



FAIRFIRST MOBTEL INSURANCE COVER

1. INTRODUCTION

The loss of income is a product where support is provided when the person suffers income loss due to physical disablement, sickness, or an accident. It also consists of protection for loss of employment and an accidental death benefit. The cover will be provided through Mobitel for their pre-paid individual customers and post-paid individual customers, where premiums are deducted on a daily basis from customers on monthly basis.

The monthly fees set out in the below table shall be collected by Mobitel and paid to Fairfirst insurance Ltd. on behalf of Mobitel's prepaid and postpaid customers.

Once the Premium is partially deducted, the indemnity of LKR 8,400 and other benefits will be reduced on a pro rata basis, as set out in list of benefit.

The cover will be effective from the next month after completion of payment.

2. LIST OF BENEFITS

PREMIUM TABLE		LOSS OF INCOME		LOSS OF JOB		ACCIDENTAL DEATH BENEFIT
Daily Reduction	Monthly Deduction (excl. Taxes)	Weekly benefit layers	Annual cover	Cover	No of Salary times	Indemnity Amount
5.00	150.00	8,400.00	35,000.00	Monthly salary or Maximum of Rs 50,000 whichever is less	3 months	150,000.00
4.43	132.90	7,000.00	30,000.00			
3.74	112.20	5,600.00	24,000.00	Monthly salary or Maximum of Rs 50,000 whichever is less	2 months	100,000.00
3.06	91.80	4,200.00	18,000.00			
2.37	71.11	2,800.00	12,000.00	Monthly salary or Maximum of Rs 50,000 whichever is less	01 months	50,000.00
1.69	50.70	1,400.00	6,000.00			
	01-50	1,400.00	3,000.00	N/A	N/A	N/A

ABOVE PREMIUMS ARE SUBJECT TO .3% ADMIN FEE, 2.04% NBT, AND 15% VAT





2. COVERAGE

2.1. LOSS OF INCOME

Weekly benefit will be paid due to physical disablement resulting from sickness or an accident. Insured should be confined to bed. As a proof medical documents specified in 2.1.A should be submitted to the Insurer & Indemnity will be paid on pro rata basis when the monthly deduction amount is not completed of Rs. 120/= per month (excl. taxes) as stipulated in the table of benefit. Period of disablement is less than one week, benefit will be arranged on prorata basis.

2.1. A. DOCUMENTS REQUIRED FOR CLAIM

In the event of a claim,

- Diagnosis Card,
- Claim form and
- Copy of identification document

Must be submitted as a proof of a claim within 90 days of such disablement.

2.3. B Policy Excess

Policy will exclude the first day (1st) of the disablement period.

A 50% of excess deduction will be applied for claims made in first three (3) months from the policy effective date and once the 03 months have passed insured will be eligible to 100% of the benefit after completing the 03 months payments

1.1 .C. EXCLUSIONS

- Attempted suicide or intentionally self-inflicted injury while sane or insane. Illegal substances, misuse of alcohol or intoxicating drugs, Injury, disease or an illness arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, professional sports and illegal activities.
- Pregnancy, child birth including surgical delivery, miscarriage, abortion and pregnancy related ailments and conditions, prenatal or postnatal care, surgical, mechanical or chemical contraceptives and methods of birth control, infertility and subfertility, sexual dysfunction, tests or treatment and treatments related to impotence or sterilization.
- Conditions resulting from manmade or natural disasters including war or any act of war, criminal or terrorist activities, direct participation in strikes, riots and civil commotion or insurrection, ionizing radiation or contamination by radio activity from any nuclear fuel or nuclear waste or nuclear weapon and any malicious act.
- Hospital admissions primarily for investigatory purposes including physical, laboratory, radiological or instrumental examinations not incidental to treatment of a covered disease, routine physical examinations, health checkups, medical studies, monitoring and screening tests other than angiogram





1.2 LOSS OF JOB

2.2. A. SCOPE

Insured will eligible for the benefit once, his/her Loss of employment due to:

- on account of Retrenchment or layoffs
- on account of Employer rules and regulations (Example, closure of a division or department)
- on account of poor financial health or termination from employment due to sickness or
- action of any public authority to leading to closure of the business

2.2. B. REQUIRED DOCUMENTS

In the event of a claim the following documents has to be submitted from Employer

- Documentary proof from the current employer to confirm his/her employment
- Last three months' salary particulars which confirms constant basic salary for 03 months
- EPF/ETF contribution certification
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Insurer will pay one time lump sum payment within 7 working days once he/she submits all necessary documents within 90 days of such occurrence.

In the event of claim has already being intimated under “loss of employment category” claimant will not be entitled for another claim under “Accidental death Benefit”

2.2. C EXCLUSIONS

- The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment due to any dishonesty or fraud or poor performance or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
- The Company shall not be liable to make any payment under this Policy in connectionwith or in respect of: a) Self-employed persons; b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer; c) Any voluntary unemployment; d) Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the Policy Period
- Any unemployment due to resignation, retirement whether voluntary or otherwise
- Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
- Any suspension from employment because of any pending enquiry being conducted by the employer/ Public Authority





1.3 ACCIDENTAL DEATH BENEFIT

2.3.A SCOPE

Death of the Insured was caused by an accident and occurred within (90) days from the date of such accident the accidental death benefit (ADB) stated in the benefit list, shall be paid to the nominee as declared at the enrollment.

