LESOTHO NATIONAL LIFE ASSURANCE COMPANY LIMITED

Tjobolo Series

General terms and conditions

Version: Feb 2024

Introducing your policy

Welcome to Lesotho National Life Assurance Company

Welcome to Lesotho National Life Assurance Company. Lesotho National Life Assurance Company is committed to providing world class service. Our aim is to ensure that all our communication with you is honest and easy to understand. We wrote this policy in plain English.

We will pay a valid claim for the benefits set out in this policy on condition that:

- you pay the *total premium* set out in this policy;
- you give us all the information we ask for that materially affects our risk; and
- you and all the *insured persons* keep to the terms and conditions of this policy.

The parties to this policy

The policy is a legal contract between you and Lesotho National Life Assurance Company. Only you have rights under this policy.

- 'We', 'us' and 'our' refer to Lesotho National Life Assurance Company Limited, registration number I95/267. Lesotho National Life Assurance Company Limited is a registered long-term insurance company.
- 'You' and 'your' refer to the *policyholder* named in the policy schedule who is the owner of this policy.

Key definitions used in this policy

We have given a specific meaning to certain words. These words appear in *italics*. The glossary at the end of this document gives the definitions that have the same meaning anywhere in this policy. Certain definitions only apply to a specific benefit section and will appear at the end of each benefit section. The most common definitions used in this policy are below.

- *'policyholder'* refers to you, the owner of the policy named in the policy schedule.
- *'insured person'* refers to a person that meets the conditions for eligibility and who is listed on the policy schedule. Each benefit section tells you which *insured person* is eligible for the specific benefit.
- *'main insured person'* refers to the person named in the policy schedule who we accepted as the *main insured person.*

How to read this policy

- The plural of these words is used where appropriate.
- The headings in the policy are for reference only and will not affect the meaning of the terms and conditions to which they relate.
- When we refer to a specific section of this policy, the reference will include the name of the heading. For example, certain benefits might have additional events when cover ends as set out in **When cover for an insured person ends** under the benefit section. Days refer to ordinary calendar days, including weekends and public holidays.
- Month means a calendar month excluding the first day, including the last day and including weekends and public holidays.
- Words which refer to natural persons will also refer to legal persons.
- 'He', 'him' and 'his' refers to a male or female

Additional information document

The **Additional information document** is a separate document that contains contact details, disclosures and other important information to ensure you always have all the information you need. This document does not form part of your policy.

It is important to keep the **Additional information document** with your policy wording and policy schedule.

You can contact us on the contact details set out in the **Additional information document.**

Your policy

This policy is a legal contract between you and us and includes your **application**, the **policy wording** and the **policy schedule**.

- The **application** is where you asked us to cover all the *insured persons* under this policy, and where you gave us permission to collect the monthly total premium.
    - The application could be the electronic or physical form that you completed when you applied for this policy; or
    - If this policy was sold to you telephonically, the recording of the conversation we had with you, the *main insured person* and any other *insured person* will be part of this policy. The conversation includes all the information given to us.
    - If you make any changes or additions to the policy after the *policy start date*, the electronic or physical form you completed, or the recording of the telephonic conversation we had with you when you made the changes will also be part of this policy.
- The **policy wording** includes the general terms and conditions and the benefit sections as explained below:
    - The **general terms and conditions** (this document) includes all the terms, conditions and exclusions that apply to all the benefit sections. You must read the general terms and conditions together with each benefit section and your policy schedule.
    - The **benefit sections** set out the terms and conditions specific to the selected benefit.
- The **policy schedule** is issued with your policy wording and sets out (amongst other things) the details of the *policyholder* and the *insured persons*. It also sets out which benefits you chose, benefit amounts, the *benefit premium*, *policy fee*, *total premium* and all other information that is not set out in the policy wording.

