

# POSTAL LIFE INSURANCE PLAN

Whereas this policy has been effected with the Softlogic Life Insurance PLC (herein after called "the company") by the Assured named in the first schedule hereto, and whereas the Assured has made representations and statements and delivered to the company a proposal and declaration referred to in the said First Schedule all of which the company shall rely upon as true and which shall form the basis of contract herein contained and is deemed to be incorporated herein.

Now this policy witnesses that in consideration of the payment made to the company of the first premium or first installment of premium mentioned in the said First Schedule, and on the condition that the subsequent premiums or installments of premium be duly paid as hereby provided, the Assured shall be entitled to receive from the company the sums assured as referred to in the said First Schedule subject to the terms and conditions contained herein and upon proof satisfactory to the company of;

1) The death of the person on whose lives the sums assured are to depend

And

2) The correctness of the ages of the persons on who' s lives the sums assured are to be paid

And

3) Other conditions as may be applicable to other policy benefits

It is declared that this Policy is subject to the conditions stated in all schedules, exclusions in the ancillary benefit schedule & ancillary benefit endorsement hereto or to any other conditions, clauses and provisions endorsed or written hereon or on the sheets attached and signed for the company by its authorized representative(s) as being relative hereto contained in the schedules.

Signed on the date stated in the First Schedule for and on behalf of the company.

20-09-2019

.....  
Date



.....  
Authorized Signatory

# First Schedule

POLICY NO	BRANCH	POLICY TYPE	PERIOD FROM	PERIOD TO	GENERATED DATE
GLMB-00009	Head Office	Group Life	20-Sep-2019	19-Sep-2020	20-Sep-2019
<b>NAME OF THE ASSURED</b>		Postal Department of Sri Lanka			
<b>ADDRESS</b>		No. 310 McCallum Rd, Colombo 01			
CURRENCY CODE	BROKER CODE	SALES CODE	INVOICE NO	U/W YEAR	
LKR	DR0028	NIL000	389126	2019	

- 1) Covered Members - Cover is granted to individuals who obtain services from the post office and registering through their mobile phone.
- 2) Benefit payable & premium -

#### **Option 01** - Hospitalization Per Day Benefit for Covered Member Only

PLAN	BASIC LIFE COVER (LKR)	HOSPITAL CASH BENEFIT COVER – COVERED MEMBER	MONTHLY PREMIUM (LKR)
A	150,000/-	750/-	150/-
B	300,000/-	1,500/-	300/-

#### **Option 02** - Hospitalization Per Day Benefit for Covered Member & Spouse

PLAN	BASIC LIFE COVER (LKR)	HOSPITAL CASH BENEFIT COVER		MONTHLY PREMIUM (LKR)
		COVERED MEMBER	SPOUSE	
A	150,000/-	750/-	750/-	250/-
B	300,000/-	1,500/-	1,500/-	500/-

#### 3) Basic Life Cover -

A lump sum amount as per the selected plan type will be paid at the unfortunate event of death of an individual registered with the company via a post office.

#### 4) Hospital cash benefit

Per day benefit as per the selected plan type for a period of maximum 30 Days of hospitalization per year. (Minimum of two nights should be hospitalized to claim the benefit)

#### **GENERAL CONDITIONS**

- Following information will be collected via mobile phone registration followed by a telephone call through Softlogic life care center.

##### **Information**

- Covered Member's Name

- b) Covered Member's DOB
- c) Covered Member's NIC Number
- d) Covered Member's Address
- e) Covered Member's Nominee Name
- f) Nominee Relationship

If selected, spouse Hospitalization Benefit Bill cover,

- a) Spouse's Name
- b) Spouse's DOB

2. Age Limit:  
Minimum age at entry 18 years (Exact Age).  
Maximum age at entry 59 years (Nearest B day).  
Cover ceasing age 60 (Nearest B day)
3. Geographical limits  
For Basic Sum Assured – Worldwide  
For Hospital cash benefit - Sri Lanka only
4. The insurance cover will cease at the earliest of
  - Covered member attaining cover ceasing age.
  - Death of covered member during the term of policy.
  - Policy renewal date, if not renewed.
  - If the premium not paid for 03 months consecutively
  - Termination of the Agreement between Insured and the Company.
  - Misrepresentation or fraud.
5. This Policy shall be governed by and interpreted according to the laws of Democratic Socialist Republic of Sri Lanka.

