



Full Policy Terms and Conditions

Introducing Your Policy

This document sets out the terms and conditions of the *MeBanbo Policy* (referred to as *MeBanbo Life Insurance in advertising*) offered by Hollard Life Assurance Ghana Limited (Hollard) to Telecel subscribers. Please read and fully understand each clause set out in these terms and conditions. These terms and conditions can be changed at Hollard's sole discretion subject to sixty (60) days' notice to the *main insured person*. Hollard will notify the *main insured person* by SMS of any amendments to these terms and conditions and ensure that they are available on the Hollard website. Any *main insured person* who does not accept the changes to the terms and conditions of this agreement shall notify Hollard in writing within thirty (30) days of posting of the amendments at Hollard Life customer touch points, and such notification shall be deemed to constitute termination of this insurance policy with effect from the date on which the new amendments take effect. When a Telecel subscriber registers for the *MeBanbo Policy*, the subscriber must know and fully understand the terms and conditions set out in this document.

Confirmation of registration means that the Telecel subscriber agrees to abide and be bound by these Terms and Conditions in respect to the MeBanbo Policy.

Welcome to Hollard Life

Hollard Life 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 *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 Hollard Life. Only you have rights under this policy.

- 'We', 'us' and 'our' refer to Hollard Life Assurance Ghana Limited. Hollard is a registered insurance company and an authorised Financial Services Provider.
- 'You' and 'your' refer to the *main insured person* 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 and the *main insured person*.
- '*insured person*' refers to a person that meets the conditions for eligibility.
- '*main insured person*' refers to the person 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. Days refer to ordinary calendar days, including weekends and public holidays.
- Month means a calendar month including the first day, 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.

Your Policy

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

- The **registration** is where you asked us to cover all the *insured persons* under this policy, and where you gave us permission to collect the monthly *premium*.
 - The registration is electronic via your mobile device or via the web from a call centre agent who initiated the process online and you completed registration via your mobile phone; or
 - If you make any changes or additions to the policy after the *policy start date*, the physical or electronic form you completed when you made the changes will also be part of this policy.
- The **policy wording** includes the general terms and conditions and the benefits as explained below:
 - The general terms and conditions include all the terms, conditions and exclusions that apply to all the benefits.
 - The benefits set out the terms and conditions specific to the selected benefit.

The policy wording makes up your policy documentation that you are to access from the Hollard website, you can also download and keep a copy for future reference. 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.

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, policy schedule, an endorsement letter or an SMS confirming the change. 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.

A. Packages, Benefits and Premiums

There are four *policy packages* options that will be available to Telecel subscribers:

Package	Maximum Entry Age*	Benefits	Premiums
Lite	74	Ghc 1 000	Ghc 2.00
Basic	74	Ghc 5 000	Ghc 10.00
Standard	74	Ghc 15 000	Ghc 25.00
Premium	59	Ghc 30 000	Ghc 50.00

* The *insured person* may not be older than this age at their *benefit start date*.

- A Telecel subscriber may join individually via the mobile phone or as an *insured person* on Family Cover.
- Family Cover
 - Family Cover allows *main insured persons* to register their *insured persons*.

- All *insured persons* shall be on the same currency and package as the *main insured person* except for *main insured persons* whose dependant (*insured person*) is older than 59 years of age, who can only have cover up to Ghc 15 000.
- The *premium* is paid per head and is the same irrespective of the *insured person's* age, subject to defined limits.

B. Diaspora

- A *main insured person* can add an *insured person* who is in the diaspora under the Family Cover Package.
- Packages and *premiums* depend on the location of the *insured person* and are as follows:

Package	Maximum Entry Age*	Benefits Available	Monthly premium per insured person
Africa and the Rest of the World	74	Ghc 15 000	Ghc 25.00
	59	Ghc 30 000	Ghc 50.00

* The *insured person* may not be older than this age at their *benefit start date*.