2.3. B. DOCUMENTS REQUIRED FOR CLAIM

- Death Certificate
- Post Mortem Report
- Police Report (If necessary)

Insurer will pay one-time lump sum payment within 7 working days once he/she submits all necessary documents within 90 days of such occurrence.

In the event of claim has already being intimated under “accidental death Benefit category” claimant will not be entitled for another claim under “loss of Job category”

2.3. C: EXCLUSIONS

- Accidents caused by excessive ingestion of alcoholic drinks, hallucinogens or driving while drunk: Accident occurring when the blood alcohol level is above the legally permitted level.
- Naval or military operations of the armed forces or air force and participating in operation requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- Hazardous activities and adventure sports, including but not limited to scuba diving, motorcycling, parachuting, hand gliding, rock or mountain climbing, racing of any kind other than foot, rafting, bungee jumping, potholing or any sport in a professional capacity otherwise agreed in writing by the Insured.
- Natural perils; Natural disasters such as but not limited to avalanches, landslides, earthquakes, flood, tsunami or tidal waves caused by earthquake or volcano eruptions, cyclones, tempests, hurricanes, tornado and typhoons.
- Result from poisoning other than infection occurring simultaneously with/ and in consequence of an accidental wound.
- The Insurer shall not be liable in respect of any claim, if the Insured is engaged in any occupation at the time of death which is substantially different to that described in the proposal or declaration of health.

3. GENERAL POLICY CONDITIONS

3.1. Geographical Territory

All benefits provided in this policy are applicable only to the expenses incurred within the geographical territory of Sri Lanka.





3.2. Policy Commencement and Renewals

This policy is remained effective from the very next calendar month after completing the daily payment for the first month. There after this policy is monthly renewable at the premium rates in effect at that ti me as notified by the company.

3.3. Claim Limits

A daily allowance shall be paid for the period of Hospitalization based on the premium paid as stipulated in Schedule 1, excluding the first night of staying at the hospital. The maximum claimable limit for 12 calendar months shall not exceed the annual limit stipulated in the first schedule.

3.4. Age Limit

This policy covers the persons, entry age is 18 to 65 and exit age is 70

3.5. Policy Excess

50% of excess shall be applicable for claims during the first three (03) months from the policy effective date and shall be removed thereafter until a Claim is made.

If a Claim is made, 50% excess shall be reapplied to claims for a period of three (3) months following such Claim. After three (3) months have passed, the Insured will again be entitled to 100% of the benefit again.

3.6. Premium Payments

The policy holder shall settle monthly premium as follows (excluding applicable taxes):

3.7. Notice

Every notice or communication to the company shall be in writing and sent to the company address. The Insured will be contacted by FIL through his/her Mobitel subscriber number.

3.8. Alterations

The company reservesthe right to amend the termsand provisions of this policy by giving a 30-day prior notice in writing by ordinary post to the policy holder's last known address in the company's records


3.9. Cancellation

This policy either in its entirety or in respect of any insured may be cancelled at any time by the Company, by notice to the policy holder, returning to the insuredthe last premium paid for the policy in its entirety. Should the subscriber fail to pay the premium for more than 60 days, he/she will be automaticallydisconnected from the scheme.

3.10. Claim submission

Hospitalization claim documents shall submit Within 60 days of the discharge date.





3.11. Claim Settlements

Eligible Payments are done to individual within 5 working days as company receives complete documentation to the name of Insured.

3.12. Certification, Information and Evidence

All certificates, information, evidence required by the company shall be furnished at the expense of the insured and in such a form that the company may require

If any claim made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof, then in any of these cases, the company reserve right to void the cover in respect of such insured.

3.13. Governing Law

This policy is issued and governed by the law of the Democratic Socialist Republic of Sri Lanka.

3.14. Currency of the Payments

All payments to the insured and to the company shall be done in Sri Lankan Rupees.

4. DEFINITIONS

4.1. Accident shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause and leading to an injury.

4.2. Annual limit shall mean maximum limit available for the Insured to utilize for Hospitalizations during one year from the first commencement of the policy.

4.3. Dental treatment shall mean a treatment done by a doctor having initial B.D.S. (Bachelor of Dental Surgery) qualification with or without or further specialization.

4.4. Disease shall mean a physical condition marked by a pathological deviation from the normal healthy state.

4.5. Hospital shall mean only an establishment duly constituted and registered at ministry of health care and nutrition as a hospital for the care of sick and injured persons and Which, has facilities for diagnosis and major surgery, and Provides 24 hour a day nursing services by registered and graduated nurses.

4.6. Hospitalization shall mean admission and confinement to a Hospital as a registered inpatient under supervision of a Medical Specialist following initial outpatient, day surgery or E T U treatment

4.7. Injury shall mean bodily damage caused solely by an Accident.

4.8. Inpatient shall mean a person confined to overnight stay in the hospital for clinical management of a disease or an injury seeking full time doctors' attention and observation.

4.9. Insured Person shall mean subscriber of Mobitel paid premium for previous month

4.10. Surgery shall mean any of the following medical procedures: To incise, excise or electro cauterize any organ or body part to repair, revise or reconstruct any organ or body part except for dental services.