

Allianz Group Covers for Hutch Subscribers.

POLICY DOCUMENT

This group term life insurance policy provides a lump sum payment as a Death Benefit in the event of death of the Insured Person to the legal heirs of the Insured person and the lump sum payment on occurrence of any event described in the schemes insured person has opted in to under this policy.

The Insurance Cover provided by the "Allianz" referred to as Allianz Life Insurance Lanka Limited is subject to, and will be administered in accordance with the laws of Sri Lanka which "Hutch" referred to as HUTCHISON TELECOMMUNICATIONS LANKA (PVT) LTD being the main policy holder.

1. ELIGIBILITY

Any person is eligible to apply for Insurance Cover under this Policy if that person is:

- a) an individual who holds a valid mobile phone number registered with Hutch; and
- b) of the Age of at least 18, but no older than 64 years (nearest birthday) on the date of registration ("Subscription Date") for an insurance plan option.

2. INSURANCE EFFECTIVE DATE

Insurance Cover under the selected scheme option will become effective on the 1st day of the following the month of the Subscription Date, provided the Premium under the opted scheme has been paid ("Insurance Effective Date") as confirmed by Hutch.

2.1 Post Paid Subscribers

If no Premium has been paid on the month of the Subscription Date, the Insurance cover will not be effective and the next effective date will be the next 1st day of the month following the successful deduction of the Premium as confirmed by Hutch.

2.2 Pre-Paid Subscribers

If no Premium has been paid on the Subscription Date, the Insurance effective Date will be delayed until the next day of the same month until the day or remaining number of days the Premium has been paid as confirmed by Hutch.

After registration, the Insured Person will automatically receive a monthly Insurance Cover starting from subsequent month, provided Premium under opted scheme has been paid as confirmed by Hutch, until termination or cancellation of the Insurance Cover in accordance with Section11.

Following a termination or cancellation, if the Insured Person re-registers for Insurance Cover again for any reason, the Insured Person's Insurance Cover will be subject to such terms under the policy including a new Insurance Effective Date.

3. SUBSCRIPTION

The eligible person must provide the National Identity Card Number (NIC) to be an Insured Person at the time of registration.

The validity of the consent for the insurance scheme will be attested by providing the NIC No and subject to further acceptance by Hutch at the time registration.

4. SCHEME

The available plan as follows:

Product

Benefits	Coverage
Death Cover due to any cause	100,000.00
Daily Hospital Cash Benefit	1,000.00 per day
Dengue Cash Benefit	10,000.00

5. COVERAGE ENTITLEMENT

The above table under section 4 indicates the type of Benefit and Coverage Amounts for the above product, provided that the Premium per month is paid in full. All Post-Paid and Pre-Paid insured persons who have paid the full month's subscription fee will qualify for the 100% coverage under opted product options above.

For Pre-Paid customers, if only a part of the subscription fee is paid (not paid full month subscription fee) prior to the Insurance Effective Date, the Benefits and Coverage Amounts for the Insurance Cover will be in proportion to the amount of Premium paid as stated below.

1.Coverage For the months ending 31st

Following month cover (January/March/May/July/August/October/December)		
	Death	HB
No of successfully deducted days	Product (100,000) - Life Cover only	Product (1,000)
31	100,000	1,000
30	96,770	965
29	93,540	935
28	90,320	900
27	87,090	870
26	83,870	835
25	80,640	805
24	77,410	770
23	74,190	740
22	70,960	705
21	67,740	675
20	64,510	645
19	61,290	610
18	58,060	580
17	54,830	545
16	51,610	515
15	48,380	480
14	45,160	450
13	41,930	415
12	38,700	385
11	35,480	350
10	32,250	320
9	29,030	290
8	25,800	255
7	22,580	225
6	19,350	190
5	16,120	160
4	12,900	125
3	9,670	95
2	6,450	60
1	3,220	30

2.Coverage For the months ending 30th

Following month cover (April/June/September/November)		
	Death	HB
No of successfully deducted dajs	Product (100,000) - Life Cover only	Product (1,000)
30	100,000	1,000
29	96,660	965
28	93,330	930
27	90,000	900
26	86,660	865
25	83,330	830
24	80,000	800
23	76,660	765
22	73,330	730
21	70,000	700
20	66,660	665
19	63,330	630
18	60,000	600
17	56,660	565
16	53,330	530
15	50,000	500
14	46,660	465
13	43,330	430
12	40,000	400
11	36,660	365
10	33,330	330
9	30,000	300
8	26,660	265
7	23,330	230
6	20,000	200
5	16,660	165
4	13,330	130
3	10,000	100
2	6,660	65
1	3,330	30