- An *insured person* may not have more cover than the *main insured person*.
- Registration for the packages in the table above is limited to *insured persons* in the Diaspora who want to be **repatriated** to Ghana.
- Claims will only be **payable to a beneficiary on repatriation**, being upon arrival of the body of the deceased in Ghana; OR to the repatriating *Funeral Service Provider* in the Diaspora prior to repatriation of the deceased's body to Ghana. The *beneficiary* will advise us which option they are taking up.
- Further, in the event of payment to a repatriating *Funeral Service Provider*, any remaining balance of the policy will be paid out into the appointed *beneficiary's Telecel Cash Wallet*.

C. Family Cover

- The Family Cover Package allows a *main insured person* of the *MeBanbo Policy* to cover their *insured persons* under their policy.
- All *insured persons* under the policy shall be treated in their individual capacities for *premium* payments, exclusions and all other terms of the *MeBanbo Policy*.
- A *main insured person* can cover the following extended family members as *insured persons* directly on their mobile phone:
 - Spouse/s (maximum of 2 per policy);
 - Biological or legally adopted children;
 - Grandchildren;
 - Biological parents;
 - Biological grandparents; and
 - Parents-in-law
- An *insured person* should be at least 0 years old (newly born) but younger than 75 years old.
- The *premium* is paid per person and is the same irrespective of the *insured person's* age.
- An *insured person* may not have more cover than the *main insured person*.
- *Insured persons* are transferable amongst *insured persons* such as between husband or wife for minors and siblings for elderly biological parents once that *insured person* who is also the *main insured person* has passed away, lapsed or cancelled their policy.
- Where an *insured person* is 21 years or older and does not have an active Telecel line that is registered with Telecel, a *main insured person* will be requested to visit the nearest Hollard Life Branch with the following documents.
 - A copy of identity document of the *insured person*;
 - Proof of relationship to the *insured person*.

- A person can only be added once as an *insured person* on any policy but can have an individual policy or policies (maximum of 2) of their own.
- A person can only be covered for up to, if the *insured person* is aged 59 or younger at benefit inception date
 - Ghs 30 000 across all policies with Telecel, and
 - Ghc 60 000 across all policies with all product providers (i.e., across all networks and channels).
- A person can only be covered for up to, if the *insured person* is aged at least 60 and younger than age 75 at benefit inception date
 - Ghs 15 000 across all policies with Telecel, and
 - Ghc 30 000 across all policies with all product providers (i.e., across all networks and channels).
- The cover that can be bought for certain *insured persons* will be limited as follows:
 - Ghc 25 000 for *insured persons* older than 5 years but younger than 14 years old, and
 - Ghc 10 000 for *insured persons* 5 years old or younger.
- The Family Cover Package and Diaspora includes additional benefits, the Accidental Death and Accidental Disability Benefit.
 - An accident is defined as a sudden, fortuitous and uncertain event caused solely and directly by violent, external, physical and visible means independently of any other cause. And not a disability caused or resulting from illness or disease or natural causes.
 - The benefit amount for this benefit is equal to the benefit amount for each *insured person*.
 - No additional *premium* is required for this benefit – it is automatically included.
 - There is no waiting period for this benefit.
 - Accidental Death Benefit - In the event of the **accidental death** of an *insured person*, a benefit amount equal to the funeral benefit amount will be paid *in addition* to the funeral benefit – doubling the benefit amount in the event of an accidental death.
 - The Accidental Disability benefit stops for an *insured person* when they turn 75 years of age.
 - In the event of the **accidental disablement** of an *insured person* (not as a result of illness or sickness or any natural causes), the benefit amount will be paid to the *main insured person* according to the table listed below:

Description		Allocation
The total and permanent loss or loss of use of any:	Two limbs (at or above the elbow or knee)	100%
	One limb (at or above the elbow or knee)	50%
The total and permanent loss or loss of use (with radiological evidence of irreversible joint destruction) of:	Both hands or both feet	100%
	One hand or one foot	50%
The permanent loss of sight (as confirmed by an ophthalmologist's report):	In both eyes	100%
	In one eye	50%
The permanent loss of hearing (as confirmed by medical evidence in the form of audiometric and sound threshold tests) in:	Both ears	100%
	One ear	25%
The total and permanent loss of speech (as confirmed by a speech therapist)		100%
The loss of four fingers on one hand		25%
The loss of the whole thumb		25%

The loss of the whole index finger		10%
The loss of the whole great toe		25%

D. Exclusions

Exclusions mean instances where we will not be obliged to pay out a *claim* where an *insured person* claim as a result of the following excluded activities:

- *Death due to natural causes* occurring within **six months (waiting period) of the benefit start date of the policy of the insured person**. If you have paid in advance for this policy, it will not waive the actual duration of time elapsed for the waiting period.
- Suicide, attempted suicide or self-inflicted injury.
- War, insurrection or civil commotion.
- Epidemics as defined and declared by the World Health Organisation standards.
- A claim for a person who does not qualify for cover under this agreement.
- A fraudulent or dishonest claim.

