

ECOSURE HOSPITAL CASH BACK PLAN TERMS AND CONDITIONS

This document sets out the terms and conditions of the EcoSure Hospital Cash Back Plan offered by Econet Life (Private) Limited (“Insurer”) to its Customers. Please read and fully understand each clause set out in these terms and conditions.

These terms and conditions can be changed on approval by the commissioner of insurance and but subject to sixty (60) days’ notice to customers. The Insurer will notify Customers by SMS and/or by email where applicable, of amendments to these terms and conditions and ensure that they are available at all customer service touch points and on the official website. When a Customer registers for the EcoSure Hospital Cash Back Plan, the Customer must know and fully understand the terms and conditions set out in this document. Any customer who does not accept the changes to the terms and conditions of this agreement shall notify the Insurer in writing within thirty days of posting of the amendments at the customer touch points, and such notification shall be deemed to constitute termination of the insurance policy with effect from the date on which the new amendments take effect.

Confirmation of registration means that the Customer agrees to abide and be bound by these Terms and Conditions, in respect to the EcoSure Hospital Cash Back Plan.

1.0 DEFINITION

- 1.1 **Accident** means an unforeseeable event that occurs after the Commencement Date and which, in a violent, external and visible manner, independently of any other cause, directly results in hospitalization of the Insured.
- 1.2 **Appraiser** means an insurance expert engaged by the **Insurer** to review any repudiated claim, conflict or dispute.
- 1.3 **Beneficiary** means the person and/or entity who will receive the benefit in the event of the Insured’s death.
- 1.4 **Chronic Illness** is a disease or disorder of slow progression and long duration which causes continuous or episodic periods of incapacity and requires ongoing management over a period of years or decades. These include but are not limited to arthritis, asthma, chronic heart disease, chronic bronchitis, HIV and diabetes.
- 1.5 **Claim** means a request for a benefit pay-out done by Insured and/or his representative or guardian in the event that the member is **hospitalized**.
- 1.6 **Claimant** a person making the claim.
- 1.7 **Commencement Date** means the date from which the Cover is deemed effective, that is upon payment of the first Premium by the Insured.
- 1.8 **Cooling Off Period** a period of time during which the customer may cancel a policy.
- 1.9 **Cover** means a promise by the Insurer to pay a specified amount of money and/or benefits under the EcoSure Hospital Cash Back Plan, in return for a Premium.
- 1.10 **Customer** means the individual EcoSure Hospital Cash Back Plan applicant. Customers must be between the ages of 18 to 64 to qualify to register for a Policy. All policies cease when the customer turns 65.
- 1.11 **Dependant** means a person whom the insured person is under a legal duty to support, such as a spouse and/or minor children under the age of 18.

