

Insurance that
understands
your needs.



TERM INSURANCE

Policy Guide

OUR COMMITMENT

Subject always to the Policy Terms and Conditions, and specifically the Policy exclusions:

- To provide a Term Insurance Policy which pays the sum insured on death of by any cause.
- To continue to provide cover, regardless of any change in your circumstances after the policy start date.
- To guarantee both the premium and cover levels for the entire policy term.
- To allow for the cover level to be altered as your protection needs change. Any application for additional cover will be subject to evidence of insurability at that time, and any additional premium will be based on your age at the date of that application.
- To treat all our clients fairly.

YOUR COMMITMENT

If these commitments are not met, we may not be able to pay a claim.

- To answer all questions truthfully, accurately and completely, and to the best of your knowledge when making your application.
- To ensure that we are informed of any changes to your health and/or your family history which occur after you have applied but before your policy starts.
- You must also inform us of any changes or intended changes, after you have applied but before your policy starts, to your occupation, occupational duties, foreign travel obligations, country of residence, and whether you take up any hazardous activities.
- If you have selected the Waiver of Premium Benefit, to inform us within 12 months of disablement for a claim against that benefit.
- To pay the full amount of each premium, as per the frequency selected, and for the period of the term.
- To allow us access to your medical records to consider a claim.

IMPORTANT CONSIDERATIONS

- If you stop paying your premiums, then your cover will end, and you will not get anything back.
- In certain circumstances, we may not pay a claim. **Please see Why We Might Reject a Claim on Page 5 for more details.**
- The policy will never have a 'cash-in' value.
- Inflation will reduce the purchasing power of the policy benefits.
- The amount of cover you need may vary over time as your circumstances change. You should regularly review your insurance to make sure you have adequate cover in place.

POLICY TERMS AND CONDITIONS

This document provides a summary of our Term Insurance Policy. As it does not include all the definitions, exclusions or terms and conditions, it should always be read together with the Term Insurance Terms and Conditions document. If you do not have a copy, you will find one on our website. Alternatively, you can ask your financial adviser or insurance broker.

Term Insurance • Guaranteed Premiums • Guaranteed Cover

IMPORTANT

This document provides a summary, in plain English, of all the important information about our Term Insurance Plan. We provide this important information to help you decide whether this policy is right for you.

We recommend that you read this document fully and carefully, together with the Policy Terms and Conditions and your quotation.

Your Terms and Conditions and your quotation summarise your proposed benefits and costs. You should keep all these documents together in a safe place for future reference.

This Policy Guide references the Terms and Conditions effective for all policies issued on or after 19 April 2021.

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This document is intended to provide an overview of our Individual Life Insurance solutions for information purposes only and does not constitute financial or insurance advice.

The terms governing any policy in force are defined by the Terms and Conditions of that policy and not by any information included in this document.

We cannot issue a policy for anyone who is a current resident in the United States of America or any Mauritian National who is currently residing in the Republic of Mauritius.

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TERM INSURANCE - BENEFITS AVAILABLE

Our Term Insurance policy provides life cover with two optional benefits.

Guaranteed Life Cover for the policy term. This policy pays out the sum insured if you die during the policy term.

Terminal Illness Accelerator is a standard free benefit on all our policies. If you are diagnosed with a terminal illness and a medical expert has determined that you have less than 10 months to live, we will pay a claim for the full sum insured. This benefit does not apply in the last two years of your Policy Term.

Accidental Death Benefit is an optional rider benefit which doubles the sum insured if you die as a direct result, and within 90 days, of an accident. This benefit is capped at USD 1,000,000 (or GBP or EUR equivalent) and the benefit expires on the policy anniversary before your 70th birthday.

Waiver of Premium Benefit is an optional rider benefit which waives your obligation to pay premiums if you become disabled as a result of illness or injury such that you are unable to work for a continuous period of more than six months.

Once a claim for Waiver of Premium has been approved, your premium obligation will be waived, for an initial period of 18 months, if you are unable to continue your own occupation due to disability. Thereafter, your premium obligation will continue to be waived if you are unable to continue any occupation for which you are considered to be reasonably suited based on your training and experience. This benefit expires on the policy anniversary before your 60th birthday.