The policy schedule and policy wording make up your policy document that we sent to you. You must carefully read these documents together. Make sure you understand what you are covered for as well as what your responsibilities are. If you do not keep to the terms of this policy, it may result in us not paying a claim or cancelling your policy.

If you find any errors on the policy schedule, please tell us immediately on the contact details set out in the **Additional information document**.

We are not bound by any changes unless we have agreed to them in writing and have included them into this policy by issuing you with a new policy wording or policy schedule. This policy document replaces all previous policy documents.

The policy document will always be the final determining factor in the event of any disagreement around meaning or interpretation.

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A. Conditions for cover

1. Conditions for eligibility

Any person to be insured under this policy must:

a. be included in the benefit section as an eligible person, and be listed on the policy schedule;
b. be within the age limits set out in the benefit sections;
c. be a citizen of Lesotho or have been given the necessary permission from the Lesotho authorities to live and work in Lesotho;
d. ordinarily reside in Lesotho; or
e. be a citizen of Lesotho and legally working and living in any SADC country.

2. When cover for an insured person starts

An *insured person's* cover starts on his *benefit start date*, subject to us receiving the *total premium*.

3. When cover for an insured person ends

This section includes all the events when cover ends for any of the benefits on this policy. Certain benefits might have additional events when cover ends as set out in the benefit section. You must read this section together with each benefit section.

2.1 When cover for the main insured person ends

Cover for the *main insured person* ends when any of the following happens:

- any conditions for eligibility are no longer met;
- *total premiums* are not paid;
- the *main insured person* ends this policy; or
- the *main insured person* dies, unless the *partner* chooses to continue cover as set out in **Continuation of cover – The policy ends because of the death of the main insured person**.

2.2 When cover for the other insured persons ends

Cover for an *insured person* other than the *main insured person* ends when any of the following happens:

- cover for the *main insured person* ends for any of the reasons as set out above;
- the *main insured person* dies, unless the *partner* chooses to continue cover as set out in **Continuation of cover – The policy ends because of the death of the main insured person**;
- any conditions for eligibility are no longer met;
- *total premiums* are not paid;
- A *child's* cover will end on his 21st birthday or his 25th birthday if the *child* is a student or mentally or physically disabled *child* as set out in the definition of *child.* You have the option to continue his cover as an *extended family member* (adult). You must tell us and pay the extra *premium* for an *extended family member*;
- the *insured person* dies;
- if an *extended family member* is a child, his cover will end at his 21st birthday. You have the option to continue his cover as an *extended family member* (adult). You must tell us and pay the extra *premium* for an *extended family member; or*
- the *insured person* no longer meets the definition of an *insured person*.

4. Continuation of cover

4.1 Reinstating or Restarting the policy

If this policy ends because we do not receive payment of the *total premium*, or because you asked us to cancel the policy, you may ask us to either reinstate or restart the policy if the following conditions are met:

- You must ask us within four months from the last day of the month for which we received the *total premium*.
- We must have received a *total premium* for at least six months in a row immediately before the policy ended, before you may ask us to reinstate or restart your policy.

- If you want to reinstate or restart the policy, you must agree in writing to any terms we may offer. This means that your policy will be put in place again.

At our discretion, you will be given a choice to either restart or reinstating your policy.

a. When you choose to restart your policy:

- Your policy will restart on the first day of the month after you pay your *total premium*. Your next *total premium* will be due on the first of the following month.
- You will not have to pay the *total premiums* in arrears for the time from when the policy ended, to the date that you restart your policy.
- We will not pay for claims for an *Insured Event* that happened during the period that you did not pay your *total premiums*, unless the *Insured Event* occurred during the grace period.
- Your grace periods will start again as if you had bought a new policy on the date the policy restarts.
- All *Waiting Periods* will start again as if you had bought a new policy on the date the policy restarts.
- The date for determining of *pre-existing conditions* will not start again and will still be the original *Policy Start Date*.
- The moneyback benefit will restart at zero on the date the policy restarts.

b. When you choose to reinstate your policy:

- You will have to pay up all the *total premiums* for the time from when the policy ended, to the date that you reinstate your policy.
- We will not pay for claims for an *Insured Event* that happened during the period that you did not pay your *total premiums*, unless the *Insured Event* occurred during the grace period.
- Your grace periods will start again as if the policy has been active since the original *Policy Start Date*.
- 6 month *Waiting Periods* will start from the reinstatement of your policy. Original *Waiting periods* will also apply as from the original *Policy Start Date* of the policy.
- The date for determining of *pre-existing conditions* will not start again and will still be the original *Policy Start Date*.
- The moneyback benefit will continue as if the policy has been active since the original *Policy Start Date*.

4.2 The policy ends because of death of the policyholder

The *partner* may choose to continue cover for the remaining *insured persons* if the *policyholder* dies and the following are true:

- the *policyholder* and the *main insured person* are the same person; and
- the *partner* is covered under this policy.

We will issue a new policy to the *partner* on which the *partner* will be the *policyholder.* The following conditions apply to this option:

a. The *partner* must apply for the new policy in writing within three months after the death of the *policyholder*.
b. Cover will only continue for the remaining *insured persons* in which the *partner* has an insurable interest. This means that there must be a recognised relationship between the *partner* and the remaining *insured persons.*
c. The *partner* may be older than the maximum entry age (as set out in the benefit sections) at the time that he applies for the new policy but may not be younger than 18 years old.
d. If any *waiting period* was still running as at the date of the *policyholder's* death, the balance of that *waiting period* will continue to apply after the date that the new policy starts.
e. The *partner* must continue paying the *total premium* on the new policy. The *total premium* may be different from the *total premium* on this policy.
f. The new policy may have additional or different terms, conditions and exclusions than this policy, if required by legislation at the time of issuing the new policy.

B. Automatic Policy Benefits

1. The money back benefit

This is an automatic benefit.

We will pay back 20% of the *benefit premiums* we have received, regardless of whether we have paid any claims.

The following conditions apply to this benefit:

a. We must have received all 60 *benefit premiums* in full, consecutively and within the 30-day grace period (extra time).
b. The policy must have been in force for 60 consecutive months.
c. We will not pay back any *policy fees* as set out in the policy schedule.
d. We will pay the money back benefit as a lump sum after every 60 months.
e. If the policy is restarted, the money back benefit will start again from zero on the date the policy restarts.
f. If the policy is reinstated, the money back benefit will continue as if the policy has been active since the original *Policy Start Date*.

2. The premium waiver benefit

This is an automatic benefit.

In the event of the death of the *main insured person*, the *benefit premiums* for all *insured persons* and benefits will be waived for a period no greater than 12 months following the event date.

The following conditions apply to this benefit:

a. We must have received all 24 *benefit premiums* in full, consecutively and within the 30-day grace period (extra time).
b. The policy must have been in force for 24 consecutive months.
c. If the policy is restarted, the death premium waiver benefit will start again from zero on the date the policy restarts.
d. If the policy is reinstated, the death premium waiver benefit will continue as if the policy has been active since the original *Policy Start Date*.

3. There are waiting periods that apply

We will not pay a funeral, tombstone, monthly provider or cow benefit claim caused by certain events during the *waiting periods* as set out below:

a. The *insured person* died of natural causes:
   - 6 months for the *main insured person*, *partner* or *children;*
   - for *parents*
     - 18 years or older but younger than 71 the waiting period is 6 months
     - 71 years or older but younger than 86 the waiting period is 9 months;
   - for *extended family members*
     - 1 years or older but younger than 71 the waiting period is 6 months
     - 71 years or older but younger than 86 the waiting period is 9 months.

b. The *insured person's* death was caused by suicide, attempted suicide or self-inflicted injury:
   - 6 months for the *main insured person*, *partner* or *children;*
   - for *parents*
     - 18 years or older but younger than 71 the waiting period is 6 months
     - 71 years or older but younger than 86 the waiting period is 9 months;
   - for *extended family members*
     - 1 years or older but younger than 71 the waiting period is 6 months
     - 71 years or older but younger than 86 the waiting period is 9 months.

