GLICO CRITICAL ILLNESS PLAN – BASIC (GCIP-BASIC)

POLICY TERMS & CONDITIONS

Introduction

This Policy terms and conditions, the Schedule (to be issued upon receipt of premium); Application Form, and Acceptance notification form the insurance contract between the insured (the policyholder) and GLICO Life Insurance Company. Upon acceptance of the application and first premium payment, the life insurance policy schedule which spells out the benefits of the contract and premium payable shall be issued to the insured. No benefit shall be payable under the policy until the first premium and subsequent renewal premiums are received.

This Policy Document contains the benefits and the terms and conditions of the Contract.

1.1 Commencement Date

This Policy shall be effective from the Commencement Date stated in the Schedule and shall continue until termination in accordance with applicable provisions.

1.2 Scope of Cover

The policy provides critical illness and term life cover for the policyholder and the secondary lives insured if any, and shall pay benefit amount in the event of a critical illness or death. There are optional personal accident and hospitalization income benefits as riders to the principal life.

2.0 Benefits and Features

This Policy is specially designed for individuals and their dependant family members to serve as a pure risk protection policy which shall pay out the Sum Assured to the assured or named beneficiary (ies) upon the occurrence of the assured event. This policy is not a health benefit plan, it pays out as a lump sum income as a result of a critical illness or the death of the insured.

i. The minimum entry age is 18 years and the maximum entry age is 59 years. Children below 18 years may however be insured as dependants.

ii. The minimum sum assured is GH¢500 and the maximum amount be issued non-medically is GH¢9000 per Life.

2.1 Benefits Outline

The benefit shall be payable if the life insured suffers one of the conditions described in this policy. The claim shall be proved to GLICO’s satisfaction within 90 days of occurrence of the assured event.

Conditions Payable - The benefit shall be payable upon the diagnosis by a medical specialist/ doctor from a recognised hospital in the following conditions:

i. Heart Attack: The death of a portion of the heart muscle as a result of inadequate blood supply. The diagnosis shall be based on a history of typical chest pain with new ECG changes and elevation of specific cardiac enzymes.

ii. Stroke: Any cerebrovascular incident producing neurological sequelae including infarction of the brain tissue, hemorrhage and embolization from an extra-cranial source. Evidence of permanent neurological deficit must be produced.

iii. Coronary artery disease requiring surgery: The undergoing of heart surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts in persons with limiting anginal symptoms but excluding non-surgical techniques such as balloon angioplasty or laser relief of an obstruction.
iv. **Cancer:** The presence of a malignant tumour characterized by the uncontrolled growth and spread of malignant with the invasion of normal tissue. Unequivocal biopsy evidence of invasive malignancy must be produced. This includes leukaemia (other than chronic lymphocytic leukaemia), but excludes non-invasive cancers in situ, tumours in the presence of any human immunodeficiency virus and any skin cancer other than malignant melanoma.

v. **Paralysis:** Paralysis of both legs and arms or one leg and one arm resulting in the permanent loss of the use of these limbs.

vi. **Kidney failure:** Chronic irreversible total failure of both kidneys’ as a result of which regular renal dialysis is instituted.

vii. **Major organ transplant:** The actual undergoing as a recipient of a heart, heart and lung, liver, pancreas, kidney or bone marrow transplant.

viii. **Parkinson’s disease:** A definite diagnosis of Parkinson’s disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability. For the above definition, Parkinson’s disease secondary to drug abuse is not covered.

ix. **Coma:** State of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the life of a life support system for a period of at least 96 hours which in the opinion of the GLICO results in a neurological deficit of a permanent nature.

x. **Major Burns:** Third degree burns covering at least 20% of the body surface area.

xi. **Blindness:** Total and irreversible loss of sight in both eyes as a result of acute sickness or accident. The blindness must be certified by an ophthalmologist’s report.

xii. **HIV through blood transfusion:** The life insured being infected by the Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome provided that:

- The infection is due to a blood transfusion received from a recognized institution in Ghana.
- The institution which provided the transfusion admits liability.

xiii. **Loss of speech:** Total and irrecoverable loss of the ability to speak which must be established for a continuous period of 12 months. In the event of loss of speech, GLICO must be notified within 3 months of the onset of the loss of speech.