3.Coverage For the month of february - leap Year

Following month cover (February - Leap Year)		
	Death	HB
No of successfully deducted days	Product (100,000) - Life Cover only	Product (1,000)
29	100,000	1,000
28	96,550	965
27	93,100	930
26	89,650	895
25	86,200	860
24	82,750	825
23	79,310	790
22	75,860	755
21	72,410	720
20	68,960	685
19	65,510	655
18	62,060	620
17	58,620	585
16	55,170	550
15	51,720	515
14	48,270	480
13	44,820	445
12	41,370	410
11	37,930	375
10	34,480	340
9	31,030	310
8	27,580	275
7	24,130	240
6	20,680	205
5	17,240	170
4	13,790	135
3	10,340	100
2	6,890	65
1	3,440	30

4.Coverage For the month of february		
Following month cover (February)		
No of successfully deducted days	Death	HB
	Product (100,000) - Life Cover only	Product (1,000)
28	100,000	1,000
27	96,420	960
26	92,850	925
25	89,280	890
24	85,710	855
23	82,140	820
22	78,570	785
21	75,000	750
20	71,420	710
19	67,850	675
18	64,280	640
17	60,710	605
16	57,140	570
15	53,570	535
14	50,000	500
13	46,420	460
12	42,850	425
11	39,280	390
10	35,710	355
9	32,140	320
8	28,570	285
7	25,000	250
6	21,420	210
5	17,850	175
4	14,280	140
3	10,710	105
2	7,140	70
1	3,570	35

Dengue cash grant based on number of deductions is as follows.

No of days deducted	Dengue Cash Grant
16 to 30 or 31 days	10,000
1 to 15 days	5,000

6. SUBSCRIPTION FEE

Premium under the above product opted by the insured as follows and will be charged as stated.

Pre-Paid / Post - Paid Customers

A Subscription Fee as follows shall be deducted on a daily basis ;

Product - Rs. 4.50 +Taxes daily

7. PAYMENT METHODS

7.1 For Insured Person who is a postpaid subscriber, the Premium will be deducted monthly as per the scheme by HUTCH and reflected in the Insured Person's postpaid bill. In the event the deduction is not successful, the coverage will not be available in the succeeding month and the deduction will be postponed further until next month on the exact date of the registration for the insurance scheme. However, at each failed attempts the insured will be notified the reason by an SMS.

7.2 For Insured Person who is a prepaid subscriber, the Premium will be deducted daily basis from the Insured Person's credit balance in accordance with the selected scheme at the point of registration. In the event daily deduction is not successful the next deduction will be done on the next day and will continue for daily attempts. The coverage will be on proportionate basis as per the table in section 5 above unless the deduction is less than a month.

8. BENEFICIARY

8.1 The Beneficiary under the scheme will be the subscribers Legal Heirs in the event of Death of the subscriber. The requirements at the time of a claim as per section 8 will be obtained from the Legal Heirs and will be paid to Legal Heirs upon claim approval.

8.2 The Beneficiary related to other benefits will be the insured person.

8.3 Any claim paid out to the persons in accordance with this section, shall discharge Hutch and Allianz from all their liability under this Policy.

9. CLAIMS

9.1 Notice of any Claim and any supporting documentation required under this Policy should be given within forty five (45) days from the death of the Insured Person or the occurrence of event under the selected scheme.

9.2 The processing of a Claim will commence after the following documents have been submitted to Allianz:

1. **Death Claims** - Death Certificate
2. **Other Claims** - Diagnosis Card

For death claims, the Potential Claimant should submit the following in addition to the Death Certificate in order to receive the claim.

- 1. Spouse of the Insured Person**

- Marriage Certificate
- First Page of Bank passbook

- 2. Child/Children of the Insured**

- Birth Certificate
- Death Certificate of Mother or Father
- First Page of Bank passbook

- 3. Other Legal heirs**

- The documents required to establish the relationship to the deceased as requested by Allianz.

9.3 Documents can be provided in digital format. The Allianz may request additional Documentation whenever requires to assist the claim.

9.4 Beneficiaries or Potential Claimant may contact Allianz customer service on 0112317998/9 to file a Claim.

10. PAYMENT OF CLAIMS

10.1 Allianz will pay the relevant sum for eligible and approved Claims within three (3) working days upon submission of all complete & clear digital documents. The relevant sum is established on the date of death of the Insured Person, based on the scheme, the quantum of subscription paid and the paid month before the insured event.