GUARANTEED PREMIUMS • GUARANTEED COVER

Your premium and your cover are guaranteed for the entire policy term.

This means that once your policy has started and as long as you continue to pay your premiums, it does not matter which changes you make to your country of residence, lifestyle, occupation or travel obligations; your premium and cover will remain unaffected and are guaranteed to remain the same for the duration of the policy term.

Please remember, you must disclose any changes which occur between the date of your application and the start date of your policy which would have resulted in you providing different answers on your application.

EXCEPTIONS AND EXCLUSIONS

As with any life insurance contract, there are certain circumstances in which you are not covered. As we want to provide an insurance solution which is as robust as possible, and as we believe passionately in treating our clients fairly, these have been kept to a minimum, and each has been explained below.

Death by Suicide is not covered for the first two years after the start date of the policy. If we receive a claim for death by suicide within the first two years of a policy being in force, the sum insured will be limited to the total premiums received for the policy to that date.

We will not pay if your death results from:

- **your active participation** in any civil war, insurrection, riot, terrorist act, mutiny, piracy, civil commotion or other acts of violence originating from any political or civil unrest. If you die as a passive victim of any of these events, we will pay the policy benefits in full.
- **your committing** or trying to commit an assault, or
- **your participation** in any act deemed a criminal offence.

In addition to these exclusions, we will not pay the Accident Death Benefit if your death results from intentional self-inflicted injuries, including suicide.

We will not waive your premium obligation if your disability results from any of the four exclusions above, or from

- **pregnancy, childbirth or termination of pregnancy**, unless your disability continues for more than 12 months after the date of the termination of the pregnancy, or if you
- **fail to seek or follow** proper medical advice.

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PREMIUMS

The premium shown on your quotation is calculated on a number of criteria, including your age, gender, smoking status, nationality and country of residence.

You can elect to have your policy issued in USD, GBP or EUR. All correspondence, premiums and benefits will be denominated in the currency you choose for your policy. Once a policy is issued, the currency of that policy cannot be changed.

Your premiums must always be paid in the same currency as your policy. You can elect to pay your premiums monthly, quarterly, half yearly or annually.

Monthly premiums can only be paid by Credit Card or Direct Debit (if paying GBP premiums from a UK bank account). Otherwise, premiums can be paid by Credit Card, Telegraphic Transfer, Standing Order or Direct Debit (for GBP premiums). Our minimum premium is USD 50 (or GBP or EUR equivalent).

Your policy will remain in force as long as you continue to pay your premiums when due, in full and on time. We do understand that sometimes there are circumstances beyond one's control, and we therefore provide a grace period of 90 days to make allowance for instances when you may not be able to pay your premiums on time.

Any policy that exceeds 90 days in arrears will be cancelled, and you will not get anything back. If you should die while your policy is in arrears but still in force, the policy benefits will be paid but we may deduct the overdue premiums from the policy benefits.

POLICY FLEXIBILITY

This policy is designed to be flexible to meet your changing protection needs, allowing you to increase or decrease your level of cover, as well as adding or removing optional benefits. We recommend you review your protection and insurance needs regularly to ensure that you have adequate cover in place at all times.

Please note that any application to increase your sum insured will be subject to an underwriting assessment and subject to the Policy Terms and Conditions in force at that time. Any additional sum insured will be provided through the issue of a new policy.

WHY WE MIGHT REJECT A CLAIM

We will not pay a claim if you are found to have failed to answer all questions truthfully, honestly and completely, to the best of your knowledge, and where this failure is considered to be a deliberate attempt at fraud, concealment or a deliberate misstatement.

If you have, deliberately or otherwise, incorrectly stated your date of birth, or claimed to be a non-smoker at application when in fact you are found to have been a smoker at that time, then the policy benefits will be adjusted and a partial payment of these benefits will be made.

Where a higher premium should have been paid, the policy benefits will be recalculated based on the premium level paid but for the correct date of birth, meaning that a reduced level of protection benefits will be paid. Where a lower premium should have been paid, the policy benefits will not be adjusted but whatever excess premiums were paid will be added to the policy benefits.