- 1.12 EcoCash Wallet** means an electronic wallet held with Econet Wireless (Private) Limited in the name of the Insured, Sponsor, and/or Beneficiary.
- 1.13 EcoSure Hospital Cash Back Plan** means a medical insurance product that entitles a promised amount and/or benefit to be paid out in the event of hospitalization of the Insured.
- 1.14 Exclusions** means instances where the Insurer will not be obliged to pay out a claim as set out in this document.
- 1.15 Grace Period** means a maximum of ten (10) days from the due date of the Premium within which the Premium should be paid.
- 1.16 Hospital** is a health care institution, licensed in accordance with the laws of the Republic of Zimbabwe, providing patient treatment with suitably qualified staff and equipment.
- 1.17 Hospitalisation** means being placed under medical care in a hospital.
- 1.18 ID** means any official document accepted by the national registry department.
- 1.19 Illness** is a human health condition or disease or an internal malfunction of the body not directly influenced by external forces such as accident or homicide, but excluding the Exclusions set out in these terms and conditions.
- 1.20 Independent Medical Officer** means a qualified and experienced medical practitioner who is not in a treating relationship with the customer who will provide an impartial assessment based on the best available evidence that is requested by the insurer for the purposes of providing information to assist with the adjudication of a claim.
- 1.21 Insured** means a person covered under the EcoSure Hospital Cash Back Plan.
- 1.22 Insurer** means Econet Life (Private) Limited, the company offering EcoSure Hospital Cash Back Plan.
- 1.23 Lapsed** means that cover has been temporarily suspended due to non-payment of premiums.
- 1.24 Maternity** the period during pregnancy and shortly after childbirth. Hospitalisation due to maternity is not covered under this policy.
- 1.25 Medical History** means an account of all medical events and problems a person has experienced.
- 1.26 Pre-existing Condition** means an illness, sickness or disease that a person applying for cover under this insurance knew about, or was awaiting diagnosis of, in the 24 months immediately prior to the day your insurance starts. Hospitalisation due to pre-existing conditions is **not** covered under this policy.
- 1.27 Policy** means the Hospital Cash Back Plan contract between the Insurer and the Insured, which determines the claims which the Insurer is legally required to pay.
- 1.28 Policy Cancellation** means the withdrawal and/or termination of a Policy by the Insurer or by the Insured.
- 1.29 Policy Term or Duration** means the period of time for which the Policy is valid and the Cover is active.
- 1.30 Premium** means the amount (in United States Dollars or any other currency as may be prescribed by the Government of Zimbabwe) that the Insured is required to pay every month or at any other frequency specified under the Policy to maintain the Policy.
- 1.31 Premium payment date** means the day of the month that the Insured's Premium is due for payment.
- 1.32 Reinstatement of Policy** is a process where the customer revives their policy after a lapse either through payment of premium, where the lapse is within 3 months or through re-registration for policies that have lapsed for over 3 months.
- 1.33 Surgery** shall mean the treatment of injuries or disorders of the body by incision or manipulation, especially with instruments.
- 1.34 Waiting Period** is a time period in which the insurance company will not pay for claims emanating from hospitalisation due to illness.

2.0 REGISTRATION

- 2.1 EcoSure Hospital Cash Back Plan pays a daily cash benefit from the fourth day of continuous hospitalization. The Premium payment for Cover will be deducted from the Insured's EcoCash Wallet at the specified payment frequency.
- 2.2 To register for the EcoSure Hospital Cash Back Plan, the Customer must be aged between 18 and 64, and must be resident in Zimbabwe.
- 2.3 To register for EcoSure Hospital Cash Back Plan the customer must be registered on EcoSure funeral cover.
- 2.4 Registration is automated and shall be done through the Customer's mobile phone.
- 2.5 A Customer must be registered for EcoCash to be able to register for the EcoSure Hospital Cash Back Plan.
- 2.6 In order to qualify for EcoSure Hospital Cash Back Plan, a Customer will need to confirm the following information which will be extracted from the existing EcoCash database:
- i. Full name and surname;
 - ii. Identity number;
 - iii. Gender; and
 - iv. Date of birth.
- 2.7 Before a Policy can be issued the Customer has to complete the registration process which includes confirming the personal details listed in clause 2.5 and payment of the initial Premium.
- 2.8 By completing the registration process a Customer confirms acceptance of these terms and conditions.

3.0 POLICY COMMENCEMENT DATE AND DURATION

- 3.1 EcoSure Hospital Cash Back Plan is effective as of the Policy Commencement Date.
- 3.2 The commencement date is calculated as follows:
- If the Customer registers between the first and tenth day of a calendar month, the policy commencement date will be the first day of that calendar month.
 - If the Customer registers between the eleventh day and the end of that month, the policy commencement date will be the first day of the next calendar month
- 3.3 The first Premium shall be automatically deducted from Customer's EcoCash Wallet upon registration
- 3.4 Following the first Premium payment, Premium payment date shall fall on the 1st day of each month.
- 3.5 Cover lasts for one calendar month from each Premium payment date.
- 3.6 The Policy is renewable by monthly debit from the Insured's EcoCash Wallet or any other means as agreed upon with the Insurer.
- 3.7 An insured may cancel the Policy by giving 30 days' notice at an Econet Service Centre with proof of identification.
- 3.8 The Policy is terminated on the death of the Insured, cancellation by the Insured, lapse of Cover and/ or any other arrangement agreed between the Insured and the Insurer.

