Britam Insurance Company (Rwanda) Ltd
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P.O Box 913 Kigali, Rwanda
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RAMBA NA BRITAM MEDICAL INSURANCE CONTRACT

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PREAMBLE

This policy is issued to ***"client name" ""*** the Insured named in the Schedule following a written proposal to **Britam Insurance Company (Rwanda) Limited** (hereinafter referred to as the "Company").

The application form together with any statement, report or other document shall form the basis of this contract and shall be deemed to be incorporated herein. Britam will issue this policy provided the Insured has paid the premium as consideration for such insurance.

NOW THIS POLICY WITNESSETH that the Company will settle upon receipt of due proof of medical expenses incurred, as the direct result of a Member sustaining, during the period of Insurance: -

a) Accidental bodily injury,

b) Illness and/or disease.

This will be subject to the provisions, exclusions and conditions herein. The insured shall be deemed to have disclosed all material facts relating to the risk insured by this policy in the Application Form or separately in a letter. In the event of wilful misrepresentation or non-disclosure of such facts the Company shall be entitled to avoid this Policy and all premiums paid in respect of the Member so affected shall be forfeited.

This medical cover will run from:
Commencement date: End Date:_____20

For: **Britam Insurance Company (Rwanda) Limited**

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SECTION A: DEFINITION OF INSURANCE TERMS.

1. **Proposal Form** shall mean any signed application form, declaration or any memoranda supplied by the Policyholder or their appointed representative.
2. **Policyholder (Principal Member)** shall mean any member of staff of an insured group who has applied to the Company for membership with prior consent of the Client by applying form and a declaration of health and whose application shall have been accepted by the Company in writing or issuance of a Member's photo card. Dependants of the Policyholder detailed in the application for membership shall be deemed to be covered under the Policy Contract.
3. **Insured Group:** Means any registered association of persons who assemble with a commonality of purpose or engaging in a common economic activity like employees of a company. Non-employer groups, like employee associations, where insurance is offered as an add-on benefit, professional associations or societies may also be treated as a group. However, an association of persons coming together with a purpose of availing an insurance cover will not be treated as a group for the purpose of this policy.
4. **Dependant:** shall mean a Policyholder's legal spouse (one only), biological children and legally adopted children**.**
5. **Insured Person:** shall mean the principal and their duly registered Dependants under this Policy Contract.
6. **Accidental injury:** shall be as a result of an event not expressly excluded under the Policy Contract and which occurs within the Policy period. It includes any unexpected personal injury resulting from any unsought for mishap or occurrence; any unpleasant or unfortunate occurrence that causes injury, loss, suffering, or death; some outward occurrences aside from the usual course of events. An event that takes place without one's foresight or expectation; an un-designed, sudden, and unexpected event.
7. **Drug abuse:** shall mean taking of any form of drug which is not prescribed by a registered medical practitioner for purposes other than treatment of an ailment or disease, or if duly prescribed taken in disregard of medical advice.
8. **Gender:** for purposes of this contract, the use of masculine gender shall be deemed to include the feminine and the singular to include the plural.
9. **Hospitals** shall include any registered medical institution recognized by the Company as offering treatment and care for the sick and injured, excluding rest homes, convalescent homes for the aged, a place for custodial care or a place for the confinement and treatment of drug addicts and alcoholics.
10. **MER** is a Medical Examination Report requested by the Company on any Insured Persons who may have conditions that need clear indication of treatment.