10.2 Payment of the relevant sum for eligible and approved Claims shall constitute the Allianz full and final discharge of all their liabilities under this Policy with regard to the Insured Person.

11. LAPSE RULE

Following non-payment of either a full monthly Premium or partial Premium for a consecutive period of ninety (90) calendar days, the Insurance Cover will be deemed to have lapsed.

12. WAITING PERIOD

Allianz is not liable for any claim arising due to symptoms, treatment and/or hospitalization within first 90 days from Insurance effective date or reinstatement date.

13. TERMINATION AND CANCELLATION

13.1 The Insured Person's Insurance Cover under this Policy will automatically terminate, without notice or any action required on the part of any person, upon the occurrence of the earliest of any of the following:

- a) on the date the Insured Person's Age completing 65 years;
- b) on the date the Insured Person ceases to be a subscriber of Hutch;
- c) on the date on which HUTCH or the Allianz receives a request of cancellation of Insurance Cover from the Insured Person;
- d) on the date the Insurance Cover is deemed as lapsed in accordance with Section 11; and
- e) on the date the Death benefit under the relevant Insurance Cover has been paid.

13.2 The Insured Person may cancel the Insurance Cover at any time by contacting HUTCH or Allianz.

Any Premiums already paid will be applied towards Insurance Cover for the following month. There is no cash surrender value upon cancellation of the Insurance Cover and there is no refund of any Premiums paid for any cancellation.

14.MISSTATEMENT OF FACTS

The Insured Person has made any other material misrepresentation or non-disclosure or concealment of information such as Age of the Insured Person is outside of the limits set out in this Policy, the Insured Person is not eligible for the Insurance Cover for any other reason the Insurance Cover under this Policy shall be deemed null and void, meaning the Allianz will not pay any benefits under this Policy and no Premium paid by the Insured Person will be refunded to the Insured Person.

15.GENERAL CONDITIONS

15.1 Currency

All amounts payable under the Policy shall be in Sri Lankan Rupees paid in Sri Lanka.

15.2 Policy changes

The Allianz reserves the right to change or withdraw the Policy, including change Premium rates with the agreement of Hutch, at any time provided at least 30 days' notice will be given to the Insured Person. No person or agent has the right to make any changes or to waive any terms and conditions in this Policy.

15.3 Number of Policies

One subscriber will have only one insurance cover from the Product. Due to any reason, if a person is registered under several Policies, only one claim will be paid and no refund of premiums paid for multiple coverage.

15.4 Transfer

It is not allowed to transfer this Policy or Insurance Cover or the benefits payable under this Policy.

15.5 Notices

Any notice or communication will be delivered digitally or via phone and will be deemed to have been delivered immediately. Communication channels are set out at Allianz and Hutch webpages.

www.allianz.lk and www.Hutch.lk

15.6 No distribution of surplus

This is a non-participating policy, meaning that the Insured Person is not entitled to any distribution of surplus or dividends from the Insurer Life Insurance business.

16. PERSONAL DATA PROTECTION, OBLIGATIONS AND RIGHTS

16.1 Any personal information such as sensitive personal data (“Personal Data”) disclosed to Allianz in connection with this Policy will be collected, used, retained, disclosed and otherwise processed by HUTCH, the Allianz and their employees, representatives, and affiliates in accordance with the Personal Data Protection regulations or such other related legislation. HUTCH may record or in some other manner document individuals’ communication with the Allianz.

16.2 Personal Data will be collected, used, retained, disclosed and otherwise processed for the following purposes:

- a) To understand the Insured Person insurance needs, situation, provide quotes, set up and administer The Insured Person’s Insurance Cover;
- b) For underwriting, risk assessment, handling and settling of claims and audit purposes;
- c) For detection and prevention of criminal activity or fraud in connection with an insurance transaction;
- d) To maintain and develop HUTCH’s and the Insurer business systems and infrastructure; and
- e) For data transfer, and sharing with, HUTCH and the Allianz and their affiliates and/or third parties acting on their behalf, including those located outside Sri Lanka; or
- f) For any other purpose set out Insurer respective Privacy Policy (see links below) ; and <https://www.allianz.lk/privacy-principles/>
- g) For insurer to carry out customer due diligence

16.3 For the avoidance of doubt, HUTCH and the Allianz may disclose or share the Personal Data provided to:

- a) Service providers with whom HUTCH or the Allianz have agreements for some of their functions, Services and activities;
- b) Enforcement regulatory and governmental agencies as permitted or required by law, authorized by any order of court or to meet obligations to regulatory authorities.