4.0 PREMIUM PAYMENT

- 4.1 Benefits will be paid from the fourth day of continuous hospitalisation provided the Premiums are paid in accordance with the rules below:
- i. The first Premium is due upon registration, while the Premiums that follow thereafter are due on the 1st day of each month.
 - ii. Premiums will be paid via the EcoCash Wallet and EcoCash transaction charges will apply.
 - iii. The exact outstanding Premium amount must be paid. Part payments are not possible.

iv. There will be no Claim settlement if the Policy has lapsed.

4.2 To ensure continued cover and ease of premium payments, EcoSure has designed a link to the Insured's EcoCash wallet. This link allows for automatic deduction of monthly Premium (Auto Debit) from the Insured's EcoCash wallet. Automatic deduction ensures that the Insured does not skip a payment leading to the policy lapsing. By completing the registration process, the Customer authorizes the Insurer to debit their EcoCash Wallet for the first Premium and monthly thereafter, during the stipulated collection periods. The customer has the option to opt out of auto debit of EcoSure Premiums. If they do so, they should ensure that they make manual payments via the EcoSure short code, *900#, to ensure that premium payments are up to date. Should there be no premium paid by the 10th day of the month, under any circumstances, the policy lapses as per section 6 of these terms and conditions.

5.0 POLICY BENEFIT AND PREMIUM

5.1 The benefits and premiums are as follows:

i. Benefits

Daily Cash Benefit	\$100
Daily Cash Benefit Commencement	From 4 th Day of continuous hospitalisation

ii. Premiums

Adult Premiums	\$1
Child Premiums	\$1

5.2 The Customer can add a spouse and up to four children as dependants. The Premium is paid per head and is the same irrespective of the Dependent's age.

5.3 Premiums remain payable during the period of hospitalisation.

5.4 EcoSure Hospital Cash Back Plan pays a daily cash benefit for every day spent in hospital from the fourth day of continuous hospitalization.

5.5 A day refers to a period of twenty-four (24) consecutive hours of hospitalisation

5.6 EcoSure will pay the fixed amount of money until the customer is discharged subject to limits that are set out below. The limits for Chronic Illnesses are as stated under clause 12.12

	In Days	Amount Paid
Event Maximum Limit	30	\$3,000
Annual Limit	60	\$6,000

5.7 An event is a period of continuous hospitalisation and re-admission within 10 days for the same cause counts as the same event

6.0 LAPSE AND REVIVAL OF COVER

6.1 The Policy will lapse on the 10th day after the premium due date should there be no premium payment.

6.2 A lapsed Policy can be re-instated upon payment of the Premium. Where a Policy is reinstated no claim shall be paid for hospitalisation due to illness for each month the policy was lapsed up to a maximum of 3 months following the reinstatement of the Policy.

6.3 The Policy shall not have a surrender value.

6.4 A policy in lapse for more than 3 months is rendered closed and the individual will have to apply again and go through the waiting period of 3 months for cover to resume.

7.0 NOTICE PERIOD FOR PREMIUM INCREASE

7.1 Sixty (60) days' notice will be given by the Insurer for any increases in Premium.

8.0 MISREPRESENTATION AND FRAUD

8.1 Any misrepresentation or non-disclosure of a material fact by the Customer may result in the policy being cancelled, a claim rejected or the policy being voided from inception without any refunds in premiums.

8.2 Any fraudulent act used to obtain any benefit under this policy may render the policy cancelled or void from inception and any claim or premiums paid in such event will be forfeited.

9.0 DEPENDANT

9.1 A Customer will have the option to add Dependants to the package they are registered on.

9.2 A Dependant can be a:

i. Child (below the age of 18)

ii. Spouse

9.3 The Customer can add a spouse and up to four (4) children.

9.4 The Premium is paid per head is the same irrespective of the Dependants age.

9.5 Dependants are transferable amongst the Insured person such as between husband or wife for minors.

9.6 Dependants above 16 should have an active Econet line.

9.7 To add a Dependant, a Customer will be requested to provide the following information:

i. Full name and surname;

ii. Identity number;

iii. Gender;

iv. Date of birth;

v. Relationship; and

vi. Mobile number (where applicable)

10.0 CHANGES IN THE POLICY

10.1 Any changes to the Policy must be done at an Econet Service Centre with proof of identification

10.2 Such changes are limited to:

i. Change of mobile number

ii. Corrections of any personal details of the Policy.