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11. **Pre-authorization:** this is a written approval that an insured member may need to access certain medical services according to the scope of their medical cover. It is a promise to cover the medical case as per the medical report received by the insurer.
12. **Reasonable and regular costs** shall mean those expenses or charges that do not exceed the general level charged in that hospital or medical facility where such costs incurred, when furnishing comparable treatment, consultation or medication to persons of the same sex and similar age for a similar injury or disease.
13. **Sports**: Dangerous sports shall include sky-riding/racing, rugby, horse racing, motor cycling, driving in any kind of race, polo, mountaineering and any especially hazardous pursuit.
14. **Cancellation:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to others which is not lower than a period of fifteen days.
15. **Co-payment**: A Co-payment is a cost-sharing requirement under a health insurance policy that provides that the Insured person will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
16. **Renewal:** Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuously for the purpose of all waiting periods.
17. **Sum insured**: Means the sum shown in the schedule of benefits which represents our maximum, total and cumulative liability for any and all claims under the policy during the policy period and against the respective benefit(s).
18. **Network hospital/panel hospital**: All such Hospitals, Day Care centres or other providers that the insurance company has mutually agreed with, to provide services like to policyholders. The list is available with the insurer and subject to amendment from time to time**.**
19. **Territorial limits:** This shall mean the geographical area within which the policy shall be applicable. This shall be within the territory of the Republic of Rwanda.
20. **Effective Date/Commencement date:** Cover will become effective once full premium has been paid and written confirmation of application and terms given by Britam Insurance; notwithstanding the fact that payment may have been received. All membership benefits commence after the waiting periods has been served except for hospitalization following an accident, which is covered from the date of commencement of cover.
21. **Period of Insurance:** The period from the effective date to the renewal date and each twelve-month period, or any such period as may be agreed between the parties, from the renewal date thereafter.
22. **Physician:** Means a properly qualified medical practitioner licensed by the competent medical authorities of the country in which treatment is provided and who in rendering such treatment is practicing within the scope of his or her licensing and training.

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23. **Bed Limit:** Shall mean the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis
24. **Injury:** Means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
25. **Illness:** Means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
26. **Hospitalization or Hospitalized:** Means the admission in a hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
27. **Pandemic:** refers to a condition or disease spread over country or several countries or continents, usually affecting many people. The spread could be from common source, propagated or mixed epidemics.
28. **Chronic condition:** A chronic condition is a disease, illness or injury which has at least one of the following characteristics: has no known cure, likely to recur, needs indefinite prolonged supervision and treatment by a specialist, permanent in nature and caused by changes in the body that cannot be reversed.
29. **Pre-existing Condition:** is a medical condition, which can be medically proven that the member had, or was known by the member to exist prior to the commencement date or prior to upgrading/renewal of policy, whether or not treatment or advice or diagnosis was sort or received. It is any condition diagnosed before expiry of 90 days from the cover commencement date.
30. **Congenital Condition:** Any genetic, physical, or biochemical (metabolic) defect, disease, or malformation (which may be hereditary or due to an influence during gestation), and which may or may not be obvious at birth.
31. **Waiting period:** The period set by the insurer that the member will not get services upon approval of membership. The waiting period applies to specific illness, procedures, and medical treatment. Waiting period will be waived where renewals are affected with another insurance provider within (1) one month of cover expiry.
32. **Exclusion:** Category of treatment, conditions, activities and their related or consequential expenses that are excluded from this policy for which Britam shall NOT be liable.
33. **We, us, our, Britam:** Words importing the singular number shall be deemed to include the plural number and vice versa. Where the context so admits, words denoting the masculine gender shall be deemed to include the feminine.

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SECTION B: POLICY CONTRACT WORDING.

Whereas the Policyholder in this Policy Contract has, by a Proposal form and declaration, applied to **BRITAM INSURANCE COMPANY(RWANDA) LIMITED**, for **The Britam Micro Insurance cover** (also referred to as **RAMBA NA BRITAM MEDICAL POLICY**), the **Company** agrees to: -

Provide medical insurance cover for treatment of illness or disease and/or accidental bodily injury as limited by the Schedule of benefits purchased, as outline in the Appendix below.

Pay the sum assured stated under the **Last Expense Benefit** in the said Policy Benefit Schedule, to the Client on behalf of the named beneficiary or to the named beneficiary, to whom the sum assured is made payable, upon providing a written proof satisfactory to the Company of: -

I. The death of the Policyholder or Dependant;
II. The title and the identity of the claimant or claimants; and
III. The correctness of the date of birth of the Policyholder and /or Dependants stated in the list of Dependants and declaration,

Subject to the terms, conditions and exclusions contained or endorsed on this Policy Contract and **PROVIDED** that the Proposal form by the Policyholder has been accepted by the Company, shall be incorporated in and form the basis of this contract, and the Client shall have, on behalf of the Policyholder, paid the Company the annual premium in advance or on the effective date.

This Policy Contract, the Schedule, any endorsement and Memorandum of Understanding thereon shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of the Policy Contractor Schedule shall bear such meaning throughout.

The following shall be the conditions precedent to any liability to the Company: -

I. Observation of the terms of this Policy Contract relating to any requirement to be complied with by the Policyholder or the Dependant.
II. The factual accuracy of the Proposal form.

