BLLAHWU GROUP FUNERAL SCHEME

PO BOX 201042,Gaborone .Plot 178,Unit 3 Commerce Park, Gaborone.Tel:(267) 3932399

LEKGOTA INSURANCE BROKER

METROPOLITAN
Together we can

☐ **New Application** ☐ **Amendment** ☐ **Cancellation**

Member & Spouse Personal Details

Surname(Mr/Mrs/Ms/Miss) | Names

Date of Birth | Region | Telephone(w) | Mobile No:

Employer | Payroll No. | Designation

Sector (Please tick) Council○ Government○ Parastatal○ Landboards○ Privates○ | I.D Number | Gender ○Male ○Female

Physical & Postal Address:

Spouse Surname(Mr/Mrs/Ms/Miss) | Names

Date of Birth | I.D Number: | Telephone(w) | Mobile No:

Tombstone | **Beast Benefit** | **Grocery** | **Casket Benefit**

Children(s) Details (*Children should be under 21, any children over 21 can only be covered if 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	Relationship	Date of Birth

Parents & Parents Inlaw Details *(Maximum of 4 parents if married. Please provide copies of parents IDs. Parent cover is compulsory for all members irrespective of the number of parents they have.)*

Full Name	Relationship	Date of Birth	I.D No:	Cover Amount	Premium

Extended Family Details (Maximum of 10 extended Family Members.. Age limit is 80. Waiting period is 6 months).

Full Name	Relationship	Date of Birth	I.D No:	Cover Amount	Premium

Total Premium

For Official Use Only

Received by | **Beneficiary full Name** | **Contacts**:

Signature | **Date:** | **Member Signature** | **Date**

TERMS AND CONDITIONS

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 normal 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 reactivated.

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 all 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.

PROTECTION OF PERSONAL DATA

Metropolitan will collect and use your personal data, including other sensitive information, that you provide in this application or we lawfully obtain from other sources. We use this information to set up and manage your policy, verify your details, assess risk and eligibility, administer benefits, process claims, prevent fraud, meet reinsurance requirements, carry out credit checks where applicable, and comply with legal and regulatory obligations.

We process your personal data to enter into and perform our agreement with you, comply with the law, and fulfil Metropolitan's legitimate business interests. Where required by law, we will process health and other sensitive information in line with the Data Protection Act, 2024.

our personal data will be retained only for as long as necessary to fulfil your contract with Metropolitan, which we will securely delete or destroy your personal data, once the period has elapsed. You may request the access, rectification/correction of inaccurate or incomplete information, and objection to or restriction of processing in certain circumstances, of your personal data.

For further information on how your personal data is processed, please refer to our Privacy Notice or contact the Data Protection Officer at DPOBots@metropolitan.co.bw