10.3 There can be no change in the identity of the Insured on a given Policy other than official changes in name in accordance with Zimbabwean registration laws.

10.4 A cancelled Policy can never be reinstated. An applicant will have to make a fresh application for a new Policy.

11.0 INDEMNITY

11.1 Upon hospitalisation of the Insured, the Insurer will pay the amounts stated in clause 6 to the member or beneficiary in the event of the member's death, but subject to the Exclusions and conditions contained herein.

11.2 If the Insurer claims that the payment is not due and payable by virtue of the Exclusions or non-compliance with any of the terms and conditions stated herein, onus shall be on the Beneficiary to prove the contrary.

12.0 CLAIMS

12.1 All claims are submitted to Econet Life through designated EcoSure agents

12.2 The claims will be paid into the customer's EcoCash wallet or the EcoCash wallet for the next of kin if the customer dies after being admitted in hospital.

12.3 No claims shall be payable within 3 months of commencement or reinstatement or resuscitation.

12.4 The insured must notify the insurer immediately after hospitalization no later than the next business day following admission through their phone or any method as agreed between the insurer and the insured.

12.5 The following original documents should be supplied at the claiming stage.

- i. Patient card;
- ii. Other Medical records from the hospital;
- iii. Medical Aid Card used;
- iv. Receipts for all cash payments;
- v. Letter of admission and discharge; and
- vi. Copy of ID of claimant

12.6 All claims must be notified within 30 days of discharge

12.7 A full medical history may be requested together with reports by the regular and attending doctors to validate any claim and the impact of any Pre-Existing Condition.

12.8 In order to qualify for the claim, all monthly Premiums must be paid on time.

12.9 The Insurer reserves the right to call for any additional documentation as may be required from time-to-time to validate the information provided and the Insured Person or Beneficiary shall supply in writing at his/her own cost any reasonable information that the Company may request

12.10 The Insurer may also appoint an Independent Medical Officer to verify the validity of the claim.

12.11 The Insurer reserves the right to limit payment in terms of any duration of hospitalisation if, in the opinion of its Independent Medical Officer, the duration of admission is not justified. The Insurer further reserves the right to refuse payment in respect of claims resulting from hospitalisation at certain hospitals.

12.12 Hospitalization related to any chronic illness will be limited to a maximum of 5 days per event, and a maximum of 10 days per Policy per year.

12.13 The next of kin of the principal can claim on behalf of him/her that is if, he/she dies after being admitted in hospital. However he/she will be required to provide all the required documents to make a claim including the death certificate. A proof of the relationship in the form of marriage certificate or birth certificate should accompany the documents listed in item 13.3 above. Two witnesses may also be requested if there is no spousal relationship.

12.14 By submitting the claim, the Customer irrevocably authorises, and requests any doctor, medical institution or other person who may be in possession of or hereafter acquire any information concerning their health up to the present time, to disclose such information to Econet Life (Pvt) Ltd and agree that such authority and request shall remain in force after their death as prior thereto.

13.0 EXCLUSIONS

The Insurer will not be liable in respect of any claim for hospitalisation due to Bodily Injury, Illness, Accidental Disability which is directly or indirectly caused by, arising from, contributed to by, aggravated by, connected with or resulting from any of the following:

- 13.1 War, invasion by a foreign country, acts of foreign enemies, hostilities (whether war is declared or not), civil war, labour disturbances, active participation in strikes or the activities of locked-out workers, rebellion, revolution insurrection or military or usurped power, or the Insured Person engaging in military duty or military exercises with any armed force of any country or international authority.
- 13.2 Intentionally self-inflicted injury or attempted suicide, while sane or insane.
- 13.3 Engaging in (or practicing for or taking part in training peculiar to) underwater activities necessitating the use of artificial breathing apparatus, climbing or mountaineering necessitating the use of ropes or guides, potholing, parachuting, hang-gliding, winter sports involving snow and ice, professional sports or racing other than on foot.
- 13.4 Engaging in aviation, other than as a fare-paying passenger in a fixed-wing aircraft provided and operated by an airline or air charter company which is duly licensed for the regular transportation of fare-paying passengers, or in a helicopter provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers provided such helicopter is operating only between established commercial airports and/or licensed commercial heliports.
- 13.5 The actions of any Insured Person(s) or the Insured Person(s)' personal representatives contrary to the law, criminal or other acts of the law.
- 13.6 Driving a motor vehicle while the blood alcohol level of the Insured Person is higher than that permitted by law, irrespective of whether such action causes an accident or not.
- 13.7 Confinement for routine physical or any other examination.
- 13.8 Maternity as defined herein.
- 13.9 Hospitalisation where there are no objective indications or impairment in normal health.
- 13.10 Pre-Existing Medical Conditions as defined herein.
- 13.11 The Insured Person having taken a drug, unless it is proved that the drug was taken in accordance with proper medical prescription and not for the treatment of a drug addiction.
- 13.12 Any psychological or psychiatric disease or disorder including depression and Post Traumatic Stress Disorder.
- 13.13 Confinement in an establishment which is not a Hospital, as defined herein.
- 13.14 Operations, treatments and examinations for obesity, cosmetic purposes or of the Insured Person's own choosing which has no connection with any Illness.
- 13.15 Treatment of infertility or the artificial insemination of a person.
- 13.16 Hospitalisation as a consequence of breast reduction or enlargement operations and/or treatment of cystic fibrosis.
- 13.17 Dental conditions and treatment.
- 13.18 Any hospitalisation not recommended by a qualified Physician.
- 13.19 Any hospitalisation undertaken in nature, cure clinics or hydros or during periods of quarantine.
- 13.20 Hospitalisation due to cosmetic or plastic surgery except in the case of bodily reconstruction after Injury.
- 13.21 Alcohol or drug dependence syndrome including treatment of any medical condition which, in the opinion of the Insurer's consulting Physician, is considered to be either an underlying cause of, or directly attributable to, alcohol or drug dependence syndrome.
- 13.22 Hospitalisation for the investigation of pain or pain-related conditions and the treatment thereof, which in this context includes bed rest, traction, physiotherapy, spinal blocks, medication or intravenous medication.
- 13.23 Any event traceable to psychiatric trauma and the Insured Person's state of mental or physical health prior to or after the event that gives rise to a claim.

13.24 Visible and non-visible soft tissue injuries excluding clinically confirmed ligament and tendon damage that requires surgical intervention.

13.25 Claims as a result of hospitalisation out of the Republic of Zimbabwe.

14.0 REPUDIATION OF CLAIMS, CONFLICT & DISPUTE

14.1 In the event of a repudiation by the Insurer of a claim or portion of a Claim hereunder, (and after receiving a written objection from the Beneficiary within thirty (30) days after such repudiation) the decision shall be reviewed by an Appraiser. The Appraiser's view will not be binding on the Insurer, but may serve as a basis for a reappraisal of the decision to repudiate.

14.2 In the event of the Beneficiary not agreeing with the Insurer's reappraisal, the Beneficiary will notify the Insurer in writing within thirty (30) days.

14.3 Thereafter the matter shall be referred to arbitration by the Insurer in terms of the relevant legislation, within a period of 60 (sixty) days.

15.0 COMMUNICATIONS

15.1 The Insurer is entitled to address any written communication in the manner it deems most expedient by SMS and through other means such as the EcoSure website (www.ecosure.co.zw) and/or e-mail where applicable.

16.0 LIMIT OF INDEMNITY

16.1 Any claim brought by the Insured or Beneficiary as a result of the EcoSure Hospital Cash Back Plan for whatever reason shall be limited to the benefit the Insured is entitled to in terms of their Policy and these terms and conditions.

16.2 The Insured may benefit from EcoSure Hospital Cash Back Plan as long as the Insurer continues to offer the EcoSure Hospital Cash Back Plan to the Insured. Any Claims made after the discontinuance of EcoSure Hospital Cash Back Plan for whatever reason shall not be valid. The Insurer shall meet all claims that meet the terms and conditions and are submitted no later than 30 days after discontinuance of EcoSure Hospital Cash Back Plan.

17.0 WHOLE AGREEMENT

17.1 These Terms and Conditions, shall constitute the sole agreement between the Insurer and the Insured.

17.2 No contrary representations or agreement to amend the Terms and Conditions shall be of any force or effect unless reduced to writing and signed by someone specifically authorized thereto in writing by the Insurer.