

# TEMPORARY ACCIDENTAL DEATH BENEFIT COVER NOTE TERMS AND CONDITIONS

In this document We will highlight certain important words with capital letters, these are defined in the LifePlan Terms and Conditions document.

## QUALIFYING CONDITIONS

- a) A payment or payment instruction must be submitted with the Application Form to the value of the amount due under the Plan applied for on the Application Form.
- b) The proposed Life or Lives Assured must be between the ages of 18 years and 59 years attained as at the date of issue of this cover note.

## LIFE COVER

The amount of Life Cover provided by this cover note is the lesser of the amount of Life Cover applied for under the Application Form or USD75,000 (or currency equivalent).

This cover note is in respect of Primary Life Cover only, and does not apply to any other Benefit, supplementary applications, additional or alternative Plans for which an application has been made.

## PERIOD OF COVER

This cover note is valid from the date We receive, at Our head office, a fully completed Application Form, in conjunction with the first Payment or a valid payment instruction until the earlier of the following dates:

- a) The date the Plan becomes effective
- b) At midnight (GMT) on the 45th day after risk commenced under this cover note
- c) The date of issue by Us of a notice that Life cover has been declined

Where the application is for a Joint Life Plan and one of the proposed Lives Assured dies during the period of Temporary Accidental Death Benefit, Life cover on the other life will be cancelled with effect from the date of death of the deceased Life Assured. If appropriate, a new Application Form will then be requested.

## EXCLUDED REASONS

Excluded Reasons apply when any event leading to a claim is caused:

- a) by or in consequence of injury which is self-inflicted or in any way deliberately caused by the relevant Life Assured; or
- b) by abuse and/or misuse by the relevant Life Assured of alcohol or taking of poisons or drugs except as prescribed by a qualified medical practitioner; or
- c) by participation of the relevant Life Assured in a hazardous sport or pursuit, including but not limited to mountaineering, underwater diving, speed contests of any kind, parachuting or skydiving or in any form of aviation other than as a fare paying passenger travelling on a scheduled route or a route operated by an

established charter service and flying to and from registered airfields; or

- d) as a consequence of the Life Assured's active involvement in war, hostilities or war-like operation (whether war is declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular uprising, military rising, insurrection, rebellion, riot, military or usurped power or any action of any person acting on behalf of or in connection with any organization actively directed towards the overthrow of any government or ruling body by force, terrorism or violence; or
- e) by direct or indirect involvement of the relevant Life Assured in the illegal production of, use or abuse of and/or dealing in, drugs, chemicals or any substances which are controlled or deemed illegal by any government or other authority having jurisdiction over the use of such drugs, chemicals or substances in any relevant jurisdiction; or
- f) by direct or indirect involvement in activities of an illegal or criminal nature either perpetrated by the relevant Life Assured alone or with other persons; or
- g) as a result of the failure of the relevant Life Assured to take medical advice or to follow treatment recommended by a medical practitioner.

**PAYMENT OF CLAIM**

The Benefit under this cover note becomes payable upon proof being provided to Our satisfaction of the death of the proposed Life Assured or one of the joint Lives Assured, where such death is caused by a bodily injury resulting directly from accidental means.

Payment will be by a single lump sum in the currency of the proposed Plan and made to the Plan Owner or the Representative of the Plan Owner's estate if they are the Life Assured or the Beneficiary named in the Application Form.

Signed on behalf of RL360

Issue date (dd/mm/yyyy)

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