16.4. The Insured Person shall keep HUTCH updated in respect of any changes in the Personal Data provided by the Insured Person. HUTCH shall inform the Allianz of such changes as soon as it is practicable. HUTCH and the Insurer shall not be liable for any direct or indirect loss or damage which the Insured Person may suffer due to any inaccuracy or incompleteness of the Personal Data provided to HUTCH and the Allianz.

17. GENERAL TERMS AND CONDITIONS APPLICABLE TO THE BENEFITS

Exclusions

Notwithstanding anything contained in any of the Endorsements attached to the Policy, no benefit will be payable, if death, disability or any other benefit occurs either directly or indirectly as a result of any of the following causes:

1. War, invasion, act of Foreign enemies, hostilities or warlike operations (Whether war be declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power or any act any person acting on behalf of or in connection with any organization actively directed towards the overthrow by force of any Government or to the influencing of it by terrorism or violence.
2. Any breach of the law by the member or any assault provoked by him/her.
3. Having consumed alcohol or drugs other than in accordance with the directions of a registered medical practitioner.
4. Aviation, gliding or any other form of flight other than as a fare paying passenger of a recognized airline or charter service.
5. Participation in, or training for, any hazardous sport or competition or riding or driving in any form of race or competition.
6. Involvement in any underwater activity.
7. Injury caused by nuclear fission, nuclear fusion or radioactive contamination.
8. Being engaged in active military, Naval, Air Force, Police or similar service.
9. Mental illness or disease.
10. Pregnancy, childbirth or abortion or any complications arising there from.
11. Any disease or medical impairment from which the insured was suffering or had a serious past history at the Insurance effective date.
12. Infection from any Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or any AIDS-related condition.
13. An act or attempted act of suicide, self inflicted injury while sane or insane.
14. Unreasonable failure to seek or follow medical advice.

18. DEATH BENEFIT

In the event of death due to any cause, the Sum Assured equal to the selected product or the amount as per mentioned as per the section 5 will be paid.

19. HOSPITALISATION DAILY BENEFIT

Hospitalization Benefit herein shall mean;

In the event that a Life Assured gets hospitalized as a result of an accident or sickness, on the recommendation and approval of a doctor, in a private or government hospital, the per day benefit will be paid as per the product or the amount as per mentioned at the section 5 and will twice the per day benefit for hospitalization in an Intensive Care Unit, subject to the following Conditions and Exclusions.

Definitions

- a) "Hospital" means a legally licensed establishment within-patient facilities maintaining daily medical records which are accessible to the Allianz have authorized officer, providing diagnostic and medical equipment and facilities required for operations, accommodation and treatment of sick and/ or injured persons. Such establishment should consist of qualified and registered Doctors in western medicine with qualified nurses present throughout the day, and should have an Intensive Care Unit.
In addition, private hospitals in Sri Lanka which are recognized by the Allianz will be listed and available for viewing at the Head Office of the Allianz. The list of such recognized private hospitals may be revised from time to time. Notwithstanding this condition the Allianz will at its sole discretion, make payment for claims under this benefit which satisfy all the other conditions under this section.
"Hospital" shall not be construed to include a hotel, rest room, centre providing indigenous or homeopathic treatment (specifically including Ayurvedic hospitals), convalescent home, place for custodial care, home for the aged, rehabilitation centers or a place used mainly for long term nursing care or for the confinement or treatment of mental and nervous disorders or drug addiction or alcoholism.
- b) "Doctor" means a legally qualified and duly licensed medical practitioner, physician or surgeon registered with the Sri Lanka Medical Council and acting within the scope of that license.
- c) "Intensive Care Unit" means a unit so named and appropriately equipped in a duly registered private hospital or government hospital, managed or in charge of relevantly qualified doctor of specialist status. Care in an intensive unit needs to be certified by the doctor responsible for treatment as having been necessary and as having actually occurred.

Conditions

1. Hospitalization Benefit should occur:
 - After expiry of ninety (90) days from the insurance effective date
2. This benefit will become payable provided the hospitalization stay is equal to or greater than forty eight (48) hours including minimum two (2) 'overnight' stays in a Private hospital or a government hospital. The benefit payable shall be the per day amount specified in the section 5 multiplied by the number of days hospitalized. Days hospitalized means any period of twenty four (24) hours which includes an overnight stay in hospital.