SECTION C: MEDICAL COVER

(I) Inpatient Medical Cover

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The Policy covers Inpatient treatment up to the limit applied for, for treatment which includes reasonable costs incurred at duly appointed hospitals in connection with:

1. Ambulance coverage (Emergency and accidents) up to the limit provided.
2. Congenital covered up to the limit provided.
3. Daily bed charges and the cost of maintaining any of the Insured Person in a General Ward Bed.
4. General consultation by a General Practitioner.
5. Surgeon's, Physician's and Anaesthetist's fees and charges for use of operating theatres.
6. Cost of prescribed effective generics drugs (unless there is serious need to use branded drugs) and dressings.
7. Laboratory investigations,
8. X-rays, Scans and Ultrasounds are restricted to only once in a year per person (Within the family limit)
9. Radiotherapy or Chemotherapy (Within chronic limit).
10. Cost of normal child delivery or by way of Caesarean Section up to the limit provided.
11. Bills incurred on the baby after delivery up to and including day of discharge shall be covered within the limit provided for maternity.
12. Day care under General anaesthesia shall be treated as an inpatient service and under local anaesthesia shall be considered as an outpatient service.
13. Chronic conditions (both newly diagnosed, prior diagnosed) and pre-existing conditions shall be covered within the IP Chronic and pre-existing conditions sub-limit benefit.

(II) Outpatient Medical Cover

The Policy Covers Outpatient treatments up to the limit provided for in the Policy Benefit Schedule for treatment which includes reasonable costs incurred at duly appointed hospitals and doctors' clinics in connection with:

1. General consultation by General Practitioners.
2. Drugs/Medicines (Effective generics unless there is serious need to use branded drugs)
3. Requested Laboratory investigations.
4. Radiology:
    - CT Scans and Ultra Sounds are restricted to only once in a year per person within radiology limit

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- X-rays, Magnet Resonance Imaging (MRI), and Fibre-optic investigations e.g. colonoscopy, endoscopy, to up to the limit provided.

5. Diagnosis and treatment of common ailments including infections of eyes and mouth.
6. Ear, Nose and Throat (ENT) services.
7. Management of HIV/AIDS, Opportunistic infections but excludes ART (Antiretroviral Therapy).
8. Prescribed Physiotherapy up to 3 sessions.
9. Minor dressing.
10. Ante natal, delivery and post-natal care after the waiting period, if applicable.
11. Dental and Optical treatment up to the limit provided in the Schedule of Benefits (optical frames will be approved after a 2years period and lenses after 1 year.
12. Chronic conditions (either newly diagnosed or prior diagnosed) and pre-existing conditions shall be covered within the OP Chronic and pre-existing sub-limit benefit. The conditions will be classified as per the standard ICD-10 classification.

(III) Last Expense:

On death of any Insured Person during the term of cover while the policy is maintained in force by way of premium payment, the Company shall pay the amount of Last Expense Benefit as shown on the Policy Schedule, and as applied in the Proposal form, or following an endorsement, upon submission of written proof satisfactory to the Company of the death of the Policyholder.

SECTION D: ELIGIBILITY AND MEMBERSHIP

1. AGE LIMIT:

An eligible person shall be:

i. An insured member aged from **18-65 years.**
ii. Spouse to the member aged between **18 -65 years.**
iii. Children: Minimum entry age is **34 weeks** after the baby has been clinically discharged from the hospital, declared and premium paid. Maximum entry age is **18 years**. However, the cover will be extended to dependants within **19 to 25 years** provided there is evidence that they are in school.
iv. Maximum coverage age **70 years.**

v. Eligible dependants include one spouse, own children and legally adopted children.

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2. IDENTIFICATION:

All persons who qualify and become insured persons shall be issued with **Medical cards**. The cards shall be the only mode of identification at the appointed medical facilities and any loss must be reported immediately for replacement **(at the Policyholder's cost).** Insured Persons without Medical **Cards** will only be treated once written authorization has been given from Company.

3. WAITING PERIOD:

Those arranging this insurance for the first time shall wait for **Thirty (30) days** from the **Date of Issue (Effective Date)** before the insurance cover take effect unless treatment or death is due to injuries as a result of an accident. For maternity care including, ante natal, delivery and post-natal care, the waiting period is **Nine (9) months**. For Surgery the waiting period is **1 year** unless such surgery is as a result of an accident. Renewal of the insurance cover nullifies the waiting period.