c. The *insured person's* death was caused directly or indirectly by a *pre-existing condition*:
   - 12 months for any *insured person.*

d. No *waiting period* will apply if an *insured person* dies because of an *accident* that happened during the *period of insurance*.
e. If the Individual funeral cover replaces existing cover with another insurer, we will not apply the 6-month *waiting period* for death because of natural causes. The following conditions apply:
   - the *insured persons:*
     - are the same under this policy as they were under the previous policy;
     - were covered under the previous policy on the day before the *benefit start date*; and
     - enjoyed uninterrupted cover under the previous policy for at least six months.
   - the previous cover was with a registered insurer in Lesotho or South Africa;
   - the amount of the benefit payable on this policy is not higher than the benefit that was payable under the previous policy. If the benefit is higher, the full *waiting period* will apply to the difference in cover; and
   - you give us proof of cover including all the above information.

C. Total premium and changes to the policy

1. The monthly total premium

1.1 What you must pay

You must pay the *total premium* as set out in the policy schedule. We may decide to change the *total premium* at any time. We will tell you at least one month before the effective date of the revised *total premium*.

1.2 When you must pay

a. The *total premium* is due in advance on the first of every month, but we will collect the *total premium* on the *premium collection date*.
   - For the policy to start, we must receive the first *total premium*. If we do not receive your first *total premium* the policy will not start.
   - For the policy to renew each month, the *total premium* is due on the *premium collection date*.
b. We will allow a 30-day grace period (extra time) from the first of every month for you to pay your *total premium*. This grace period does not apply to the payment of the first *total premium*.
c. If the *premium collection date* falls on a weekend or public holiday, we will debit your bank account on the first working day before or after the weekend or public holiday.

1.3 If you do not pay the monthly total premium

a. We will tell you when we do not receive the *total premium*.
b. If you chose to pay your *total premium* via salary deduction and we do not receive your monthly payment, you should follow up with your employer and make an arrangement to pay outstanding *total premium* within the 30 days grace period (extra time).
c. If any debit order instruction is rejected because of insufficient funds or for whatever reason, we will attempt to debit your bank account again within the 30 days grace period (extra time). If we are able to collect the *total premium*, the policy will continue.
d. The policy will end on the last day of the month for which a *total premium* was received if:
   - the payment is not received within 30 days; or
   - you stop the debit order directly with the bank.
e. We will pay a valid claim that happens during the 30 days grace period (extra time), but we will deduct the unpaid *total premium.*

2. When the policy conditions will change

We will tell you at least one month before the effective date of any changes we make as set out below. We will send you an updated policy schedule, policy wording and an explanation of the changes.

Unless you tell us that you do not want to continue with this policy, we will automatically renew your policy on the terms set out in the updated policy schedule and policy wording.

2.1 Annual policy fee review

The *policy fee* is included in your *total premium* and goes towards the cost of managing this policy.

2.2 We may make changes to the policy conditions

We may change the terms and conditions of this policy at any time and not just at the *policy review date*. Any change we make will not affect the extent of cover already provided and in force in terms of this policy.

If any statutory authority introduces measures which affect this policy or if the law changes, we will make the necessary changes and tell you of the reason for the changes. This could mean that we have to cancel a benefit section.

2.3 You may make changes to the policy

If you ask us to make any changes to the policy, it will be effective from the date agreed to by us.