xiv. **Alzheimer’s disease:** The deterioration or loss of intellectual capacity or abnormal behaviour arising from Alzheimer’s disease or irreversible organic disorders (excluding neurosis and psychiatric illness) resulting in significant reduction in menial and social functioning and requiring the continuous supervision of the life insured. The diagnosis must be clinically confirmed by an appropriate consultant and confirmed by GLICO’s Chief Medical Officer.

xv. **Multiple Sclerosis:** The unequivocal diagnosis of Multiple Sclerosis made by a consultant neurologist holding an appointment as such in a major hospital and confirmed by GLICO’s Chief Medical Officer, with evidence of the typical symptoms of demyelination. Persisting neurological abnormalities and impairment of function. The diagnosis shall be based on confirmatory neurological investigations (e.g. lumber puncture, evoked visual responses, evoked auditory responses and NMR evidence of lesions of the central nervous system).

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3.0 **Maturity, Partial Withdrawal and Policy Loans**

The Policy does not pay maturity benefit. There is no policy loan. This is a pure risk policy with no savings or investment value.

4.0 **Termination Value**

The policy may be terminated by the policyholder at any time after the right to cancel period. The policy shall terminate at the expiry of the period of which the last premium paid covers. This policy does not have a termination value and therefore pays no termination benefit.
5.0 **Beneficiary**

The beneficiary is the person or persons to whom the benefits of this policy shall be payable. The policyholder during his/her lifetime is the beneficiary and the Sum Assured shall be payable only to the policyholder or a named beneficiary (ies).

6.0 **Waiting Period**

Subject to Section 16, hereunder (claims settlement table) the benefits payable under this policy shall be applicable only after 90 days waiting period from the date of commencement and/or the date of reinstatement after lapse of the policy in respect of all lives insured.

7.0 **Incontestability**

Statement made in the application (including subsequent written statements incorporated herein) shall be incontestable unless fraudulent or erroneous as to the date of birth or of such a nature as to be likely to have materially affected the assessment of the risk or premium.

8.0 **Travel and Residence**

The policyholder is not restricted to travel when the policy is active. However, at the time of the proposal the policyholder and all secondary lives insured shall be resident in Ghana. The benefit of this policy shall not be paid in respect of a person who is a permanent resident of a foreign country. The policyholder and the secondary lives insured shall be permanent residents of the Republic of Ghana.

9.0 **Currency**

Premiums and benefits payable under this policy shall be paid in Ghana Cedis only.

10.0 **Governing Law**

The policy shall be governed by and interpreted in accordance with the laws of Ghana and in the courts of the Republic of Ghana.

11.0 **Payment of Premiums**

Thirty one (31) days of grace are allowed for payment of premium and should any benefit(s) become payable under this policy during such days of grace, the amount of any unpaid premiums shall be deducted from these benefits.

12.0 **Continuity**

In the event of the death of the policyholder the remaining survivors on this policy may continue with the policy.

13.0 **Reinstatement**

This policy may be reinstated within one (1) year after it has lapsed for non-payment of premium beyond the grace period, subject to the provision of satisfactory evidence of good health.

14.0 **Termination**

The policy shall be terminated under the following conditions:

- When the policy is cancelled during the cancellation period
- Due to non-payment of premiums
- Insured life attains age 65.
- Non-disclosure of a pre-existing medical condition

15.0 **Claims Notification**

Glico Life Insurance Co. shall be notified of a claim within 90 days of diagnosis of an assured event. Failure of which shall void the claim.

16.0 **Claims Settlement**

Claims submitted which satisfy the claim notification period, the waiting period, exclusions as outlined in section 20.0 and investigations shall be paid in accordance with the schedule below:

<table>
<thead>
<tr>
<th>No. of Years in Force</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 90 days</td>
<td>Premium Refund</td>
</tr>
<tr>
<td>91 days - 18mths</td>
<td>25% of Sum Assured</td>
</tr>
<tr>
<td>18mths - 36mths</td>
<td>50% of Sum Assured</td>
</tr>
</tbody>
</table>
17.0 Guaranteed Renewability
Once a policy has been accepted and issued, and provided there is no unpaid premium outstanding, Glico Life shall renew the policy without additional underwriting until insured age 65.

