

Botshelo – Vehicle and Asset Finance Protection

Welcome to Absa Life Botswana. This platform is a predominantly online insurance administration platform operating from offices in Gaborone, Botswana. Our mission is to provide simple and relevant insurance products at the lowest possible cost to our clients. Contact us at ALBclientservices@absa.africa or call us on 362 5900 or find out more about us at insure.absalife.co.bw. Absa Life Botswana offers you compulsory life cover and work disability and an optional critical illness according to the policy terms included in this document.

Your Cover

this policy

Policy number **Draft**

First issued **09 June 2022**

Last updated **09 June 2022**

benefits included in this policy	Benefit	Cover Term Years	Cover Amount
	Botshelo - Vehicle and Asset Finance Protection	5	P 500,000.00
	Botshelo - Work Disability Benefit	5	P 500,000.00
	Botshelo - Critical Illness Benefit	5	P 500,000.00

'you', the policy owner

Jane Sample, born **01 January 1980**, living in **Botswana**. As policy owner, you're the only person who can authorise changes to this policy and the proceeds of any claim under this policy will only be paid to you or to your estate.

the 'insured person'

Jane Sample, a **Female**, born **01 January 1980**, living in **Botswana**, insured as a **Non-Smoker**. The insured person is the person whose health is insured under this policy.

the 'beneficiary'

The proceeds of any claim under this policy will be paid to the beneficiary* (*see definitions);

Jane Sample

what you're covered for **Death benefit**

We'll pay a lump sum of **your selected cover amount** if the insured person:

- dies; or
- is diagnosed with a terminal illness (and we accept the medical evidence that in all probability the insured person has 12 months or less to live), whichever occurs first.

Work Disability benefit (Compulsory benefit)

If this benefit is selected, we'll pay a lump sum of **your selected cover amount** if:

- the insured person suffers a disability due to illness, injury or accident for the first time;
- the disability persists for at least 6 months;
- the insured person was gainfully employed at the time of disability;
- the disability is considered permanent and irreversible by a medical specialist* (*see definitions);
- as a result of the disability, the insured person is totally and permanently unable to perform the normal tasks required for their own or similar occupation* (*see definitions).

Critical Illness benefit (Optional benefit)

We'll pay a lump sum of **your selected cover amount** if the insured person, or their child, is diagnosed with any one of the following critical illness conditions, unless stated otherwise in the **"what you're not covered for"** section below:

Cancer, Heart attack, Open heart bypass surgery, Stroke, Major organ transplant, Multiple Sclerosis, Parkinson's disease, Alzheimer's disease, Kidney failure, Paralysis, Loss of (or loss of use of) limbs, Coma, Blindness, Deafness, Major head trauma, Major burns, Accidental HIV infection.

The payouts under this product are dependent on the severity of the condition. For a full breakdown of the severity levels, definitions, and payouts, please refer to the Schedule of What You're Covered For at the end of this document.

Unrelated critical illnesses will be paid even if the combined claim amount is more than **your selected cover amount**, limited to your selected cover amount, per critical illness.

In the event that more than one critical illness claim arises due to the same cause, only the highest claim amount will be paid. These are referred to as related critical illnesses.

Related critical illnesses are defined as:

- claims within the same benefit category as defined by us;
 - claims occurring within 30 days of a previously paid claim;
 - a claim that is directly or indirectly related to a previously paid claim where, in our opinion, the condition or illness of the current claim is either:
 - a complication or outcome of, or treatment for;
 - as a result of treatment undergone or drugs taken for; or
 - as a result of an event that shares a common cause or effect as, the condition or illness of the previously paid claim under this policy.
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The cover will only pay for related claims that have a higher severity level than previously paid claims. The amount paid will be the amount qualified for, less any related claims already paid.

what you're not covered for

Death benefits

We'll not make any payment under this policy if the insured person's death or terminal illness results from;

- their own act and in our assessment, the insured person committed or attempted suicide within 24 months from the cover start date;
- their participation in base jumping, trans-ocean solo-sailing, caving, canyoning;
- their deployment as a soldier, policeman, mercenary, relief aid worker, journalist, news cameraman or as a member of the Peace Corps in any country other than South Africa, Botswana, Namibia, Israel, UAE, the European Union, UK, USA, Canada, Australia, New Zealand, Hong Kong, Singapore, Japan or South Korea; or
- participation in an unlawful act.