## Second Schedule

### Special Conditions

#### 1) Definition

It is expressly declared and agreed between the company and the Insured that for the purpose of this policy.

<b>Policy Term</b>	-	Guaranteed Five years' period subject to annual review of premium
<b>Premium Review Date</b>	-	Any subsequent anniversary of the commencement date.
<b>Member</b>	-	An individual customer who obtain services from the post office and registering through their mobile phone requesting an insurance cover
<b>Registration Date</b>	-	The date of which a company registered the member for this insurance Scheme
<b>Commencement Date</b>	-	The benefits effective date.
<b>Grace Period</b>	-	Credit period to the assured to remit the premium to the company from the commencement date.
<b>Waiting Period</b>	-	The period during which the company is not liable for the cover.

- |                              |  |
|------------------------------|--|
| <b>Life Cover</b>            | <ul style="list-style-type: none"> <li>- 90 Days Waiting period applicable for pre-existing conditions <b>from</b> the date of registration.</li> </ul> <p>Death resulting due to Pre-existing Cancer, Heart Disease or Stroke will not be covered.</p> <p>90 Days Waiting period applicable from the date of registration for all non-accidental causes.</p> <p>No Waiting Period applicable for Accidental Deaths from the date of registration.</p> |
| <b>Hospital cash benefit</b> | <ul style="list-style-type: none"> <li>- 90 Days Waiting period applicable for all causes other than Accidental causes from the date of registration or the date of Reinstatement of the policy whichever is later.</li> </ul>   |
| <b>Eligibility</b>           | <ul style="list-style-type: none"> <li>- The members eligible for assurance are the individuals who are obtaining services from the post office and registering through mobile phone registering process and pay premiums through reload card obtained via the Post Office.</li> </ul>   |

## 2) Cooling off period

If having purchased this insurance if the member decide that it does not meet his/her requirements, then please inform the company within 21 days of receipt together with written cancellation instructions. Provided no claims have been paid/or pre-authorization has been given, the company will refund any premium that the member has paid.

## 3) Effective Date of Individual Assurances

In order to establish this Policy and for it to remain in force it is agreed that all members' details shall be included under the policy as from declared when registered. The individuals cover will be commenced from the beginning of the next month of the registration subject to clearance of premium payment.

## 4) Amount of Sum Assured

The sum assured in respect of each member shall, subject to the conditions of this Policy be as per First Schedule.

## 5) Amount of Premium

The Company reserves the right to modify its premiums based on actual claims experience after duly notify in writing to the Assured and such modification shall take effect from the next renewal date of this Policy.

## 6) Nominee

Any eligible member may, subject to the laws and regulations governing such matters, on becoming a member nominate as the nominee, who shall be entitled to receive the sum assured and at any time thereafter alter any such nomination previously made, provided that notification is given in writing to the company and provided further that no nomination takes effect unless it is in compliance with the laws and regulations. If there is no nominee living at the time of the member's death, his legal representatives shall be entitled to receive the sum assured.

## 7) The insurance cover will cease at the earliest of

- Covered member attaining cover ceasing age.
- Death of covered member during the term of policy.
- Policy renewal date, if not renewed.

- Due monthly premium not paying within the grace period
- Termination of the Agreement between Insured and the Company.
- Misrepresentation or fraud.

## Third Schedule

### General Conditions

#### 1) Formation of Contract of Insurance

This policy and statements declaration made or delivered to the company therefore, and the members' registration details constitute the entire contract between the parties. All statements made by the Assured or by any member shall, in the absence of fraud, be deemed representations and not warranties, and no such statement shall render the Policy violable or be used in defense of a claim hereunder unless it is contained on the call clip and declaration therefore.

No agent of the Company is authorized to make or modify this contract or extend the time for premium payment, to waive any lapse or forfeiture, to waive any of the Company's rights for requirements or to bind the company by making any promise or by accepting any representation or information not contained in the call clip and declaration for this policy.

