

Policy Benefits,
Terms and Conditions

Family Financial Wellness Plan (FFW)

This product is designed to provide term life insurance for the life/lives insured in the form of income protection for the family of the deceased breadwinner(s), or for the life/lives insured in the event of critical illness, permanent or temporary disability.

We understand your needs and have tailored our **Family Financial Wellness Plan** to help you achieve Financial Wellness for the rest of your life.

Together we can



METROPOLITAN

Life Insurance Ghana LTD

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Head Office: Metropolitan Life Insurance Ghana LTD, Metropolitan House,
81 Tabon Link, North Ridge Crescent, Cantonments-Accra,
Digital Location Address of Head Office: GA-015-0121

1.0. INTRODUCTION

We welcome you to the METROPOLITAN Family.

Please, read this **Policy** document carefully and fully to know your benefits and obligations as Policy Owner. Feel free to request any further clarification or enquiry you may require about your Policy. We trust that you will experience our delightful service offering.

For all enquires, complains or complements, kindly send us SMS or WhatsApp via our dedicated lines **0243640275/0577682090** or visit any of our nation- wide branch network near you. We value your feedback.

We entreat you to keep this policy document safe and always refer to your **Policy Number**, which is stated on your **Policy Schedule** in your engagements with us.

The Policy

This Policy document specifies the Terms and Conditions, and Benefits payable under this contract of insurance (hereinafter referred to as the "Policy"), entered into between the Policy Owner and Metropolitan Life Insurance Ghana LTD, a licensed Life Insurer with registration number CS108802017 (hereinafter referred to as "Metropolitan Life").

The following documents make up this Policy:

1. The completed Proposal Form signed by the Policy Owner, or his/her authorised representative, and any other documents submitted with the application as the basis of the contract; and
2. The Acceptance Notification, Policy Schedule issued after payment of First Premium, Policy Terms and Conditions and any endorsements issued by Metropolitan Life as part of the evidence of the contract.

Metropolitan Life undertakes to pay the benefits provided under this Policy to the Policy Owner, or to the named beneficiary (ies) or to persons legally entitled to the benefits under this Policy where all beneficiaries are deceased, provided that all the Policy Terms and Conditions are met.


Emmanuel Oteng TUFFOUR DIP CII
Ag. CEO/Country Head

Date: 19th May, 2022

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2.0. POLICY BENEFITS

This policy provides four benefit plans/options which provide incremental levels of cover namely, **Orange**, **Turquoise**, **Burgundy**, and **Champagne**.

Orange

- Death Income Benefit
- Cash Back Benefit
- Survival Benefit

Turquoise

- Death Income Benefit
- Cash Back Benefit
- Permanent Total Disability Benefit
- Survival Benefit

Burgundy

- Death Income Benefit
- Cash Back Benefit
- Permanent Total Disability Benefit
- Temporary Disability Benefit
- Survival Benefit

Champagne

- Death Income Benefit
- Cash Back Benefit
- Permanent Total Disability Benefit
- Temporary Disability Benefit
- Critical Illness
- Survival Benefit

2.1. Benefits

The Policy Owner and any lives assured under this policy is entitled to these 3 Standard benefits across the four plans: Death Income Benefit, No Claim Bonus (Cash Back) Benefit and Survival Benefit.

2.1.1. Death Income Benefit

Metropolitan would pay the Death benefit amount if the insured life/lives dies after the commencement date of the policy and before the termination date subject to the expiry of the waiting period on natural causes.

The minimum sum assured of GHS5000 with maximum sum assured dependent on the regular income of the life insured subject to underwriting conditions. If there are more than two lives insured on the policy, the total sum assured of all the spouses is limited to the sum assured of the policy owner.

Cover amount at date of death (Increased with AIM if applicable) will be divided into monthly instalments of 24, 36 and 60 months – Instalment amount as selected.

2.1.2. Survival Benefit

25% of all risk premiums less cash back benefit is paid as survival benefit when the life/lives assured survives after termination or the expiry of the policy, without accessing any other benefits except cashback.

2.1.3. Cashback (No Claim Bonus) Benefit

The policy shall pay the Policy Owner a lump sum benefit of 30% of the 3rd year premiums paid (total policy premium less savings premium) at the end of every 3 years, provided that all premiums due were paid and no claims occurred during the specified period. The date of claim occurrence will be taken as the date of the incident and not the date reported.

For purposes of Cash Back benefit computation, the gross premium shall exclude policy fees, savings contributions, chargeable expenses and policy acquisition cost for the period. If, Cash Back benefit is not claimed immediately the benefit becomes due, and the benefit payable shall not accrue interest when the claim is made later.

The cash bonus benefits payable ceases on account of the following:

- 1. When the policy is converted to paid-up status due to activation of Death or Disability premium waiver
- 2. At the expiration of the premium payment term
- 3. When a claim is made in the specified 3 years period

Any vested but unclaimed Cashback will remain due to the client and will not be used to pay outstanding premiums.

2.1.4. Automatic Inflation Management (AIM) Benefit

This policy comes with a minimum premium increase of 10% annually after the first policy year and every year thereafter. This corresponds to a compulsory cover increase of 7.5% pa. Higher premium escalation percentages are available; 15% and 20%. The policy owner may increase cover at any time during the lifetime of the policy.

This benefit provides a hedge against inflation to preserve the value of the benefits payable under this policy at the time of claim.

