

Application Form



Section A

Personal Details

First Name

Middle Name(s)

Gender Male Female

Title

Name of Spouse

NRC No.

Contact Number

House Number

Street Name

Town

Employer Name

Last Name

Maiden Name

Marital Status Married Single

Divorced Widowed

Date of Birth / /

Alternative Contact Number

Email Address

Physical Address

Area of Residence

Postal Address

Nationality

Sector of Employment: Public Private Non-Profit Self employed

Job Type: Desk/Admin Field Work- Not manual Manual work e.g Construction/Mining/Agriculture Admin & Manual

Job Title:

Employee No. / Man No./ Service No.

Date of Employment / /

Highest Level of Education:

Secondary College University Post Graduate

Monthly Earnings

Less than K3 000 K3 000 to K10 000
 K10 00 to K25 000 K25 001 to K40 000 Above K40 000

Monthly Earnings (USD)

Less than \$120 \$120 to \$400 \$400 to \$1,000
 \$1,000 to \$1,600 Above \$1,600

Height (cm)

weight (kg)

Section B

Policy Details

PRODUCT: LIFE PROTECT FUTURE PROTECT HEALTH PROTECT INCOME PROTECT

FIRST LIFE:

Full Name:

NRC:

Death Sum Assured

PTD SA (Permanent Total Disability)

HCBSA (Hospital Cash Benefit)

Start Date / /

Premium Payment Method:

Visa/Mastercard Debit/Credit Mobile Money

Cash Deposit Bank Transfer

Monthly Investment Premium (for Policies with Investment Wallets)

Beneficiary Details

(1) Name	<input type="text"/>	(2) Name	<input type="text"/>	(3) Name	<input type="text"/>
NRC	<input type="text"/>	NRC	<input type="text"/>	NRC	<input type="text"/>
Contact Number	<input type="text"/>	Contact Number	<input type="text"/>	Contact Number	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>	Email	<input type="text"/>

Details of Existing Policies:

Name of Insurer

Policy Type

Sum Assured

Maturity Date

Name of Insurer

Policy Type

Sum Assured

Maturity Date

Section c

Family History Details

Relationship	Living (Y/N)	Date of Death	Cause of Death
Father			
Mother			
Number of Sisters			
Number of Brothers			

Section D**Medical History Details- Mark X where appropriate****1. Have you ever had:**

a. Recurrent or persistent fever or skin disorder

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

b. Persisten night sweats?

<input type="checkbox"/>	<input type="checkbox"/>
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c. Sudden weight loss?

<input type="checkbox"/>	<input type="checkbox"/>
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d. Infections or swollen glands

<input type="checkbox"/>	<input type="checkbox"/>
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e. Chronic or frequent diarrhoea?

<input type="checkbox"/>	<input type="checkbox"/>
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f. Persistent Cough

<input type="checkbox"/>	<input type="checkbox"/>
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g. Hepatitis B or any sexually transmitted disease including genital sores or discharges?

<input type="checkbox"/>	<input type="checkbox"/>
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YES**NO**

2. Have you ever been refused as a blood donor?

<input type="checkbox"/>	<input type="checkbox"/>
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3. Have you received any blood transfusions within the last 5 years?

<input type="checkbox"/>	<input type="checkbox"/>
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4. Have you received medical advise or treatment in connection with AIDS related condition or sexually transmitted disease?

<input type="checkbox"/>	<input type="checkbox"/>
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5. Have you been told you had AIDS or AIDS related complex?

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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6. Have you ever been told you had a positive blood test for antibodies to the AIDS virus?

<input type="checkbox"/>	<input type="checkbox"/>
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7. Have you ever had a, or been advised to have a, blood test for AIDS or an AIDS related condition?

<input type="checkbox"/>	<input type="checkbox"/>
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8. Do you have any of the following which are unexplained: Fatigue, weight loss, diarrhoea, enlarged lymph nodes, unusual skin lesions

1. Do you currently have any of the following:

a. Cancer, leukaemia, Hodgkin's diseases, lymphoma or a brain or spinal tumor?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

b. Heart disease, angina, a heart attack, heart abnormality or defect, heart valve disorder or an irregular heart beat?

<input type="checkbox"/>	<input type="checkbox"/>
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c. A stroke, mini stroke, transient ischaemic attack (TIA) or a brain or subarachnoid haemorrhage?