Only an authorized representative of the Company has the power on its behalf to issue permits or to extend the time for any premium payment thereon. The Company shall not be bound by any promise or representation heretofore or hereafter given by any person other than the authorized representative whose approval shall be endorsed hereon.

This policy is non-participating and does not participate in the surplus of the life fund. Also, this policy has no maturity value or surrender value.

#### 1.1 Non-Disclosure

This policy was issued in good faith and are of the view that relative details and health declaration provided in this regard are true and correct in every respect. Incorrect information will result in repudiating of liability and making the contract void.

#### 2) Amendment or Alteration of This Policy

This Policy may be amended or changed at any time, without the consent of the members hereunder, upon written request made by the Assured and agreement by the Company. Any amendment or change to this Policy shall be binding on all members whether covered under this Policy prior to or on or after the date such amendment or change becomes effective.

The company reserves the right to amend the terms and provisions of this policy by giving a 30 days' prior notice in writing by ordinary post to the assured's last known address in the company's records.

#### 3) Records

The Company shall keep a record of the members, which contains, for each member, the essential particulars of the assurance.

This Policy gives the Company, through its duly authorized representative, the right at reasonable times to inspect all books and records of the Assured relating to the individual assurances effected hereunder.

#### 4) Payment of Premiums

The cover starts on the 01st of the Next Month after the First premium payment. Thirty days of grace period will be offered for the payment of second and subsequent premiums under this policy. If the Company does not receive a premium within the grace period, the cover for such unpaid member will be terminated from the premiums due date. The cover may be reinstated from the

last premium due date after the company receives the due monthly premium subject to waiting periods.

If any member fails to pay premiums for a period of Three (3) months consecutively, such member ceases to be an existing member, however such member can be re included as a new member subject to all applicable conditions for a new member including the waiting period.

## **5) Claims**

The Assured shall notify the Company of the death of any member within 90 days from the date of death and furnish the Company with all information necessary to determine whether the sum assured is payable in respect of that member and the amount of that sum assured.

Should death of a member occur during the days of grace, the claim will be paid after deduction of the unpaid premium and also, the unpaid premium if any of the current Policy year, from the sum assured.

### **Claims Procedure**

Following documents are required to be submitted in an event of a claim within **180 days** from the date of death.

- 1) Completed claims form.
- 2) Age and Identity proof (Copy of the NIC)
- 3) Death certificate
- 4) Medical reports
- 5) Post mortem /Inquest report (if required)
- 6) Any other requirements requested by Softlogic Life

## **6) Change of Ownership**

If the business of the Assured is transferred to or taken over by any person or corporation, then, subject to the consent of the Company, the payment of premiums under this Policy may at the option of such person or corporation be continued, in which case such person or cooperation shall as from the date of such transfer or succession take the place of and be treated for all purposes of this Policy as being the Assured hereof.

## **7) Renewal Privilege**

This Policy is issued for Five Years as from the commencement date specified in the First Schedule and may be renewed by the Assured on any subsequent renewal date subject to the conditions hereof. Renewal of the Policy is automatically effected by the payment of the required premium when due. The company shall give renewal notice to the policyholder 30 days in advance in writing.

## **8) Termination of This Policy**

This Policy will be terminated upon non-payment of premium as provided for under Condition 4 hereof.

Notwithstanding anything to the contrary in this Policy, the termination of this Policy shall have the following effects:

- a. No sum assured shall be payable under this Policy on the death of any person after the time of termination.
- b. No premium shall be payable under this Policy after the time of termination and any adjustment of the premium for the final policy year of this Policy, or part thereof, in terms of Condition 4 of the First Schedule and Condition 5 of the Third Schedule shall take the form of a single amount payable by or to the Assured, as the case may be, on the date the adjustment is calculated.

## **9) Governing Law and Dispute Resolution**

The parties to this Policy expressly agree that the laws of the Republic of Sri Lanka shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Life Assured/Policy Holder and the Company and to be subject to Sri Lankan law. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Sri Lankan Territory.