The AIM facility may be skipped, by the Policy Owner by giving written notice to Metropolitan Life. The notice must be received not later than three (3) months prior to the date on which the next premium increase is due to take place.

If the Policy Owner continues to pay the old premium after the premium increase date and two of such consecutive premiums are paid, then Metropolitan Life reserves the right to cancel the premium increase for the relevant Policy year only.

2.1.5. Critical Illness Benefit

The sum assured for this benefit would be a percentage of the death income benefit as specified in the disease/condition payable table below, with a minimum of GHS5000. This benefit would work as an accelerator to the Death Income and PTD Benefits provided the claim is less than 100%.

50% of the critical illness benefit would be paid as a lump sum at claim stage. The remaining 50% would be divided into monthly instalments of 24, 36 or 60 as selected at inception.

*Sum Assured determined as % of Death Income benefit as specified in the below table

Disease or Condition	Percentage of Sum Assured Payable
Cancer	50% or 100% depending on severity and stage
Blindness	40%
Paralysis	100%
Loss of limbs due to medical cause	50%
Coronary artery disease requiring surgery (bypass)	50%
Coma	< 5 weeks = 25% > 5 weeks = 50%
Alzheimer's Disease	25%
Multiple Sclerosis	50%
Heart Attack	100%
Kidney Failure	100%
Major Organ Transplant	100%
Major Burns*	50%
Stroke	100%

*Burns should be 25% or more of the bodily surface

2.1.6. Permanent Total Disability (PTD)

This is defined as the inability to perform one's own or similar occupation as a result of accident. In the case where the life insured is not employed, disability will be assessed based on an inability to perform certain activities of daily living and a limit on the cover may apply. Proof of permanent disablement from a healthcare professional must be provided by the life insured to a satisfactory level to Metropolitan.

A sum assured equal to the death benefit would be will be divided into Monthly instalments of 24, 36 or 60 months – Instalment as selected. PTD works as an accelerated benefit on the Death and critical illness benefits.

2.1.7. Temporary Total Disability (TTD)

This is defined as before the policy anniversary preceding the assured's 60th birthday and the expiry of the policy term, the life assured is prevented as a result of accident from performing the duties of his/her last remunerated occupation for a period of more than 30 days and is not following any other occupation for profit or reward. Proof of temporary disablement from a healthcare professional must be provided by the life insured to a satisfactory level to Metropolitan. To claim for temporary disability the life insured must be under-going treatment (i.e., physical therapy) on a full-time basis.

A sum assured up to 50% of the Death Income Benefit only of the life assured would be paid up to a maximum period of 6 months. The total cover on the TTD benefit may not exceed that of the death income benefit.

2.1.8. Transfer of Ownership

This benefit is relevant where the policy owner extends life cover to his./her spouse (where both the policy owner and spouse are lives insured on the policy).

The Transfer of Ownership option enables the policy owner status to be transferred to a spouse as specified on the application form at the death of the policy owner and in the absence of an applicable waiver. This option provides for continuation of cover for the spouse and remaining lives insured without having to undergo underwriting. The nominated spouse will become the new policy owner and take over the payment of premiums if the option is exercised.

The Transfer of Ownership option will automatically be included on a policy. In the absence of an applicable waiver for continuation of cover and if the spouse opts not to exercise the Transfer of Ownership option, the policy will cease on the expiry of the period for which the last premium was paid.

2.2. Optional Policy Benefits

The policy provides optional benefits for the Policy Owner to select at the inception of the policy or any time after the policy has commenced subject to additional premium and applicable conditions. The optional benefits provided by the policy are the following:

2.2.1. Hospital Cash Benefit

If this option is selected and the additional premium paid per claim, a benefit amount of GHS200 per day is payable when the insured life is hospitalized. The minimum number of days to be hospitalized for this benefit to be paid is three (3) days and a Maximum of fifteen (15) days. Overall maximum. In any period of twelve months, the policy pays 30 days hospital cash benefit for all lives insured.

2.2.2. Savings Benefit

If this option is selected, the Policy Owner/Premium Payer shall pay minimum of GHS30 additional premium monthly into a savings account attached to this policy. In the event that a family member dies as defined under this policy, the policy premium will reduce by the premium of the life insured that passed away.

In the event of default in premium payment, the due premium shall be deducted from the savings account to keep the policy active until the balance in the savings account is no longer able to support the premium for the standard benefits offered under the policy in which case the policy shall lapse.

The policy shall pay the following benefits as savings benefits:

- 1. Savings account balance may be claimed and paid as part of no claims bonus.
- 2. Withdrawals from the savings account is allowed once a year after 24 months of savings contribution.
- 3. Savings account balance will be paid when the policy is converted to paid-up at age 60 or 65 last birthday of the Policy Owner.
- 4. Savings account balance shall be paid as part of Policy Owner main benefits or surrender benefit.
- 5. The maximum withdrawal is 70% of the fund value with a minimum of GHS200 remaining.

2.3.3. Death Waiver of Premium Benefit

In the case of death of the policy owner, the risk premium payable under this policy shall be waived until the end of the policy term if selected; or in the event of a policy ending claim (on the second life/lives on the policy); or at the expiry age of the life insured, whichever comes first. This benefit is only available where both the policy owner and spouse are lives insured on the policy.

AIM will cease when the waiver becomes effective.

3.0. GENERAL POLICY TERMS AND CONDITIONS

3.1. Application Form

The information contained in the application form and in all related documents forms the basis of the contract between Metropolitan Life and the Policy Owner.

