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Because financial protection matters

SHILDSHARE MICROINSURANCE HOSPITAL CASH BACK PLAN TERMS AND CONDITIONS

This Hospital Cash Back Plan is a microinsurance product issued in terms of the Insurance Act [Chapter 24:07] and regulated by the Insurance and Pensions Commission of Zimbabwe.

This Hospital Cash Back Plan is an add-on rider to the ShildShare Funeral Cash Plan and is available only to Customers who have an active ShildShare Funeral Cash Plan. The Policyholder and any Dependants registered under the Funeral Cash Plan are automatically covered under this Hospital Cash Back Plan, subject to these Terms and Conditions.

Please read and fully understand each clause set out in these terms and conditions. These terms and conditions can be changed at the Insurer's sole discretion but subject to sixty (60) days' notice to Customers, as approved by the regulator.

The Insurer will notify Customers by SMS of any amendments to these terms and conditions and ensure that they are available at all customer service touch points and on the official website. Any Customer who does not accept the changes to the terms and conditions of this agreement shall notify the Insurer in writing within thirty (30) days of posting of the amendments at the customer touch points, and such notification shall be deemed to constitute termination of the insurance policy with effect from the date on which the new amendments take effect. Any amendment shall not prejudice benefits already accrued or claims arising in respect of events occurring prior to the effective date of the amendment.

When a Customer registers for the Hospital Cash Back Plan, the Customer must know and fully understand the terms and conditions set out in this document. Confirmation of registration means that the Customer agrees to abide and be bound by these Terms and Conditions in respect to the Hospital Cash Back Plan.

1. DEFINITIONS

1.1 **Appraiser** means an independent insurance expert engaged by the Insurer to review any repudiated claim, conflict or dispute. The regulator will be notified where an appraiser has been appointed.
1.2 **Applican**t means an individual or entity who has expressed interest in being covered under ShildShare products.
1.3 **Beneficiary** means the person and/or entity that the Insured nominates to receive the benefits of the Policy in the event of an Insured's death.
1.4 **Burial Society** means a group of people formally organised with the prime purpose of assisting each other in the event of death of one of their members or a member's Dependant.
1.5 **Claim** means **a** request for a benefit pay-out made by the Insured or the Insured's representative in the event of the Insured's hospitalisation.
1.6 **Commencement Date** means the policy inception date.
1.7 **Cover** means a promise made under this agreement by the Insurer to pay a specified amount of money under the Hospital Cash Back Plan, in return for a premium.
1.8 **Customer** means the individuals or entities who have access to the ShildShare products.
1.9 **Dependant** means a person whom the Insured has a legal duty to support, such as a spouse, minor children or elderly biological parents and includes any other extended family members listed in clause 7.1.
1.10 **Hospital Cash Back Plan** means a hospital assurance cover that entitles a promised amount determined by the Policy Package to be paid out in the event of the hospitalisation of the Insured.
1.11 **Insured** means a person covered under ShildShare Hospital Cash Back Plan.
1.12 **Insurer** means ShildShare Microinsurance (Private) Limited, the company offering Hospital Cash Back Plan Cover.

1.13 **Material Fact** means any fact or circumstance which may arise while the Policy is valid and the Cover is active, which may materially affect the risk insured.
1.14 **Policyholder** means the person or legal entity who owns the Policy and is entitled to exercise all rights under it.
1.15 **Policy** means the Hospital Cash Back Plan contract between the Insurer and the Policyholder, which determines the benefit which the Insurer is legally required to pay on the occurrence of the insured event.
1.16 **Policy Cancellation** means the withdrawal and/or termination of a Policy by the Insurer or by the Policyholder.

1.17 **Policy Number** means the unique number generated by the Microinsurance System. The Insured's Policy number may be quoted in all correspondence pertaining to the Insured's Hospital Cash Back Plan.
1.18 **Policy Package** means the Hospital Cash Back Plan options available for selection by the Customer.
1.19 **Policy Term or Duration** means the period of time for which the Policy is valid and the Cover is active. The Cover will commence on the Policy Commencement Date and shall continue for a period of one month renewable on each subsequent Premium payment by the Insured.
1.20 **Premium** means the amount (in United States Dollars, Zimbabwe Dollars or any other currency as may be prescribed by the Government of Zimbabwe) that the Insured is required to pay every month or at intervals agreed with the Insurer.
1.21 **Hospital** means a licensed medical facility in Zimbabwe (or such other territory as the Insurer may approve in writing) that provides inpatient beds and 24-hour nursing care under the supervision of a medical practitioner, and excludes step-down facilities, nursing homes, rehabilitation centres, and clinics unless specifically stated.
1.22 **Hospitalisation** means admission to a Hospital as an inpatient on the advice of a registered medical practitioner, resulting in at least one overnight stay. For avoidance of doubt, a Hospitalisation event may qualify under this definition even if no benefit is payable because benefits start from the fourth (4th) day of continuous Hospitalisation.