<input type="checkbox"/>	<input type="checkbox"/>
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d. Multiple sclerosis, Parkinsosn's disease, Alzheimer's disease, paralysis or paraplegia?

<input type="checkbox"/>	<input type="checkbox"/>
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e. Visual disturbance, blurred or double vision, optic or retrobulbar neuritis?

<input type="checkbox"/>	<input type="checkbox"/>
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f. Tingling, pins and needles, mubness, a tremor or any loss of feeling, balance or coordination, for which you consulted a doctor or hospital

<input type="checkbox"/>	<input type="checkbox"/>
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g. Any lump that has appeared or grown in size, or a mole or freckle that has bled, caused pain or changed in appearance?

<input type="checkbox"/>	<input type="checkbox"/>
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Section D**Medical History Details- Mark X where appropriate****YES****NO**

h. Raised blood pressure or raised cholesterol for which treatment, further readings or a change in diet were advised?

i. Asthma, bronchitis, tuberculosis, coughing with blood, or any chest, lung or breathing disorder?

j. Any epilepsy, seizure, fit or blackout, and any recurrent headache for which you have consulted a doctor?

k. Any impairment of vision or hearing or any disorder of the eyes or ears?
You may ignore sight problems corrected by glasses or contact lenses, but you may tell us about all hearing problems, even if corrected by hearing aids.

l. Diabetes, Crohn's disease of colitis?

m. Any disorders of the kidneys?

n. Any mental illness or eating disorder or have you attempted self-harm or taken an overdose?

o. Any feelings of depression, anxiety, stress or fatigue that you have reported to a doctor, hospital, nurse, psychologist or psychiatrist or any other type of medical practitioner?

For Female Applicants Only:**YES****NO**

a. Have you have had menstrual disorders?

b. Had any premature delivery, miscarriage or Still birth?

c). Are you now pregnant (if so what is the delivery date)?

Details of Current Medical Attendant

Name of Doctor/Medical Attendant

Name of Hospital

Town

Date of Last Visit

Do you smoke? If Yes, How Often

I do not smoke I smoke

Number of cigarettes per day

cigarettes daily

How many times do you consume alcohol a week?

I do not take alcohol 1-2 times a week

3-4 times a week More than 4 times a week

Have ever received medical advice to reduce or discontinue your liquor or tobacco consumption?

YES	NO
<input type="text"/>	<input type="text"/>

Have you taken drugs other than for medicinal purpose?

<input type="text"/>	<input type="text"/>
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How often do you exercise?

I do not exercise 1-2 times a week

3-4 times a week More than 4 times a week

Do you participate in any of the following?

Flying other than a fee paying passenger

YES	NO
<input type="text"/>	<input type="text"/>

Wild beast or game hunting

<input type="text"/>	<input type="text"/>
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Mountaineering

<input type="text"/>	<input type="text"/>
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Motor Racing

<input type="text"/>	<input type="text"/>
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Motor cycling Racing

<input type="text"/>	<input type="text"/>
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Polo/horseback Racing

<input type="text"/>	<input type="text"/>
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Rock Climbing

<input type="text"/>	<input type="text"/>
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Scuba Diving

<input type="text"/>	<input type="text"/>
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Hand gliding

<input type="text"/>	<input type="text"/>
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Any speed contests of any kind

<input type="text"/>	<input type="text"/>
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Any hobby that would be considered hazardous in nature?

<input type="text"/>	<input type="text"/>
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AGENCY DETAILS (for official use)

Submitting Office:

Team Number:

Sales Representative:

Office yearly premium:

Agency Code Number:

Inside Staff if any:

Staff Number.....

1. I the Life to be Assured, declare that all statements made whether in my handwriting or not, are true and I agree that such statements together with those made or to be made, to the medical officer of OneLife and signed by me, shall be the basis of the proposed contract of assurance. I hereby irrevocably authorize and request any doctor or other person who may be in possession of or hereafter acquires any information concerning my health up to the present time to disclose such information to OneLife and agree that such authority and request shall remain in force after my death as well as prior thereto.

2. I understand and agree that any misstatement, omission or non-disclosure herein may lead to this contract being declared null and void by OneLife and that in such event any premiums paid in respect thereof shall be forfeited to One Life Assurance Limited.

Date thisDay..... 20.....