## **10) Complaint Handling**

Any complaint relating to the policy should be referred to the Officer-in-Charge of Complaints or such other designated officer of the Company. Any such complaint shall be processed in accordance with the established complaint handling procedure of the Company and a resolution or response shall be provided by the Company.

However, in the event the complaint is not satisfactorily resolved, then the Insured shall have the right to refer such complaint to Courts or to the Insurance Ombudsman or Insurance Regulatory Commission of Sri Lanka.

## **11) Law**

This Policy shall be governed by and interpreted according to the laws of Democratic Socialist Republic of Sri Lanka.

## **12) Cancellation**

This policy either in its entirety or in respect of any particular covered member may be cancelled by the company at any time by registered letter sent to the assured at his/her last known address, provided that such cancellation shall be without prejudice to the rights of the assured in respect of prior loss consequent upon injury or sickness to any covered member, either in its entirety or in respect of the said life assured whichever the case may be.

By like notice to the company the assured may at any time cancel this policy, either in its entirety or in respect of the said covered member, as the case may be.

No premium will be refunded at an event of a cancellation.

## **13) Alterations to the policy**

The company reserves the right to amend the terms and provisions of this policy by giving a 30 day prior notice in writing by ordinary post to the assured's last known address in the company's records. The covered member shall give notice in writing to the company of any change in address, business or occupation, or of the trade or occupation

## **14) Certification, information and evidence**

All certificates, information, evidence, brake ups as required by the company shall be furnished at the expense of the assured and in such a form that the company may require.

## **15) Arbitration**

Any claim or dispute related to this policy may be resolved by arbitration upon mutual consent of the Parties. The arbitration shall be conducted by a panel of three arbitrators. The Covered member, Assured and the Company shall each appoint an arbitrator to constitute the panel of arbitrators and the seat of arbitration shall be Colombo. In the event the Parties fail to refer the dispute for arbitration within 12 months from the dispute, it shall be deemed that the Parties have abandoned the option for resolution of dispute by arbitration.

## 16) Confirmation of Premium

No payment in respect of any premium shall be deemed to be payment to the company unless a system generated SMS have been sent to the member on confirmation of premium.

## 17) Notice

Every notice or communication to the company shall be in writing and sent to the company address. Notice to assured/covered member shall be sent to last known address or to the e-mail address of assured or to a person specified by Assured.

## 18) Nominations

'An immediate family member'\* of the member is a person or persons to whom the benefits of the Policy shall be paid in the event of his death made by an endorsement placed on the Policy shall, by notice in writing, be communicated to the Company which will register such endorsement in the record relating to the Policy. The Company will issue an acknowledgment of having registered a nomination or of any cancellation or change thereof. The Company shall not be liable for any payment made under the policy, bona fide, to a nominee mentioned in the text of the policy or registered in the records of the company unless notice in writing of any cancellation or change has given to the Company.

\* An immediate family member means Spouse, Children, Parents, Own Brothers and Sisters of the customer.

## GENERAL EXCLUSIONS

No benefit will be payable as a result of any of the following causes:

- i. Death resulting due to Pre-existing Cancer, Heart Disease or Stroke will not be covered.
- ii. 90 days waiting period from the registration date will be applicable for all non-accidental Causes.
- iii. No Waiting Period applicable for Accidental Deaths from the date of registration.
- iv. If a death occurs during the first 90 days from the registration date of the cover or date of reinstatement whichever is later, due to Pre-existing condition(s), the company shall not be liable for any claim.
- v. No benefit shall be payable in the event of death of the Life Assured arising directly or indirectly as a result of active participation or any attempted participation of Life Assured in any war, invasion, act of foreign enemies, hostilities, or war like operations (whether war be declared or not) civil war, mutiny, riots, strike, civil commotion assuming proportion of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power or any acts of any person acting on behalf of or in connection with any organization directed towards the overthrow by force of any government or to the influencing of it by terrorism or violence.
- vi. If the Life Assured commits suicide whether sane or insane within Twelve (12) calendar months from the Date of Commencement / Date of Issuance or the Date of Revival/ Reinstatement of the policy whichever shall be later, the policy shall become void except to the extent of the interest of third parties acquired by bona fide assignment for valuable consideration and written notice of such interest has been received and acknowledged by the company prior to the date of death, provided that the liability of the company shall not exceed the aggregate Basic Premiums already paid without interest