4. PREMIUMS:

The **Company** reserves the right to review the premium payable in future. If, in the opinion of the Company's Actuary, the future premiums are insufficient to maintain the benefits under the policy, the **Policyholder** shall be required to either: Increase the premium payable at renewal in order to maintain the current benefits OR to have benefits reduced or restrict proportionately to match the revised premium.

This condition may be evoked at the discretion of the Company when the portfolio claims experience exceed **Sixty-five (65%) per cent.**

Premium payment made based on a quotation and a schedule of members will mean that the **Company** will be obligated to pay claims based on the provided schedule. The **Company** will not accept liability for a claim incurred by a member who is not part of the schedule. The **Company** will not refund premium for members on schedule who have not applied for cover during the cover period.

5. TERMINATION:

The insurance shall cease in respect of: -

a) **Insured Persons (Children)** on the annual renewal date coincident with or immediately following the attainment of eighteen (18) years of age. Thereafter, such Insured Person may if desired continue to be insured by this Policy, provided that his permanent residence shall not have changed and shall continue as a member of the same family/household and in school except when attending school elsewhere. Such insurance cover shall remain in force until Annual Renewal Date coincident with or immediately following such insured person's attainment of twenty-five (25) years of age.

b) The dependants of an Insured Person upon the death of such insured person, members of his family who were entitled to benefit as his dependants at the time of his

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death may continue to be insured for the remainder of the period of Insurance within which such death shall have occurred, upon written request by the Insured.

6. CANCELLATION OF COVER:

a) **Cancellation by the Client:** The Client may cancel this policy by giving 30 days' notice by registered letter or an appropriate mode of communication. Britam shall cancel the policy and refund premium for the period as mentioned herein below, provided that no claim has been made under the policy by or on behalf of any insured person.

Length of Time Policy is in force	**Refund of Premium**
Up to one month	75% of annual rate
Exceeding one month	Nil

No refund premium shall be due or payable to the Insured if the amount of claims paid or payable as at the date of cancellation of the policy is equal to or in excess of the premium charged herein.

b) **Cancellation by the Company:** The Company may cancel this policy by sending 30 days' notice by registered post or an appropriate mode of communication to the Insured's last known address and in such event Britam shall refund the Insured as per the percentages in the table above and in respect of the insured and their dependants who have not lodged any claims under this policy or enjoyed cover for more than six months.

7. SUICIDE:

Suicide or attempted suicide, or any bodily injury or illness which is wilfully self-inflicted or due to negligent or reckless behaviour. This exclusion excempts suicide or attempt suicide due to an underlying medical/ mental condition. No refund of premium shall however attach if any claim has been paid in respect of any Insured member of the family.

8. CURRENCY:

All payments to the **Company** shall be made at its Head Office as contained in the bilateral agreement and in the currency of the Republic of Rwanda

9. ARBITRATION:

This Policy is governed by the Laws of Rwanda. All disputes arising out of this Policy shall be finally settled by arbitration in accordance with the provisions of the Arbitration Act, 1995 as amended from time to time by a single arbitrator appointed by the parties within **Thirty (30) days** of notification of the dispute by one party to the other. The seat of the arbitration shall be Kigali.

a. Any dispute on matters involving a medical decision making reasonable and customary medical services and charges which cannot be settled by the parties may be referred to the arbitration of two qualified doctors to be agreed upon by the parties

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and in defaults of such agreement both to be nominated by the medical practitioners and dentist board.

b. Any other disputes between the parties, not being a medical matter, with reference to or in connection with any part of the contract regarding the construction, meaning or effect of any provision hereof, the duties of the parties hereunder which cannot be settled by the parties may be referred to a single arbitrator to be agreed upon between the parties and in default of agreement, one to be nominated by the Chartered institute of Arbitrators of Rwanda, with each party bearing its own cost of Arbitrators.

10. TAXATION:

Should the **Company** be required by law to deduct and account for tax/levies payments under the provisions of this Policy, it shall be entitled to make such deductions as dictated by the law.

11. GRACE PERIOD:

Fourteen (14) days are allowed for payment of each **renewal premium** upon confirmation by the insured of renewal of cover. In the event of non- payment of premiums within the grace period, all the attached benefit cover shall lapse and become void.

12. MID TERM POLICY ENTRIES/ PRORATION:

Members joining the scheme within the first **six months (6)** will be expected to pay full premium as per set premium rate.

New members joining the medical scheme after the **(6) Six months** of the policy period shall pay **50%** of the **annual premium** and enjoy full cover benefit for the remaining part of the policy period.

