

Savings linked Product Summary

Savings Linked Insurance	
What is it?	<p>Savings-Linked Insurance is an insurance product that will be offered to Angaza Partner customers.</p> <p>This cover is monthly and starts at the beginning of the next month upon enrollment</p>
Who can benefit from Savings Linked Insurance?	<p>Angaza partner customers aged between 18 and 80 years in the event of the following circumstances;</p> <ul style="list-style-type: none"> • Hospitalization - Benefit if hospitalized for 3+ nights in an NHIF accredited hospital • Personal Accident – In the event of loss or destruction of the purchased solar equipment during the loan term • Permanent Disability- shall mean total loss of a limb, sight or hearing of the insured individual due to an illness. • Death – Death of beneficiary caused by anything other than beneficiary committing a crime
How can account holders register for the Insurance?	<ul style="list-style-type: none"> • The partner/partner customer can opt in by sending an email to kenya@microensure.com
What are the TAT's for the insurance	Payment is made within ten days of complete document submission
How will subscribers receive these benefits?	In the event that any of the insured events happen, Money will be deposited directly to the insured's mobile wallet
How long do subscribers have to notify MicroEnsure of an insured event?	<p>All claims must be reported to MicroEnsure within the following periods:</p> <ul style="list-style-type: none"> ▪ Hospitalization Cover: must be notified within 30 days from the date of the event and submit required documentation within 60 days. ▪ Disability – Notification within 30 days and documents to be provided within 60 days from notification ▪ Death – Notification within 90 days and documents to be provide within 60 days from notification ▪ Personal Accident- Notification within 30 days and documents to be provide within 60 days from notification
Under what conditions will a benefit not be paid?	<ul style="list-style-type: none"> ▪ Hospitalization caused by intentionally self-inflicted injuries; ▪ Hospitalization due to a bodily injury arising from commitment by Beneficiary or violation of a Kenya Criminal law; ▪ Permanent Total Disability and personal accident that has not being confirmed by a medical Doctor. ▪ Any fraudulent or dishonest act committed by the Beneficiary or the staff of the Policyholder whether acting alone or in collusion with others; ▪ suicide or any attempted threat of suicide, any intentionally self-inflicted injury or illness; or

	<ul style="list-style-type: none"> any intentional contravention of any criminal law, whether legislative or at common law, by the Beneficiary, or by anyone acting on behalf of the Beneficiary (and Beneficiary's Spouse and Beneficiary's Dependent) or with the Beneficiary's (and Spouse and Dependent) permission or knowledge or by any person claiming any benefit under the Policy; Any fraudulent or dishonest act committed by the Beneficiary or the staff of the policyholder whether acting alone or in collusion with others. Any fraudulent or dishonest act committed by the Beneficiary or the staff of the policyholder whether acting alone or in collusion with others;
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Product and Benefits

Coverage Event	Benefit Amount	Description	Monthly Premium
Hospitalization	KES 1,000	• Paid to the insured individual when they are hospitalized for at least 3 nights at an NHIF accredited hospital in Kenya	KES 39
Funeral Cover	KES 20,000	• Paid to Next of Kin in the event of death of the customer	
Permanent Disability	KES 20,000	• Paid to the customer in the event of total loss of a limb, sight or hearing	
Personal Accident	KES 2,500	• Paid to the customer in the event of an accident which renders them unable to work	

Coverage Event	Benefit Amount	Description	Monthly Premium
Hospitalization	KES 2,000	• Paid to the insured individual when they are hospitalized for at least 3 nights at an NHIF accredited hospital in Kenya	KES 99
Funeral Cover	KES 25,000	• Paid to Next of Kin in the event of death of the customer	
Permanent Disability	KES 25,000	• Paid to the customer in the event of total loss of a limb, sight or hearing	
Personal Accident	KES 5,000	• Paid to the customer in the event of an accident which renders them unable to work	

Coverage Event	Benefit Amount	Description	Monthly Premium
Hospitalization	KES 3,000	• Paid to the insured individual when they are hospitalized for at least 3 nights at an NHIF accredited hospital in Kenya	KES 149
Funeral Cover	KES 50,000	• Paid to Next of Kin in the event of death of the customer	
Permanent Disability	KES 50,000	• Paid to the customer in the event of total loss of a limb, sight or hearing	
Personal Accident	KES 7,500	• Paid to the customer in the event of an accident which renders them unable to work	

Coverage Event	Benefit Amount	Description	Monthly Premium
Hospitalization	KES 5,000	• Paid to the insured individual when they are hospitalized for at least 3 nights at an NHIF accredited hospital in Kenya	KES 199
Funeral Cover	KES 75,000	• Paid to Next of Kin in the event of death of the customer	
Permanent Disability	KES 75,000	• Paid to the customer in the event of total loss of a limb, sight or hearing	
Personal Accident	KES 10,000	• Paid to the customer in the event of an accident which renders them unable to work	

Claims Documentation

<u>Benefit</u>	<u>Documents Required</u>
Hospitalization	<ul style="list-style-type: none"> • Customer's ID Copies/ Alien ID/ Passport • Hospital discharge letter or medical report or admission receipts where deemed necessary by the Administrator or the Insurer; • Any other document that the Insurer agreed to accept in place of the above listed documents
Permanent Disability	<ul style="list-style-type: none"> • Customer's ID Copies/ Alien ID/ Passport • Hospital discharge letter or medical report or admission receipts where deemed necessary by the Administrator or the Insurer • Any other document that the Insurer agreed to accept in place of the above listed documents.
Personal Accident	<ul style="list-style-type: none"> • Customer's ID Copies/ Alien ID/ Passport • Hospital discharge letter or medical report or admission receipts where deemed necessary by the Administrator or the Insurer • Any other document that the Insurer agreed to accept in place of the above listed documents.
Death	<ul style="list-style-type: none"> • Beneficiary's ID Copies/Alien ID/Passport • Burial permit • Death certificate OR Medical report OR letter from a chief/Imam/priest

	<ul style="list-style-type: none">• Any other document that the Insurer agreed to accept in place of the above listed documents
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