

MORTGAGE PROTECTION INSURANCE AND HEALTH INSURANCE POLICY PROPOSAL FORM

The Mortgage Protection & Health Insurance Cover has been placed under a Group Scheme with FijiCare Insurance Ltd as this Insurer has offered on direct-basis, the most competitive premium rates and scope of cover.

SCOPE OF COVER

INSURED PERSONS	:	The individual who has been advanced a loan by Housing Authority
AGREED BENEFIT	:	The outstanding balance as at the beginning of each and every month and declared to the Insurance Company.
JOINT DEBTORS	:	In the event of single debtors, the agreed benefit is paid in full
	:	In the event of joint debtors, 50% of the agreed benefit is paid, except that if joint debtors are insured under comprehensive cover, then in event of a claim, 100% of the agreed benefit is paid.
	:	In the event of triple debtors, the 33.3% of the agreed benefit is paid, except that if all debtors are insured under comprehensive cover, then in event of a claim, 100% of the agreed benefit is paid.
	:	In the event of comprehensive cover, the agreed benefit is paid in full (you may refer to our Insurance Executive for more details on this comprehensive cover).

EXTENT OF COVER

Mortgage Protection Insurance Payment of the agreed benefit up to a maximum of \$250,000 if the eligible Insured Person:

- dies by accident or natural causes or
- suffers from total & permanent disablement

However, for all loans in excess of \$100,000, the Insured Person will require a full medical examination by a medical practitioner appointed by the Insurer prior to cover being confirmed.

**TOTAL PERMANENT
DISABLEMENT** :

- Total Permanent Disablement is defined as:
- i) having suffered a disability through injury or illness which has prevented the debtor from engaging in his/her normal occupation for a continuous period of six (6) months and which in the opinion of the Insurance Company after consideration of medical evidence has rendered him/her incapable of ever again attending to his/her normal occupation or to any occupation for which he/she is reasonably fitted by knowledge, training or experience or
 - ii) having suffered the loss of two limbs or the sight of both eyes or the loss of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot)

Health Insurance

Covers costs for treatment of Cardiac and Cancer cases only in India (includes, the costs of second opinion from the respective specialist locally, visa application fees, return airfares and accommodation, treatment costs of patient and all the required costs of an accompanying person or in instances where a medical practitioner is required to accompany the patient)

MAXIMUM COVERAGE

AGE : No claims are payable for events defined under extent of cover after the Insured Person has reached the age of 65 years. In addition no claims are payable on loans obtained (after 01/01/13) after the customer have attained the age of 55 years.

EXCLUSIONS : No claims are payable under the Policy if the entitlement to the claim resulted directly or indirectly from:

- a) suicide within 12 months of an Insured Member becoming insured with the company by way of this policy;
- b) intentionally self-inflicted injuries other than suicide;
- c) service in armed forces in the time of war, declared or undeclared, or while under orders for warlike operations;
- d) riot and civil commotion, strikes or terrorist activities. This exclusion does not apply to Armed and Police Forces.
- e) violation or attempted violation of the law of resistance to arrest;
- f) entering, operating or servicing, riding in or on off, ascending or descending from or with any aerial device or conveyance except while the Insured Member is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route or while engaged in helicopter activities;
- g) Acquired Immune-Deficiency Syndrome (AIDS) or infection by a Human Immune-Deficiency Virus (HIV);
- h) Any sickness or injury for which the Insured Member sought advice or treatment during the 12 months prior to the date of commencement of the loan contract or the date of any increase in the amount of loan under an existing loan contract, or the date of the addition of the Insured Member as a new Borrower in respect of an existing loan contract and which required treatment within the 12 months after the relevant date;
- i) No total and permanent disability benefit will be payable for a condition for which the Insured Member could have claimed at his entry date.

LOAN REPAYMENT : The coverage offered under the policy ceases immediately the Insured Person repays the total loan balance to Housing Authority

CLAIM REQUIREMENT : Notice of any claim must be given to Insurers as soon as possible but in any event within 30 days of the happening of the event on which the agreed benefit will become payable and/or necessary evacuation arrangements will be made.

If you wish to be included under the Group Policy, please indicate your acceptance in the space provided below. You will receive individual attention at all items and should you require further information and/or wish to submit a claim on your policy, please contact:-

- The Corporate Governance Executive – Insurance at Housing Authority Head Office, Valelevu on Telephone No. 339 2977 or email: bchand@housing.com.fj.
- For properties in the Western Division, through the Housing Authority Officers in our Lautoka Customer Relations Centre on Telephone No. 666 0299 or Nadi Customer Relations Centre on Telephone No. 670 7999.
- And for Northern Division properties through the Housing Authority Officers in our Labasa Customer Relations Centre on Telephone No. 881 1977

ACCEPTANCE

I/We, _____ of _____ fully understand the contents of these covers and hereby confirm that I/We wish to be included in the Mortgage Protection and Health Insurance Group Policy on the basis of the information provided in my/our completed Health Declaration Form(s). Housing Authority will not be responsible for any liability until this application has been accepted and returned to Housing Authority.

Sign: _____

Dated this _____ day of _____ 20____

Survey Ref: _____ Lot No. _____ HA Agreement No.: _____

Copy To: Corporate Governance Executive - Insurance