13. REINSTATEMENT CLAUSE:

Where an insured person exhausts his/ her limit of indemnity as specified under this policy, such benefits as had been extended to him/her by virtue of this policy may not be reinstated during the duration of the policy.

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SECTION E: PREFERED MEDICAL PROVIDERS

The **Company** shall appoint medical facilities to offer medical services to eligible members in consultation with the Client for and on behalf of the **Policyholders.**

1. Members shall use only **appointed** medical facilities, except in accidents. Any medical bills arising from non-compliance will not be the responsibility of the Company, and where the situation demands that Company settles the bills; the full amount so paid shall be recovered from the Client. Patients requiring specialized treatment shall be required to pay for the difference between the specialist fee and fee charged by the hospital's normal consultation fees.
2. The **Policyholder** shall notify the Company of any scheduled admissions into any hospital in advance so that balances of entitlement can be ascertained, failure to which the **Policyholder** shall be liable to pay Company any excess medical expenses paid over and above the purchased member's annual limit. Should the admission be as a result of an accident, the Policyholder shall notify the Company of such hospitalization within **Twenty-four (24) hours** during the weekdays or **Forty-eight (48) hours** during weekends or public holidays.
3. Any **Insured Person** who wishes to use his or her personal doctor, that is, a doctor not in the Company list of preferred doctors or residential doctor of a hospital in the list of preferred hospitals, shall thereby be responsible for the Doctor's fees. The **Company** shall only pay for resident doctors of the hospitals in our panel or on the preferred doctors list.
4. The **list of preferred hospitals** provided to the Client shall be subject to change from time to time and at the Company's discretion, with/without notice to the **Policyholders.**

The **Policyholders** are hereby advised to continuously update themselves with the current preferred medical services providers at any given time.

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SECTION F: COVER EXCLUSIONS

In-Patient

1. Expenditure incurred by a member or dependants arising from any illegal or criminal act.
2. Diseases classified as pandemic, both spread through single source, propagated source or mixed endemic will not be covered.
3. Expenses arising from injuries sustained as a result of participation in professional sport or hazardous pursuits such as motor racing, skydiving, parachute jumping and Bungee jumping.
4. Operations, treatments and/or procedures of own choice for purely cosmetic purposes or obesity, and any complications that may arise from such operations, treatment and/or procedures.
5. Expenses incurred for recuperative or convalescent holidays.
6. All expenses in respect of illness conditions that were subject to waiting periods when the member and dependants joined the Scheme.
7. Purchase of: Applicators, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations; Patented foods and nutritional supplements including baby foods; Contraceptive preparations, remedies and devices; Remedies for the treatment of infertility; Tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity; Sunscreen and sun tanning lotions. Soaps and shampoos (medicinal or otherwise); Household and biochemical remedies which are not promoted by the medical profession. Cosmetic products (medicinal or otherwise); anti-habit forming products; vitamins and multivitamins (unless prescribed for documented deficiency); Remedies for body building purposes; Aphrodisiacs; Patent and proprietary preparations; household bandages, cotton wool, dressings and similar aids.
8. Services arising from an accident or event of which the Policyholder or dependants has received, or is likely to receive compensation from any source whatsoever.
9. Any treatment arising from an accident or event because the Policyholder and/or dependants was/were under the influence of alcohol or drugs, unless prescribed and taken according to the instructions of a medical practitioner.
10. Organ transplant and / or complications arising from organ transplant.

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11. Exercise and/or guidance programs inclusive of antenatal exercises.
12. Treatment of impotence not related to a sickness that is harmful or a threat to essential bodily functions or treatment of impotence that is merely recommended for Psychiatric reasons.
13. Hormonal treatment.
14. Elective gynaecological surgeries.
15. Examination or check-ups such as general health examinations not related to diagnosis of sickness or accidental bodily injury unless explicitly agreed in writing by the Company.
16. Accommodation in convalescent or old age homes or similar institutions catering for the aged.
17. Costs associated with Vocational Guidance, Child Guidance, and Marriage Guidance.
18. Illness, injury or disablement directly or indirectly caused by or contributed to by: active participation in Wars, Riots or Civil Disobedience or political activity. Any declared or undeclared war, invasion, act of foreign enemy, hostilities or warlike operations. Nuclear fission, ionizing or non-ionizing radiation. Operating, learning to operate or serving as a Member of a crew of any aircraft being used for sky riding, racing, testing or exploration. Participation in Naval, Military, Air Force, Paramilitary, Police or Police Reserve service or operations. Attempted suicide or self-injury deemed deliberate by the Company
19. The wilful non-compliance on the part of the Policyholder with the Company's appointed doctors prescribed treatment.

