

MHURI YESE /iMULI YONKE FUNERAL CASH PLAN

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PROPOSAL FORM

ENTRY DATE [D][D][M][M][Y][Y][Y][Y]

A. LIFE ASSURED/PRINCIPAL MEMBER DETAILS

1. Surname: 2.First Name/s:
3. Date of Birth [D][D][M][M][Y][Y][Y][Y] 4. Male [] Female [] Marital Status []
5. National ID No. []
6. Other Identification details (Driver's Licence/Passport) []
7. E-mail Address []
8. Telephone/Cellphone Details [] or []
9. Postal Address: []
10. Name of Bank/Building Society [] Branch Name [] Account No. []

B. DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF PREMIUMS

Surname [] First Name/s [] National ID No. []
Relationship [] Postal Address: []
Mode of Payment: Frequency:
CASH [] ECOCASH [] TELECASH [] ONE-WALLET [] DEBIT ORDER [] STOP ORDER [] Monthly [] Quarterly [] 1/2 Yearly [] Annually []
Has the premium been paid YES? [] NO? []
Telephone/Cellphone Details [] E-mail Address []
Name of Bank/Building Society [] Branch Name [] Account No. []
Debits are to operate on the [] day of [] and every [] day of the month thereafter.
Stop OrderDetails/Company Name [] E.C. Number []

C. FUNERAL COVER DESIRED (PLEASE TICK IN THE APPROPRIATE BOX)

FUNERAL COVER LEVEL (Tick appropriate box)

Table with columns: Cash Layout, \$250.00, \$500.00, \$1000, \$1500, \$2000, \$2500, \$3000, Tick. Rows: Single, Nucleus Family, Extended Family.

D. PLEASE GIVE DETAILS OF YOUR FAMILY/OTHER DEPENDANTS TO BE COVERED:

Table with columns: Surname, First name/s, Gender, Date of Birth, ID Number, Relationship. Includes a row for Premium Payable with USD currency.

Declaration

I [] declare to the best of my knowledge that, the details given above are true and correct. I am fully aware that only those registered above will get cover.

[] Signature of Life Assured/Proposer Agent name []
Date: []

STAMP/CODE

TERMS AND CONDITIONS

1. Commencement of Cover

- a) Benefits are accessible after 3 month waiting period subject to voluntary evidence from the doctor that the cause of death was not a pre-existing condition.
- b) Waiting period is waived for death as a result of road traffic accident provided premium payment is up to date.
- c) No waiting period for group schemes or burial societies of at least 20 people

2. Premium Payment

- a) Premiums are paid daily, weekly, fortnightly, monthly, quarterly, half-yearly or annually in advance.
- b) Thirty (30) days grace period is allowed for late payment of premiums after which the policy shall lapse.
- c) The policy can be revived within a period of three calendar months subject to a waiting period of one month.

2. Claims Procedure

- a) In the event of death of any of the persons stated on the policy schedule, Coverlink Micro Insurance Company should be notified for the claim process to commence.
- b) The following documents will be required:
 - i) Notice of death or burial order.
 - ii) Deceased national identity card or birth certificate for children.
 - iii) Death certificate

4. Suicide

No benefit may be claimed where death is due to suicide occurring within 1 year from the date of commencement or revival of the policy.

5. General Conditions

- a) This runs continuously until all benefits are exhausted
- b) This policy shall be governed by the Laws of Zimbabwe, and the courts herein shall have the sole jurisdiction to the exclusion of any other country.
- c) This document forms an integral part of this agreement between Coverlink Micro Insurance Company and the policyholder.
- d) The premiums and any sum of money mentioned or referred to anywhere in this form shall be denominated in the lawful currency being used in Zimbabwe at that time.
- e) No addition to, variation from or cancellation of the resultant contract shall be of any force unless in writing and signed by or on behalf of both parties by an authorized signatory.
- f) Coverlink Micro Insurance Company shall be entitled to cancel contract and the policyholder will forfeit all benefits under this policy if any claim is considered to be fraudulent or if any fraudulent means or devices are used to obtain any benefit under this policy.
- g) Each party shall have the right to give 30 days notice of intention to cancel this policy in writing.
- h) This policy does not cover death resulting directly or indirectly occasioned by, through or in consequence of:
 - i) Claims as a result of suicide within 12 months of commencement of policy.
 - ii) Any act (whether on behalf of any organization, body or person, or group of persons) calculated or directed to overthrow or influence any government de jure or de facto or any provincial or local authority with force or by means of terrorism (as defined (v) below);
 - iii) No premium refunds for policies in existence for less than one (1) year from inception.
 - iv) Any act which calculated or directed to further any political aim, objective or cause or in protest against any government de jure or de facto or any provincial or local authority;
 - v) An armed conflict between regions or political or ideological or religious or ethnic or tribal faction within Zimbabwe;
 - vi) Any act of terrorism committed by any organisation or person or any group of persons or by any government de jure or de facto. For the purpose of this exclusion an act of terrorism means an act including but not limited to the use of force or violence and/or threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s) which from its nature or context is done for in connection with political, ethnic, tribal, religious, ideological or similar purposes including the intention to influence the government and/or to put the public in fear;
 - vii) Any action in controlling, preventing, suppressing or relating to any occurrence to any occurrence referred to in clauses (i) to (v) above.

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Yours faithfully

Abel Munhande
Managing Director