Hollard will not be liable to pay an accidental disability benefit if any claim arises directly or indirectly from or is traceable to:

- wilful exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat;
- any *accident* which resulted in the disability of the *insured person* where the *accident* occurred prior to the *benefit start date*;
- an *insured person* engaging in:
 - combat duties, military exercises or any active service within any military, naval, air, police or correctional services body; or
 - the active duties of the provision of security or protection services to/for any organisation/individual; or
 - a Terrorists Activity; or
 - labour disturbances, riot, strike or lock-out; or
 - hazardous or professional sports / activities more than once a month or on an income earning basis;
- the use of nuclear, biological, chemical or explosive weapons or any radioactive contamination;
- an *insured person* driving any type of vehicle when the *insured person* had a blood alcohol content that exceeded the legal limit allowed for driving by the laws of the country where the *accident* occurred;
- the use of drugs by an *insured person*, unless it is proved that the drug was used in accordance with proper medical prescription and not for the treatment of a drug addiction;
- an *insured person* refusing medical treatment recommended by a *medical practitioner*;
- the unreasonable or wilful neglect or failure of an *insured person* to seek and remain under the care of a *physician*;
- miscarriage, abortion or complications arising from these.

E. Registration

- *MeBanbɔ Policy* provides cover for funeral expenses in the event of the death and disability support of an *insured person*. The *premium* payment for *cover* will be deducted from the *main insured person's* Telecel Cash Wallet at the specified payment frequency.
- To register for the *MeBanbɔ Policy*, the *main insured person* must be at least 18 years old but younger than 75.
- Registration is automated and shall be done through the *main insured person's* mobile phone.

- A *main insured person* must have an active Telecel GSM cell number registered on Telecel Cash to be able to register for the *MeBanbo Policy*.
- In order to register for the *MeBanbo Policy*, a *main insured person* will need to supply the following information:
 - Full name and surname;
 - Identity number;
 - Gender;
 - Date of birth;
 - *Beneficiary's* name and surname;
 - *Beneficiary's* relationship to the *main insured person*;
 - *Beneficiary's* date of birth; and
 - *Beneficiary's* contact cell number.
- Before a policy can be issued, the *main insured person* has to complete the registration process which includes confirming the personal details listed above, selection of the preferred MeBanbo Funeral Package and method of payment of the initial *premium* (via a debit order to their *Telecel Cash Wallet* or via using text instructions – Dial *269#).
- By completing the registration process, a *main insured person* confirms acceptance of these terms and conditions and authorises *us* to debit their Telecel Cash Wallet for the first *premium* and monthly thereafter.

F. Policy Start Date and Period of Insurance

- The *MeBanbo Policy* is effective as of the *policy start date*.
- The *policy start date* is calculated as follows:
 - If a *main insured person* registers between the 1st day of the month and the 10th day of the month (inclusive), the *policy start date* shall be a date in that same month on which the first *premium* is successfully deducted from *main insured person's Telecel Cash Wallet*.
 - If the *main insured person* registers between the 11th day of the month and the end of that month, the *policy start date* will be the 1st day of the following month following the successful deduction of their 1st full premium.
- The first *premium* shall be automatically deducted from *main insured person's Telecel Mobile Wallet* upon registration.
- Following the first *premium* payment, the *premium payment date* shall fall on the 1st day of each month.
- *Cover* lasts for one calendar month from each *premium payment date*.
- The policy is renewable by monthly debit from the *main insured person's Telecel Cash Wallet* or any other means as agreed upon with *us*.
- Should payment fail on the 1st of the month, Telecel will make several deduction attempts against the Telecel Cash Wallet throughout the month until successful payment is made.
- Attempts will be made to collect the premium every day of the month.
- A *main insured person* may cancel the policy by giving 30 days' notice at a Hollard Branch office with proof of identification.
- The policy is terminated on the death of the *main insured person*, cancellation by the *main insured person*, lapse of *cover* and/any other arrangement agreed between the *main insured person* and *us*.