3. Hospitalization should be notified in writing to the Allianz within seven (14) working days from the date of hospitalization. Failure to give notice within such time shall give the Allianz a right to repudiate such claim.
4. Proof of hospitalization with required documentary evidence must be furnished to the Allianz within Thirty (30) working days from the date of discharge and at the expense of the claimant.
5. If the duration of stay in the hospital exceeds fourteen (14) days, the decision to pay for the period in excess of fourteen (14) days in hospital will be determined by medical examiner nominated by the Allianz whose decision will be final and conclusive. In this regard any clinical, radiological, histological and laboratory evidence required by the Allianz should be provided at the expense of the Life Assured.
6. Diagnosis of an illness, should have been arrived at for the first time after the expiry of ninety (90) days from the Insurance effective date or the date of Reinstatement whichever occurs later, unless when hospitalization arises from an accident.
7. The Allianz will not make any further payment in respect of any Hospitalization Benefit if:
 - The Allianz has paid hospitalization benefit for Twenty (20) days in respect of all periods of hospitalization in the policy year; or
 - The Allianz has paid hospitalization benefit for Twenty (20) days in respect of the same sickness, disease or accident throughout the term of the policy; or
 - The Allianz has paid hospitalization benefit for Twenty (20) days in respect of any continuous period of hospitalization. Any period of hospitalization (for any cause) commencing within thirty (30) days of the end of a previous period of hospitalization will be treated as a continuation of that previous period.
8. The Allianz reserves the right to have the Life Assured examined by a medical practitioner appointed or approved by the Allianz in which event the Allianz will not make any payment under the hospitalization benefit unless such medical practitioner certifies that the hospitalization was necessary.
9. Where claims are in respect of the same or a related illness and/or illness of a recurring nature, the benefits payable there under in respect of all such claims over the balance period up to the Expiry Date of the benefit will be limited to the maximum annual entitlement for the Life Assured.
10. The General Conditions specified in Section 15 of the Policy shall be applicable to this benefit.
11. Nominee or Beneficiary shall have no right whatsoever to receive any payment arising from a claim under this benefit.
12. The maximum days payable per member will be limited to Twenty (20) days per product.
13. In the event of the Hospital Cash daily benefit is higher than the Dengue Cash benefit; Allianz will pay Hospital Cash daily benefit only.

20.DENGUE CASH BENEFIT

Dengue Cash Benefit herein shall mean;

In the event that a Life Assured gets hospitalized due to Dengue fever, on the recommendation and approval of a medical specialist, in a private or government hospital, the cash grant benefit or the amount as per mentioned at the section 5 will be paid.

Conditions

1. Allianz shall pay the cash grant benefit or the Hospitalisation benefit which ever the higher as specified in the section 5
2. During the policy year, only one Dengue Cash Grant will be payable per policy holder.
3. Insured person's admission to the hospital is mandatory(A government or registered private hospital)

4. A positive result from NS1 antigen test is mandatory.(Report should contain the name & age of the patient)
5. Date of NS1 antigen test showing "positive" result for dengue should be during the hospitalization or not more than 72 hours prior to time of admission to the hospital.(NS1 report is not compulsory for government Hospitalization)
6. The Allianz is not liable for any claim arising due to symptoms, treatment and/or hospitalisation within first 30 days from Insurance effective date or reinstatement date.
7. In the event where Dengue Cash benefit is higher than the Hospital Cash daily benefit, only the Dengue benefit will be paid.

Exclusions

The Allianz will not pay for any claim in respect of any Insured Person directly or indirectly, for, caused by, arising from or in any way attributable to:

- I. Any Treatment other than treatment for Dengue fever
- II. Expenses incurred for treatment of any pre-existing conditions while being hospitalised for treatment of Dengue Fever. Pre-existing Condition means any conditions (whether known or unknown to the policyholder), ailment or injury or related condition(s) for which the Insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment, prior to the Dengue policy issued by Allianz
- III. Treatment taken from following healthcare providers:
 - a. Treatment rendered by a Medical Practitioner which is outside his/her discipline or the discipline for which he/she is licensed.
 - b. Treatment rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him/her.
 - c. Any treatment or part of a treatment that is not customary and reasonable, not Medically Necessary or treatments which are not prescribed by treating doctor.