If any material information provided on the application form is incorrect, incomplete or misleading, Metropolitan Life may repudiate a claim and no premiums will be refunded. For the purposes of this document, "material information" shall mean any information that is deemed to be material to the acceptance of risk or the premium charged.

3.2. Commencement of Policy

Your policy starts from the date of payment of your first premium but it is issued to commence from the first day of the month following your premium payment, subject to waiting period.

3.3. Waiting Period

The waiting period for the risks insured under the policy shall be as per Table 3 below

Number	Risks	Waiting Period
1	Natural Death	1. Inception of Policy: Six (6) months for all lives insured from the commencement date of the policy. 2. Benefit Increase after Policy Commencement Date: Six (6) months applicable on the additional benefits from the commencement date of the additional benefit increase. 3. Reinstatement of Policy: Six (6) months for all lives insured from the effective date of the reinstated benefits
2	Accidental Death and Disability	No waiting period
3	Suicide	12 months
4	Hospitalisation	3 months
5	Permanent Total Disability	6 months
6	Temporary Total Disability	1 month
7	Critical Illness	6 months
8	Death Premium Waiver	6 months
9	Transfer of Ownership	No waiting period

*Table 3

3.4. Right to Cancel

The Policy Owner has the right to cancel this policy in writing within thirty (30) days from the commencement date of your Policy for a refund of all premiums paid provided that, no claim has been made or paid.

Cancellation after the thirty (30) days period shall be subject to surrender conditions.

3.5. Policy Term

This policy is a Term life Policy.

The Policy therefore provides term life insurance for the life/lives insured in the form of income protection for the family of the deceased breadwinner(s), or for the life/lives insured in the event of critical illness, permanent or temporary disability death benefits. The minimum term is 5 years and the maximum term is 42 years.

3.6. Premium Payment

This policy shall be issued and commences only upon confirmation of payment of first premium by the Policy Owner/Premium Payer received by Metropolitan Life. Premiums are payable to Metropolitan Life in advance and shall be due on the first (1st) day of each calendar month.

The Policy Owner/Premium Payer is obligated to continue premium payment until the policy term expires. Premium payment will, however, be waived under the premium waiver conditions of the policy or ceases when the policy is cancelled or terminated.

Premium payment under this policy shall be governed by the National Insurance Commission guidelines on "No Premium, No Cover".

The amount of premium payment shall remain the same when the cover for an insured life ceases unless Policy Owner/Premium payer chooses to pay a reduced premium. The deceased premium in respect of lives whose cover has ceased will be paid into the savings account attached to the policy.

The policy will automatically terminate (lapse) for non-payment of due premium.

3.7. Premium Reviews

Metropolitan Life will review the Policy from time to time to ensure that the premium is sufficient to maintain the benefits payable under the Policy.

Metropolitan Life reserves the right to increase the premium payable by giving three (3) month's written notice to the Policy Owner of such increase.

3.8. Reinstatement

This refers to the revival of a lapsed Policy.

If the Policy has lapsed because of non-payment of premiums, the Policy may be reinstated subject to the following conditions:

- 1. Metropolitan Life receives a written request from the Policy Owner within six (6) months of the date on which the Policy lapsed, and
- 2. All arrears of premium paid is subject to underwriting depending on sum assured
- 3. This policy allows a maximum number of 2 reinstatements and once in a period of 12 consecutive month, and
- 4. Metropolitan Life is provided with all the information it needs to assess the insurability of the insured lives.

Waiting period shall apply when policy is reinstated.

3.9. Age Limits and Misstatement of Age

3.9.1. Age Limits

For the tables below, "ANB at entry" is defined as the life insured's and all spouses age next birthday at benefit inception.

Parameter	Minimum	Maximum	Increment
Entry Age	18	55	n/a
Expiry Age	60	60	n/a
Policy Term	5	60 minus ANB at entry	n/a
Premium Term	Same as Benefit Term	Same as Benefit Term	Same as Benefit Term
Savings Period (Savings Period)	5	60 minus ANB at entry	1

* The policy term is based on the main life's age. So, the policy term is 60 minus main life ANB at entry i.e. "60 – main life ANB at entry". The Spouse terms are therefore equal to the minimum of policy term as above and 60 minus the relevant Spouse's ANB at entry.

3.9.2. Misstatement of Age

If the age of the Policy Owner or any Family Member of the Policy Owner insured under this policy is confirmed as materially misstated (that is, misstatement which adversely affects the premium charged or the acceptance of proposal) on the application form for this policy, Metropolitan Life shall recalculate all benefits the premium paid would have provided at the correct age, and this shall form the basis of all claims payments.

Where the misstatement of age would have disqualified any life insured from being insured under this policy, the cover of the life involved shall be terminated immediately and no claim shall be admitted.

3.10. Variation or Amendments

The Policy Owner may request for changes at any time during the tenure of the policy subject to written request.

No addition to or variation, consensual cancellation or novation of this Policy and no waiver of any right arising from this Policy shall be of any force or effect unless reduced to writing, signed by Metropolitan Life and Policy Owner notified of the change as forming part of this Policy.

No waiver of rights or privilege or latitude or indulgence granted by Metropolitan Life in any instance shall create a precedent or be construed in any way as altering the terms of the policy.

3.11. Changes in Legislation

Metropolitan Life reserves the right to change the terms and conditions of this Policy should this become necessary in compliance with changes in applicable legislation, rulings or regulations after this Policy has come into effect. The Policy Owner will be notified in writing of any such change.

