

# NICOZDIAMOND INSURANCE LIMITED

## HOSPITAL CASH BACK PROPOSAL FORM

**1. INSURED DETAILS**

Surname: ..... Title: .....  
 First Name(s): ..... Gender: Male or Female (please circle)  
 ID Number: ..... Date of Birth: .....  
 Occupation: ..... Employer: .....  
 Employer Contact Details: .....

**2. CONTACT DETAILS**

Residential Address: .....  
 Telephone Number: ..... Mobile Number: .....  
 Email Address: ..... Preferred Method of Communication: SMS or Email (please circle)

**3. BANKING DETAILS**

Bank: ..... Branch: .....  
 Account Number: ..... Account Holders Name: .....

**4. DETAILS OF DEPENDENTS**

		Name in Full	ID/Birth Entry no	Date of Birth	Age	Sex	Relationship
1	Dependent						
2	Dependent						
3	Dependent						
4	Dependent						

**5. MEDICAL HISTORY**

	YES	NO	DETAILS
Have you been scheduled for any medical or surgical treatment within a period of 12 month?			

NEXT OF KIN ..... CONTACT NUMBER .....

**6. DECLARATION**

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED IS IN ALL RESPECTS CORRECT AND THAT NO MATERIAL HAS BEEN SUPPRESSED OR WITHHELD. IF ANY SUCH INFORMATION HAS BEEN PROVIDED ON MY BEHALF, I AGREE THAT IT SHALL BE TAKEN AS SPECIFICALLY GIVEN BY MYSELF

I AGREE THAT THIS DECLARATION AND THE ANSWERS GIVEN ON THIS FORM SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME AND THE COMPANY AND THAT I ACCEPT THE USUAL TERMS AND CONDITIONS PRESCRIBED BY THE COMPANY AS CONTAINED IN AND/OR ENDORSED ON THEIR POLICY.

I FURTHER AGREE THAT AS A RESULT OF MY ACCEPTANCE TO TAKE UP THE ABOVE COVER I AM GIVING PERMISSION TO MY EMPLOYER TO DEDUCT THE PREMIUM FROM MY SALARY (where applicable)

I UNDERSTAND THAT COVER COMMENCES AFTER THIS PROPOSAL HAS BEEN OFFICIALLY ACCEPTED BY THE COMPANY AND MY FIRST PREMIUM HAS BEEN PAID.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE PROVIDED TERMS AND CONDITIONS AND I AGREE WITH ALL THE TERMS AND CONDITIONS.

Dated this ..... Day of ..... Year ..... Time.....

SIGNATURE OF PROPOSER .....

## HOSPITAL CASH PLAN POLICY DOCUMENT

### IMPORTANT NOTES ABOUT THIS INSURANCE

- ❖ Please read and check the details of these terms and conditions carefully to ensure its accuracy and see that it meets your requirements.
- ❖ Please inform us immediately of any change in your address, occupation, state of health or any other changes affecting any insured person.
- ❖ The policy is an evidence of the contract between you and Nicozdiamond Insurance.
- ❖ The policy schedule and any endorsement there on shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- ❖ Provided that you pay the premium for all the persons intended to be insured under this policy and we receive and accept it, we will provide the insurance described in the policy.
- ❖ Insurance under this policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

### SCOPE OF INSURANCE:

NicozDiamond (hereinafter referred to as “the Company”) will pay the Insured Person the benefits shown in the Schedule of Benefits ,if during Period of Insurance any Insured Person suffers Sickness or Bodily Injury which results in the insured

Person’s Hospitalisation provided:

- Hospitalisation occurs after waiting periods have been met.
- The sickness or injury was suffered during the currency of the Policy
- The sickness or injury falls within the policy terms and conditions included herein:

### EXCESS APPLICABLE:

- **A two (2) day excess is a condition under this policy. This means** no payments will be made in respect of the first and second day in hospital.

### HOSPITAL CASH PLAN BENEFITS

- Cash pay-out of \$80 each day spent in hospital when admitted for more than 48 hours
- A maximum pay out per claim is limited to \$2,400 per event and \$4,800 per year.
- The Benefit in respect of Children younger than 18 (eighteen) years (Age Last Birthday) will be paid at \$50 being the Daily Cash Benefit.
- An immediate cover for accident caused hospitalisation and 3 months waiting period for hospitalisation due to illness and 6 months waiting period for non-elective surgeries.
- Claims payment after submission of all claim supporting documentations and patient having been discharge from hospital

### CASH PLAN BENEFITS FOR BENEFICIARIES

- Cash pay-out of \$80 for an adult beneficiary and \$50 for a child beneficiary for each day spent in hospital when admitted for more than 48 hours
- A maximum pay out per claim is limited to \$2,400 for an adult beneficiary and \$1,500 for a child beneficiary per event and \$4,800 and \$3,000 per year respectively.
- An immediate cover for accident caused admissions and 3 months waiting period for hospitalisation due to illness and 6 months waiting period for planned surgeries.
- Claims paid within 5 working days when all claim supporting documentation is submitted.

### EXCLUSIVITY

The Hospital Cash Plan Insurance is limited to the NBS account holders only.

### DAILY CASH BENEFIT

Re-hospitalisation within 10(ten) days for the same cause counts as the same event.

### DEFINITIONS

#### **Accident**

Accident means a sudden, uncertain and unexpected event which is caused by solely and directly by violent, external, physical and visible means and independently of any other cause. Such accident must result in an external, visible injury confirmed by clinical examination and appropriate testing and excludes the following.

- An event that is traceable to psychiatric trauma and Insured person’s state of mental or physical health prior or after the event that gives rise to the claim.
- Non visible soft tissue injuries excluding clinically confirmed ligament and tendon damage that requires surgical intervention.

#### **Child**

A child refers to a male or female dependant below the age of eighteen years.

#### **Beneficiary**

This refers to the person or entity entitled to receive the claim amount and other benefits

#### **Day**

This Refers to the period of 24 consecutive hours of hospitalisation.

#### **Doctor**

Means a medical practitioner duly qualified, registered, licenced and practising within the scope of his/her license pursuant to the laws of the Republic of Zimbabwe. Physician shall not include the insured person whose Hospitalisation is the basis of the claim hereunder or a relative by blood or marriage of such insured person unless approved by The Company.

#### **Elective surgery**

Surgery that is subject to choice (election). The choice may be made by the patient or doctor

#### **Hospital**

Hospital is defined as an institution which:

- Is licenced in accordance with the applicable laws of the jurisdiction in which it is located.

- Is primarily engaged in providing for compensation for its patients, diagnostic, medical, and surgical facilities for the care and treatment of injured or sick persons.
- Has staff of one or more Physicians available at all times.
- Has 24-hour day nursing services by registered graduate nurses under the permanent supervision of the Physician in charge.
- Maintain inpatient facilities
- Maintains a daily medical record for each of its patients
- Does not include any institution which is primarily a rest or convalescent facility, rehabilitation wards or centres, a place custodial care, hospices, a facility for the aged or alcoholics or drug addicts or for the treatment of psychiatric or mental disorder, or nursing home, even if it is registered as a Hospital or Clinic.

#### **Illness**

Means sickness or disease contracted and commencing during the currency of this policy.

#### **Insured Person/ Life Insured**

Means the person(s) who proposed or applied for the Hospital Cash Plan and subsequently paid the membership subscription who is/are a resident(s) of the Republic of Zimbabwe, residing in Zimbabwe and in possession of a valid Zimbabwean identity document.

#### **Pre-Existing Medical Condition**

Means sickness or bodily injury sustained or contracted by an Insured Person for which he or she has or should reasonably have received relevant medical treatment or advice by a Physician, prior to such Insured Person’s initial commencement date or Reinstatement Date of the Insurance under this Policy, whichever is more recent.

This includes, but is not limited to, any physical or mental defect, disease infirmity, or condition which existed prior to the initial commencement date or Reinstatement Date of the Insurance Policy whichever is more recent.

The policy does not discriminate against any pre-existing medical conditions as long as hospitalisation occurs after the waiting period.

#### **Spouse**

Means the person married (whether by civil, customary, tribal or religious union) to the Insured. Cover is limited to one nominated spouse where a person has more than one.

#### **Waiting Periods**

No claims as a consequence if illness will be considered during the waiting period. Only claims as a direct consequence of an accident will be considered during the waiting period. Waiting periods will apply on the policy: and for hospitalisation due to illness: The following waiting periods will apply on the policy:

- Hospitalization due to illness: 3 (three) months after inception
- Hospitalization for surgery: 6 (six) months after payment of the first subscription unless the surgery is a result of an accident.

## **TERMS AND CONDITIONS**

### **GENERAL:**

1. Hospital Cash Back Benefits will be payable for hospitalization at any registered hospital in the Republic of Zimbabwe.
2. Reinstatement of a lapsed Policy may be effected by the Company at its own discretion and subject to such Terms and Conditions as the Company may require from time to time and to the recommencement of the full duration of any required Benefit limitation or waiting period(s).

### **CANCELLATION**

The Policy may be cancelled at any time by the Policy Owner by giving one calendar month notice in writing. The Company may cancel this Policy by giving one calendar month notice in writing to the Insured Person's last known address.

The Policy shall be automatically cancelled if a claim is fraudulent in any respect or intentionally exaggerated. The Company will cancel this Policy and all premiums paid hereunder will be forfeited.

### **HOW TO MAKE A CLAIM**

Written notice of a claim must be given to National Building Society as soon as possible but in any event within 30 (thirty) days of the date of discharge from hospital. The Insured Person or Beneficiary shall apply in writing at his/her own cost any reasonable information that the Company may request.

You will need to provide a document from the hospital or doctor confirming the length of the insured person's stay in hospital.

A full medical history may be requested at claims stage together with reports by the regular and attending doctors to validate any claim and the impact of any Pre-Existing Condition. A certified copy of the insured Person's identity document and a copy of the Hospital account (in order to confirm the number of days in Hospital) must be provided by the claimant. In order to qualify for the claim, all monthly Premiums must be paid on time. The Company reserves the right to call for any additional documentations may be required from time-to-time to validate the information provided.

### **PAYMENT**

The Company will pay up to the limit corresponding with the Hospital stay, directly to the person who is to receive it (policy holder) on proof of hospitalisation of a Life Insured as a result of an accident or illness, provided that such hospitalisation occurs during the currency of this policy and outside any applicable waiting periods.

### **PAYMENT OF PREMIUM**

The relevant waiting periods commence upon receipt of the first Premium.

In the event of non-payment of 1 (one) month's consecutive Premiums, the Policy will automatically lapse. If at the time of a claim your premiums were not paid then you will not stand to benefit from the pay-out. If also you

skip monthly payments then you will have to start your 3 months waiting period again.

In the event of part payments of the premium the Company will only be liable to pay as compensation a proportion which the paid premiums bears to the total premiums due. In the event of one policy holder having taken out several policies on their life, the Company will only pay compensation for the benefits which accrue on one policy.

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.

### **GENERAL EXCLUSIONS:**

The Company will not be liable in respect of any claim for Bodily injury, Sickness, or 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:

1. War, invasion by the 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 worker, 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 will not be covered.
2. Intentionally self-inflicted injury or attempted suicide, while sane or insane, will not be covered.
3. Engaging in (or practising for or taking 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 will not be covered.
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, provided such helicopter is operating only between established commercial airports and/or licensed commercial helicopters will not be covered.
5. The actions of any Insured Person contrary to the law, criminal or otherwise, will not be covered.
6. The driving of 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, will not be covered.
7. Illegal acts of the Insured Person(s) or the Insured Person(s)' personal representatives will not be covered.

### **SPECIFIC EXCLUSIONS:**

1. Confinement for routine physical or any other examinations where there are no objective indications or impairment in normal health will not be covered.
2. 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, will not be covered.
3. Any psychological or psychiatric disease or disorder, including Post Traumatic Stress Disorder will not be covered.
4. Confinement in an establishment which is not a Hospital defined herein will not result in a valid claim, will not be covered.
5. Operations, treatments and examinations for obesity cosmetic purposes or of the Insured Person's own choosing which has no connection with any illness, will not be covered.
6. The treatment of infertility or the artificial insemination of a person as defined in medical terms will not be covered.
7. Hospitalisation or disability as a consequence of breast reduction and enlargement operations.
8. Dental conditions and treatment will not be covered.
9. Any hospitalisation not recommended by a qualified doctor will not be covered.
10. Any hospitalisation undertaken in nature, cure clinics, or hydro or during periods of quarantine will not be covered.
11. Cosmetics or Plastics surgery except in the case of bodily reconstruction after an injury will not be covered.
12. 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, will not be covered.
13. Hospitalisation for the investigation of pain or pain related conditions and treatment in this context includes bed rest, traction, physiotherapy, spinal blocks, medication, or intravenous medication will not be covered.
14. Hospitalisation for surgery within the first six months of payment of the premium unless the surgery is a result of an accident.
15. Any hospitalisation for the removal of cysts and fibroids.
16. Any persons below the age of one month or older than sixty years
17. Hospitalisation pertaining to Maternity.

### **CONTACT DETAILS:**

**HARARE**, Insurance Centre, 30 Samora Machel Avenue, Tel: 263-04-799286, 700297;

**BULAWAYO**, Ground Floor, Fidelity Life Center, Fife Street & 11th Street, Tel: 263-09-71532/4:

**GWERU**, MIPF Building, 7th Street, Tel: 263-054-222661

**MASVINGO**, 1st Floor ZimRe Center, Hughes Street, Tel: 263-039-263937, 263929

**MUTARE**, Manica Centre AGI House, 118 H.Chitepo St, 253 West Street, Tel: 263-020-63200, 62412