G. Changes in Packages

- If the *main insured person* elects to increase his/her *cover*, the benefits will be paid as follows:
 - If death is by natural causes the previous cover level will be in force for
 - six months for *insured persons* younger than 75 years of age, after which the new *cover* level will take effect.
 - If death is by accident the new cover level will take effect immediately and any *claim* will be payable as per the new *cover* level.

- If the *main insured person* elects to decrease his/her *cover*, the new *cover* level takes effect immediately regardless of whether death is by accident or natural cause.

H. Premium Payment

- *Cover* is for funeral expenses and disability support provided the *premiums* are paid in accordance with the rules below:
 - The first *premium* is due upon registration, while the *premiums* that follow thereafter are due on the 1st day of each month thereafter.
 - *Premiums* will be paid via the *Telecel Cash Wallet*.
 - The exact *premium* amount due must be paid. Part payments are not possible.
 - If there are outstanding premiums where policy has not lapsed nor in waiting period, claim will be prorated using the applicable rate percentage of outstanding premium to total premiums due at the time of claim event.
 - There will be no *claim* settlement if the policy has lapsed.
- The Grace Period for this policy is a maximum of forty (40) days from the due date within which the *premium* should be paid after which the policy will automatically lapse.

I. Lapse and Reinstatement of Cover

- The policy will lapse on the 40th day after the Premium Due Date if the *premium* is not paid by the aforesaid date.
- A lapsed policy can be restarted upon payment of the *premium*. Where a policy is restarted, no claim shall be paid for *death by natural causes* for each month the policy was lapsed up to six months following the restart of the policy for *insured persons* younger than 75 years of age. Lapsed policies for lives older than 75 years cannot be reinstated and thus no claims are admissible.
- The policy shall not have a surrender value.

J. Notice Period for Premium Increase

- Sixty (60) days' notice will be given by us for any increases in *premium*.

K. Misrepresentation and Fraud

- Any misrepresentation or non-disclosure of a *material information* by the *insured person* may result in the policy being cancelled, a *claim* rejected or the policy being voided from inception without any refund of *premiums*.
- Any fraudulent act used to obtain any benefit by a policyholder or 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.

L. Changes in Policy

- Any changes to the policy must be done either by USSD process on your mobile phone or at a Hollard life branch with proof of identification.
- Such changes are limited to:
 - Change of mobile number; and
 - Corrections of any personal details on the policy
- There can be no change in the identity of the *insured person* on a given policy other than official changes in name in accordance with the laws of Ghana.
- A cancelled policy can never be reinstated. An applicant will have to make a new application for a new policy.

M. Beneficiary

- A *main insured person* can only appoint one (1) *beneficiary*. A *beneficiary* shall receive the death benefit upon the *insured person's* death.

- The *beneficiary* can only be an individual.
- Provision in any will or testament will supersede the *beneficiary* appointed in this policy, in accordance with The Wills Act of Ghana.
- If the *beneficiary* has died or where the *main insured person* did not appoint any *beneficiary*, the death benefit will be paid to the *insured person's* surviving *spouse* on submission of a Marriage Certificate and ID.
- If the *insured person* does not have a surviving *spouse* the death benefit will be paid to a *beneficiary* nominated per the instruction from District Administrator's office or the Person appointed on the letters of Administration for the deceased's estate.
- If the *beneficiary* selected is an individual and is under the age of 18 the proceeds of the *claim* will be paid per the instruction from the Office of the Master of the High Court.

N. Indemnity

- Upon the death of an *insured person*, we will pay the amounts stated in section A to a *beneficiary*, but subject to the exclusions and conditions in this policy.
- If we state that the claim payment is not due and payable by virtue of the exclusions or non-compliance with any of the terms and conditions stated herein, onus shall be on the *beneficiary* to prove the contrary.