2. REGISTRATION FOR INDIVIDUAL POLICIES

2.1 The ShildShare Hospital Cash Back Plan is an add-on rider to the ShildShare Funeral Cash Plan and provides cover for hospital cash benefits in the event of the hospitalisation of an Insured.
2.2 To register for the ShildShare Hospital Cash Back Plan, the Customer must be aged between 18 and 65. A policyholder who attains the age of sixty five years while the Policy is in force may continue cover, subject to payment of premiums and these Terms and Conditions.
2.3 Registration shall be completed through ShildShare-approved customer service touchpoints by completing a proposal form, or through ShildShare-approved digital channels, or by any other means acceptable to the Insurer.
2.4 In order to qualify for ShildShare Hospital Cash Back Plan, a Customer may be required to confirm certain personal information, which may be obtained from partner databases. By registering for ShildShare Hospital Cash Back Plan, the Customer consents to ShildShare Microinsurance (Private) Limited accessing and using their registration details, including the following:
   i) Forename(s) and Surname;
   ii) Identity number;
   iii) Gender; and
   iv) Date of birth.
2.5 Before a Policy can be issued the Customer has to complete the registration process which includes confirming the personal details listed in clause 2.4, selection of the preferred ShildShare Hospital Cash Back Plan and payment of the initial Premium.
2.6 A Customer may only be covered once under the ShildShare Hospital Cash Back Plan, whether as a policyholder or as a dependant.
2.7 By completing the registration process, a Customer confirms acceptance of these terms and conditions. Premiums may be paid in cash at ShildShare-approved customer service touchpoints or electronically through approved payment channels.

3. POLICY COMMENCEMENT DATE AND DURATION

3.1 The ShildShare Hospital Cash Back Plan is effective as of the Policy Commencement Date.
3.2 The Policy Commencement Date is calculated as follows:
   i) If a Customer registers between the 1st day of the month and the 15th day of the month (inclusive), the Policy Commencement Date shall be a date in that same month on which the first Premium is successfully collected.
   ii) If the Customer registers between the 16th day of the month and the end of that month, the Policy Commencement Date will be the 1st day of the following month.
3.3 The first Premium shall be collected upon registration through any means as agreed upon with the Insurer.
3.4 Following the first Premium payment, the subsequent premiums shall be due by the 1st day of each month of cover.
3.5 Cover lasts for one calendar month.
3.6 The Policy is renewable by collection of premiums through any means as agreed upon with the Insurer.
3.7 An insured may cancel the Policy by giving 30 days' notice at an approved ShildShare Service Centre with proof of identification.
3.8 The Policy is terminated on the death of the Policyholder, cancellation by the Policyholder, lapse of Cover and/or any other arrangement agreed between the Insured and the Insurer.

4. POLICY PACKAGES, BENEFIT AND PREMIUM

4.1 The Policy Package available to Customers is as follows:

Policy Package	Monthly Premium
Hospital Cash Back	$2

4.2 Customer may join by any other means accepted by the Insurer or through a burial society or be added as a Dependant.
4.3 The premium is payable per head and is the same irrespective of the Dependant's age.
4.4 All Dependants shall be on the same package as the Policyholder.

5. BENEFITS LIMITS

5.1 The following are the daily pay-outs for each day spent whilst admitted in Hospital:

Per Day (USD)	Per Event	Per Annum
$75	$ 600	$ 1,000

5.2 One day = 24 consecutive hours spent hospitalized.
5.3 Benefits shall be payable for every day spent in hospital from the fourth day of continuous hospitalization.
5.4 Daily cash benefits can be paid after more than 7 days in hospital or as a lump sum at the end of a hospital stay.
5.5 The maximum benefit limit for any stay shall be limited to 8 days and the maximum benefit per annum shall be 13 days cumulatively.

6. WAITING PERIODS

6.1 The waiting periods are as described below;
- No waiting period for accidents
- 3 months for illness
- 3 months for surgeries
- 12 months for pre-existing conditions

6.2 Pre-existing conditions are covered after 12 months from Commencement or Reinstatement of the Policy.

7. POLICY EXCLUSIONS

7.1 No benefit shall be payable for any claim arising because of war, invasion, act of foreign enemies, hostilities or war like operations (whether war has been declared or not), mutiny, riot, civil commotion, civil war, rebellion, insurrections, conspiracy or siege.
7.2 This Policy does not cover pre-existing conditions for a period of 12 months from Commencement or Reinstatement of the Policy.
7.3 No interest on any benefit under this Policy. This Policy has no value that builds up or that can be paid out in any situation other than a hospital stay. It has no cancellation, paid-up or maturity value.
7.4 No benefit shall be payable for the below mentioned scenarios:

- Complications arising from illegal abortion;
- Maternity;
- Effects of alcohol;
- Sexually transmitted disease or Aids (this will be covered after a twelve month Waiting period);
- Mental or psychiatric illness;
- Injury or illness while flying unless they were a paying passenger;
- Accident that happens while driving any motor vehicle while the alcohol content in their blood or urine is over the legal limit;
- Any hospitalisation undertaken in nature, cure clinics, or hydros or during periods of quarantine will not be covered;
- Cosmetic surgery, for example a skin graft or face-lift; or
- Use of explosives;
- Congenital defect (birth defects);
- Sport that the insured person plays or train for as a professional, if this is the direct or main cause of hospitalisation;
- Sex-change operation or similar procedure.
- Suicide, deliberate self-inflicted injury, willful exposure to danger;
- Routine physical or any other examinations;
- Dental or optical treatment, except as a result of Bodily Injury;

8. HAZARDOUS PURSUITS

8.1 No claim for benefits will be admitted if disablement or impairment is directly or indirectly caused or accelerated by any of the following;
8.2 Participation in any hazardous sport or pursuit, including (but without limiting in any way the generality of the foregoing) rock climbing, scuba diving, hang-gliding and speed contests of any kind.

9. TREATMENT OF PRE-EXISTING CONDITIONS

9.1 No benefit will be paid for hospitalisation during the first twelve (12) months of cover where such hospitalisation results from an illness, injury or condition for which the Insured received medical advice, diagnosis, care or treatment in the six (6) months before the Commencement Date or last Reinstatement Date, as applicable.

10. DEPENDANTS

10.1 A Policyholder can cover the following extended family members as Dependants directly under their policy:

i) Spouses: as many as one has;
ii) Biological or legally adopted children;
iii) Biological grandchildren;
iv) Biological parents;
v) Biological grandparents; and
vi) Spouses' Biological Parents

vii) Spouses' Biological Grandparents

10.2 All Dependants under the Policy shall be treated in their individual capacities for Premium payments, Exclusions and all other terms of the Hospital Cash Back Plan.
10.3 A Dependant should be aged between 0 (newly born) to 65 years.
10.4 The Premium is paid per head and is the same irrespective of the Dependant's age.
10.5 Dependants are transferable amongst Insured persons such as between husband or wife for minors and siblings for elderly biological parents.

11. PREMIUM PAYMENT

11.1 Cover is provided the Premiums are paid in accordance with the rules below:
i) The first Premium is due upon registration, while the Premiums that follow thereafter are due on the 1st day of each month.
ii) Premiums may be paid in cash at ShildShare-approved customer service touchpoints, by bank deposit, electronically through other approved payment channels, or by any other means as may be advised by the Insurer. The Insured shall bear all transaction costs associated with the payment of premiums.
iii) The full Premium amount must be paid by the end of the collection period. Partial payments will not be accepted.
iv) There will be no Claim settlement if the Policy has lapsed.

12. LAPSE AND REVIVAL OF COVER

12.1 The Policy will lapse on the 15th day after the Premium Due Date if the Premium is not paid by the aforestated date.
12.2 A lapsed Policy can be re-instated upon payment of the Premium.
12.3 Where a Policy is reinstated, no claim shall be paid for hospitalisation due to natural causes for each month the Policy was lapsed up to a maximum of three months following the reinstatement of the Policy.
12.4 The Policy shall not have a surrender value nor a paid-up value.

13. NOTICE PERIOD FOR PREMIUM INCREASE

13.1 Sixty (60) days' notice will be given by the Insurer for any increases in Premium. The premium increases will be approved by the regulator.

14. MISREPRESENTATION AND FRAUD

14.1 Any misrepresentation or non-disclosure of a Material Fact by the Insured may result in the Policy being cancelled, a Claim rejected or the Policy being voided from inception without any refund of Premiums.
14.2 Any fraudulent act used to obtain any benefit by a Beneficiary under the Policy may render the Policy cancelled or void from inception and any claim or Premiums paid in such event will be forfeited.
14.3 The Insurer reserves the right at their sole discretion to investigate any suspected fraudulent claim or misrepresentation.

15. CHANGES IN THE POLICY

15.1 Any changes to the Policy must be done at an approved ShildShare Customer Service touch point with proof of identification.
15.2 Such changes are limited to:
i) Change of contact details; and
ii) Corrections of any personal details on the Policy.
15.3 There can be no change in the identity of the Insured on a given Policy other than official changes in name, in accordance with the Zimbabwean registration laws.
15.4 A cancelled Policy can never be reinstated. An applicant will have to make a new application for a

new Policy.