Signature of the life to be assured.....

Signature of Witness

Notes

(i) The Company is only bound by documents bearing the signature of the managing Director or anybody authorized to sign on his/her behalf.

(ii) The Company would not be on risk until the proposal has been accepted in writing and the first premium received at Company's Head Office.

One Life FutureProtect Insurance Plan

Key Facts Statement

Licensed in Zambia

Registered Office: 3rd Floor, Finance House, Cairo Road, Lusaka, Zambia

Regulated by the Pension and Insurance Authority, 5 Lubwa Road, Lusaka, Zambia Web:

<http://www.pia.org.zm> Phone: +260 211 251 405

This document summarises the product. It is not a contract and does not contain the full details. Please read the "Before making a decision" section at the end of this document before you decide whether to buy this product.

What is covered?

This product pays lump sum benefit on death of the policyholder(s). It also has an Education Investment wallet.

Item	Standard or extra	Details
Death Benefit	Standard	<ul style="list-style-type: none"> • The benefit for this product is paid on the death of the policyholder(s). There are two options- Single life and Joint life (for legal spouses). • The minimum age is 18 and the maximum age is 55 at the date of signing up for the policy. • You must be a permanent resident of the Republic of Zambia to access this policy. • The minimum option for your death benefit is K10 000 and the maximum is K2 000 000.
Medicals	Standard	There are no medicals required for death benefits up to and including K500 000. For death benefits above K500 000, you will be required to go for medicals at your own cost and submit the paperwork to OneLife for assessment before your proposal form can be accepted.
Single Life Policies	Standard	For Single life policies, the death benefit is paid on the death of the single policyholder.
Joint Life Policies	Standard	For Joint life policies, the death benefit is paid on the first death of either policyholder. The death benefit is only paid once. The policy will then cease.
Education Investment Wallet	Standard	The policy comes with an education investment wallet with a minimum return of 3% per annum. The policyholder can withdraw from the wallet a maximum of 50% of the accumulated investment every six months starting from 25 months after the policy start date.
Term of the Policy	Standard	The policy term options are 3,5,7 and 10 years.
Waiting Periods	Standard	There is a waiting period of 6 months for death from natural causes or illness. There is no waiting period for death from a certified accident.

OneLife Key Facts Statement for the FutureProtect Insurance Plan

Payment at end of policy	<i>Standard</i>	<i>At the end of the policy, the policyholder receives the total of the accumulated investment wallet only.</i>
Payment Plan	<i>Standard</i>	<i>Payments can be made monthly, quarterly or annually through cash deposits, Mobile money, Visa card or your company payroll if the payroll deduction facility exists between your employer and OneLife.</i>
Policy Fees	<i>Standard</i>	<i>There is a non-refundable monthly fee of K35 per month. There is also a monthly fee of 1% of the investment premium.</i>

What period is covered?

- This cover is only for the policy term chosen from the options 3,5,7 and 10 years.
- Cover commences when the application has been accepted by One Life Assurance and the first premium has been received by One Life Assurance,

How much does this cover cost?

The cost of this cover is shown in the premium summary which includes the policy fees and the Insurance Premium Levy of 5%. It depends on the age at the time of starting the policy, as well as your lifestyle and information provided on the forms.

How do I pay for this product and when does my policy start?

- Your monthly premium is the total amount of money per month that you will need to pay OneLife for this policy including the policy fees and insurance levy.
- The premiums are payable in advance, at the beginning of each payment period.
- You will have 180 days to pay the first premium, otherwise the proposal form will be cancelled.
- Premiums are payable monthly, quarterly, or annually at the start of each period through cash deposits, Mobile money, Visa card or your company payroll if the payroll deduction facility exists between your employer and OneLife.
- When the proposal form has been screened and accepted by OneLife, you will receive a letter confirming that you can now commence the premium payments.
- The policy will only start on the date that the first premium has been received and acknowledged by OneLife.
- You will receive a letter with confirmation of the first premium receipt, and confirmation of the start and end dates of the policy.
- If you miss a total of 3 premium payments, the policy will enter a lapsed state. At this point, all death benefits will cease. You will then have 90 days to pay all outstanding premiums before your policy is cancelled.

What else do I need to do?