Work Disability benefit (compulsory benefit)

If this benefit is selected, we'll not make any payment under this policy if the insured persons disability is caused or accelerated by any of the following:

- failure to follow recommended medical advice to prevent, minimise or repair the disability;
- depression, anxiety, stress, post-traumatic stress, chronic fatigue syndrome or other psychological or psychiatric disorders or the side effects of their treatment;
- self-inflicted injury or illness;
- consumption of alcohol, intentional inhalation of fumes, consumption of poisons, illicit drugs and narcotics or medication (unless taken as prescribed by an independent medical practitioner);
- back disorders* that don't qualify as quadriplegia* or paraplegia* or cancer of the spine (*see definitions); or
- participation in an unlawful act.

Critical Illness benefit (Optional benefit)

If this benefit is selected, we'll not make any payment under this policy if;

- the insured person dies within 14 days of the claimed event;
 - the insured person's critical illness is the result of a self-inflicted injury or illness;
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- the insured person fails to follow reasonable medical advice to prevent, minimise or repair the condition; or
 - the insured person participates in unlawful acts.

We'll not make any payment under this policy if the insured persons critical illness is caused or accelerated by any of the following:

- consumption of alcohol; intentional inhalation of fumes; intentional and negligent consumption of poisons, drugs, narcotics or medication (unless prescribed by an independent medical practitioner and used according to these instructions); or

We'll not make any payment for cancer under this policy if symptoms or diagnosis of cancer occur within the first six months from the actual start date of this policy of **14 June 2022**.

your policy starts	On 14 June 2022 . If you miss your first payment your policy will be suspended and you will not be covered until we successfully collect your first payment.
your payment	Your total payment is P 380.33 per month . No VAT is charged on this policy.
cover ends automatically	On the end of the policy year in which the benefit term expires or the insured person turns 65, or on the day we pay out any claim, whichever occurs first.

Eligibility

who can buy this policy

This policy can be purchased by people aged 18 to 64 who have

- A valid Botswana ID Number and who permanently reside in South Africa, Botswana, Namibia, Israel, UAE, the European Union, UK, USA, Canada, Australia, New Zealand, Hong Kong, Singapore, Japan or South Korea; or
- A valid Passport Number and who permanently reside in Botswana

Only one person can be insured under this policy. A partner or spouse will need to be insured under a separate policy.

how much cover you can buy

You can buy as many policies from us as you wish. However, if any insured person purchases:

- Life Cover policies from us totalling more than P1 million; or
- Work Disability Cover policies from us totalling more than P1 million; or
- Critical Illness Cover policies from us totalling more than P1 million

without our written consent, we're only liable to pay out the first P1 million on death, P1 million for work disability and P1 million for critical illness, unless there has been full disclosure on existing and / or simultaneously applied for cover(s) which have been acknowledged by us.

misrepresentation of existing cover

It's your responsibility to provide the correct information about your existing cover with other insurers. We rely on your information to issue your policy. If you're not absolutely truthful or if you fail to disclose all relevant information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate.

misrepresentation of income

It's your responsibility to provide the correct information about your earnings or income. We rely on your information to issue your policy. If you're not absolutely truthful or if you fail to disclose all relevant information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate.

being truthful

It's your responsibility to be absolutely truthful with us. We rely on your information to issue your policy and pay any claim. If you're not absolutely truthful or if you fail to disclose all relevant information or misrepresent information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate. If your claim is based on false or incomplete information we won't be liable to pay the claim and we can, at our discretion, void your policy. If, after we pay any claim, we find that it was based on false or incomplete information, all claim payments must be refunded to us.

Any additional information which might be relevant to Absa Life Botswana's decision to offer you cover or assess your risk which was not provided or disclosed at the time of the application for cover under this policy, or that which was disclosed in a prior or subsequent or separate application, will not be

considered as having been disclosed unless communicated in writing to ALBclientservices@absa.africa and the receipt and acknowledgement thereof is confirmed in writing by Absa Life Botswana by way of an endorsement letter stating that your cover remains unaltered. Without any endorsement letter being issued, the additional information will have no bearing on this policy.

