



## INDIVIDUAL HEALTH INSURANCE CONTRACT

**POLICY NUMBER:** [numeroPolice]

**CONTACT DETAILS OF THE INSURER:**

Name: Radiant Insurance Company

TIN: 102781991

**Address:** Kigali, KN 2 Avenue, CHIC Building; **P.O. BOX:** 1861, Kigali-Rwanda

Tel: +250 788 50 08 77/ 2050

**CONTACT DETAILS OF THE INSURED:**

Names : [nomAdhdrent prenomsAdherent]

Type of Insurance : Individual Cover

TIN/PASSPORT/NID : [numeroPieceAdherent]

Village/Cell/Sector : [adresse Geo]

District : [Commune]

Telephone : [TelephoneAdherent]

Email : [EmailAdherent]

Contract Signing Date : [dateEntree]

Coverage Commencement Date : [dateEffet]

Contract Ending Date : [Dateecheance]

**PERSONS TO BE INSURED**

Contracting Party's staff members aged more than 18 years and less than 65 years as of the commencement of the insurance contract, the individual insured person, his/her spouse as well as their dependent children of less than 21 years of age.

## **LIST OF PERSONS TO BE INSURED IN THIS CONTRACT:**

No	Names	Date of Birth	Membership Number	Premiums
1.1	[nom prenomsAdherent]	[dateNaissance]	[numeroBeneficiaire]	[Prime] Frw
1.2	[nom prenomsConjoint]	[dateNaissance]	[numeroBeneficiaire]	[Prime] Frw
1.3	[nom prenomsEnfant(1)]	[dateNaissance]	[numeroBeneficiaire]	[Prime] Frw
1.4	[nom prenomsEnfant(2)]	[dateNaissance]	[numeroBeneficiaire]	[Prime] Frw
<b>TOTAL PREMIUM</b>				<b>[PrimeTotal] Frw</b>

## **ANNUAL CEILINGS**

**Inpatient** : Rwf [PlafondHospitalisation]

**Outpatient** : Rwf [PlafondAmbulatoires]

## **GUARANTEES**

The health insurance scheme will pay the charges incurred for medical care due to, illness, accident, dental and eye care or maternity.

## **ACCESS TO HEALTH CARE FACILITIES**

The insured will receive medical services at all health centers, district and provincial hospitals, Kanombe Military Hospital, CHUB, CHUK, and Ndera Hospital, plus some clinics as per the list attached on this contract as well as all pharmacies that have partnership with RADIANT INSURANCE COMPANY.

The insured shall a 10% co-pay in public health facilities&Pharmacies and 15% in private clinics.

**Note: This list should be updated by adding or removing a provider any time in accordance with the agreement between RADIANT INSURANCE COMPANY LTD and the provider. In this event, RADIANT INSURANCE COMPANY LTD shall inform the client through the email address or telephone number provided by the client in this contract.**

The insured shall a 10% co-pay in public health&pharmacies and 15% in private clinics.

## **V. UNCOVERED GUARANTEES**

- ❖ **All medical services that are not related to sickness are not covered;**
- ❖ **Maternity cover becomes effective from 10 months of insurance for the 1<sup>st</sup> year and immediately when the contract is renewed on the date it was due to expire;**
- ❖ **Vaccination, family planning, infertility, crutches and orthosis, kidney transplantation (dialysis) and other special activities or tests not related to normal illness is not guaranteed.**
- ❖ **CT Scan and MRI are covered for Inpatient cases**
- ❖ **Optical Frame**

### **A Procedure for incorporating a new dependent:**

Addition of a child born to or spouse shall take place not later than thirty (30) days from the date of birth of the child or from the date of marriage.

Members of the new insured family will be included in the contract plus 75% of the insurance premiums paid by the insured when he or she adds the spouse and 37.5% when he/she adds the child born regardless of the remaining days until the end of the contract year. Members of his family will have the right to medical treatment from the time their names and birthdays are submitted to RADIANT.

## **TERMINATION OF THE AGREEMENT**

The agreement can be terminated if the insured chooses to cancel it and will be refunded the premium paid minus fifteen thousand Rwandan Francs (15,000 Frw) for each card issued, only if it has been done less than 30 days since the first premium payment, meaning they have not yet started using the insurance for themselves or their dependents.

The agreement can be terminated if it is found that the insured has used or attempted to use the insurance for someone not covered by the policy or has knowingly attempted to claim for services not covered by this agreement. In such cases, the premium paid will not be refunded.

## **FINAL PROVISIONS**

RADIANT INSURANCE COMPANY cannot be held responsible for any health consequences of the insured arising from treatments received at the hospital or medications prescribed.

These agreements have been approved by both parties involved and are effective from **[dateEntree]**

Done at Kigali, on **[dateEntree]**

**THE SUBSCRIBER**

**THE INSURER**