Out- Patient

1. Cosmetic surgery unless caused by accident.
2. Family planning/infertility.
3. Vaccinations/immunization except KEPI.
4. Diseases classified as pandemic, both spread through single source, propagated source or mixed endemic will not be covered.
5. Aphrodisiacs.
6. Hormonal replacement therapy.
7. HCG.
8. Dialysis.
9. Chiropractors, Acupuncturist, Herbalist.

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10. Intentional self-injury, drunkenness, drug addiction.
11. Hearing aids.
12. External prosthesis. Beauty treatment and any operations, treatments and or procedures of own choice for purely cosmetic purposes or obesity, and any complications that may arise from such operations, treatment and or procedures.
13. Patented foods and nutritional supplements including baby foods.
14. Treatment of impotence not related to a sickness that is harmful or a threat to essential bodily functions or treatment of impotence that is merely recommended for psychiatric reasons.
15. The wilful non-compliance on the part of the Policyholder and or the dependants with the Company appointed doctors' prescribed treatment.
16. Contact lenses.

SECTION G: GENERAL CONDITIONS.

The **Company** shall provide medical insurance cover to the **Insured Persons** subject to the following terms and conditions:

1. All Insured Persons covered must only seek treatment at **the preferred medical facilities** except for accidental cases.
2. All Insured Persons shall identify themselves with **Smartcards** or **CARDS issued by the company** or any other identification the insurer may request for during hospitalization.
3. Patients shall sign the claim forms at the medical centres upon every visit for treatment.
4. The cover has a standard Copay of 10% on all Out-patient visits. This **MAY** be reviewed during the currency of the cover-based claims experience.
5. **Reimbursement** for **medical expenses** shall not be admissible; Members visiting any other facility will be required to prove it was for an emergency medical condition to qualify for a refund of expenses. The Company's medical personnel will vet and verify all medical claims and shall reserve the right to determine the eligibility of such claims.
6. Medical bills incurred on behalf of the Company over and above the purchased annual limits by any Insured Person shall be referred to Client for settlement. The Company shall only undertake to pay the claim to the limit of indemnity (Sum insured).
7. The Company reserves the right to accept or discontinue membership.

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8. The Company reserves the right to accept or reject any Proposal form for medical insurance initially or on subsequent renewal or upgrading of cover.
9. The cover shall remain in force for **Twelve (12) months** from commencement date. Each annual renewal shall be treated as a **new contract** and shall therefore be subject to such terms and conditions as shall be prevailing at the time of renewal including any amendments, additions, exclusions, increase in annual premium or any other conditions laid out by the Company.
10. The Company will charge a premium per family per year for the provision of medical benefits to qualifying Insured Persons and such due premium shall be paid in full in advance or on the effective date by the Client to the Company.
11. The Company shall not be liable for any injury or loss suffered by the Policyholder or any Insured Person for delayed treatment or medical attention where such delay arises from any circumstances whatsoever beyond the Company's control including but not limited to acts of war, terrorism, civil commotion or strife, lockouts, stoppages or go- slows, restraint of labour for whatever cause, government intervention or restrictions, fire, floods, bad weather, Acts of God, compliance with medical regulations or any other regulation having the force of law.
12. The Company shall only be responsible for bills resulting from hospital admissions in Rwanda.
13. The Company shall only be responsible for doctor's fees that are on the preferred list of doctors or residential doctors of the medical facility in our panel.
14. The Company shall not be liable for expenses incurred by Policyholder whose membership has ceased or expired as a result of expiry of member's contract term, or any reason whatsoever. The Client shall be held responsible for notifying the Company of such termination or cessation of membership; in default, the Company shall recover such incurred expenses from the Client in full or, if unable to recover them, cancel the entire Policy.
15. The Company shall reserve the right to require an Insured Person to consult any of its panel of appointed doctors or specialists at any time and to have access to the medical records of such an Insured Person wherever held for purposes of investigation, verification or any other professional reason in line with the Company's services.

