

Proposal Number FL



ALFA & OMEGA LIFE PLAN

We keep our word

Regulated by the Insurance Regulatory Authority of Uganda.



WHAT YOU NEED TO KNOW ABOUT CIC LIFE ASSURANCE FAMILY LIFE PLAN

1. What is CIC Last Expense?

It is an insurance cover that makes planning for a funeral easier on your loved ones.

2. Who can apply?

Anyone in good health ages between 18-70 (inclusive)

3. Who is covered under CIC Last Expense?

Based on the option, below apply:

- a) Anyone in good health ages between 18-70 (inclusive) for individual option.
- b) Main member along with his/her spouse ages 18-70 (inclusive) and their children aged between one month to 18 years (inclusive).
- c) Main member, his/her spouse, children and the parents and parents-in-law ages of 18-70 (inclusive).

4. How do I apply?

Four easy steps

Step 1: Read the document carefully.

Step 2: Choose the type of cover you want. The covers available are Individual Life, Family Life and Extended Family.

Step 3: Complete the application form.

Step 4: Send your premium via M-Pesa on pay-bill number 600111 and the account number on the proposal form.

5. Is there a waiting period?

Yes, there is a 6 months waiting period in case of natural death from the date of the first premium payment. Accidental deaths are covered immediately.

6. What is the cost?

The cost depends on the cover option that you have chosen. The cover will last for five years annually renewable or single premium payment from the date of the first premium. The premiums are payable annually at the beginning of the insurance period.

7. What is the maximum number of members covered under Family and Extended Option?

- a. Family Option covers one principal member, one spouse and four children.
- b. Extended Option covers one principal member, one spouse, four children and two parents that is parents or parents-in-law

8. How does the shared benefit for the Family Life Cover and the Extended Family work?

The shared cover pays in full on the first death of any declared family member and the cover ceases.

9. Can the Family Life Cover or Extended Family be reinstated after a claim is paid?

Yes, it can. It will be treated as a new policy subject to the normal waiting period of 6 months on natural death. A cover can only be reinstated once during the course of the policy.

10. When does the Policy terminate?

The policy will terminate on the earliest of the following dates:

- a) Death of any insured life.
- b) Where no renewal annual premium payment has been made.

11. Can the policy be renewed?

Yes, one can renew the policy by completing a renewal update form and paying premium. The 6 months waiting period applies on renewals

CIC LIFE ASSURANCE LAST EXPENSE POLICY DOCUMENT

CIC Life Assurance Limited (hereinafter called "The Company") undertakes to pay the benefits described in this policy to the proposer or to the person or persons otherwise entitled to receive them, in accordance with and subject to the terms and conditions set out herein.

POLICY GENERAL CONDITIONS

1. THE CONTRACT

The provisions, conditions and exclusions in this policy document together with the application form for the CIC Family Life Plan and any declaration made by the policy holder, constitutes the entire contract between CIC Life Assurance Ltd and the policy holder. This contract cannot be waived or modified.

2. DATE OF COMMENCEMENT

This contract shall commence immediately on receipt of the annual premium or single premium and after the proposal form or application form for the contract has been received and approved by CIC Life Assurance.

3. PREMIUM PAYMENTS

Premiums shall be paid regularly or once for the duration of the policy. These premiums are paid annually or as a single premium at the beginning of the insurance period. All payments made to the Company under this Policy shall be payable in the lawful currency of the Republic of Kenya.

4. TERMINATION OF POLICY

The policy will terminate on the earliest of the following dates:

- a) Death of any insured life
- b) Where no renewal annual premium payment has been made within 15 days.

5. MIS-STATEMENT OF AGE

If it shall turn out that the age of the life assured and/or dependants shall have been understated in the proposal, the Sum Assured shall be reduced to the amounts which the premium paid would have secured under the same table had the age been correctly stated. However, if the understatement of age resulted in the Company accepting a proposal that would otherwise have been rejected because the age of the life assured and/or dependants exceeded the maximum permitted age at entry, then the Company shall return to the proposer or his personal legal representatives all premiums paid without interest. If on the other hand the age of the life assured shall have been overstated the excess premium paid will be refunded without interest.

6. REINSTATEMENT OF COVER

In the case of Family Life or Extended Family, the cover can be immediately reinstated in case of death of any insured life, subject to a 6 months waiting period. A cover can only be reinstated once during the course of the policy.

7. SUMMARY OF COVERS

- a) My Life Cover – provides a benefit in case of death of the insured individual;
- b) Family Life Cover – provides a shared benefit in case of the first death of any declared immediate family member;
- c) Extended Family- provides a shared benefit in case of the first death of any declared immediate family member, parents and/or parents-in-law.

8. SUMMARY OF BENEFITS

All covers provide a benefit in case of death of the insured lives. The cover is limited to accidental death in the first 6 months of the policy or declaration of the insured life.

