



MediSure360 Health Insurance System

POLICY DOCUMENT

POLICY HOLDER

Polakis Technologies Ltd

Policy Number: PTL001

Family Number: PTL-001

Member Number: PTL-001-00

Regulated by the Insurance Regulatory Authority
Suite D6, Ralph Bunche Rd, UpperHill Nairobi Kenya

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PREAMBLE

This policy is issued following a written Proposal to the Company (hereinafter referred to as "Company") for the medical insurance (hereinafter specified in respect of the Insured) and their dependants (hereinafter referred to as the Members) and has paid the premium as consideration for such insurance.

The membership schedules and/or application forms together with any statement, report or other document shall form the basis of this contract and shall be deemed to be incorporated herein. The Company will issue this policy provided the Insured has paid the premium as consideration for such insurance.

NOW THIS POLICY WITNESSETH

That the Company will settle upon receipt of due proof of medical expenses incurred, as the direct result of a Member sustaining, during the period of Insurance:

- Accidental bodily injury
- Illness and/or disease

This will be subject to the provisions, exclusions and conditions herein. The insured shall be deemed to have disclosed all material facts relating to the risk insured by this policy in the Application Form or separately in a letter.

This agreement is entered into with an understanding that data may be used and stored as per the requirements of any regulation.

POLICY DATA PAGE

POLICY HOLDERS NAME:	Polakis Technologies Ltd
POLICY NO:	PTL001
SCHEME CODE:	PTL
INSURER:	AAR Insurance
TYPE OF SCHEME:	COMPREHENSIVE HEALTH COVER
COVER PERIOD:	11 November 2024 to 11 November 2025

INSURED BENEFITS
• Inpatient • Outpatient • Maternity

SECTION A: DEFINITION OF INSURANCE TERMS

■ Proposal/Application Form

Means the insured person statements in the proposal for this policy submitted by the insured person along with any other information or documentation provided to the Company prior to inception.

■ Insured Person

This shall be any person who with the prior written consent of the policy holder shall have applied to the company for membership by submitting an application form and whose application shall have been accepted by the company.

■ Sum Insured

Means the sum shown in the schedule of benefits which represents our maximum, total and cumulative liability for any and all claims under the policy during the policy period.

■ Policy Holder

Shall mean the person who for the time being is the legal holder of the policy for securing the contract with the Company in terms of this Policy.

■ Effective Date

Cover will become effective once full premium has been paid and written confirmation of application and terms given by the Company.

■ Period of Insurance

The period from the effective date to the renewal date and each twelve-month period thereafter.

■ Hospital

Means an institution which is legally licensed as a medical hospital in the country in which it is located and which must be under the constant supervision of a physician.

■ Physician

Means a properly qualified medical practitioner licensed by the competent medical authorities and who in rendering such treatment is practicing within the scope of licensing and training.

■ Pre-Authorization

Written approval that an insured member may need to access certain medical services according to the scope of their medical cover.

■ Waiting Period

Time set by the insurance company that the member will not get services upon approval of membership. The waiting period applies to specific illnesses, procedures and medical treatment.

SECTION B: POLICY CONTRACT WORDING

Whereas the Policyholder in this Policy Contract has, by a Proposal form and declaration, applied to THE COMPANY for HEALTH INSURANCE COVER, the Company agrees to:

- Provide medical insurance cover for treatment of illness or disease and/or accidental bodily injury as limited by the Schedule of benefits purchased.
- Pay the sum assured stated under the applicable benefits in the Policy Benefit Schedule upon providing written proof satisfactory to the Company.

SECTION C: SUMMARY OF BENEFITS

Covered Benefits

Benefit Name	Limit Amount	Premium
Inpatient	KSH 0.00	KSH 5,000.00
Outpatient	KSH 0.00	KSH 5,000.00
Maternity	KSH 5,000.00	KSH 0.00

The Policy covers treatment expenses incurred at duly appointed hospitals including:

- Daily bed charges and the cost of maintaining any of the Insured Person in a General Ward Bed
- General consultation by a General Practitioner
- Surgeon's, Physician's and Anaesthetist's fees and charges for operating theatres
- Cost of prescribed effective drugs and dressings
- Laboratory investigations, X-rays, Radiotherapy or Chemotherapy
- Emergency ambulance services

SECTION D: GENERAL CONDITIONS

■ ELIGIBILITY

Main Member/Spouse: Minimum entry age is 18 years. Maximum joining age is 65 years at entry. Children: Minimum entry age is 38 weeks. Maximum coverage age 18 years to 25 years for fulltime students.

■ WAITING PERIOD

Those arranging this insurance for the first time shall wait for Thirty (30) days from the Date of Issue before the insurance cover takes effect unless treatment is due to injuries as a result of an accident.

■ IDENTIFICATION

All persons who qualify and become Insured Persons shall be issued with Photo-Cards. The cards shall be the only mode of identification at appointed medical facilities.

■ PRE-AUTHORIZATION REVIEW

Before the insured person undergoes any scheduled treatment in a hospital, the insured must first notify the Company to provide authorization.

■ GRACE PERIOD

Thirty (30) days are allowed for payment of each renewal premium. In the event of non-payment of premiums within the grace period, all benefits shall lapse.

■ CANCELLATION

The policyholder may cancel this policy by giving 30 days notice by registered letter. The Company may also cancel by giving 30 days notice.

SECTION E: PREFERRED MEDICAL PROVIDERS

The Company shall appoint medical facilities to offer medical services to eligible members. Members shall use only appointed medical facilities, except in accidents.

■ Approved Medical Providers (Sample List)

Provider Name	Location
AAR	N/A
Aga Khan University Hospital	Nairobi
Kijabe Hospital	N/A
Metropolitan Hospital	N/A
Nairobi Hospital	N/A

SECTION F: COVER EXCLUSIONS

1. Illness or accident occurring before the date of cover or within the waiting period
2. Claims and costs for treatment after the expiry date of the policy period
3. Operations, treatments for purely cosmetic purposes or obesity
4. Expenses incurred for recuperative or convalescent holidays
5. Services arising from an accident for which compensation has been received from any other source
6. Treatment arising from influence of alcohol or drugs unless prescribed
7. Examination or check-ups not related to diagnosis of sickness or injury
8. Pandemic diseases as declared by WHO or National Government
9. Pregnancy and maternity unless maternity cover has been purchased
10. Participation in hazardous activities such as motor racing, skydiving

SECTION G: CLAIMS PROCEDURE

■ Inpatient Pre-authorization

Prior approval must be sought before accessing treatment for scheduled admissions. For emergency admissions, the Company must be advised within 48 hours.

■ Benefits Requiring Pre-authorization:

- Scheduled Inpatient hospital admission
- Scheduled Day-case hospital admission
- Childbirth/Delivery hospital admission
- Out of Country inpatient treatment

FAMILY MEMBERS COVERED

Member Number	Name	Relationship
PTL-001-00	Nujoma Sam	Principal
PTL-001-01	What	Other

DECLARATION

I/We confirm that I/we have read and understood the terms and conditions (as printed above) governing the provision of Medical insurance services, and agree to be bound by them.

Signed: _____ **Date:** _____

Policy Holder Name: _____