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Changes

change policy owner	When you purchase this policy you are automatically the policy owner. You cannot change or assign the ownership of this policy to anyone else.
policy changes	You can make changes to your policy at any time by going to our website and logging into myabsalife.co.bw.
contact and banking details changes	You can make changes to your contact and banking details at any time by going to our website and logging into myabsalife.co.bw. Ensuring that your details are always up to date will help ensure you receive our communication.
change policy beneficiary	You can change the beneficiary of your policy at any time by going to our website and logging in to myabsalife.co.bw to make the changes online.
increase your cover	You can apply at any time to increase your cover by going to our website and logging in to myabsalife.co.bw to make the changes online. However we're not obliged to approve the increase. Our approval will depend on several factors such as your state of health and your reasons for seeking the increase. Additionally, from time to time we may approach you with an offer to increase your cover on favourable terms.
decrease your cover	You can request for us to reduce your cover online at myabsalife.co.bw. A decrease in your cover will decrease your ongoing payments. Terms and conditions apply.
stop smoking	If you are currently insured as a smoker* (*see definitions) and you stop smoking for 12 months or more, you can request a reduction in your monthly payments by logging into myabsalife.co.bw and completing a non-smoking declaration.
payment changes	We may change your payment at any time if the conditions of policies similar to yours changes from what we expected at the policy start date. If we decide to change your payment we will let you know at least 90 days before the change takes effect. We will not change your payments within five years of your policy start date.

Cancellation

cooling-off period You can cancel this policy within 90 days after receipt of the policy document. The payments made during this time will be refunded provided that no claim has been made.

cancelling this policy after the cooling-off period You can cancel this policy after the cooling-off period by either calling us on 362-5900 or sending us an email at ALBclientservices@absa.africa at least 15 days before your next payment date. We will immediately stop all future payments and any payments you have already made to us will not be refundable. Your policy will terminate at the end of the period for which you have paid.

no cash value The policy contains no savings, investment or surrender value, nor does it participate in the profits of Absa Life Botswana Pty Ltd. The policy has no cash value if cancelled.

Payment

how we calculate your payments Your payment is based on the cover you select and your gender, smoking habits, income, education and declared state of health at the time you apply. We also take into account your occupation and pastimes. If your health deteriorates from year to year, it has no impact on what you pay.

currency All transactions are in Botswana Pula.

payment frequency & due-date You have the option to have your payments follow a monthly cycle or an annual cycle. In the monthly cycle, premiums are due each month on the day of the month that you select for your monthly payments in the case of the annual cycle premiums are due each year on the day of the year that you select for your annual payments. If your payment date falls on a Saturday, Sunday or public holiday, payment will be made on the preceding working day.

payment methods You may only pay by debit order.

banking details The banking details provided must be the banking details of the insured person. No other bank account other than those in your name will be accepted. If the banking details are based on false, incomplete or fraudulent information we won't be liable to pay any claim and all benefits and payments will be forfeited.

additional bank charges Any bank charges charged by your bank to you are for your own account.

policy suspended for non-payment If you miss your first payment your policy will be suspended and you will not be covered until we successfully collect your first payment. If this happens we'll notify you of the missed payment at your last known email address. We will not be liable to pay a claim while your policy is suspended.

grace period for non-payment

If you miss a payment, other than your first payment, we will grant you a grace period of 30 days in which to make up the missed payment whilst still being covered. If this happens we'll notify you of the missed payment at your last known email address.

policy terminated for non-payment

If you miss two consecutive premiums, cover will immediately terminate. If this happens:

- we'll notify you of the termination at your last known email address
- we'll not refund any payments
- we'll not be liable to pay a claim relating to any period after the cover has been terminated
- you'll need to reapply for a new policy if you still require cover after 30 days since policy termination. However we're not obliged to approve the new application. Our approval and payment offered will depend on several factors including your state of health.

policy reinstatement

Your policy may only be reinstated within 30 days of termination. We will reinstate your policy provided that all outstanding payments due to us are made.

Claims

information we need to assess your claim

Death benefit: For a death claim we'll need a copy of the insured person's death certificate, a pathologist's report if one has been issued and proof of identity. For a terminal illness claim we'll need a written opinion from a medical specialist* (*see definitions) stating the nature of the insured person's illness, when it was first diagnosed and that as a result of this illness they are likely to have 12 months or less to live. Should additional information be required, this will be communicated at time of claim. For any terminal illness claim we're entitled to seek a second opinion which we'll pay for. We're not obliged to pay a claim until we receive all the information we require

Work disability benefit: If you selected this benefit, for any disability claim, we'll need a written opinion from a general practitioner or medical specialist* (*see definitions) confirming that the insured person has suffered a disability according to the definition and terms covered under this policy, when the disability was first reported or diagnosed, what caused it and the likely prognosis related to the insured person carrying out their own or similar occupation* (*see definitions). Should additional information be required, this will be communicated at time of claim. We're also entitled to seek a second opinion including an evaluation from an occupational therapist which we'll pay for. We're not obliged to pay a claim until we receive all the information we require (which may include results of existing or new medical tests as specifically requested) to confirm if your claim meets the criteria for disability as defined in this policy.