D. Your responsibilities

1. You must give us information

You must tell us when any of the following information changes.

a. Information about the *policyholder* or *main insured person*
   - full name, address, and contact details
   - identity number, date of birth and gender; and
   - salary deduction/bank account details and any other information we need to collect your *total premium*;
   - *premium collection date*.

b. Information about the *beneficiary* for the *policyholder*
   - full name, address and contact details;
   - identity number, date of birth and gender; and
   - relationship to the *main insured person.*

c. Information about each of the other *insured persons*
   - full name, address and contact details;
   - identity number, date of birth and gender; and
   - relationship to the *main insured person.*

2. You must give us true information

We base our decision to insure the *insured persons* on the information you give to us. If any of this information is incomplete or incorrect, our decision will have been based on incomplete or incorrect information. If we had known the complete and correct information, we may not have agreed to cover the *insured persons* for the amount set out in the policy schedule.

It is your responsibility to ensure that all *material information* we receive is complete and correct.

Proof of age is required before any benefit is payable.

- If the age was incorrectly stated, we will recalculate the *total premium* according to the correct age and will adjust the benefits accordingly.
- If we would not have covered the *insured person* on his *benefit start date*, we will pay back *the total premiums* from his benefit start date, less an administration fee.

3. There must be insurable interest

In order for this insurance policy to be valid, there must be insurable interest. This means there must be a recognised relationship between two people and because of this relationship one of the two people will suffer a financial loss on the death of the other person.

a. If the policyholder and the main insured person are the same person

- The *main insured person* must have an insurable interest in the other *insured persons* on this policy.

- Each benefit section will set out which relationship an *insured person* may have with the *main insured person*.

b. If no insurable interest exists

- If we discover that no insurable interest existed as at the *policy start date,* we will cancel this policy from the *policy start date*. You will lose your right to claim as well as the *total premiums* paid.
- If we discover that no insurable interest existed as at an *insured person's benefit start date*, we will cancel his benefit from his *benefit start date*. You will lose your right to claim as well as the *benefit premiums* paid for that *insured person*.

4. You must always be honest

All dealings about this policy must be done honestly and in good faith. We will not accept any responsibility under this policy if you, any of the *insured persons* or any person acting for you is dishonest or misrepresents any information.

a. You will lose your right to claim if we are prejudiced or suffer a loss because of:

- dishonest behaviour;
- misrepresentation; or
- criminal activity.

b. We will cancel your policy from the *policy start date* or from the date of the actions listed above. If we cancel your policy from the *policy start date*, we may refund all *total premiums* paid less an administration fee.

c. We will take legal steps to recover damages from you.

5. You must keep to the terms and conditions

You must keep to all the rules, terms, conditions and the claims process set out in this policy.

6. When you can transfer your rights under this policy to another person

You may not transfer your rights or benefits payable under this policy to another person or entity, except as provided for by any of the **Continuation of cover** options, set out in the **Conditions for cover** section.

If you try to transfer the rights to any other benefits in this policy to another person or entity, we will not recognise that contract. We will continue our contract with you on any of the other benefits as if you had not made a contract with someone else.

7. You may choose different benefits

There are different benefits that you may choose from and each benefit has different maximum benefits or payment periods. You may cancel benefits, choose different benefits or increase your existing benefits at any time by contacting us.

The *waiting periods* will apply from the *benefit start date* of the additional benefit, or the date of the increase in cover.

E. General Exclusions – when we will not pay any benefits

Certain benefit sections might have specific exclusions that apply in addition to these general exclusions. You must read this section together with each benefit section.

In addition to any specific exclusions set out in each benefit section, we will not pay a claim for an *insured event* because of any of the exclusions listed below:

1. Criminal activities

We will not pay a claim if any *insured event* is directly or indirectly caused by criminal activities. Criminal activity means the *insured person* is or was:

- under investigation for committing a crime;
- being prosecuted for committing a crime; or
- convicted by a Court of Law for having committed a crime.

We will delay our claims decision until the finalisation of the investigation, or the criminal trial (as applicable). The *claimant* must give us proof of the outcome of the investigation or the criminal trial (as applicable).