If you have incorrectly described yourself as a non-smoker, when you were in fact a smoker at the time of application, and this is confirmed beyond any doubt at the time of the claim, the benefits will be recalculated as if you had been a smoker at application, and a reduced level of protection benefits will be paid.

We strongly encourage all applicants always to answer all questions carefully, honestly and completely to avoid any risk of distress for their beneficiaries when the time comes to make a claim.

BENEFICIARIES

You may only appoint a primary class of beneficiary or beneficiaries. We advise you to make use of a trust or establish a will if you wish to make provision for contingent beneficiaries or a second class of beneficiaries.

You may at any time, and as often as you wish, appoint, change or remove as many beneficiaries as you like to your policy. All you need to do in order to appoint beneficiaries is to complete the Beneficiary Appointment Form and submit it to us.

You may also elect not to appoint any beneficiaries to your policy. If you do not appoint any beneficiaries, we strongly advise you use a trust or a will to avoid any legal difficulties when a claim is made.

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MAKING A CLAIM

The person making a claim for policy benefits should contact us as soon as possible. We may need to see evidence and medical records, which might include a Death Certificate, post mortem or coroner's report, police report, and/or medical records.

If you are making a claim for Waiver of Premium Benefit, we may need you to undergo a medical examination or testing.

COOLING OFF PERIOD

We understand that sometimes people change their minds about the decisions they have made, so we have provided for a reasonable cooling off period after your policy starts, which allows you the freedom to cancel if you no longer want your insurance policy.

You have 30 days from the start date of your policy to write to us and ask us to cancel your policy. If you decide to cancel within this period, we will refund any premiums you have paid, net of any medical examination costs we have incurred in assessing your health during the underwriting process.

If you decide to cancel your policy after the cooling off period, we will not refund any money you may have paid, and your cover will continue until the due date of your next premium.

TAXATION

Any policy benefits paid will be paid without any deduction of tax. The tax treatment of any benefits from this policy will depend on the personal circumstances of the beneficiary or beneficiaries, including their country of residence, at that time.

We are unable to provide individual tax guidance and recommend that you always consult your financial adviser, insurance broker or tax adviser, particularly if you are in any doubt as to any tax liability under this policy. If the policy is held in trust, then different taxation rules may apply.

The tax and legislative information contained in this document is based on Unisure Limited's understanding as of March 2019 and may change in the future.

APPLICABLE LAW

This policy and its terms and conditions shall be governed by and should be interpreted in accordance with the laws of Mauritius. We will submit to the jurisdiction of any competent legal authority in Mauritius in respect of any litigation arising from the policy.

HOW TO MAKE A COMPLAINT

If you wish to make a complaint, please contact us in the first instance, using the address or the contact numbers overleaf. Details of our complaint handling process are available on our website.

You may also lodge a complaint in writing to the Office of Ombudsperson for Financial Services (Mauritius).

Any complaint to the Office of Ombudsperson for Financial Services should be duly accompanied by the following:

1. Your name and address;
2. The name and address of the financial institution against which you have made the complaint;
3. The nature of the complaint and the fact and circumstances giving rise to the complaint;
4. The relief sought;
5. A written declaration to the effect that the complaint was made, with evidence of delivery, and that you have sufficient interest in the subject matter of the complaint;
6. A declaration as to whether the financial institution replied to your complaint;
7. A copy of the reply, if any, from the relevant financial institution to which the complaint was made; and
8. A copy of the documents on which you propose to rely.

The contact details of the Office of the Ombudsperson for Financial Services are as follows:

Office of Ombudsperson for Financial Services
8th Floor, SICOM Tower
Wall Street
Ebene 72201

Mauritius
Email: ombudspersonfs@myt.mu
Telephone: +230 468 6475
Fax: +230 468 6473

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Service and Administration Contact Details

If we can help you with more information about our product offerings, or if you would like to meet with one of our product experts, please contact us:

South Africa

139 Greenway
Greenside,
Johannesburg
2193
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Tel: +27 10 592 1752

United Kingdom

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Central email enquiries: admin.life@unisuregroup.com

Please specify within your query which country or area your enquiry relates to.

Or visit life.unisuregroup.com for more information.

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