Critical Illness benefit: If you selected this benefit, for a critical illness claim, we'll need a written opinion from a general practitioner or medical specialist* (*see definitions) confirming that the insured person has been diagnosed with one or more of the defined critical illness conditions covered under this policy, when it first occurred and/or when it was first diagnosed. Should additional information be required, this will be communicated at time of claim and we're entitled to seek a second opinion which we'll pay for. We're not obliged to pay a claim until we receive all the information we require, including the result of HIV tests. It's your responsibility to ensure that the HIV test results indicated in your application are made available to us when any claim is made.

fraud

A fraudulent claim, or use of any fraudulent means, false information or knowingly allowing anyone to act on your behalf to provide false information to obtain a benefit will result in immediate termination of the policy and all benefits and payments made in respect of this policy will be forfeited. We may further, initiate legal action against the defrauding party.

how to claim

To lodge a claim either:

- visit our website: insure.absalife.co.bw or
- send an email to: ALBclaims@absa.africa or
- call us on 3625900 or

-
- send a fax to 390 9827
-

who we pay For death and terminal illness the proceeds of any claim paid under this policy will only be paid to the beneficiary nominated in this policy, or to their estate if they are deceased. For Work Disability and Critical Illness the proceeds of any claim paid under this policy will be paid to you or the relevant financial institution if the policy is ceded.

time limit There is a time limit of 180 days from the date of the claim event to notify us of a claim. Once we have been notified of a claim there is a time limit of 180 days to submit all required information. Any claim submitted after 180 days from the date of the claim event must be supported by substantive late notification reasons.

unclaimed benefit An unclaimed benefit will remain unpaid until the rightful claimant claims the benefit. We will use all means to find or trace you or your beneficiaries or claimants. This process may incur certain administrative costs. It is your responsibility to ensure that your contact details are up to date.

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Compliance

we protect your privacy

All information you provide us will be held securely and confidentially. The only use of this information will be to process your application and any claim and to administer your policy. From time to time we may wish to offer you other products, however, if you don't want this information you can request that we don't send it to you.

Botswana law applies

This policy is governed by Botswana law. Any legal action in relation to this policy must be conducted in Botswana.

the underwriter

The underwriter of this policy is Absa Life Botswana (Pty) Ltd, which is a registered insurer in terms of the Non-Bank Financial Institutions Regulatory Authority ("NBFIRA") Act, and a registered Financial Service Provider under the NBFIRA Act.

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Definitions

accidental death	A person's death is accidental if they die within 180 days of sustaining an injury that caused their death, where the injury was directly and solely caused by external, violent and accidental means.
accidental work disability	A person's disability is accidental if they become disabled within 180 days of sustaining an injury that caused their disability, where the injury was directly and solely caused by external, violent and accidental means.
back disorder	A disorder or dysfunction of the vertebrae, spinal cord, intervertebral discs, nerve roots and supporting muscles or ligaments and the direct or indirect consequence or side effects of any surgery or treatment for these conditions.
own or similar occupation	The nominated occupation of the insured person (the occupation disclosed at application stage), or any other occupation for which the person is suited or may become suited, to perform taking into account their education, knowledge, ability, training and experience. The test for disability does not take into account whether the insured person finds employment or not after the disability, but on whether, in our opinion, the insured person is able to work.
paraplegia / quadriplegia	Paraplegia is the total, permanent and irrecoverable loss of function of the lower body and legs. Quadriplegia is the total, permanent and irrecoverable loss of functioning of both arms and both legs.
participate in pastime regularly	Any recurring participation (i.e. on separate occasions or events) within a 12 month period is considered regular.
beneficiary	The beneficiary is the person, company, trust or other organisation to whom we will pay the claim once admitted when you die. The beneficiary can only be nominated or changed by you, the policy owner.
medical specialist	A practicing medical specialist, licensed to practice his or her medical specialty within South Africa, Botswana, Namibia, Israel, UAE, the European Union, UK, USA, Canada, Australia, New Zealand, Hong Kong, Singapore, Japan or South Korea and whose specialty qualifies him or her to make a medical assessment and a prognosis related to the insured person's disability.
smoker / non-smoker	If a person has smoked a cigarette or any other substance or any form of tobacco in the past 12 months, they're a 'smoker'. If not, they're a 'non-smoker'.
spouse	Your spouse is defined as a person who is recognised as such in terms of common law, civil law and any other relevant laws of Botswana.
to 'void' your policy	This means your policy will be considered never to have existed, payments you have made may not be refunded at our discretion and no claim will ever be paid.
unlawful act	Any act of the insured person or policy owner which is a willful and material violation of the law

unclaimed benefit

An Unclaimed Benefit is a Benefit that cannot be paid to you or your beneficiary as a result of a Claim not being submitted and us not being able to locate you or a Claimant.

we, our, us

'We', 'our' or 'us' means Absa Life Botswana

you, your, me, my

'You', 'your', or 'me', 'my' means the policy owner.