3.12. Currency and Jurisdiction

Premiums and benefits payable under this policy shall be paid in Ghana currency only (Ghana Cedis).

This policy shall be governed by and interpreted in accordance with the laws of Ghana and in the courts of the Republic of Ghana. Consequently, any question of law arising under this policy shall be decided according to the laws of the Republic of Ghana.

3.13. Cancellation of Policy

This policy can be terminated in the following situations:

1. When the policy is cancelled during the right to cancel period,
2. When the Policy Owner decides to cancel the Policy after the right to cancel period,
3. Non-payment of premiums thirty (30) days after the premium due date,
4. Cover ceases on a life assured after a claim has been settled in full on any life insured.
5. The Policy will be terminated by Metropolitan Life when a material Misrepresentation and/or Non-Disclosure is established affecting the acceptance of the proposal.

When the policy is terminated, no further premiums shall be paid and the insurer shall have no obligation to pay benefits.

3.14. Loans and Surrenders

No loans can be made on the Policy.

In the event of surrender of the policy, if the policy includes the savings benefit option, the savings account balance if any shall be paid. Otherwise, no surrender benefit is payable in the event of surrender and the policy does not participate in the profits of Metropolitan Life.

3.15. Beneficiary Nomination

The respective life insured will be the beneficiary for his or her own non-death risk benefits.

The policy owner will be the beneficiary for death risk benefits for all secondary lives on the policy.

At least one or more beneficiaries must be nominated to receive the policy proceeds on the death of the policy owner. Where the estate is jointly owned, the spouse must be the beneficiary. The spouse may cede this right at his or her own discretion in the application form.

Should the Transfer of Ownership option be exercised, the new policy owner must nominate one or more beneficiaries to receive the policy proceeds.

The Policy Owner may nominate a beneficiary or beneficiaries to receive the death benefits payable on his/her death. Such nomination will be binding on Metropolitan Life only if:

1. It is in writing; and
2. It is on Metropolitan Life's prescribed form; and
3. It is recorded at the Head Office of Metropolitan Life before the death of the Policy Owner.

A beneficiary nomination is subject to the following conditions:

1. The beneficiary/beneficiaries will have no rights under the Policy until the death of the Policy Owner.
2. The nomination may be cancelled or changed by the Policy Owner without the consent of the beneficiary/beneficiaries by giving written notice to Metropolitan Life. The cancellation or change will be valid only if Metropolitan Life receives notice of it before the death of the Policy Owner.

A beneficiary nomination will be cancelled if:

1. The Policy Owner cancels the Policy; or
2. The beneficiary/beneficiaries predeceased the Policy Owner.

3.16. Trustee Nomination

The Policy Owner shall nominate Trustee or Trustees when any named beneficiary (ies) is below majority age of eighteen (18) years. The trustee is not a beneficiary but administers the policy benefits (claim notification, completion of applicable forms, provision of required documents, collect claim etc.) for the named beneficiary (ies) as required by the Policy Owner.

3.17. Cession

The policy benefits shall not be ceded, pledged or assigned in any way or used as collateral for a loan.

Metropolitan Life shall not accept any responsibility arising from any such arrangement and therefore shall not be affected by any notice of any trust charge, lien assignment or other dealings with this Policy by the Policy Owner.

3.18. Claims Notifications and Requirements

Metropolitan Life requires the following information before a claim can be considered:

a. Completed Claim Form in all claims

b. The following shall be required in addition to the completed Claim Form;

1. The Policy document and all endorsements (all claims); and
2. Proof of death and identity of deceased, including but not limited to original or certified medical certificate of cause of death in respect of natural death; and
3. Proof of age, where age is not admitted at inception in respect of natural death; and
4. Proof of 'accident', if claim is caused by accident; and
5. Executor's letter of Administration if no beneficiary has been appointed or all beneficiaries predeceased; and
6. Proof of the identity of the claimant; and
7. Proof of beneficiary; and
8. Proof of the entitlement of the claimant to the benefits claimed; and
9. Any other information that Metropolitan Life may require at the time.

c. The policy must be in force at the time of claim. Any premium arrears shall be deducted from the claim amount, if the claim is admitted.

3.19. Policy Exclusions

The policy exclusions refer to the circumstances under this Policy for which Metropolitan Life shall not pay a claim. Metropolitan Life will not be liable if the death or disability results directly or indirectly, or can be ascribed or traceable to, any of the following policy exclusions:

- 3.19.1. Suicide or attempted or wilful self-inflicted injury whether the Insured Life/Policy Owner was of sound mind or not within twelve (12) from the commencement date of this policy.
- 3.19.2. The use by the Insured Life/Policy Owner of alcoholic beverages, drugs, narcotics or any other medicine other than prescribed by a doctor at the time of the event leading to the claim.

