

BIMA LIFE INSURANCE

Voluntary insurance for subscribers

IMPORTANT ACKNOWLEDGMENTS

This Policy is issued by *Arpico Insurance* (“**Insurer**”). The Insurer is solely liable to meet any claims under this Policy.

The Insurer appoints BIMA Brokers (“**BIMA**”) as its sole *broker* to administer this Policy including registration, cancellation, management of claims and customer support.

This Policy is available at www.bima.lk

For questions, claims or to file a complaint, the Insurance Subscriber or the Beneficiary should contact BIMA’s customer support at [011-2117080]. If the Insurance Subscriber or the Beneficiary is not satisfied with the decision that has been made regarding their complaint, the Insurance Subscriber or the Beneficiary can email complaint@bima.lk for escalation.

POLICY DETAILS – Terms & Conditions

This insurance policy provides a lump sum payment as a Benefit to the Beneficiary, in the event of death, hospitalisation (due to an accident) or disability of the Insurance Subscriber and the Insured Lives, as per the insurance option selected by the Insurance Subscriber. Payment will only be made to the named Beneficiary, but not to the Beneficiary’s or the Insurance Subscriber’s dependents.

The Insurance Cover provided by the Insurer is subject to and will be administered in accordance with Sri Lankan *law*.

1. ELIGIBILITY

Any person is eligible to apply for Insurance Cover under the Policy if that person is:

- a) An individual who is a citizen of Sri Lanka
- b) of the Age of at least 18, but **not older than 64** years on the date of the Insurance Effective Date.

2. INSURANCE EFFECTIVE DATE

The first Insurance Cover under the selected plan option will become effective *on the 1st day of the month following the month of Registration*, provided End User Price has been paid (“**Insurance Effective Date**”).

In case no part of the End User Price has been paid at the month of Registration, the Insurance Effective Date will be delayed until the 1st day of the month following the month a part of the End User Price has been paid.

After Registration and from the Insurance Effective Date, the Insurance Subscriber will automatically receive monthly Insurance Cover, provided a part of the End User Price has been paid, until termination or cancellation of the Insurance Cover in accordance with Clause 12.

Following termination or cancellation, if the Insurance Subscriber re-registers for Insurance Cover again for any reason, the Insurance Subscriber will be subject to a new Insurance Effective Date and the Policy terms and conditions applicable at the re-Registration Date.

3. THE BENEFICIARY

Single Life Policy - The Insurance Subscriber shall designate only one person as a Beneficiary who will receive the Benefit upon the death of the Insurance Subscriber. The Insurance Subscriber may designate one or more additional persons who may become the Beneficiary should the original named Beneficiary pre-decease the Insurance Subscriber.

Joint Life Policy - The Insured Lives on Joint Life Policies shall each designate only one person as a Beneficiary who will receive the Benefit upon their death. The Insurance Subscriber may designate one or more additional persons who may become the Beneficiary should the original named Beneficiary pre-decease the Insurance Subscriber.

Insurance Subscriber may change Beneficiaries at any time by contacting BIMA customer support. The Beneficiary is not responsible to make any payment for the Insurance Subscriber's Insurance Cover under this Policy.

4. PLAN OPTIONS

Definitions within the below tables shall be read as follows:

"Life" means death as a result of natural or accidental causes.

"TPD" means Total and Permanent Disability as a result of accidental causes. If the Life Assured/Spouse (if joint cover obtained) be wholly disabled due to accidental bodily injury and so rendered permanently and continuously unable to engage in any work (including household activities in the case of a housewife) or occupation whatever for wage or profit and provided that the disability has already lasted for at least six (06) months, such disability shall be deemed to be Total and Permanent Disability.