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Insured person's details

first name	Jane	middle name	
last name	Sample		
email	sample@absalife.co.bw	alternate email	
mobile phone	1234567	other phone	
Botswana ID / Passport number	0000000000000		
qualification	post-graduate degree	monthly income	P 37,200 or more
employment status	Full Time Employed	occupation category	Accountant
source of income	Wages Winnings	doctors name	
medical aid		existing cover	

Insured person's postal address

address	sample street	suburb	sample suburb
city	sample city	postal code	12345
country		physical same as postal address	Y

Insured person's physical address

address	sample street	suburb	sample suburb
city	sample city	country	

Declaration

It's your responsibility to be truthful with us and to disclose all information that is relevant to our decision to provide you cover. Any misrepresentation or non-disclosure may result in us refusing to pay any claim and/or amending the terms of this policy or voiding this policy.

I, **Jane Sample**, ID **000000000000**, through my electronic acknowledgement confirm that:

- the information in this application is true and correct;
- the person that will make the monthly payments is the insured person or their spouse;
- I am aware of no other circumstances which might render me to be more likely to claim than the average member of the community;
- I am aware of no other information which might be relevant to Absa Life Botswana's decision to offer me cover;
- the questions and answers pertaining to my health and lifestyle are true and correct and I understand and agree to abide by the terms set out in this policy document;
- I consent to the exchange of any information between Absa Life Botswana and any medical or other institution even after my death; and
- I have read the Legal disclosure and I have made an informed decision.

By ticking this box I confirm all of the above



Signature

Date

I cannot confirm, because there are other circumstances which might be relevant to your decision to provide me cover. I would like Absa Life Botswana to contact me.



Schedule of What You're Covered For if you selected the critical illness benefit

The following schedule details the percentage of cover that will be paid when a claim occurs based on the illness and its severity.

Cancer	<p>Cancer is a disease characterised by the uncontrolled growth of malignant cells that destroy tissue and are able to spread through the body via lymph or blood. Cancer typically invades organs such as the lungs, breast, prostate, bowel, liver, kidney, brain, bone, colon, spleen, cervix, testes and vagina and also includes leukaemia, Hodgkin's lymphoma, non-Hodgkin's lymphoma and malignant melanoma.</p> <p>The diagnosis must be made and confirmed by an appropriate medical specialist and supported by the necessary histology reports.</p>
25%	<ul style="list-style-type: none">• Stage I cancer• Chronic Lymphocytic Leukaemia (Stage 1)• Hairy cell leukaemia• Hodgkins/Non Hodgkins lymphoma Stage 1 on Ann Arbor classification• Prostate cancer stage T2N0M0 any G
50%	<ul style="list-style-type: none">• Stage II cancer• Chronic Lymphocytic Leukaemia (stage II on the Rai classification)• Acute Lymphocytic Leukaemia (children)• Chronic Myeloid Leukaemia (no bone marrow transplantation)• Hodgkins/Non Hodgkins lymphoma Stage II on Ann Arbor classification system• Multiple myeloma Stage I and II on the Durie-Salmon scale• Prostate cancer stage T3N0M0 any G
75%	<ul style="list-style-type: none">• Stage III cancer• Hodgkins and Non Hodgkins lymphoma Stage III on Ann Arbor classification system• Prostate cancer stage T4N0M0 any G
100%	<ul style="list-style-type: none">• Stage IV cancer• Acute Myeloid Leukaemia• Chronic Lymphocytic Leukaemia, stage III or IV on the Rai classification• Chronic Myeloid Leukaemia (requiring bone marrow transplant)• Acute Lymphocytic Leukaemia (adults)• Hodgkins/Non Hodgkins lymphoma Stage IV on Ann Arbor classification system• Multiple Myeloma Stage III on the Durie-Salmon Scale• Prostate cancer stage Any T, N1 – 3, M0 any G

Specific exclusions

The following less invasive forms of cancer are not covered under our definition:

- All cancers in situ and all pre-malignant conditions, these being early stage cancer where there is no invasion of surrounding tissue
 - All tumours of the prostate unless classified as having progressed to at least clinical TNM classification T2N0M0
 - All skin cancers, other than malignant melanoma that is more than 1.5 mm thick
 - Chronic Lymphocytic Leukaemia stage 0
-

Heart attack

Heart attack is defined as the death of a portion of the heart muscle due to insufficient blood supply to the heart. In the case of severity levels 25% and 50% the patient recovers fully and the heart function returns to normal. In the case of severity levels 75% and 100% more permanent damage has resulted, which means the heart function is less than 100% after recovery.

