No medical evidence is required in order to be eligible for the Cover.

## 4. Beneficiary

In the event of the Member's death, the benefit will be paid to the beneficiary as nominated by the Main Member on application or amendment. If no beneficiary is nominated, the benefit will be paid to the spouse. Where there is no spouse, then the benefit will be paid to the closest relative on record, subject to proof of relationship being chosen.

If there are any disputes as to who is entitled to receive a benefit in respect of this policy, the decision of BLLAHWU or Insurer will prevail.

## 5. Claims

The claim must be notified within six (6) months of date of death and claim documents submitted within twelve months.

The benefits provided in terms of this contract will not be paid unless the Insurer has been satisfied as to the validity of the claim, the entitlement of the claimant to receive the Benefits.

Funeral Plan benefits will be paid within 24 hours provided that all the required claims documentation has been received and the claim has been approved.

## Claim checklist

In order to speed up the claims process, please ensure that the following documentation is presented at the time of claim:
> Death certificate
> Certified copy of the identity/birth certificate of the deceased (In the event of death of a child, a full birth certificate showing full names of parents is required if the deceased child is under the age of 18 years.)
$>$ Certified copy of the identity of the claimant
> Marriage certificate/proof of relationship
$>$ Notification of registration of death
$>$ If the cause of death is accidental, a police report must be provided.

Proof of relationship to the member or person making the claim in the event of the death must be submitted at claim stage
6. Sum assured

On the death of an Assured Person, an amount per cover schedule will be payable.
7. Benefits

The benefits included in this product are:
a) Lump sum Funeral Benefit
8. Cessation

There is no cessation age and member will be covered after norma retirement age provided compulsory premiums are paid
9. Special Conditions

Waiting period:
$>$ There is a waiting period of 6 months for parents and parents in law and 6 months for extended family before a natural death claim will be accepted. There is however immediate cover for accidental death, as long as one month's premium has been paid.
10. Commencement of Life Assurance Cover
a) Commencement date means the date on which the first premium has been deducted
b) Notwithstanding the provisions of sub-clauses above, in the case of accidental death of assured persons, cover commences when the first premium has been deducted
c) The conditions of this clause also apply if membership is reinstated/re-activated

## 11. Exclusions

No payment will be made for any claim arising whether directly or indirectly as a result of:
a) War
b) Invasion
c) Act of foreign enemy
d) Hostilities (whether war is declared or not)
e) Civil war
f) Military or usurped power
g) The effects of radioactivity or nuclear explosion
12. Surrender Values

No surrender values are payable under this policy

## 13. Fraud

If any claim under this policy is fraudulent in any manner al benefits will be forfeited
14. Cession

Benefits under these policies may not be ceded, assigned or pledged as security in any way.

## 15. Currency

Benefits are expressed and payable in the legal tender of Botswana
17. Revision of Terms and Conditions

The Insurer reserve the right to amend, revoke, vary or alter any terms and conditions of this policy. However the insured will be advised of such amendment
18. Jurisdiction

The laws of Botswana, whose courts shall have jurisdiction in any dispute arising hereunder, will govern this policy.
19. Claims, Queries/Complaints

Claims: To claim a benefit on this policy, please contact your nearest BLLAHWU office