O. Claims Procedure

- A claim must be presented as soon as possible from the date of any *insured person's* death. A claim will be paid into the *beneficiary's* bank account or payment made by cheque.
- A claim will be submitted through Telecel Service Centres or a Hollard Branch office.
- We must be notified that a *claim* is being made as soon as reasonably possible after the death of an *insured person* but in any event no later than 180 (one hundred and eighty) days from date of death.
- In addition to a fully completed Telecel Claim form, certified copies of the following documents must be provided at Telecel Service Centres or Hollard Branch:
 - Death Certificate;
 - Mortuary Certificate and/or Receipts;
 - Medical Certificate of the Cause of Death (if the deceased died in hospital);
 - Police Report (in the case of unnatural causes of death);
 - Specialist Medical Practitioner's Report (for Accidental Disability Claims);
 - Deceased's proof of identity (National ID);
 - Proof of Relationship to the deceased
 - *Beneficiary's* proof of identity;
 - *Beneficiary's* banking details; or
 - *Beneficiary's* contact cell phone number.
- Pay out to the *beneficiary* will be into their *Telecel Cash Wallet* or bank account or a cheque payment.
- Where a death certificate or medical certificate of cause of death has not been submitted with the initial *claim*, it MUST be submitted to us within 30 (thirty) days from date of filing the claim to enable us to pay the claim.
- The claim pay-out will be within 5 (five) working days after submission of all documents.
- In the event of death of an *insured person*, the benefit is paid to the *main insured person*.
- In the event the *main insured person* dies, the *insured persons* may be transferred to another *main insured person* as advised by the *beneficiary* and after consultations with new *main insured person* to continue their cover; failure of which the *insured person(s)* cover will lapse. Any *premiums* paid in advance by the deceased *main insured person* in respect of the *insured persons* shall be reimbursed and paid to the *beneficiary*.

P. Repudiation of Claims, Claims and Dispute

- In the event of repudiation by us of a *claim* or portion of a *claim* hereunder, a claimant may request us to review our decision within sixty (60) days period after claim repudiation letter was received.
- In the event of the *beneficiary* not agreeing with our reappraisal, the *beneficiary* will notify us in writing within thirty (30) days.
- Thereafter the matter shall be referred to arbitration by us in terms of the relevant legislation, within a period of sixty (60) days.

Q. Communications

- We are entitled to address any written communication in the manner it deems most expedient by SMS or through other means such as the Telecel's website (www.Telecel.gh) or Hollard's website (www.hollard.com.gh).

R. Limit of Indemnity

- Any claim brought by the *beneficiary* as a result of the *MeBanbɔ Policy* for whatever reason shall be limited to the benefit the *insured person* is entitled to in terms of their policy and these terms and conditions.
- The *insured person* may benefit from *MeBanbɔ Policy* as long as we continue to offer the *MeBanbɔ Policy* to the *insured person*. Any *claims* made after the discontinuance of *MeBanbɔ Policy* for whatever reason shall not be valid.

- We shall pay-out all *claims* that meet the terms and conditions and are submitted no later than 400 days from the date of death of the deceased *insured person*.
- A person can only be covered for up to, if the *insured person* is aged 59 or younger at benefit inception date:
 - Ghs 30 000 across all policies with Telecel, i.e. a policyholder can have a maximum of two policies, however the total sum assured should not be more than GHS30,000 on both policies and
 - Ghc 60 000 across all policies with all product providers (i.e., across all networks and channels).
- A person can only be covered for up to, if the *insured person* is aged at least 60 and younger than age 75 at benefit inception date:
 - Ghs 15 000 across all policies with Telecel, i.e. if covered on more than one policy and
 - Ghc 30 000 across all policies with all product providers (i.e., across all networks and channels).
- Any excess *premiums* received over and above the stated cover limits will be refunded.
- Kindly take note that if the policy has any outstanding premiums; claims will be prorated. This means any outstanding premiums will be deducted using the same percentage rate of outstanding premium to total premium amount due. For example, if your outstanding premium constitutes 5% of total premiums due at the time of the claim event, your claim will be processed less 5% of the total claim amount due or the applicable rate determined at the time.