18.0 Annual Renewal Term
Subject to NIC’s prior approval Premium shall be reviewed annually and the premium shall be adjusted to reflect the current experience.

19.0 Medical Examination
GLICO shall request for medical examination from an applicant if deemed necessary. GLICO reserves the right to load the premium or reject an application of an applicant upon assessment of the application.

20.0 Exclusions
Exclusions are circumstances that are not covered under this policy. Without prejudice to the exclusions mentioned in this policy, the following exclusions shall apply to the benefits admissible under this policy: No benefits shall be paid for the following circumstances and for the following conditions/tests/treatments:

1) Pre-Existing Conditions or conditions connected to a Pre-Existing Condition unless such Pre-Existing Condition is stated in the proposal form and specifically accepted by Glico Life and endorsed thereon.

2) Existence of any Sexually Transmitted Disease (STD) i.e. Chlamydia, Gonorrhoea, Genital Herpes, HPV, Syphilis, Trichomoniasis and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV).

3) Failure to seek or follow medical advice, the insured person has delayed medical treatment in order to circumvent the waiting period or other conditions and restrictions applying to this policy.

4) Self Inflicted injury

5) Use of intoxicating drugs/alcohol/solvent, taking of drugs except under the direction of a qualified medical practitioner

6) War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.

7) Treatment for injury or illness caused by avocations/activities such as hunting, mountaineering, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.

8) Aviation other than as a fare paying passenger in a commercial licensed aircraft.

9) Taking part in any act of a criminal nature.

10) Pregnancy or childbirth or complications arising there from.

11) Radioactive contamination due to nuclear accident.

12) Diagnosis and treatment outside the Republic of Ghana.
13) Hospitalization expenses or critical illness diagnosed within 90 days of inception of the policy. This clause is not applicable on subsequent renewals.

14) Any acute syndromes, diagnosis, disease, disorder, condition, procedure or disability which does not completely satisfy any of the definitions listed in the definitions of conditions section.

15) Any exclusion applied or endorsed specifically to this Policy.

21.0 Other Conditions

a) Without prejudice to the provisions relating to termination of Policy mentioned elsewhere, the policy terminates on the earliest of:
   i. The policy anniversary following the insured life’s age 65.
   ii. The date on which the policy lapses for non payment of premium.
   iii. On payment of 100% of the Sum Assured as stated in the Policy Schedule.

b) For the purpose of the policy benefit, the date of occurrence of the listed condition (critical illness) shall be reckoned as the date of first diagnosis of that condition. It shall be the date on which a registered medical examiner has first confirmed and certified diagnosis of any of the listed conditions to be in accordance with the definition provided.

c) Written Notice of a claim must be given to GLICO Life within 90 days of the occurrence of the insured event.

d) The admission of any claim shall be subject to satisfactory proof that the Insured person is diagnosed to be suffering from a covered Critical Illness as GLICO Life may reasonably require.

e) In the event of any doubt regarding the appropriateness or correctness of the diagnosis, GLICO shall have the right to call for an examination of the Insured Person on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by GLICO and the opinion of such Specialist as to such diagnosis shall be considered binding on both the Insured person and GLICO Life.

22.0 Sum Assured

If premium received is less than the premium amount payable as determined by the age of applicant, GLICO shall reduce the benefit (s) in the same proportion as the actual amount received bears to the premium which would have been payable.

23.0 Complaints Procedure

If the policyholder has a complaint about the policy, he or she shall submit a complaint to the Customer Service Unit of Glico Life.

If the matter is not resolved in a satisfactory manner, the policyholder may submit a complaint to the Managing Director of Glico Life.

If the matter still remains unresolved, the policyholder may then submit a complaint to the National Insurance Commission for redress.

24.0 Documents Required in the Event of a Claim

GLICO shall require the below listed documents to be submitted upon a claim:

2. The Policy document.
3. Medical evidence of the critical illness condition or event.
- Medical specialist report including copies of all specialist reports.
- Any material information that shall assist the assessment of claim.


6. Death Certificate and medical report showing the cause of death.