# Fourth Schedule

## Hospitalization Benefit Per Day

If at any time whilst the Basic Policy is in full force, for the full sum assured and provided the premium in respect of this benefit has been duly paid for the member and if the member named in Schedule of lives assured gets hospitalized as a result of illness or accident, the Company shall pay the amount per day specified in the first Schedule under the Hospitalization Benefit (**HB**) for a maximum of 30 nights per an individual in any one policy year (In case of Hospitalization in an ICU Ward the Payment will be doubled) subject to the following conditions and exclusions :

### 1. CONDITIONS

- i. Hospitalization should be notified within 07 days from the date of hospitalization.
- ii. Diagnosis of illness should have been arrived at for the first time after expiry of 90 days from the date of commencement of the Policy or the Date of the Policy or Date of Reinstatement of the Policy, whichever is later, but not later than Sixtieth (60th) birthday of the Covered member.
- iii. Hospitalization is granted on a yearly renewable basis and the Company reserves the right to revise / review the premium at any policy anniversary after due notification.
- iv. Assignee, Nominee or Beneficiary shall not have the right to receive any payment under this benefit.
- v. This benefit will become payable provided the hospital stay is equal to or greater than 2 days. A day means one night spent in hospital
- vi. The Company shall have the right to have the covered member examined by a medical examiner duly appointed by the Company before payment of the benefit.
- vii. Hospitalization should occur after the expiry of 90 days from the date of registration of Policy or Date of the Policy or the date of Reinstatement of the policy whichever is less.
- viii. This benefit will become payable provided the Life Assured is hospitalized in a private or government "hospital"

#### Definition of a "Hospital"

The term hospital means a PHSRC (Private Hospital Services Regulatory Council) establishment with in-patient facilities maintaining daily medical records providing diagnostic and medical equipment and facilities required for operations, accommodation and treatment of sick and/or injured persons. Such establishment should consist of qualified doctors in western medicine with registered and qualified nurses present throughout the day.

This benefit will become payable provided the Life Assured is hospitalized in a hospital defined as per the above definition of a hospital, or a government hospital.

- ix. If the duration of stay in the hospital exceeds fourteen (14) days, the decision to pay for the period in excess of fourteen (14) days in hospital will be determined by a medical examiner nominated by the company whose decision will be final and conclusive. In this regard, any clinical, radiological, and histological and laboratory evidence required by the company should be provided at the expense of the Assured.

## 2. EXCLUSIONS

### i. WAITING PERIOD

Any hospitalization within 90 days from the date of registration of the policy, Date of Policy or the Date of reinstatement of policy, whichever is later, except when hospitalization arises from an accident.

### II. DENTAL TREATMENT. ETC.

- a) Any hospitalization caused by dental conditions
- b) Any hospitalization for fitting eye glass, lenses or hearing aids or oral surgery, all routine medical examinations or checkups.

### III. MATERNITY

Any hospitalization due to pregnancy, childbirth, abortion, miscarriage, birth control or infertility

### iv. ROUTINE

- a) Any hospitalization for routine or other medical examinations or checkup or vaccination or inoculations which are not required for treatment of an illness or injury.
- b) Any hospitalization not recommended by a qualified physician or undertaken in nature cure clinics or hydros or during periods of quarantine
- c) Any hospitalization as result of engage in hunting, steeple chasing, polo playing, mountaineering, winter sports, ice hockey, gliding, parascending, water skiing, ballooning, or using woodworking machinery driven by mechanical power
- d) Any hospitalization in any Hospital / Nursing Home Outside Sri Lankan territory.

### V. TREATMENT NOT RECOMMENDED BY PHYSICIAN

Any hospitalization not recommended or undertaken by a qualified physician or undertaken in nature care clinics or hydros or during periods of quarantine.

### VI. EPILEPSY OR MENTAL DISEASES

Any hospitalization caused by epilepsy fit of any kind or any nervous or mental diseases or fit disorders or treatment in mental hospitals or homes or infant welfare centres.