16. CLAIMS PROCEDURE

16.1 A claim must be submitted as soon as reasonably possible following the date of the Insured's hospital discharge.
16.2 A claim must be submitted through ShildShare-approved Customer Service Touchpoints, electronically through approved channels, or through ShildShare Agents.
16.3 The Insurer must be notified that a Claim is being made as soon as reasonably possible after the hospital discharge but, in any event, no later than 30 days from date of discharge. All claims submitted after 30 days will be assessed individually at the discretion of the Insurer.
16.4 In addition to a fully completed ShildShare Hospital Cash Claim form, certified copies of the following documents must be provided at a ShildShare approved Customer Service Touchpoints, electronically through approved channels, or to a ShildShare Agent:

- Patient card
- Hospital Statement
- Medical Aid Card used
- Receipts for all cash payments
- Letter of admission and discharge
- Discharge Summary
- Test Results
- Diagnosis letter
- Police Report (For Accident)
- Copy of ID of claimant

16.5 Where a claim is submitted without some of the supporting documents, the Insurer may request additional documentation from time to time.
16.6 The Claimant may be required to provide proof of insurable interest between the Policyholder and any Insured/Dependant, where reasonably requested by the Insurer. Failure to provide such proof may result in delay or withholding of benefit payments until such proof is verified.
16.7 The Insurer may conduct reasonable verification checks to prevent fraud, comply with applicable laws, and confirm eligibility, including verifying identity, hospital admission/discharge records, and payment history. This may require additional documents and may affect processing time.
16.8 Pay out to the Beneficiary will be in cash or electronically through bank transfer or mobile money, as may be approved by the Insurer.
16.9 In the event of hospitalisation of a Dependant, the benefit is paid to the Policyholder.

17. REPUDIATION OF CLAIMS, CONFLICT & DISPUTE

17.1 In the event of a repudiation by the Insurer of a Claim or portion of a Claim hereunder, and after receiving a written objection from the Beneficiary within thirty (30) days after such repudiation, the decision shall be reviewed by an Appraiser. The Appraiser's view will not be binding on the Insurer but may serve as a basis for a reappraisal of the decision to repudiate.
17.2 In the event of the Beneficiary not agreeing with the Insurer's reappraisal, the Beneficiary will notify the Insurer in writing within thirty (30) days.
17.3 Thereafter the matter shall be referred to arbitration by the Insurer in terms of the relevant legislation, within a period of 60 (sixty) days.
17.4 The customer may also refer any grievances to the regulator.

18. COMMUNICATIONS

18.1 The Insurer is entitled to send any written communication to the Policyholder or Insured in the manner it deems most expedient, including by SMS, email, or through other means such as the ShildShare website. Communications sent in these ways shall be deemed duly delivered and legally effective.

19. DATA PROTECTION AND PRIVACY

19.1 The Insurer is committed to protecting the personal information of Customers and ensuring that such information is collected, processed and stored in a secure and lawful manner.
19.2 The Insurer shall collect and process personal information necessary for the administration of the Policy, including underwriting, claims processing, customer support and compliance with legal and regulatory requirements.
19.3 The Customer consents to the Insurer collecting, using, storing and processing their personal information for purposes related to this Policy.
19.4 The Insurer may share personal information with:
i) Regulatory authorities;
ii) Authorised service providers and partners;
iii) Claims assessors and administrators;
where necessary and in accordance with applicable laws.
19.5 The Customer has the right to:
i) Access their personal information;
ii) Request correction of inaccurate information;
iii) Object to certain types of processing;
iv) Withdraw consent, subject to legal and contractual limitations.
19.6 Failure to provide required personal information may result in delays or inability to provide services, issue a Policy, or process Claims.
19.7 The Insurer shall implement appropriate technical and organisational measures to safeguard personal information.

20. LIMIT OF INDEMNITY

20.1 Any claim brought by the Beneficiary as a result of the ShildShare Hospital Cash Back Plan for whatever reason shall be limited to the benefit the Insured is entitled to in terms of their Policy and these terms and conditions.
20.2 The Insured may benefit from ShildShare Hospital Cash Back Plan as long as the Insurer continues to offer the ShildShare Hospital Cash Back Plan to the Insured. Any Claims made after the discontinuance of ShildShare Hospital Cash Back Plan for whatever reason shall not be valid. The Insurer shall pay out all Claims that meet the terms and conditions and are submitted no later than 30 days after discharge, or no later than 180 days after discontinuance of the Plan where applicable.

21. GOVERNING LAW

This Policy and these Terms and Conditions are governed by the laws of Zimbabwe. Any dispute shall be dealt with in accordance with the dispute resolution process set out in this Policy and, where applicable, the laws of Zimbabwe.

22. WHOLE AGREEMENT

22.1 These Terms and Conditions shall constitute the sole agreement between the Insurer and the Insured.
22.2 No contrary representations or agreement to amend the Terms and Conditions shall be of any force or effect unless reduced to writing and signed by someone specifically authorized thereto in writing by the Insurer.