TPD only includes:

- Loss (or loss of use) of two limbs
- Loss (or loss of use) of both hands/all fingers and both thumbs
- Total paralysis
- Injuries resulting in being permanently bedridden/disablement
- Total insanity
- Total and irrevocable loss of sight in both eyes
- Total and irrevocable loss of hearing or speech
- 3rd degree burns covering 20%(or more) of the body or 20%(or more) of the face

"PPD" means Partial and Permanent Disability as a result of accidental causes. Disabilities of the nature listed hereunder resulting from an accident caused by outward, violent and visible means solely, directly

and independently of all or any other causes shall be deemed to constitute Partial and Permanent Disabilities for the purpose of this clause.

PPD only includes:

- Loss (or loss of use) of one limb
- Loss (or loss of use) of four fingers and thumb on one hand
- Total and irrevocable loss of sight in one eye
- Total and irrevocable loss of hearing in one ear
- 3rd degree burns covering 10%(or more) of the body or 10%(or more) of the face
- Partial paralysis

“Accidental Hospitalisation” means a sudden, unintentional, unexpected, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury resulting in the Insurance Subscriber or the Insured Lives being admitted as an in patient in a registered private or government hospital.

The available plan options are as follows:

Single Life Policy

Benefits					
Tier	Life	Total Permanent Disability (TPD)	Partial Permanent Disability (PPD)	Accidental Hospitalisation* (per night)	EUP (per month)
Bronze	LKR 500,000			LKR 2,000	LKR 499
Silver	LKR 1,000,000	LKR 2,000,000		LKR 2,000	LKR 999
Gold	LKR 2,000,000	LKR 4,000,000	LKR 2,000,000	LKR 3,000	LKR 1,999
Platinum	LKR 3,000,000	LKR 6,000,000	LKR 3,000,000	LKR 3,000	LKR 2,999

*up to 30 nights per policy year

Joint Life Policy

Benefits					
Tier	Life	Total Permanent Disability (TPD)	Partial Permanent Disability (PPD)	Accidental Hospitalisation* (per night)	EUP (per month)
Bronze	LKR 500,000			LKR 2,000	LKR 949
Silver	LKR 1,000,000	LKR 2,000,000		LKR 2,000	LKR 1,899
Gold	LKR 2,000,000	LKR 4,000,000	LKR 2,000,000	LKR 3,000	LKR 3,799
Platinum	LKR 3,000,000	LKR 6,000,000	LKR 3,000,000	LKR 3,000	LKR 5,699

*up to 30 nights per policy year

The above table shows the Sum Assured per insured life for each plan option provided End User Price per month is paid in full.

NO COVER

In the event that the End User Price for the relevant plan option is not paid in a month, the Insurance Cover provided the following month will be zero. Unless the Insurance Cover is

terminated or cancelled in accordance with Clause 12, the plan option selected will still continue until it is treated as lapsed in accordance with Clause 11.

5. CLAIMS CO-OPERATION

Notice of any Claim and any supporting documentation required under this Policy shall be given within;

- three (3) months from the date of death,
- three (3) months from the date of hospitalisation (date of discharge) due to an accident of the Insured Life, or
- six (6) months from the date of disability of the Insured Life.

In case complete supporting documentation has not been provided within the timelines specified as above based on the type of the claim incident, the Claim shall be deemed to not have been submitted.

The processing of a Claim will commence after the following documents have been submitted:

- a) identification of the Beneficiary and his or her guardian, if applicable (Accepted documents are: NIC, Passport, Driver's licence; and
- b) evidence of;
 - i. Life claims - death of an Insured Life (Accepted documents of evidence: Death certificate)
 - ii. Hospitalisation claims – hospitalisation (due to an accident) of an Insured Life (Accepted documents of evidence one or a combination of: Diagnosis Card, Hospital Discharge Note, Doctor's Note, Medical certificate showing cause of hospitalisation)
 - iii. Disability claims - disability of an Insured Life (Accepted documents of evidence may be one or a combination of: Medical certificate or Disability Report approved by a specialist consultant / surgeon, and X-Ray or other medical documentations depending on the case requirement)

Insurer shall request for additional supporting documents to process a claim as and when required.

Beneficiaries may contact BIMA customer support line or visit a BIMA office to file a Claim.

