METROPOLITAN
Together we can

BPO SACCOS FUNERAL SCHEME

☐ New Application ☐ Amendment ☐ Cancellation

Member & Spouse Personal Details

Surname(Mr/Mrs/Ms/Miss) | Names

Date of Birth | Region | Telephone(w) | Mobile No:

Employer | Payroll No. | Designation

Sector (Please tick) Council ○ Government ○ Parastatal ○ Landboards ○ | I.D Number | Gender ○Male ○Female

Physical & Postal Address:

Spouse Surname(Mr/Mrs/Ms/Miss) | Names

Date of Birth | I.D Number: | Telephone(w) | Mobile No:

Benefit Amount to choose from

P 30 000		P 40 000		P 50 000		P 75 000		P 100 000	

Children(s) Details (Children should be under 21, any children over 21 can only be covered if they are in full time study or mentally or physically disabled (proof required).

Full Name	Relationship	Date of Birth

Adult Child (Over 21 but not older than 35 years & not married)

Full Name	Relationship	Date of Birth	I.D No:	Cover Amount	Premium

Parents & Parents Inlaw Details (Maximum of 4 parents if married. Age limit is 75. Waiting period is 6 months).

Full Name	Relationship	Date of Birth	I.D No:	Cover Amount	Premium

Extended Family Details (Maximum of 10 extended Family Members.. Age limit is 80. Waiting period is 6 months).

Full Name	Relationship	Date of Birth	I.D No:	Cover Amount	Premium

Benefit Type		Benefit Level		Premium per Member/Month	
Beast Benefit	☐	P5 000.00	☐	P5.00	☐
Tombstone Benefit	☐	P3 000.00	☐	P3.00	☐
Tombstone Benefit	☐	P6 000.00	☐	P6.00	☐
Grocery Benefit	☐	P3 000.00	☐	P3.00	☐
Grocery Benefit	☐	P6 000.00	☐	P6.00	☐

Total Premium

For Official Use Only

Received by | Beneficiary full Name | Contacts:

Signature | **Date:** | **Member Signature** | **Date**

TERMS AND CONDITIONS

1. Insured Person

· Member of BPO SACCOS.

2. Membership

The member whose name the policy is issued and who is over the age of 18 and under the age of 70 at the Commencement date.

The premiums are paid monthly, and policy will lapse if the premium is not paid within **3 consecutive months**.

3. Adult Child

Children who do not qualify as a child but not older than 35 years.

4. Evidence of Health

No medical evidence is required in order to be eligible for the Cover.

5. Beneficiary

In the event of the Member's death, the benefit will be paid to the beneficiary as nominated by the Main Member on application or amendment. If no beneficiary is nominated, the benefit will be paid to the spouse. Where there is no spouse, then the benefit will be paid to the closest relative on record, subject to proof of relationship being chosen.

If there are any disputes as to who is entitled to receive a benefit in respect of this policy, the decision of BPO SACCOS or Insurer will prevail.

6. Claims

The claim must be notified **within six (6) months** of date of death and claim documents submitted within twelve months.

The benefits provided in terms of this contract will not be paid unless the Insurer has been satisfied as to the validity of the claim, the entitlement of the claimant to receive the Benefits.

Funeral Plan benefits will be paid within 48 hours provided that all the required claims documentation has been received and the claim has been approved.

Claim Checklist

In order to speed up the claims process, please ensure that the following documentation is presented at the time of claim:
Certified copy of Death Certificate.

- Certified copy of the identity/birth certificate of the deceased (In the event of death of a child, a full birth certificate showing full names of parents is required if the deceased child is under the age of 18 years.)
- Certified copy of the identity of the claimant
- Marriage certificate/proof of relationship
- Notification of registration of death
- If the cause of death is accidental, a police report must be provided.
- KYC Documents **(Omang , Proof of Residence , Proof of Bank Account)**

The claimant should provide proof of relationship (affidavit or sworn declarations) to the deceased at claims stage.

7. Sum assured

On the death of an Assured Person, an amount per cover schedule will be payable

8. Benefits
The benefits included in this product are
a) Lump sum Funeral Benefit

9. Cessation
There is no cessation age and member will be covered after normal retirement age provided compulsory premiums are paid.

10. Special conditions
Waiting Period:

- There is **1 (one) month waiting period** for all immediate family members
- There is no waiting period for existing parents and extended family, but there is 6 months waiting period for parents and extended family of a new member for natural causes of death and no waiting period for accidental causes of death.

11. Commencement of life Assurance Cover

- Commencement date means the date on which the first premium has been deducted.
- Notwithstanding the provisions of sub-clauses above, in the case of accidental death of assured persons, cover commences when the first premium has been deducted.
- The conditions of this clause also apply if membership is reinstated/ re – activated.

12. Cover Continuation
Upon death of the main member the spouse and/or extended family members (including parents) shall have the option to continue their participation under this cover.

13. Exclusions
No payment will be made for any claim arising whether directly or indirectly as a result of:

a) War
b) Invasion
c) Act of foreign enemy
d) Hostilities (whether war is declared or not)
e) Civil war
f) Military or usurped power
g) The effects of radioactivity or nuclear explosion
h) Accidental death as a result of riot, unlawful strike, labour disturbance or disturbance of the public, private flying, hazardous sports or illegal acts.

14. Surrender values
No surrender Values are payable under this policy.

15. Fraud
If any claim under this policy is fraudulent in any manner all benefits will be forfeited.

16. Cession
Benefits under these policies may not be ceded, assigned or pledged as security in any way.

17. Currency
Benefits are expressed and payable in the legal tender of Botswana.

18. Revision of Terms and Conditions
The Insurer reserves the right to amend, revoke, vary or alter any terms and conditions of this policy. However, the insured will be advised of such amendment.

19. Jurisdiction
The laws of Botswana, whose courts shall have jurisdiction in any dispute arising hereunder, will govern this policy.

20. Claims, Queries/Complaints
Claims: To claim a benefit on this policy, please contact your BPO SACCOS office

Member and Family Cover

BOTSWANA PUBLIC OFFICERS SAVINGS AND CREDIT CO-OPERATIVE SOCIETY (BPO SACCOS)

ACCEPTANCE AND DECLARATION

I declare and agree to the following Terms and Conditions:

1. All the information on this form, or supplied in connection with application, is true and complete and will form the basis of this policy.
2. This policy will be activated only once the first payment has been received.
3. I accept this insurance and understand that I am bound by the standard terms and conditions that apply to this policy

_____ **Date:** _____