S. Whole Agreement

- These Terms and Conditions shall constitute the sole agreement between *us* and the *insured person*.
- No contrary representations or agreement to amend the Terms and Conditions shall be of any force or effect unless in writing and signed by someone specifically authorised thereto in writing by *us* or changes that are made electronically and agreed to by you.

T. 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.

<i>Accident</i>	A sudden, fortuitous and uncertain event caused solely and directly by violent, external, physical and visible means independently of any other cause.
<i>Beneficiary</i>	A person that you chose to receive an <i>insured person's</i> benefits on the death of the <i>insured person</i> . This is known as nominating a <i>beneficiary</i> .
<i>Beneficiary</i>	A person that you nominate to receive the benefits in the event of an <i>insured person's</i> death.
<i>Benefit amount</i>	Means the amount of money that will be paid out to a <i>beneficiary</i> in the event of the death of an <i>insured person</i> .
<i>Benefit premium</i>	The monthly cost of the selected benefits on this policy for each <i>insured person</i> .
<i>Benefit start date</i>	The <i>benefit start date</i> for each <i>insured person</i> or benefit may be different. This is the date when an <i>insured person's</i> cover for a specific benefit begins under this policy after their 1 st <i>premium</i> in respect of the <i>insured person</i> has been paid.
<i>Child</i>	Will mean an unmarried, financially dependent <i>child</i> of the <i>main insured person</i> or <i>spouse</i> , who has not yet attained the age of 21, and will include: <ul style="list-style-type: none"> - a biological child, a posthumous <i>child</i> and a grandchild - a <i>stepchild</i>, a legally fostered <i>child</i> and an adopted <i>child</i>.

	<p>While the <i>main insured person</i> or <i>spouse</i> is eligible for <i>cover</i> under this policy, the age may (at our discretion), be extended to age 25 in respect of:</p> <ul style="list-style-type: none"> - an unmarried <i>child</i> who is a full-time student at a registered educational institution; and - an unmarried, financially dependent <i>child</i> of the <i>main insured person</i> or <i>spouse</i> who is mentally disabled or permanently, totally or physically disabled.
<i>Claim</i>	A request for a benefit pay-out done by a <i>beneficiary</i> and or his representative or guardian in the event of the death of the <i>insured person</i> .
<i>Claimant</i>	The person who has told <i>us</i> about a claim and whose claim was accepted by <i>us</i> .
<i>Cover</i>	Means a promise made under this policy by <i>us</i> to pay a specified amount of money under the <i>MeBanbɔ Policy</i> , in return for a <i>premium</i> .
<i>Death by accident</i>	Means an unforeseeable event that occurs after the <i>benefit start date</i> and which, in a violent, external and visible manner, independently of any other cause, directly results in the death of the <i>insured person</i> .
<i>Death by natural causes</i>	Means a death that is primarily attributed to an illness or an internal malfunction of the body not directly influenced by external forces such as accident or homicide, but excluding the exclusions set out in these terms and conditions.
<i>Double Accidental Funeral Benefit</i>	If an insured person dies as a result of an Accident (as defined above). An amount equal to the funeral benefit due will be paid in addition to the original funeral benefit.
<i>Telecel Cash Wallet or Telecel Cash Wallet Balance</i>	Means an electronic wallet held with Telecel Ghana Ltd in the name of the <i>insured person</i> , Sponsor, and/ or <i>beneficiary</i> .
<i>Econet Micro Insurance System</i>	Means the system which manages the <i>MeBanbɔ Policy</i> .
<i>Telecel Agent</i>	Means an entity and/or individual registered by <i>us</i> to assist in submission of <i>claims</i> .
<i>MeBanbɔ Policy</i>	Means a funeral assurance cover that entitles a promised amount determined by the <i>policy package</i> to be paid out in the event of the death of an <i>insured person</i> .
<i>Insured person/s</i>	Refers to the person who meets the conditions for eligibility and a person whom the <i>main insured person</i> has a legal duty to support, such as: <ul style="list-style-type: none"> - <i>Spouse</i>; - Biological or legally adopted children; - Grand Children; - Biological parents; - Biological grandparents; and - Parents-in-law.
<i>Insured event</i>	Is something that happens to an <i>insured person</i> under this policy that results in <i>us</i> paying out a claim. This is <i>death by accident</i> , <i>death by natural causes</i> or disablement by accident.
<i>Main insured person</i>	Refers to the individual <i>MeBanbɔ Plan</i> applicant. <i>Main insured persons</i> must be 18 years or older but younger than 75 years to qualify to register for a policy.
<i>Material information</i>	Information that affects our decision to cover an <i>insured person</i> on the terms and conditions in this policy.
<i>Medical Practitioner or Physician</i>	Physician or Medical Practitioner means a person legally licensed and duly qualified to practise medicine and surgery (other than the policyholder, an <i>insured person</i> or a member of their family).