- You will need to fill in and sign the following forms: Application Form, Key Facts Statement, Know Your Customer and Data Consent Form, Income Declaration Form, Payroll Deduction Form (if applicable).
- You will also need to submit all required KYC which include proof of ID, proof of Address, passport sized photo or clear digital image, ZRA Tpin certificate and contact details.
- Ensure that all the information on the application form is complete and is correct to the best of your knowledge.

Why might this policy not pay out as intended? (Exclusions and Waiting Periods)

- Documentation is missing or is not certified. The required documents for a valid claim are attached.
- A member dies within the waiting period of 6 months from the start date of the policy for death from natural causes or illness.
- The cause of death falls within exclusions. Exclusions are attached.
- The claim is stale i.e. has been submitted 90 days after the date of death.

How do I contest the refusal of a claim, or complain about delays?

- Lodge an appeal or a complaint with us at our Head Office or via email channels lifemanager@one.co.zm , customerservice@one.co.zm or info@one.co.zm .
- If we reject your appeal or complaint and you are still aggravated, contact the Pensions and Insurance Authority. You can also contact them if there is no resolution after **12 weeks**. The contact details are at the top of this Statement

Can I cancel this policy?

- **Cooling Off Period:** You have **30 days** from the start date for the contract to withdraw from the contract and have any payment you have made refunded.
- **Cancellation:** You may cancel the contract at any time, at which point the death cover will cease on the date of signing the cancellation form. You will be entitled to receive your accumulated investments. There is a penalty of 10% of the accumulated investment if cancellation occurs within 24 months of the policy start date. There is no penalty for cancellations from 25 months going forward.

Before making a decision

- You are encouraged to read the detailed product information – this document is just a summary.
- Different insurers may price their products differently. So, you may wish to compare quotes from different insurers - directly or through a financial adviser. Look at all aspects of the product not just the price.

ADDITIONAL TERMS, CONDITIONS AND INFORMATION

How to make a claim?

If any of the insured lives passes on, the estate must notify us in writing within 90 days, from the date of death or else, the death claim will not be valid. The estate has the right to re-file if we reject your initial claim.

For any claim the following documents will be required:

1. A completed claim form obtained from any OneLife Branch or Website.
2. The original policy document (Policy schedule).
3. Certified Proof of identity of Policy Holder e.g. certified copy of NRC or passport.
4. Certified identification for the claimant e.g. certified copies of NRC or Passport Number.
5. Proof that the insured event happened e.g., the Proof of Death Document e.g. Certified Death Certificate, Certified Brought in dead (BID) certificate, Certified Medical Certificate for Cause of Death (MCCD), Certified Letter from the Village Chief, etc.
6. A Certified police report on accidental deaths.
7. A Certified burial permit

OneLife Key Facts Statement for the FutureProtect Insurance Plan

Note: All death claims will be verified by OneLife. Failure to disclose relevant information that is material to the risk of OneLife may result in non-payment of a claim. This includes undisclosed or wrong information relating to medical history, family history or habits.

Policy Exclusions:

OneLife is not liable under this policy to pay claims if, while sane or insane, the policyholder(s) indulge in any of the following directly or indirectly:

- Active war, civil commotions, insurrection, rebellion, military or usurped power
- Nuclear, Biological, Chemical or radioactive contamination Exclusion
- Hazardous Occupations - Manufacture, storage, filling, breaking down, transport of Fireworks, ammunition, fuses, cartridges, gunpowder, nitroglycerine or any explosives including Gases
- Any breach of the law by the Life Assured or any assault provoked by him/her.
- Aviation, gliding or any other form of aerial flight other than as a fare paying passenger of a recognized airline or charter service.
- Participation in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition.
- Misrepresentation, Misdescription or Non-Disclosure
- Suicide, attempted suicide or willful self-inflicted injury by the insured within the first twenty-four months of policy inception
- Service in any capacity for any army, navy or air force even if the Member is still following his normal occupation.

For any further assistance you can send your E-Mails to: lifemanager@one.co.zm Tel: +260211236217 Call Centre: +260211445001

Customer Declaration: I confirm that I have read and understood the Key Facts Statement for this Insurance Plan. I acknowledge that this document provides a summary of the product features, benefits, exclusions, and claims process. I understand that it does not form part of the insurance contract and that full terms and conditions are available in the policy document. I declare that the information I have provided is true and complete to the best of my knowledge.

Client Signature

Date