



**PLEASE READ**

I declare and agree to the following terms and conditions:

Benefits are not paid if the deceased commits suicide within the first 2 (two) years of the Policy starting or restarting date. All the information on this form, or supplied in connection with application, is true and complete and will form the basis of this Policy.

This Policy will be activated only once the first payment has been received.

I accept this insurance and understand that I am bound by the standard terms and conditions that apply to this Policy.

I also agree that I give BLIL permission to investigate me to assess the risk of the Policy or to assess for any claim of benefits under this Policy, or for any other proposals for insurance that I have made. I therefore curtail my right to privacy as the member.

<b>Policyholder / Alternate Member</b>	<b>7,500</b>	<b>10,000</b>	<b>15,000</b>	<b>20,000</b>
<b>Additional Dependents Benefits</b>	<b>3,750</b>	<b>5,000</b>	<b>7,500</b>	<b>10,000</b>
10 (Minimum)	95.67	121.38	172.68	223.92
11-15	139.40	178.05	255.08	332.06
16-20	183.14	234.72	337.49	440.20
21-25	226.87	291.39	419.89	548.34
26-30	270.61	348.06	502.30	656.48

Acceptable Relations Child 21 +, Brother, Sister, Uncle, Aunt, Nephew, Niece, Parent, Parent-in-Law, Grandmother, Grandfather, Grandson and Granddaughter. Maximum age of joining is 85 years. For Motshelo groups, consent forms signed by each dependent must accompany the application. There must be proof of membership of a registered Motshelo.

**P7 500**       **P10 000**       **P15 000**       **P20 000**

<b>MOTSHELO</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 3</b>
<b>All members</b>	<b>7,500</b>	<b>10,000</b>	<b>15,000</b>	<b>20,000</b>
<b>Number of lives covered</b>				
10 (min premium)	187	232	341	452
15	238	295	436	579
20	263	327	483	642
25	314	390	578	768
30	360	447	663	882

**BENEFICIARY DETAILS (FAMILY)**

**NOTE:** On the death of the member, the beneficiary stated below is to receive the benefits of the Plan. It is recommended that the beneficiary be a major, over the age of 21 and that you do not nominate your estate as your beneficiary.

First Names  Surname  Relationship

**MEMBER'S CONTACT DETAILS**

I/We hereby instruct and authorize the Bank through a Debit Order on account number \_\_\_\_\_ Branch Code \_\_\_\_\_ at Bank \_\_\_\_\_ to deduct BWP \_\_\_\_\_ (Premium Amount) which is necessary payment for the monthly premium due, in respect of the above policy on the \_\_\_\_\_ day of each month commencing on the \_\_\_\_\_ (date) and continuing until further notice in writing from me/us.

Residential Address

Cell

Postal Address

Res

W

Signed at  of Member  Date

## GENERAL CONDITIONS

The completed application form with all the declarations and information will form the basis of the contract between the underwriter and the member. Any incorrect statements made in good faith will not cancel any of the benefits applied for, unless they change the risk of the underwriter at the time of application.

The maximum age at entry is 85 for the member and additional dependents. If the member's age differs from the information supplied in the original application or subsequent additions to the application, and the particular applicant is thus too old to qualify for the benefit at the time of application, the underwriter's only obligation will be to return any premiums that it received for the particular member. All references to age mean the actual age reached. No medical underwriting requirements will apply to any applicant under this scheme, but the underwriter has the right to accept or decline an application.

## NOMINATED BENEFICIARY

The member may nominate a beneficiary to receive the proceeds of the funeral policy following death of the member. The member may appoint a natural person only and may withdraw the nomination at any time. The change or withdrawal of the nomination shall not be binding on the underwriter unless the member informed the underwriter in writing, allowing enough time for the underwriter to record the nomination.

The nomination of a beneficiary shall not allow the beneficiary to claim benefits under the Policy during the lifetime of the member. The appointment of a beneficiary will be determined automatically by the death of the beneficiary during the lifetime of the member, the legal disqualification of the beneficiary, or if the underwriter is unable to locate the beneficiary within a reasonable period of time after the death of the member. If the member dies without a nominated beneficiary the benefits payable in terms of the Policy will be paid to claimants who submit the required claim documents. If the nominated beneficiary cannot be located within a reasonable period of time, the claimant who submits the required documents will be paid.

Other nominations or provisions in a will or other testamentary instruments that the member agrees to, shall not affect or invalidate any existing beneficiary nomination that the underwriter has record.

## OWNER OF FUNERAL POLICY

The member is the premium payer and owner of the funeral policy. The funeral policy has no restrictions regarding residence, travel and occupations, unless otherwise stated in an additional endorsement. Any money payable under the scheme, whether this consists of premiums payable to the underwriter or benefits payable to the member, must be in the lawful currency of the Republic of Botswana, the Pula. The Policy has no loan, cash or paid-up value and can therefore not be ceded for collateral purposes. If the Policy is cancelled it may be restarted after complying with the terms and conditions that the underwriter may impose.

## PREMIUM REVISION

The actuary of the underwriter may revise the premium rate to bring the rates in line with the actual number of claims received. As an alternative to an increase in the premium rate, the underwriter has the right to decrease the benefits payable on this Policy. In both cases the underwriter will give the members at least 3 (three) months written notice of any changes or the premium rates.

## CLAIMS PROCEDURE

Please note that in the event of a claim, the sum insured will not earn any interest during the claims process. The insured amount in accordance with the schedule, is payable in the event of a claim that is supported by the documents mentioned in this Policy information leaflet. We will provide continuous cover to the insured persons listed in the information form, provided that the underwriter receives all the premiums regularly. In advance and in the intervals, that the Policy schedule states. Claims must be submitted within 3 (three) months of the death of the member or dependent. The premium not change if anyone of the additional dependents dies. Cover starts after the member has paid the first premium. We will allow a grace period 30 (thirty) days for each payment of the premium. After this period, cover will automatically end if the member has not paid the correct premiums by the time the grace period expires.

## ADDITIONS

Please note: Additions in respect of family members will be allowed during the life of the Policy, provided the changes fall within the maximum number and parameters stated in the Policy. The waiting period clause will apply to all additions.

## WAITING PERIOD

A waiting period of 6 (six) months will apply to the member and the additional dependents unless otherwise stated in the policy schedule. This is after the starting or restarting date of the Policy, unless death is due to an accident. The underwriter is not obliged to settle any accidental death claim before it has received the first premium.

## PROCEDURE ON THE DEATH OF THE MEMBER OR DEPENDANTS WHO QUALIFY OR BENEFITS UNDER THIS FUNERAL COVER

Contact Botswana Life Insurance Limited ('BLIL') on 364 5100 within 3 (three) months of the death of any persons covered under this policy, failing to do so, BLIL reserves the right to repudiate the claim. The following information is also required:

- Group Funeral Application Form
- A certified copy of the death certificate
- A certified copy of the claimant's Omang / Passport
- A funeral claim form full completed by the claimant obtainable from BLIL/ BancABC or Aon (whichever is convenient to customer)
- A police report in the event of an accidental death
- Botswana Life Insurance Limited reserves the right to call for any other documentation to ensure that the claim is valid

## DECLARATION

I \_\_\_\_\_ declare and agree to the mentioned terms and conditions:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_