2. The insured person was not eligible

We will not pay a claim for an *insured person* if he was not eligible or did not meet the definition of *insured person* on his *benefit start date.*

If we do not pay the claim because the *insured person* was not eligible, we will refund all the *total premium*s we have received since his *benefit start date*.

3. Insured event or accident before *the benefit start date*

We will not pay a claim for an *insured person* if the *insured event*, or *accident* leading to the *insured event* happened before his *benefit start date*.

F. Claiming under this policy

1. Nominating a beneficiary

1.1 The policyholder must tell us who the beneficiary is

You must nominate a *beneficiary* to receive the benefits in the event of the death of an *insured person,* as set out in each benefit section*.*

- You may nominate more than one *beneficiary.*
- You may change or withdraw the nomination at any time.
- The change or withdrawal of the nomination shall not be binding on us unless you told us in writing.
- A *beneficiary* will have no interests or rights in the policy during the lifetime of the *policyholder*.
- Nominations in a will or any other testamentary instrument that the *policyholder* agreed to, shall not affect or invalidate any existing *beneficiary* nomination that we have recorded.

1.2 If the beneficiary is under the age of 18

If the *beneficiary* is under the age of 18 we will pay the benefit to the legal guardian or the trust.

- The *policyholder* must tell us who the legal guardian is or give us the details of the trust.
- The *policyholder* must have set up a trust before his death for the purpose of receipt of benefits payable on his death, where the beneficiary is under the age of 18.

1.3 If there is no beneficiary

a. If there is no *beneficiary* it means that:
   - the *policyholder* died without nominating a *beneficiary*;
   - the *beneficiary* is not alive when *the insured person* died;
   - the *beneficiary* cannot be located within 12 months of the death of the *insured person; or*
   - the *beneficiary* is under the age of 18 and there is no legal guardian or trust.

b. We will pay all benefits payable to the *beneficiary* to the first of the following *claimants:*
   - the *insured person's partner*, *child*, *parent*, brother or sister.

c. The *claimant* must be over the age of 18 and must provide proof of his relationship to the *insured person.*
d. If a person other than one of the *claimants* listed above contacts us to claim the *insured person's* benefit, we will pay the benefit to the *insured person's* estate.

2. How to claim

If there is a claim for a benefit payable under this policy:

a. **You must tell us of the claim in writing or contacting us within 180 days** from the date of the *insured event*. We will tell you what evidence and other documents we need to process the claim.

b. **You must send us the evidence and other documents we ask for within the time that we will give you.** All the information you send must be in the format we prescribe and without expense to us.

c. **If you do not follow the steps above,** or you do not send us the information we ask for within the time we gave you, you will lose your right to claim.

3. Who we will pay

If we assess a claim as valid, we will pay the benefits to the persons as set out in each benefit section.

4. If you do not agree with our claims decision

If we do not accept a claim, cancel this policy or if the *claimant* disputes the amount of the claim, the *claimant* may request us to review our decision.

We will only review our decision if he sends us a written request to review within 90 days (the "representation period") of the date that he receives our rejection letter and covers all costs of the review.

Alternatively, the *claimant* may contact the Central Bank of Lesotho on the contact details set out in the **Additional information document.** The Central Bank of Lesotho is the regulator of the insurance industry.

5. How we calculate interest

a. The *benefit amounts* will not attract any interest for the first six months from the date that we accepted the claim.
b. An unclaimed benefit as set out in **Section E – No. 6. If we cannot make payment**, will attract interest after six months from the date that we accepted the claim. We will calculate interest on a monthly basis at a rate of:
   - The Central Bank of Lesotho money market interest rate that is applicable during the period that the benefit remains unclaimed;
   - less our administration fee.

6. If we cannot make payment

It is your responsibility to ensure that the contact details of the *policyholder,* the *main insured person* and the nominated *beneficiary* are correct.

If anything prevents us from making a payment within six months from the date that we accepted a claim, the benefit is an unclaimed benefit. We will keep the claim open until we have obtained the outstanding information that will enable us to pay the claim.