- 3.19.3. The intentional inhalation of harmful gas, the intentional intake of poison or intentional cause of disability by the Insured Life/Policy Owner.
- 3.19.4. The Policy Owner commits fraud or attempts to commit fraud against Metropolitan Life when claiming benefits.
- 3.19.5. Any violation of the law by the Insured Life/Policy Owner.
- 3.19.6. Any assault provoked by the Insured Life/Policy Owner.
- 3.19.7. Participation in any form of aviation activities by the Insured Life/Policy Owner other than as a fare-paying passenger on a fixed route between approved and licensed airports and in a registered aircraft.
- 3.19.8. War, invasion, hostile activities, foreign aggression, enemy action (whether war is declared or not), civil war, rebellion, strikes, demonstrations, revolution, insurrection, military or unlawful usurpation of power.
- 3.19.9. Service in the armed forces or as auxiliaries in any country where any of the occurrences mentioned in the preceding paragraph are taking place.
- 3.19.10. Radioactivity or a nuclear explosion.
- 3.19.11. Participation in any hazardous sport or pursuit, including motor-powered speed racing, polo, rock climbing, parachuting, skydiving, hang gliding or underwater diving.
- 3.19.12. The Insured Life/Policy Owner exposing himself/herself to exceptional danger or obvious risk or injury.
- 3.19.13. When Metropolitan Life is not notified within 12 months of claim event.
- 3.19.14. A deferred period of six months must elapse from the date of disability before Metropolitan Life will consider any claim. If however, it is clear that the disability is permanent before the completion of the six month deferred period, Metropolitan Life may waive the deferred period. Premiums must continue to be paid during the deferred period.
- 3.19.15. Metropolitan Life must be provided with full details and written proof of disability within 90 days of its occurrence.
- 3.19.16. Benefits under this Policy shall not be paid in the event of material misrepresentation and/or non-disclosure affecting the acceptance of the proposal is established.

3.20. Complaints Procedure

We welcome and appreciate your complaints. We shall handle complaints fairly, consistently and promptly.

1. If the Policy Owner, Claimant or Beneficiary has a complaint about this Policy, he shall submit a complaint at any Branch of Metropolitan Life to be resolved by the Customer Solutions Team.
2. If the complaint remains unresolved, the Complainant shall forward the complaint in writing to the Claims and Client Solution Manager at the Head Office of Metropolitan Life in Accra.
3. If the matter is not resolved within five (5) working days, the Complainant shall submit the complaint with exchanges directly to the Managing Director/CEO of Metropolitan Life.
4. If the Matter remains unresolved within two (2) weeks, the Policy Owner or Complainant is free to report the matter to the Complaints Management and Advice Bureau (CMAB) of the Ghana Insurers Association (Tel: 0302 251092/0307 032080) or contact the National Insurance Commission (NIC), Appiah Ampofo House, Independence Avenue P. O Box CT 3456, Cantonments-Accra. **Tel: +233 302 238300/238301, Email: info@nicgh.org** or any of its Regional Offices nationwide for final redress.
5. Litigation shall be the last option under this Policy to resolve complaints and shall only be considered after all the above have failed to resolve the matter.

We shall, in all complaints received, endeavor to resolve satisfactorily with the Policy Owner or Complainant, in line with our Client Centricity commitment.

4.0. DEFINITIONS

The terms below shall bear the meaning assigned to them in the context of this policy and expressions of the masculine gender shall equally apply to the feminine gender.

- 4.1. **"You"** and **"Your"** refer to the applicant for this insurance policy who becomes the Policy Owner after the proposal is accepted and the full first premium paid.
- 4.2. **"Life Assured"** means the person(s) whose life this policy depends. The lives assured under this policy shall be the Policy Owner and the named Family members.
- 4.3. **"Sum Assured"** means the guaranteed amount of benefit payable in the event of death, permanent total disability, critical illness (Policy Owner and Spouse) and where selected Hospitalization.
- 4.4. **"Premium"** means the cost of the life insurance benefits offered under this policy.
- 4.5. **"Policy Schedule"** means the summary of the policy particularized to the Policy Owner attaching to and forming part of this policy as amended from time to time. The Policy schedule is issued after payment of first premium.
- 4.6. **"Family"** means family members of the Policy Owner which includes spouse, child(ren), parents and extended
- 4.7. Family such as grandfather, grandmother, uncle, aunt, brother, sister, brother-in-law, sister-in-law, cousin, niece, nephew.
"Spouse" means the legal, tribal, customary or common-law husband/wife of the Policy Owner or such other person (s) residing with the Policy Owner regarded by the community as the Policy Owner's husband/wife and provided that the spouse or spouses (up to 4) shall be named by the Policy Owner on the proposal form and insured under the policy.
- 4.8. **"Beneficiary"** means the person(s) named on the proposal form as entitled to benefits under this policy. The Policy Owner shall be the beneficiary in respect of all benefits payable of Family Members.
- 4.9. **"Trustee"** means a person named by the policy owner to administer the policy benefits in the event of death of Policy Owner where a named beneficiary is below the age of eighteen (18).
- 4.10. **"Waiting Period"** means the period in months within which benefits under this policy shall not be paid except where the cause of the claim is from accident.
- 4.11. **"Accident"** means the unforeseen and unexpected visible, violent and external incident happening at an identifiable time, place and independent of any other cause results in the claim under this policy and not due to illness.
- 4.12. **"Total Permanent Disability"** means permanent and total physical impairment of the Policy Owner or Spouse resulting from accident which inhibits him from carrying out any income earning business activity (ies) on an ongoing basis.
- 4.13. **"Age Limits"** means the minimum and maximum allowable age of entry of persons that can be insured at the inception of this policy.
- 4.14. **"Commencement Date"** means policy effective date. Your policy starts from the date of payment of your first premium but is issued to commence from the first day of the month following your premium payment subject to waiting period.
- 4.15. **"Parties"** collectively refers to the Policy Owner, Metropolitan Life and where applicable the Intermediary.
- 4.16. **"Intermediary"** means the person or entity you appoint to carry out any of your duties under this policy on your behalf.
- 4.17. **"NIC"** means the National Insurance Commission, the regulatory body for Insurance Companies in Ghana.
- 4.18. **"GIA"** means Ghana Insurers Association. Metropolitan Life is a member.