The effect of the heart attack on heart function should be measured 6 weeks after the heart attack.

25%

This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all three of the following criteria:

1. Compatible clinical symptoms and
2. Characteristic ECG changes, e.g. ST-segment and T-wave changes indicative of myocardial ischaemia or myocardial infarction, and
3. Raised cardiac markers:
Trop T > 0,5 ng/ml or Trop I > 0,25 ng/ml, or
Raised CK-MB mass
Up to 2 times normal values in acute presentation phase, or
Up to 4 times normal values post-intervention
Total CPK elevation of up to 2x normal values, with at least 6% being CK-MB

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered by this definition.

50%

This is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by two of the following three criteria:

1. Compatible clinical symptoms
 2. Characteristic ECG changes, which can be either of the following:
New pathological Q-waves (see definitions of ECG changes below), or
ST-segment and T-wave changes indicative of myocardial injury, (see definitions of ECG changes below) but only when accompanied by raised cardiac markers as described hereafter
 3. Raised cardiac markers:
Trop T > 1,0 ng/ml or Trop I > 0,5 ng/ml, or
Raised CK-MB mass
More than 2 times normal values in acute presentation phase, or
More than 4 times normal values post-intervention
Total CPK elevation of more than 2x normal values, with at least 6% being CK-MB
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75% A heart attack that meets the criteria as defined under the 50% severity level definition, with permanent impairment in one or more of the following functional criteria, as measured 6 weeks post-infarction:

Criterion	Value
NYHA classification	Class 2 or 3
METS	2-7
LVEF	30%-50%
LVEDD	59-72
Ultrasound FS in %	16%-25%

100% A Heart attack that meets the criteria as defined under the 50% severity level definition, with permanent impairment in one or more of the following functional criteria, as measured 6 weeks post-infarction:

Criterion	Value
NYHA classification	Class 4
METS	1 or less
LVEF	< 30%
LVEDD	> 72
Ultrasound FS in %	< 16%

If more than one functional criterion is impaired, but their values do not conform to one severity level (for example one impaired value is that of the 100% severity level and another of 75%), the final severity level should be determined by giving preference to the more objective criteria, that is in the following order:

4. LVEF
5. LVEDD
6. Ultrasound FS
7. METS
8. NYHA

Definitions of ECG changes	<p>a) ECG changes indicative of Myocardial Ischaemia that may progress to Myocardial Infarction: Patients with ST-segment elevation: New or presumed new ST segment elevation at the J point in two or more contiguous leads with the cut-off points greater than or equal to 0.2mV in leads V1, V2, or V3, and greater than or equal to 0.1mV in other leads. Contiguity in the frontal plane is defined by the lead sequence AVL, I and II, AVF, III. (Ref. 1) Patients without ST-segment elevation: ST-segment depression of at least 0.1 mV; T-wave abnormalities only (Ref. 1).</p> <p>b) Definition of new pathological Q-waves: Any new Q-wave in leads V1 through V3; A Q-wave greater than or equal to 40 ms (0.04s) in leads I, II, AVL, AVF, V4, V5 or V6; The Q-wave changes must be present in any two contiguous leads, and be greater than or equal to 1mm in depth (Ref. 1). Appearance of new complete bundle branch block.</p>
Open heart bypass surgery	<p>Coronary artery bypass graft surgery, also called heart bypass or bypass surgery, is a surgical procedure performed to relieve chest pain and reduce the risk of death from heart disease.</p> <p>Arteries or veins from elsewhere in the patient's body (most commonly the leg) are joined to the coronary arteries of the heart to bypass the narrowings of the affected or diseased arteries. This requires open thoracotomy i.e. the surgical opening of the chest cavity. This improves the blood supply and circulation to the heart muscle. The terms "single bypass", "double bypass", "triple bypass", "quadruple bypass" and "quintuple bypass" refer to the number of coronary arteries bypassed in the procedure</p> <p>This surgery is performed with the heart stopped necessitating the usage of highly specialised theatre equipment to keep the heart and the lungs working during the course of the operation.</p>
25%	Single (1 vessel) bypass
50%	Double (2 vessel) bypass
75%	Triple (3 vessel) bypass
100%	Quadruple / Quintuple (4 or 5 vessel) bypass
Specific exclusions	Keyhole Cardiac Surgery is specifically excluded