We will take the following steps to trace the *policyholder, main insured person* or the nominated *beneficiary (as applicable)*:

- We will attempt to contact the *policyholder, main insured person* or the nominated *beneficiary* (as applicable) to tell them of the available benefit.
- If we cannot reach the *policyholder, main insured person* or the nominated *beneficiary* (as applicable*)* we will compare our internal database with an external database, or make use of an external tracing company.
- We will repeat the tracing process after three years from the date that we accepted the claim, and again after ten years from the date that we accepted the claim.
- If after ten years from the date that we accepted the claim we are still unable to trace the *policyholder, main insured person* or the nominated *beneficiary* (as applicable), we will not repeat the tracing process.

- If we have to repeat the tracing process at any time, we will deduct administrative, tracing and management fees that we incur because of tracing, from the value of the claim. The administrative, tracing and management fees may change over time.
- We will not trace the *policyholder, main insured person* or the nominated *beneficiary* (as applicable) where the value of the claim is less than M 1,000.00, and where the cost of tracing is more than the benefit.

G. Ending this policy

1. Cancelling this policy

1.1 When we may cancel

We may cancel this policy by giving you one month's written notice.

1.2 When you may cancel

a. Cooling off period

- You may cancel this policy by giving us immediate notice, if it is within the first month from the *policy start date* or of receiving the policy summary.
- If we have not paid a benefit or no insured event has yet occurred, we will refund all the total premiums paid, less the deduction of costs for any cover provided for risk benefits.

b. Cancellation

- You may cancel this policy by giving us one month's written notice, if it is any date later than one month after the *policy start date* of receiving the policy summary.
- At the end of the notice period, this policy will automatically end. You may ask us to restart or reinstate the policy as set out in **Section C - Continuation of cover**.

1.3 *Total premiums* paid after cancellation

If you pay us any *total premium* after the date that this policy ends, we will refund the *total premiums* to you.

2. When this policy ends

The policy ends when:

a. you do not pay the *total premiums* due under this policy as set out in the **Total premium and changes to the policy** section;
b. all benefits under this policy have been paid;
c. the *policyholder* or the *main insured person* dies, unless the benefits for the remaining *insured persons* continue as set out in the **Conditions for cover** section under the **Continuation of cover** heading;
d. the notice period for cancelling this policy (as set out above) comes to an end.

H. General Conditions

1. Good faith

We will always act in good faith in our mutual dealings. If we make an administration error, it will not take away any cover you have, or give you any cover that you do not have.

2. Our liability

Our liability in terms of this policy is conditional on you, or anyone acting on your behalf, keeping to all the terms and conditions of this policy.

- All claim payments are subject to the verification of the validity of any claim.
- Our payment of any benefit is a full and final discharge of our responsibilities under this policy. Once we have paid a valid claim, we will not be responsible for anything else.
- Our responsibility does not exceed the benefit for which you have paid *total premiums*.
- Payment of a benefit under this policy will not affect any other benefit under this policy, as long as we received *total premiums* for all benefits.

- No benefit under this policy will acquire any investment or surrender value.

3. Your privacy

We respect the confidentiality of your personal information. However, it is essential for insurance companies to share claims and underwriting information with outside parties for the fair assessment and underwriting of risks, and to reduce the number of fraudulent claims.

We may communicate your personal information to other insurance companies, and to our service providers who assist us in managing your cover and our relationship with you. We will always do this as permitted by the relevant privacy legislation.

4. We will send correspondence to you

We will send all correspondence to your last known address or email address. We assume that you received and read our correspondence if it was addressed to you.

5. No waiver

If we agree to change any deadlines or requirements in terms of this policy, it does not mean that we have agreed generally or in all cases to change the deadlines or requirements.

6. Currency

Total premium and benefits payable under this policy must be paid in Maloti only.

7. Law

We will govern and interpret the policy in accordance with Lesotho law in the courts of Lesotho.