Britam Insurance Company (Rwanda) Ltd
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Email: Rwanda@britam.com

16. Any dispute on medical matters shall be referred to arbitration by two qualified doctors to be agreed upon between the disputing parties or in default of an agreement, to be nominated by the Chairperson of the Medical Practitioners and Dentists Board of Rwanda.
17. These terms and conditions shall be governed by the Laws of Rwanda and the courts of Rwanda shall have exclusive jurisdiction in any dispute between the Company and the Client on behalf of the Policyholder.
18. Any dispute between the Company and Client that touches on the construction or effects of these terms and conditions or on the rights or liabilities of the parties hereunder or any other matter arising out of the same or connected therewith shall be referred to a single arbitrator to be agreed between the parties or in default of agreement to be nominated by the Chairperson of the Law Society of Rwanda upon the application of either party. The making of an arbitration award shall be a condition precedent to any right of action against or liability to the Company.
19. Granted that the Company's total liability shall not exceed the annual limit specified in the cover Schedule. The Company shall be responsible for settling medical bills and expenses incurred by the Insured persons at duly appointed medical facilities, subject to the overall limit purchased per family.
20. Upgrades/Change of cover: All upgrades/change of cover are subjected to cover performance review and company's discretion. All upgrades are done at inception or renewal of cover.
21. Change of Risk: Where there is a change of risk the company shall engage the client with a view of altering the policy terms or cancelling cover for an insured. The insured is bound to a duty of continued disclosure for any material changes that may affect the information given at application of cover.

DECLARATION:

We confirm that we have read and understood the terms and conditions (as printed above) governing the provision of Medical insurance services, and agree to be bound by them. We accept to Britam Insurance Company seeking any information from our previous insurers, who have previously received application from ourselves.

(A signed copy of the policy document should be returned to BRITAM within 21 days, failure to return the same, will imply acceptance of the terms and conditions)

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Email: Rwanda@britam.com

CLIENT NAME

_____

AUTHORISED SIGNATORY
DESIGNATION

_____

WITNESSED BY

_____

BRITAM INSURANCE COMPANY (RWANDA) LIMITED _____

AUTHORISED SIGNATORY
DESIGNATION

_____

WITNESSED BY

_____

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APPENDIX: 1

1. SCHEDULE OF BENEFITS:

IN-PATIENT BENEFITS

Benefit	Waiting Periods	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Inpatient Cover Limit (Main & Mandatory Cover)	**1 month**	**1,000,000**	**1,500,000**	**2,000,000**	**2,500,000**	**3,000,000**	**4,000,000**	**5,000,000**
Chronic/Psychiatric cases within IP Limit	12 months	300,000	450,000	600,000	750,000	900,000	1,200,000	1,500,000
Pre-existing Surgical conditions	6 months	250,000	450,000	600,000	750,000	900,000	1,200,000	1,500,000
Psychiatric Cases	12 months	225,000	337,500	450,000	562,500	675,000	900,000	1,125,000
Maternity C Limit (Within Inpatient)	9 months	100,000	150,000	200,000	250,000	300,000	400,000	400,000
Maternity CS	9 Months	250,000	300,000	350,000	400,000	450,000	550,000	550,000
Congenital (25% of IP Limit)	9 months	250,000	375,000	500,000	625,000	750,000	1,000,000	1,000,000
Ambulance		90,000	90,000	90,000	90,000	90,000	90,000	90,000
Radiology (Once per year per person)	1 month	100,000	120,000	140,000	160,000	180,000	220,000	250,000
Covid (50% of IP Limit)	1 month	500,000	750,000	1,000,000	1,250,000	1,500,000	2,000,000	2,500,000
Dental within IP Limit	1 month	250,000	375,000	500,000	625,000	750,000	1,000,000	1,000,000
Optical within IP Limit	1 month	250,000	375,000	500,000	625,000	750,000	1,000,000	1,000,000
Funeral Expense	N/A for Accidental 1 month for Natural Death	400,000	400,000	400,000	400,000	400,000	400,000	500,000
Maximum OP to be offered		300,000	300,000	400,000	400,000	500,000	600,000	600,000

OUT-PATIENT BENEFITS.

Benefit	Option 1	Option 2	Option 3	Option 4
Outpatient Cover Limit (Optional Cover)	**300,000**	**400,000**	**500,000**	**600,000**
Chronic/ Pre-existing/ Psychiatric cases within OP Limit	150,000	200,000	250,000	300,000
Dental within OP Limit	50,000	60,000	70,000	80,000
Optical within OP Limit	50,000	60,000	70,000	80,000