Stroke	<p>A stroke occurs when the blood supply to a portion of the brain is obstructed and this part of the brain tissue dies. It can also happen when there is bleeding into the brain tissue due to a weakening or abnormality of the blood vessel wall. A common cause of the rupture of a brain blood vessel is longstanding uncontrolled high blood pressure.</p> <p>The result of a stroke is usually paralysis of an arm and leg, sometimes with one half of the face affected as well. In some cases people also lose their ability to speak. The paralysis can recover to varying degrees. Some recover fully, whereas others may retain permanent weakness of a limb(s). The severity of the stroke is measured by one's ability / inability to perform basic and advanced activities of daily living as set out in the activities of daily living table at the end of the Schedule of What You're Covered For.</p> <p>Severity levels will be assessed by a full neurological examination by a specialist neurologist any time after three months of the event.</p>
25%	<p>Almost full recovery, with little residual symptoms or signs, as measured by the ability to do all basic and advanced activities of daily living as a direct result of the stroke</p>
50%	<p>Can function independently, but has impairment as measured by the inability to do 3 or more advanced activities of daily living as a direct result of the stroke</p>
75%	<p>Cannot function independently, as measured by the inability to do 6 or more advanced activities of daily living as a direct result of the stroke</p>
100%	<p>Needs constant assistance, as measured by the inability to do 3 or more basic activities of daily living as a direct result of the stroke</p>
Specific exclusions	<p>Transient Ischaemic Attacks (TIA's)</p> <p>A Transient Ischaemic Attack occurs when the blood supply is momentarily interrupted, but restored before any permanent damage can occur. It usually results in one of more of the following symptoms:</p> <ul style="list-style-type: none"> • a loss of sensation • dizziness • lameness of a limb • loss of speech <p>which only occur for a few minutes to hours and recovery is quick and spontaneous</p>
Major organ transplant	<p>The recipient of a transplanted organ</p>

100%	The recipient of a transplanted heart, lung, kidney, liver, pancreas or bone marrow
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Multiple Sclerosis	Multiple Sclerosis is an autoimmune disease of the central nervous system marked by numbness, weakness, loss of muscle coordination, and problems with vision, speech, and bladder control. Diagnosis must be confirmed by a specialist neurologist.
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25%	On definite diagnosis of Multiple Sclerosis, with two separate neurological events having been documented
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75%	On definite diagnosis of Relapsing-remitting Multiple Sclerosis with permanent physical impairment resulting in persistent failure of 2 sub groups of basic activities of daily living
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100%	On definite diagnosis of chronic progressive Multiple Sclerosis with supporting medical evidence; or Multiple Sclerosis with Aphasia; or Multiple Sclerosis with permanent cognitive impairment or Dementia
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Parkinson's disease	A progressive, degenerative disease of the central nervous system of unknown aetiology. The unequivocal diagnosis of Parkinson's disease must be confirmed by a neurologist.
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25%	Confirmed diagnosis of Parkinson's disease. Completely independent function, but with slowness, and awareness of difficulty (presence of cogwheel rigidity)
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75%	Confirmed diagnosis of Parkinson's disease with permanent physical impairment resulting in persistent failure of 2 sub groups of basic activities of daily living
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100%	Confirmed diagnosis of Parkinson's disease with permanent physical impairment resulting in persistent failure of 3 or more sub groups of basic activities of daily living
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Alzheimer's disease	Alzheimer's disease is a degenerative brain syndrome characterized by a progressive decline in memory, thinking, comprehension, calculation, language, learning capacity and judgment sufficient to impair personal activities of daily living. The unequivocal diagnosis of Alzheimer's disease must be confirmed by a neurologist.
25%	The unequivocal diagnosis of Alzheimer's disease
100%	The unequivocal diagnosis of Alzheimer's disease where dementia due to failure of brain function has occurred with significant memory and cognitive impairment for which no other recognisable cause has been identified. Memory and cognitive impairment must be to such a degree that the life insured requires continual supervision.
Kidney failure	Kidney failure is a situation in which the kidneys fail to function adequately
10%	Disease or disorder requiring a total or partial nephrectomy
100%	Chronic, irreversible and total failure of both kidneys requiring regular dialysis treatment or renal transplantation. Diagnosis to be confirmed by a nephrologist
Paralysis	The complete and irreversible loss of strength in an affected limb or muscle group caused by nerve damage in the brain or spinal cord. Diagnosis is to be confirmed by a neurologist.
50%	Hemiplegia
75%	Paraplegia
100%	Quadriplegia
Loss of (or loss of use of) limbs	This is the total, permanent and irreversible loss of or loss of use of an arm(s) or a leg(s).
25%	One arm below the elbow or one leg below the knee
50%	One arm above the elbow or one leg above the knee
75%	Both legs
100%	Both arms above or below the elbow