I. Glossary of defined terms

We have given a specific meaning to certain words. These words appear in *italics*. This glossary gives the set of definitions that have been used in this document and that have the same meaning anywhere in this policy. This glossary does not include definitions that only apply to a specific benefit section. Those definitions will appear at the end of each benefit section.

Beneficiary	A person or entity that you chose to receive an *insured person's* benefits on the death of the *insured person*. This is known as nominating a beneficiary.
Benefit premium	The monthly cost of the selected benefits on this policy for each *insured person*, as set out in the policy schedule.
Benefit start date	The *benefit start date* for each *insured person* or benefit may be different. This is the date when an *insured person's* cover for a specific benefit begins under this policy, as set out in the policy schedule.
Child	Will mean an unmarried, financially dependent *child* of the *main insured person* or *partner*, who has not yet attained the age of 21, and will include: - a biological child, a posthumous *child* and a grandchild; or - a step*child*, a legally fostered *child* and an adopted *child.* While the *main insured person* or *partner* is eligible for cover under this policy, the age may (at our discretion), be extended to age 25 in respect of: - an unmarried *child* who is a full-time student at a registered educational institution; and - an unmarried, financially dependent *child* of the *main insured person* or *partner* who is mentally disabled or permanently, totally physically disabled.
Claimant	The person who has told us about a claim and whose claim was accepted by us.

Insured persons	Refers to the person who meets the conditions for eligibility and who is listed on the policy schedule. Each benefit section tells you which *insured persons* are eligible for the specific benefit.
Insured event	Is something that happens to an *insured person* under this policy that results in us paying out a claim. The *insured event* is set out in each benefit section.
Main insured person	Refers to the person named in the policy schedule who we accepted as the *main insured person.*
Material information	Information that affects our decision to cover an *insured person* on the terms and conditions in this policy.
Parent	Includes the *parent* of the *main insured person* and/or *partner* where the *main insured person* and/or *partner* is a biological *child*, a step*child*, a legally fostered *child* or an adopted *child* of the *parent*.
Period of insurance	Means the period between the *policy start date* or the *benefit start date* and the date when the policy ends, subject to the receipt of your monthly *total premium*.
Policyholder	Refers to you, the owner of the policy named in the policy schedule.
Policy fee	The policy fee is an amount that is added to the *benefit premium* and goes towards the cost of managing this policy. The policy fee is set out in the policy schedule.
Policy review date	The month on which we will review your policy every year, as set out in the policy schedule. This is the date on which we: - will automatically increase the *benefit premium* (if applicable); - may increase the *policy fee*; and - may make changes to the policy conditions.
Policy start date	The date cover for the *main insured person* begins under this policy. The date is set out in the policy schedule. The *policy start date* will be the later of: - the first of the month during which we received the first *total premium*; and - the date that we agree to restart this policy.
Pre-existing condition	A medical condition, illness, bodily injury or disability that: - existed at any time before the *insured person's benefit start date*; and - the *insured person* knew about, or reasonably knew about it or experienced symptoms on.
Premium collection date	The date in each month as set out in the policy schedule, on which you agreed for us to collect the *total premium* as: - a debit to your bank account; or - a deduction from your salary.
Total premium	The *total premium* is set out in the policy schedule and is the total of: - the monthly *benefit premiums;* and - the *policy fee.*
Partner	A person who is the permanent life *partner* (whether in a heterosexual or homosexual partnership) or spouse by marriage, civil union, customary law, or the tenants of any Asiatic religion *partner* of the *main insured person*. A permanent life *partner* is a *partner* who *you* live with for longer than 12 months.

Waiting period	This is the period during which we will not pay any claims if an *insured person* died because of suicide, attempted suicide, self-inflicted injury, natural causes or *pre-existing conditions.* The *waiting period* per *insured person* that applies in each instance is set out in the benefit section. The *waiting period* begins from the *benefit start date* of each *insured person*.