### vii. REST CURES AND PREVENTIVE MEASURES

Any sanatoriums, spa or rest cures, or hospitalization undertaken as a preventive measure or hospitalization in an Ayurvedic Hospital or in any institution of indigenous, homeopathy or acupuncture treatment.

### VIII. COSMETIC OR PLASTIC SURGERY

Any hospitalization caused by cosmetic or plastic surgery whether or not for psychological purposes.

### IX. AIDS

Any hospitalization which, directly or indirectly, result from or is related to;-

- Infection by which includes zero-positivity to any Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or any similar or related condition or syndrome or
- an illness or condition directly or indirectly arising from any such infection, Condition or Syndrome

### X. ALCOHOL

Any hospitalization arising from or following alcohol dependence syndrome including

treatment of any medical condition which, in the opinion of the Insurer's consulting physicians, is considered to be either an underlying cause of, or directly attributable to, alcohol dependence syndrome.

XI. DRUGS DEPENDENCE

Any hospitalization arising from or following drug dependence including treatment of any medical condition which, in the opinion of the Insurer's consulting physicians, is considered to be either an underlying cause of, or directly attributable to drug dependence.

XII. DRUG ABUSE

Any hospitalization arising from or following drug abuse including treatment of any medical condition which, in the opinion of the Insurer's consulting physicians, is considered to be either an underlying cause of, directly attributable to drug abuse.

XIII. SUICIDE, VENEREAL DISEASE, PHYSICAL DEFECTS AND EPIDEMICS

Intentional self-injury, suicide, attempted suicide (whether felonious or not), venereal disease, intoxication or any birth / congenital defects or infirmity, as well as any officially recognized epidemics.

xiv. AIRCRAFT

Any Insured member being in or upon or entering into or alighting from or descending or falling from aircraft of any kind other than a fully licensed standard type aircraft owned and / or operated by an air transport organization providing regular air services over established air routes which they are travelling as ticket holding passengers. The expression "aircraft" shall include any vessel, craft or thing made or intended to float or travel through the air.

XV. RACING

Any Insured member engaged in or taking part in racing of any kind other than on foot.

XVI. ARMED FORCES OPERATIONS

In naval, military or air force services or operations or participating in operations of an armed nature planned or conducting by the civil or military authorities against bandits, terrorists or other elements.

XVII. WAR AND WARLIKE SITUATIONS

Any injury from accident or any disease or directly attributable to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, civil commotion, popular rising, military rising, insurrection, rebellion, mutiny, revolution, confiscation, or nationalization, by or under the order of any government or public or local authority, or any act of any person acting on behalf of or in connection with any organization with activities directed towards the overflow by force of government "de jure" or "de facto" or to the influencing of it by terrorism or violence.

XVIII. NUCLEAR

Nuclear (nuclear reactions, radiation, contamination) or chemical contamination.

xix. NATURAL HAZARD

Avalanche, earthquake, volcano eruption, or other convulsion of nature.

XX. HAZARDOUS PURSUITS

Any hospitalization caused whilst the Insured Member is engaged in any of the following hazardous pursuits:- Mountaineering or rock climbing necessitating the use of the ropes or guides, hang gliding, parachuting, professional sports, racing, pace-making, speed testing, potholing, winter sports, underwater activities requiring the use of artificial

breathing apparatus and aviation (other than as a fare paying passenger in a duly certified multi-engine fully licensed passenger carrying aircraft).

XXI. DRUNKEN DRIVING

Accident arising from driving vehicles under the influence of intoxicating liquor, drugs or narcotics

XXII. OCCUPATIONAL ACCIDENTS

Occupational accidents to workers involved in abattoirs, blast, furnacing, diving, handling explosives, founderies, marine engineering, quarrying, erecting scaffolding above two storey's high, oil rigs at sea, underground working or wharfing.

**3. CLAIMS PROCEDURE**

A hospitalization claim should be informed within 07 days from the hospitalization to the company.

The copy of the diagnosis card required to be submitted in an event of a claim, within **90 days** from the date of discharge from the hospital.