<i>Parent</i>	Includes the <i>parent</i> of the <i>main insured person</i> and/or <i>spouse</i> where the <i>main insured person</i> and/or <i>spouse</i> is a biological <i>child</i> , a <i>stepchild</i> , a legally fostered <i>child</i> or an adopted <i>child</i> of the <i>parent</i> .
<i>Period of insurance</i>	Means the period between the <i>policy start date</i> or the <i>benefit start date</i> and the date when the policy ends, subject to the receipt of your full monthly <i>premium</i> . <i>Cover</i> is active for one month and is renewable with each subsequent <i>premium</i> payment.
<i>Policy</i>	Means this <i>MeBanbo Policy</i> contract between <i>us</i> and the <i>main insured person</i> , which determines the <i>claim</i> which we are legally required to pay in the event of an <i>insured person's</i> death.
<i>Policy cancellation</i>	Means the withdrawal and/or termination of a policy by <i>us</i> or by the <i>main insured person</i> .
<i>Policy number</i>	Means the unique number generated by the <i>Cassava / Econet Microinsurance System</i> and may be the <i>main insured person's</i> unique mobile number. The <i>main insured person's</i> policy number may be quoted in all correspondence pertaining to the <i>insured person's MeBanbo Policy</i> .
<i>Policy package</i>	Means the <i>MeBanbo Policy</i> options available for selection by a <i>main insured person</i> for himself and/or <i>insured persons</i> .
<i>Policyholder</i>	Refers to you, the owner of this policy. The <i>policyholder</i> is also the <i>main insured person</i> .
<i>Policy review date</i>	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: <ul style="list-style-type: none"> - will automatically increase the <i>premium</i> (if applicable); and - may make changes to the policy conditions.
<i>Policy start date</i>	The date cover for the <i>main insured person</i> begins under this policy. The <i>policy start date</i> will be the later of: <ul style="list-style-type: none"> - the first of the month during which we received the first <i>total premium</i>; and - the date that we agree to restart this policy as defined in the policy terms and conditions.
<i>Premium</i>	Means the amount that the <i>main insured person</i> is required to pay every month or at any other frequency specified under the policy to maintain the policy. The <i>premium</i> is paid through automatic deduction from the <i>main insured person's Telecel Cash Wallet</i> or any other means as agreed upon with <i>us</i> .
<i>Premium collection date</i>	The day each month, on which the <i>total premium</i> will be deducted as agreed, from as: <ul style="list-style-type: none"> - a debit to the <i>main person insured's Telecel Cash Wallet</i>; or - any other means as agreed upon with <i>us</i>.
<i>Repatriation</i>	The act of returning a person back to their home country. In this case the act of returning the remains of a deceased back to their home country where this insurance policy was purchased.
<i>Spouse</i>	A person who is the permanent life partner in a heterosexual partnership or spouse by marriage, civil union, customary law, or the tenants of any Asiatic religion partner of the <i>main insured person</i> . A permanent life partner is a partner who you live with (in a heterosexual cohabitation) for longer than twelve (12) months.
<i>Waiting period</i>	This is the period of time in actual months elapsed, during which we will not pay any claims if an <i>insured person</i> died because of natural causes. The <i>waiting period</i> begins from the <i>benefit start date</i> of each <i>insured person</i> (the date on which the 1 st <i>premium</i>

	begins cover for the <i>insured person</i>) and only completes (or ends) six months after this date. Any premium payments in advance does not waive this requirement of duration and time that should be served.
<i>Us / We / Our</i>	Refers to Hollard Life Assurance Ghana Limited (Hollard).