Coma	Coma is a state of deep and often prolonged unconsciousness and is usually the result of disease or injury
50%	Glasgow Coma Scale score ≤ 10 but > 6 , measured on admission and persisting for more than 96 hours
100%	Glasgow Coma Scale score ≤ 6 , as measured on admission and persisting for more than 96 hours resulting in permanent neurological deficit
Specific exclusions	All drug and/or alcohol and/or pharmacologically induced comas
Blindness	
25%	Permanent loss of vision in one eye, resulting in a corrected visual acuity of less than 6/30 or 20/100 in the affected eye
100%	Permanent loss of vision in both eyes, resulting in a corrected visual acuity in the best eye of less than 6/30 or 20/100
Deafness	
25%	Optimally corrected permanent hearing loss in one ear, resulting in an average hearing threshold of 85db or greater across the 500, 1000, 2000 and 4000 Hz frequencies
100%	Optimally corrected permanent hearing loss in both ears, resulting in an average hearing threshold of 85db or greater across the 500, 1000, 2000 and 4000 Hz frequencies in both ears

Major head trauma	A traumatic injury to the brain, caused by an external physical force, resulting in significant and permanent neurological deficit measured by the inability to perform activities of daily living even when using appropriate assistive devices. The diagnosis must be confirmed by a neurologist.
50%	Failure of 2 sub-groups of basic activities of daily living
100%	Failure of 3 or more sub-groups of basic activities of daily living
Specific exclusions	No payment shall be made if the incident or illness giving rise to such claim was directly or indirectly caused, occasioned, accelerated or aggravated by self-inflicted injuries whether the Insured person is of sound mind or not
Major burns	The severity of burns depends on the depth, area and location of the burn
25%	Partial thickness burns covering more than 25% of the body surface area or partial/full thickness burns of the face or both hands
50%	Full thickness burns involving more than 10% but less than or equal to 20% of the body surface area
75%	Full thickness burns involving more than 20% but less than or equal to 30% of the body surface area
100%	Full thickness burns involving more than 30% of the body surface area
Accidental HIV infection	Accidental contraction of human immunodeficiency virus (HIV)
100%	<p>Contraction due to:</p> <ul style="list-style-type: none"> • Accidental needlestick injury acquired in the execution of professional duties as a medical or dental practitioner or registered nurse, registered with the appropriate professional council. A negative HIV test must be performed within 24 hours to confirm an HIV negative status at the time of the needlestick injury. There must be proof that the patient has been started on a course of anti-retroviral drugs • Rape or indecent assault. The offence must have been reported to the Botswana Police Service (BPS) and a criminal case opened. An HIV test must have been performed within 24 hours of the assault to confirm an HIV negative status at the time of the assault. A medical examination must have been performed within 24 hours after the incident. There must be proof that the patient has been started on a course of anti-retroviral drugs

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- Receiving an organ transplant where the transplanted organ was previously infected with the HIV virus. There must be proof of HIV negative status within 3 months before the transplant
 - Transfusion of infected blood or blood products from a transfusion service recognised by Absa Life Botswana, after commencement of the policy. There must be proof of HIV negative status within 3 months before the transfusion
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Specific exclusion Congenital, familial and pre-existing conditions (conditions affecting the child that you, the insured person or the child knew about or sought medical attention for at any time in the past) are specifically excluded for this benefit

DRAFT

**Activities
of Daily
Living**

Basic activities of Daily Living - Stroke only

- Bowel status
- Bladder status
- Grooming
- Toileting
- Feeding
- Transfers from chair to bed
- Indoor mobility
- Dressing
- Stairs
- Bathing

Basic activities of Daily Living - other conditions

- Sub group 1:
 - Bowel status
 - Bladder status
 - Toileting
- Sub group 2:
 - Grooming
 - Dressing
 - Bathing
- Sub group 3:
 - Feeding
- Sub group 4:
 - Transfers from chair to bed
 - Indoor mobility
 - Stairs

Advanced activities of Daily Living

- Driving a car
- Medical care: prepares and takes correct medications
- Money management
- Communicative activities: use of phone, writing checks, writing letters
- Shopping: lifting or carrying groceries
- Food preparation
- Housework
- Community ambulation with or without assistance device, but not requiring a mobility device
- Moderate activities: moving table, pushing vacuum cleaner, bowling, golf
- Vigorous activities: running, heavy lifting, sports