9. DEFINITIONS

- a) Principal member – shall mean a life assured under the policy that upon fulfilling the eligibility requirements is covered under the Policy.
- b) Parent – shall mean the Parents of the principal member.
- c) Immediate family member – shall include Principal, spouse and children (those declared on the form).
- d) Parents-in-law – shall mean the Parents-in-law of the principal member (parents of spouse).

10. EXCLUSIONS

- a) Suicide or attempted suicide within the first 2 years of the policy.
- b) Act committed by any life insured that is a violation of the law or any criminal activities.
- c) Abuse of alcohol or willful taking of poison or drugs.
- d) Any act of war (whether war be declared or not), military action, terrorist activities, civil commotion or insurrection.
- e) There will be a waiting period of 6 months from the commencement date of this policy for deaths arising from natural causes.
- f) Any pre-existing conditions not declared on proposing.

PROPOSAL FORM

CIC LIFE ASSURANCE
FAMILY LIFE PLAN

FL



PART A – LIFE ASSURED

Full Names: _____

ID Number: _____ Birth Date: DD/MM/YYYY Gender: M ☐ F ☐PIN Number: _____ Marital Status: Single ☐ Married ☐

Occupation: _____

E-mail: _____ Mobile: _____

P.O. Box: _____ Code: _____ Town: _____

PART B – PREMIUMS AND COVER OPTIONS

Please ✓ tick below the option selected

Annual Premium

SUM ASSURED (UGX.)					
COVER OPTIONS		2,800,000		5,600,000	
MY LIFE (for individual cover)		35,700		71,400	
FAMILY LIFE (immediate family members)		71,400		142,800	
EXTENDED FAMILY (immediate family, parents and /or parents-in-law)		185,640		371,280	

Single Installment Premium

SUM ASSURED (UGX.)					
COVER OPTIONS		2,800,000		5,600,000	
MY LIFE		157,080		314,160	
FAMILY LIFE		307,020		614,040	
EXTENDED FAMILY		767,550		1,535,100	

PART C- DECLARED FAMILY MEMBERS (Family Life or Extended Family)

Full Names			Date of Birth	Relationship	Mobile No.
1	First Name	Second Name	DD/MM/YYYY		
2	First Name	Second Name	DD/MM/YYYY		
3	First Name	Second Name	DD/MM/YYYY		
4	First Name	Second Name	DD/MM/YYYY		
5	First Name	Second Name	DD/MM/YYYY		
6	First Name	Second Name	DD/MM/YYYY		
7	First Name	Second Name	DD/MM/YYYY		
8	First Name	Second Name	DD/MM/YYYY		

PART D - BENEFICIARIES

Main Beneficiary				Contingent Beneficiary			
Full Name				Full Name			
Date of Birth	DD/MM/YYYY	Mobile		Date of Birth	DD/MM/YYYY	Mobile	
Relationship				Relationship			

PART E – HEALTH QUESTIONNAIRE

Have you or any of your declared dependants herein ever suffered from any illness, accident or disease during the last 5 years which require medical attention? **YES / NO**. If yes, please give full details;

PART F – DECLARATION AND CONSENT

I/We the person/s by whom the Assurance is to be effected, declare that to the best of my knowledge and belief: I/We am/are in good health, free from disease and disability or symptoms thereof. I/We agree that the foregoing answers and this declaration and answers to the questions put shall be the basis of contract between me/us and CIC Life Assurance. I/We also understand that no natural death claim shall be payable during the first 6 months from the effective date. I/We also agree that the agent has disclosed that premium(s) are paid via Mobile Money, Direct Debit or Check Off by the life assured; that premiums paid in cash are not accepted. I/We consent to the company seeking information from any doctor who at any time has attended me/us or seeking information from any life assurance office which I/We have at any time made a proposal for life assurance and I/We authorize the giving of such information.

Signed at on this

Signature of the Life Assured:

Agent:

Agent Code:

BRANCH NETWORK

MBALE BRANCH

Republic Street,
Masaba Co-op Union Building,
Plot 42, Mbale Town.
Mobile: +256 200 900 100
uganda@ug.cicinsurancegroup.com

MBARARA BRANCH

Mbaguta Street,
Easy View Mall Building,
2nd Floor, Mbarara Town.
Mobile: +256 200 900 100
uganda@ug.cicinsurancegroup.com

TOWN OFFICE BRANCH,

Church House Building,
Kampala Road, 1st Floor.
Mobile: +256 200 900 100
uganda@ug.cicinsurancegroup.com

KASESE AGENCY OFFICE

Kasese Town
Mobile: +256 200 900 100
uganda@ug.cicinsurancegroup.com

CIC AFRICA LIFE ASSURANCE (U) LTD.

📍 AHA BUILDING 2ND FLOOR, LOURDEL RD KAMPALA 📧 P.O. BOX 34975 KAMPALA, UGANDA

☎ +256 200 900 100 / 392 175 046 @ uganda@ug.cicinsurancegroup.com

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