6. PAYMENT OF CLAIMS

BIMA or the Insurer will pay the relevant sum for eligible and approved Claims within three (3) working days upon complete submission of Claim form and supporting documentation for Accidental Hospitalization claims. If there is a dispute, suspected fraudulent activity on the Claim or a unique situation which requires further clarification, the payment period may take longer. The relevant sum is established on the date of death, hospitalisation (due to an accident) or disability of an Insured Life and is based on the Tier selected and the End User Price paid.

7. WAITING PERIOD

No policy shall cover Claims for death as a result of non-accidental causes for three (3) month from the Effective Date ("Waiting Period").

8. EXCLUSIONS AND LIMITATIONS

No Benefit will be payable if the incident causing death, hospitalisation (due to an accident) or disability was directly or indirectly caused or accelerated by:

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, strike, riot, civil commotion, military rising, insurrection, rebellion, conspiracy, revolution, military or usurped power, martial law, state of siege, any event or cause that determine the proclamation or maintenance of martial law or state of siege
2. Nuclear, biological, chemical risks and losses
3. Suicide or self-inflicted injury (sane or insane) within the first year
4. Pre-existing cancer, heart disease, stroke or kidney disease.
5. Any disability, abnormality or deformity and consequences of those, originated prior to the commencement of this policy.
6. Having consumed alcohol or drugs otherwise than in accordance with the direction of a registered medical practitioner.
7. Treatments at Ayurvedic Hospitals or in any institution of indigenous, homeopathy or acupuncture treatment is excluded from this cover.

9. MISSTATEMENT OF FACTS

If:

- a) the Declaration of Health by an Insured Life is proven to be false or in any fraudulent in it's stating the condition of the Insured Life; or
- b) an Insured Life has made any other material misrepresentation or concealment of information,

the Insurance Cover under this Policy shall be deemed null and void, meaning the Insurer will not pay benefits under this Policy and no End User Price paid by the Insurance Subscriber will be refunded to the Insurance Subscriber.

10. GENERAL CONDITIONS

All amounts payable under the Policy shall be in Sri Lankan Rupees.

The Insurer reserves the right to withdraw or change the terms of this Policy, including change of End User Price, at any time provided at least 30 days' notice will be given to the Insurance Subscriber.

In cases where one person has registered themselves with several mobile numbers (Insurance policies), only the 1st insurance policy will be considered and others will be null and void for all benefits from the effective date.

11. LAPSE RULE

Following non-payment of either a full monthly End User Price or partial End User Price for a month, the Policy will be deemed to have lapsed, however such policy can be re-included as a new member subject to all applicable conditions for a new member including the waiting period.

12. TERMINATION AND CANCELLATION

The Insurance Subscriber's Insurance Cover under this Policy will automatically terminate, without notice or any action required on the part of any person, upon the occurrence of the earliest of any of the following:

- a) the date on which BIMA or the Insurer receives a request of cancellation of Insurance Cover from the Insurance Subscriber;

- b) the date the Insurance Subscriber's Age is 65;
- c) the date the Policy is deemed as lapsed in accordance with Clause 11; and
- d) the date the Death Benefit under the relevant Insurance Cover has been paid.

The Insurance Subscriber may cancel the Insurance Cover at any time by contacting BIMA or the Insurer. Any End User Prices already paid will be applied towards Insurance Cover for the following month.

13. MULTIPLE CLAIMS RULES

a) Life claims

Following a claim for Life Cover on a Single Life Policy, the Policy will automatically terminate. For a Joint Life Policy, the following will occur:

- Death of Insurance Subscriber - The spouse is able to continue to receive Insurance Cover if they want to. They will be migrated to a new Policy where they will become the Insurance Subscriber and be able to insure spouse on their new Policy, or move to a Single Life Policy, and their time as a subscriber under their previous Policy shall be credited under the new Single Life Policy. Alternatively, if the spouse does not wish to continue receiving Insurance Cover, the Policy will be terminated.
- Death of spouse – The Insurance Subscriber is able to insure another spouse in the place of the deceased spouse or switch to a Single Life Policy, and their time as a subscriber under their previous Policy shall be credited under the new Single Life Policy..
- Death of Insurance Subscriber + spouse – Following claims payment, the policy will terminate.