5.0. IMPORTANT INFORMATION

- 5.1. To ensure your policy come into force, ensure your first month premium is paid.
- 5.2. Please, contact us if you do not receive your Policy Schedule within 60 working days after payment of your first premium.
- 5.3. To keep your policy active for the Policy benefits to be paid, ensure you pay your renewal premiums at the due date.
- 5.4. Save your Policy Number electronically so you can easily refer to it in your engagements with us.
- 5.5. Please, read thoroughly the Policy exclusions and claims requirements.
- 5.6. We appreciate your feedback. Please, feel free to give us feedback or contact us for anything concerning this Policy.

6.0. CONTACT US

Please, feel free to contact us through any of the following channels or visit any of our Branches nationwide;

- **Email:** info@metropolitan.gh.com
- **Call Centre:** 0302 633933
- **Facsimile:** 0240000000
- **WhatsApp:** 0245000056/0577682090
- **Website:** <https://www.metropolitan.com.gh/life>

7.0. BRANCH NETWORK

GREATER ACCRA

- **Head Office - Accra**
North Ridge near DHL Office
North Ridge, Accra
030 263 3933
- **Ring Road Office**
2nd Floor, Fidelity House
Opp. Starr FM near Nima Police
Station, Ring Road Central
057 768 2091
- **Tema Office**
Community 11
General Hospital Road, Tema
030 330 4045/030 330 4046
- **Weija Office**
Sereda Office Building
Opposite the Block Factory
Bus stop
057 768 1212/030 285 0306

ASHANTI REGION

- **Kumasi Office**
Chelsea House, Adum, Kumasi
032 204 5820/80285/49034
- **Obuasi Office**
Off Golf Course Road, Obuasi
032 254 1657/032 254 1659

WESTERN REGION

- **Takoradi Office**
1st Floor, My Home Tower,
H/No. 14/4 Liberation,
Sagoe Junction - Takoradi
031 203 1896
- **Tarkwa Office**
Alimens Building,
Opposite Get in Touch Hotel,
Tarkwa
031 232 2055

EASTERN REGION

- **Akim Oda Office**
Kwame No Way
Goil Filling Station
near the Sports Stadium
057 768 1224
- **Koforidua Office**
SSNIT Building
near Chris Café Restaurant,
Ministries Area - Koforidua
030 291 5981
- **Nkawkaw Office**
Near New Station
Mococo Junction, Nkawkaw
057 768 1222

CENTRAL REGION

- **Cape Coast Office**
Jubilee School, GPRTU Building
Adjacent Metro Education Office
033 213 6700
- **Twifo Praso Office**
Plot in front of St. Stephen
Methodist Church, Twifo Praso
057 768 1219

BONO REGION

- **Sunyani Office**
1st Floor,
Knights of St John's Building
Opposite the Corona Park,
Sunyani
035 202 5853

WESTERN NORTH REGION

- **Bibiani Office**
Sefwi Bekwai Road,
Molta junction near Henex Radio
Bibiani
057 768 1225

VOLTA REGION

- **Denu Office**
Police Station Road,
High Ermocool, Denu
057 768 1223
- **Ho Office**
NDC Park,
Lavamart Supermarket,
Ho
024 418 3004/057 768 1220
- **Hohoe Office**
Adjacent MTN Office,
Zongo Road, Hohoe
024 988 9640/036 272 0607

NORTHERN REGION

- **Tamale Office**
J.Y. Pharmacy Building,
2nd Floor
Kalpohini Estate Road,
Tamale
037 202 4518

UPPER EAST REGION

- **Bolgatanga Office**
Stadium Road,
Same building with Aspect 'A'
Adj ITTU, Bolgatanga
054 922 5522

UPPER WEST REGION

- **Wa Office**
Off Airport Road
near Sinapi Aba Savings & Loans,
Former CFC Office, Wa
039 202 4244

CALL CENTRE

030 263 3933



FAMILY FINANCIAL WELLNESS
PLAN APPLICATION FORM



PLEASE WRITE CLEARLY USING BLOCK LETTERS AND TICK APPROPRIATE BOX

Policy Number:

PERSONAL DETAILS

Title:

Surname:

First Name:

Date of Birth:

Place of Birth:

Gender:

Home Language:

Nationality:

Email Address:

Phone Number (s):

Home/Postal Address:

TIN Number:

Digital Location Address:

Marital Status:

Single

Married:

Widowed:

Separated:

Divorced:

INDIVIDUAL PROFILE - MAIN LIFE

Annual Income: GHS

Occupation:

Income Group:

GHS 0 - 1,999:

GHS 0 - 4,999:

GHS 5,000 - 9,999:

GHS 10,000 +:

Form of Identification:

Passport:

SSNIT Card:

Voter's ID:

Driver's License:

National ID:

Provide Identity Number:

Please, attach copy of identification document

Level of Education:

Below Senior Secondary School Certificate (SSSCE):

Senior Secondary School Certificate (SSSCE):

Higher National Diploma (HND):

3 or 4 year Diploma/3 year Degree:

4 year Degree/Professional Qualification:

Master's Degree:

Doctorate (PhD):

Other:

INDIVIDUAL PROFILE - SPOUSE

Annual Income: GHS

Occupation:

Income Group:

GHS 0 - 1,999:

GHS 0 - 4,999:

GHS 5,000 - 9,999:

GHS 10,000 +:

Form of Identification:

Passport:

SSNIT Card:

Voter's ID:

Driver's License:

National ID:

Provide Identity Number:

Please, attach copy of identification document

Level of Education:

Below Senior Secondary School Certificate (SSSCE):

Senior Secondary School Certificate (SSSCE):

Higher National Diploma (HND):

3 or 4 year Diploma/3 year Degree:

4 year Degree/Professional Qualification:

Master's Degree:

Doctorate (PhD):

Other:

PLAN DETAILS

Standard Benefit Option:

Orange:

Turquoise:

Burgundy:

Champagne:

Monthly Installment Option:

24 months:

36 months:

60 months:

Optional Benefit Option:

Death Premium Waiver:

Savings Benefit:

Hospital Benefit:

FAMILY MEMBERS TO BE INSURED

S/ No.	Name	Gender (M/F)	Date of Birth	Relationship	Transfer of Ownership	Proposed Sum Assured GHS	Premium GHS	
							Standard	Optional
1.			D D M M Y Y Y Y Y					
2.			D D M M Y Y Y Y Y					
3.			D D M M Y Y Y Y Y					
4.			D D M M Y Y Y Y Y					
5.			D D M M Y Y Y Y Y					
MONTHLY RISK PREMIUM								

PREMIUM PAYMENT

Monthly Risk Premium: GHS:

Savings Premium: GHS:

Total Monthly Premium: GHS:

Automatic Inflation Management (Annual Premium Increase):

Premium Increase Options

10%

15%

20%

Tick Option

Mode of Premium Payment:

Bank Debit Order:

Employer Deduction:

Mobile Money:

Card Payment:

If you ticked Mobile money, please provide your Mobile Money Number:

INSURABILITY

What is your present occupation:

The following questions must be answered by the Contract Owner on behalf of him/herself, spouse and spouses

	Insured Life (ML)		Spouse	
	Yes	No	Yes	No
1. Have you, or any of the lives insured, ever been tested for HIV or received treatment for AIDS or any AIDS related conditions?				
2. Have you or any of the lives insured, suffered continually from persistent night sweats, persistent diarrhea, swollen glands, persistent cough, purplish skin blemishes, persistent mouth sores or unexplained weight loss during the past 12 months?				
3. Has any life insurer ever declined, postponed, withdrawn or loaded insurance applied for by you or any of the other lives insured?				
4. Have you, or any of the lives insured, ever suffered from any form of disability or heart attack or disease, or diabetes mellitus, stroke, cancer, high blood pressure or kidney disease?				
5. Apart from minor ailments, such as cold or flu, have you or any of the lives insured received any treatment from any medical practitioner during the past 6 months?				
6. Have you, or any of the lives insured, been hospitalized or undergone hospital treatment, or specialist investigation during the past five years?				
7. Have you, or any of the lives insured, taking medication of drugs for health reasons?				
8. Is the insured Life (ML)/Spouse(s) currently receiving treatment or have they received treatment in the past 12 months for any tropical diseases (e.g. bilharzias, malaria, typhoid fever and yellow fever)? <i>Please specify which disease.</i>				

	Insured Life (ML)		Spouse	
	Yes	No	Yes	No
Height in meters:				
Weight in kilograms:				
Does the Insured Life (ML)/Spouse consume alcohol? If yes, state quantity, *340ml or less				
Insured Life (ML)				
Spouse				
Does the Insured Life(ML)/Spouse smoke? If yes, state quantity				
Insured Life (ML)				
Spouse				

BENEFICIARY (IES)

Name	Gender (M/F)	Date of Birth				Relationship	% of Benefit	Address/Contact Telephone No.	
		D	D	M	M	Y	Y	Y	
		D	D	M	M	Y	Y	Y	
		D	D	M	M	Y	Y	Y	

TRUSTEE *(applicable where a named beneficiary is less than 18 years)*

Name	Gender (M/F)	Date of Birth				Relationship	Address	Contact Telephone No.	
		D	D	M	M	Y	Y	Y	

DECLARATION

1. I warrant that the information in this application and in all documents submitted to Metropolitan Life Insurance Ghana LTD (herein referred to as Metropolitan Life) in connection with it, whether in my handwriting or not, is true, correct and complete and will form the basis of the proposed contract.

2. In order to facilitate the assessment of the risks, I irrevocably authorize Metropolitan Life:

a. To obtain from any person, any information which Metropolitan Life deems necessary, and

b. To share with other insurers that information and any information contained in this proposal or in any related contract or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death or any other Insured Life) and in such detailed, abbreviated or coded form as may from time to time be decided by Metropolitan Life or by the operators of such database.

I understand and accept that my right of privacy and that of the other Insured Lives may be infringed to the extent permitted by me in this authorization and I waive our right to privacy to that extent.

Signature of Applicant: or RTP

Date:

3. I agree that if any material information concerning the risk on any of the insured lives has not been fully disclosed, or if I have given any untrue, incorrect or incomplete answers, Metropolitan Life reserves the right to cancel our cover and shall forfeit all premiums paid.

4. I understand that I am entitled to cancel this application within 30 days from the commencement date of the policy for a refund of all premiums paid, provided that, no claim has been made. Cancellation after the thirty (30) days period shall be subject to surrender conditions. I understand that this right applies also to any application to increase the Cover on an existing contract and that any refund refers to the difference between old and new premium.

