FORM NO.		



	APPLICATION FOR MONAMODI FUNERAL PLAN								Underwritten by Botswana Life Insurance Limited									
	Please complete	in BLOCK LET	TERS. Tick a	appropriate	e block u	ınless othe	rwise	indicat	ed.									
	Scheme name			Joining Date	D [M M	Υ	Y Y	Y	New	Applicati	on		Amendment o existing Co	ntract			
	MEMBER DE	TAILS																
	MEMBER DETAILS Note: Cover is 75. Death benefits are not payal (spouse and children).	only available for a mem ble during the first 3 (thre	ber who is younger th e) months following th	nan 75 on the startin ne starting or restarti	g date of the Po ng date of the I	olicy. The age at whice Policy except in the e	ch a participevent of acc	oant ceases to cidental deatl	o be a memb n. This applie	er of the Pos s to the me	olicy (cessat ember and l	ion age) is nis immediate fa	mily					
	First names	Su	Surname		Gender required	Date of birth		ID number			Age attained		Cover level		Prer	nium		
	SPOUSE DET	TAILS																
First names		Su	ırname	Gender required		Date of birth	Date of birth		ID number		Age	Age attained		Cover level				
	CHILDREN D	DETAILS (M	MAXIMUM	6)														
	First names		Surname			Gender required	Date of birth Cover lev		over leve		I declare and	DTHE FOLLOWING: agree to the fallowing 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.						
												4. laccep	ed. ot this insu	be activated on grance and unders itions that apply to	stand that	I am bound I		
												5. I also a risk of t or for a	gree that the Policy any other	I give BLIL permis or to assess for ar proposals for ins to privacy as the r	ssion to in ny claim o surance th	vestigate me f benefits un	der this Policy,	
													my ngne	to privacy as the r	nemoen.			
	PARENTS AND) PARENTS	-INI-I AW/I	DETAILS	(MAXII	MIIM 4)	1	otal Prem	ium									
	First names	ARENTS AND PARENTS -IN-LAW DETAILS irst names Surname			(1717-0711	Gender required	Date o	of birth	Cover level		remium	parents and younger tha	ilable for ap y. The amou	Cover is for your plicants that are at of cover chosen of payable within				
										_		 will be the same as for all extra applicants. Death benefithe first 3 (three) months following the starting or rest except in the event of accidental death. 						
									otal Prem	ium		-						
	BENEFICIARY	DETAILS							otal i i cili									
	BENEFICIARY DETAIL the age of 21 and that you				stated below	is to receive the	benefits	of the Plar	ı. It is recor	mmende	d that the	beneficiary b	e a maj	or, over				
	First names			Su	rname						Rela	tionship					_	
	MEMBERS COI	NTACT DETA	AILS															
	I/We hereby instruct monthly premium de continuing until furt	ue, in respect of	the above po	licy on the _) whic	h is the ned	cessar	y payme (date		
	Residential								Cell									
	address	<u> </u>							Res									
	Postal address								Work									
	Signed at			Signa	ature of me	mber				_	Date	D D	М	М Ү	Υ	Y Y		

Signed at

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 75 for the member and spouse, 20 for the children, and 85 for the parents and parents-in-law. Cover for the children will end at age 21. 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. The return of premiums will only apply to parents cover. 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. Where either the member or the spouse gives birth to a stillborn baby, the amount payable will be as stated in the policy schedule. (Stillborn baby means the birth or surgical removal of a dead baby from the womb after the 28th week of the pregnancy).

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 recorded

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 member at least 3 (three) months written notice of any changes in the benefits 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 nomination 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 6 (six) months of the death of the member. The premiums for parents will decrease once a parent benefit expires because a claim has been paid. This will not change if anyone of the immediate family dependant dies. This will also not change if the scheme is based on a crosssubsidy basis where rates are Parents inclusive. Cover starts after the member has paid the first premium. We will allow a grace period 30 (thirty) days for the payment of each 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, parents and parents-in-law will be allowed during the life of the Policy, provided the changes fall within the maximum number and parameters stated in the Policy.

WAITING PERIOD

A waiting period of 3 (three) months will apply to the member and his/her immediate family and 3 (three) months for parents and parents in-law 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 FOR BENEFITS UNDER THIS FUNERAL COVER

Contact Botswana Life ("BLIL") on 3623700 within 6 (six) 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 fully completed by the claimant obtainable from BLIL.
- A police report in the event of an accidental death.
- In the case of stillbirth, a copy of the stillbirth certificate.
- BLIL reserves the right to call for any other documentation to ensure that the claim is valid.