b) Hospitalisation claims

There will be no impact on the Policy as a result of a claim for Hospitalisation due to an accident.

c) Disability claims

- Disability claims (both TPD & PPD) shall be capped at the total sum assured for TPD benefit. For clarity should a subscriber's initial claim be followed by another claim, the subscribers total claims shall be capped at the total sum assured TPD benefit for the entire duration of this policy.

14. PERSONAL DATA

Personal data provided will be used by BIMA, the Insurer and other companies in the BIMA Group to enable the companies to honour the contracts entered into or obligations prescribed by law or other statutes. Data is normally obtained directly from the Insurance Subscriber; however, it may also be obtained from the Mobile Operator, employer or other parties.

The data may also be used for market analyses, statistics and to evaluate products and services. Further, such data may be used to inform about the BIMA Group's products and services. Personal data may be provided – for the aforementioned purposes – to the Mobile Operator, the Insurer and companies in the BIMA Group and their advisors.

In its handling of personal data, the BIMA Group will take great care to protect the personal integrity of the individuals concerned. Data will be made available only to persons who need to have access to such data to be able to perform their duties on behalf of the BIMA Group. These persons will only have access to the information to the extent needed to enable them to perform

their duties. BIMA may record or in some other manner document individuals' communication with the company.

DEFINITIONS

In this Policy, the following terms shall have the following meanings:

"Age" means a person's age at their last birthday.

"Beneficiary" means the beneficiary nominated by the Insurance Subscriber as specified upon Registration or later in accordance with Clause 3, who is entitled to receive the Death Benefit under the relevant Insurance Cover in case of death of the Insurance Subscriber. [If the Beneficiary is minor, a guardian must act on his or her behalf in accordance with applicable law.]

"[BIMA] Group" means BIMA's [MILVIK's] ultimate parent company together with all its subsidiaries.

"Claim" means an application from the Beneficiary for the pay-out of the Benefit under the relevant Insurance Cover.

"Benefit" shall mean any benefit payable for an approved Claim under the Insurance Subscriber's Insurance Cover. The Benefit will be determined by the cause of claim, the proportion of the End User Price paid the month prior to claim event, and will never exceed the Sum Assured of the selected plan option.

"Declaration of Health" shall mean the statement by an Insured Life, of good health or any Pre-Existing Conditions of the Insured Life.

"End User Price" shall mean the amount to be paid monthly by or on behalf of the Insurance Subscriber for an agreed level of Insurance Cover provided by the Insurer.

"Insurance Cover" means the coverage provided by the Insurer to the Insured Lives where a lump sum of monies (Benefit) will be payable upon death, hospitalisation (due to an accident) or disability of an Insured Life

"Insurance Effective Date" shall have the meaning ascribed to it in Clause 2.

"Insured Lives" means those persons covered by a Policy

"Insurance Subscriber" shall mean a person participating in an insurance plan option as set out in this Policy.

"Insurer" shall mean Arpico Insurance.

"Policy" shall mean this insurance policy

"Pre-Existing Condition" shall mean any acute, chronic or ongoing injury, sickness, disease or other physical, mental, medical or nervous condition suffered by any Insured Life for which treatment, medication or advice (including investigation), has been received or prescribed by a medical advisor or documented prior to commencement of this Policy

"Registration" shall mean the Insurance Subscriber's registration for Insurance Cover under this Policy, in accordance with Clause **Error! Reference source not found.**

"Sum Assured" shall mean the maximum guaranteed amount payable to the Beneficiary upon the death, hospitalisation or disability of an Insured Life subject to the terms and conditions of this Policy, provided the full End User Price has been paid the month prior to the claim event. It will depend on the Tier selected under this Policy.

"Tier" means the cover level described in Clause 4 Plan Options.