5. Replacement of Contract: I understand that it is not in my best interest to replace an existing contract with new contract.

6. I agree that if the premium received is less than the agreed premium for the chosen level of cover, should be adjusted to commensurate the premium received.

Note:

1 On signing this proposal form, you confirm that any statement that is not in your handwriting is accurate and the information provided is complete.

2 Your policy shall come to effect only after this proposal has been accepted and the full payment of first premium.

PREMIUM DEDUCTION MANDATE

Policy Number: Commencement Date:

A) PREMIUM PAYER

Title: Surname:
First Name:
Date of Birth: Mobile No.:
TIN Number:

B) POLICY DETAILS

Product Name:
Premium Amount GHS: Date of First Deduction:
Frequency: Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annually ☐

Automatic Inflation Management (Annual Premium Increase):

Premium Increase	10%	20%	30%	40%
Tick Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) DEBIT ORDER DEDUCTION: ☐

Account Name:
Bank Name: Branch:
Account Number: Account Type:

Please, add a photocopy of your cheque leaflet ☐

I the undersigned authorize Metropolitan Life Insurance Ghana LTD to withdraw the amount stated below and if selected, increased yearly as per the Automatic Inflation Management rate from my account as premium for my policy(ies). This request should be done between the 20th of the current month to 15th of the following commencement date stated above continuing till the end of the policy term.

I understand that the withdrawals hereby authorized shall be processed by electronic funds transfer and that details of each withdrawal shall be printed on my bank statement. I also understand that if any Direct Debit Instruction is paid which breaches the terms of this authority, Metropolitan Life shall not be liable in any way or manner whatsoever, whether under contract, tort or negligence and that our recourse shall be limited to Metropolitan Life Insurance Ghana LTD

I shall not be entitled to any refund of amounts which may have already been withdrawn while this Authority was in force if such amounts were legally owed to Metropolitan Life Insurance Ghana LTD

This Authority remains in force until I give Metropolitan Life Insurance Ghana LTD a written notice of cancellation.

Applicant Signature: Premium: GHS
Date:

D) PAYPOINT (SOURCE) DEDUCTION: ☐

Name of Staff:
Company Name:
Department: Staff ID:

Please, add a photocopy of your latest payslip ☐

I the undersigned authorize you to deduct the stated amount from my salary and transmit same to Metropolitan Life Insurance Ghana LTD I understand that the withdrawals hereby authorized shall be printed on my pay slip. I also understand that if any wrongful deduction is made which breaches the terms of this contract, Metropolitan Life Insurance Ghana LTD will not be liable in any way or manner whatsoever whether under contract, tort or negligence and that our recourse shall be limited to Metropolitan Life Insurance Ghana LTD

I shall not be entitled to any refund of amounts which may have already been deducted while this authority was in force if such amounts were legally owing to Metropolitan Life Insurance Ghana LTD

This authorization shall be effective until my employment is terminated or written notice by me to cancel this mandate stating when such cancellation shall be effective or until termination of this premium payment by Metropolitan Life Insurance Ghana LTD

Applicant Signature: Premium: GHS
Date:

E) MOBILE MONEY DEDUCTION: ☐

Service Provider: MTN ☐ Airtel Tigo ☐ Vodafone ☐

Mobile/Momo Number:

Premium: GHS I hereby authorise deductions of premiums from my mobile money wallet with details above.

Date: Applicant Signature/RTP:

PREMIUM DEDUCTION MANDATE

Policy Number: Commencement Date:

A) PREMIUM PAYER

Title: Surname:
First Name:
Date of Birth: Mobile No.:
TIN Number:

B) POLICY DETAILS

Product Name:
Premium Amount GHS: Date of First Deduction:
Frequency: Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annually ☐

Automatic Inflation Management (Annual Premium Increase):

Premium Increase	10%	20%	30%	40%
Tick Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) DEBIT ORDER DEDUCTION: ☐

Account Name:
Bank Name: Branch:
Account Number: Account Type:
Please, add a photocopy of your cheque leaflet ☐

I the undersigned authorize Metropolitan Life Insurance Ghana LTD to withdraw the amount stated below and if selected, increased yearly as per the Automatic Inflation Management rate from my account as premium for my policy(ies). This request should be done between the 20th of the current month to 15th of the following commencement date stated above continuing till the end of the policy term.

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This Authority remains in force until I give Metropolitan Life Insurance Ghana LTD a written notice of cancellation.

Applicant Signature: Premium: GHS
Date:

D) PAYPOINT (SOURCE) DEDUCTION: ☐

Name of Staff:
Company Name:
Department: Staff ID:
Please, add a photocopy of your latest payslip ☐

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I shall not be entitled to any refund of amounts which may have already been deducted while this authority was in force if such amounts were legally owing to Metropolitan Life Insurance Ghana LTD

This authorization shall be effective until my employment is terminated or written notice by me to cancel this mandate stating when such cancellation shall be effective or until termination of this premium payment by Metropolitan Life Insurance Ghana LTD

Applicant Signature: Premium: GHS
Date:

E) MOBILE MONEY DEDUCTION: ☐

Service Provider: MTN ☐ Airtel Tigo ☐ Vodafone ☐
Mobile/Momo Number:

Premium: GHS I hereby authorise deductions of premiums from my mobile money wallet with details above.

Date: Applicant Signature/RTP: