For Official Use Only



The Family Indemnity Plan

CHANGE OF PLAN - CI Rider

Please writein BLOCK lettersand WITHINTHE BOXES, AVOIDING CONTACT	WITHTHE EDGE OF THE BOX 1 2 3 4 .					
This Change of Plan shall be effective on the first day of the morganisation.	onth following the date the Insured delivers this form to and is received by your					
Organisation						
Certificate Number	Membership Number					
Member Name (First/Last Name)						
Address of Insured						
E-mail Cell No.						

Indicate the COVERAGE LIMIT selected by checking the appropriate box below – ONLY APPLICABLE FOR NEW CI RIDER CUSTOMERS

The monthly premium payable is based on the attained age of the Primary Insured and the selected coverage limit. Your premium rate will change to the next higher rate as you enter into a new age band.

Monthly Premium for the Critical						
Illness Rider Coverage Limit						
		MONTHLY PREMIUM				
AGE BAND						
**Years	Coverage:		Coverage:			
18-29	\$	14.50	\$	29.00		
30-34	\$	15.50	\$	31.00		
35-39	\$	21.00	\$	42.00		
40-44	\$	35.50	\$	71.00		
45-49	\$	59.00	\$	118.00		
50-55	\$	104.00	\$	208.00		
56-60	\$	125.00	\$	250.00		
61-65	\$	150.00	\$	300.00		
66-70	\$	250.00	\$	500.00		
71-74	\$	350.00	\$	700.00		

NB: Only the primary insured who has not attained the age of 60 years is eligible to apply for the Critical Illness Rider. The rates prescribed after 60 years are only applicable to age band movement after initial enrollment.

1. Have you ever been diagnosed with any of the following: Cancer, Heart Attack, Stroke, Paralysis OR Major Burns? [] Yes [] N	10
1b. If yes, please indicate the details	
2. Have you received, in the last 5 years, any medical attention or advice or surgical treatment or any medication? [] Yes [] No 2b. If yes, please indicate the details	
Amount Due Date Paid	
CHANGE OF PLAN FOR THE CI RIDER: ONLY APPLICABLE FOR EXISTING CI RIDER CUSTOMERS Please indicate the NEW COVERAGE OPTION selected by checking the appropriate box below:	
Coverage: \$50,000	
1. Have you ever been diagnosed with any of the following: Cancer, Heart Attack, Stroke, Paralysis OR Major Burns? [] Yes [] N	۷о
1b. If yes, please indicate the details	
 Have you received any medical attention or advice or surgical treatment or any medication? [] Yes [] No If yes, please indicate the details 	
Amount Due Date Paid	
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NB: The monthly premium payable is based on the attained age of the primary insured and the selected coverage limit. Only the primary insured who has not attained the age of 60 years is eligible to apply for the Critical Illness Rider. The rates prescribed after 60 years are only applicable to age band movement after initial enrollment. Your premium rate will change to the next higher rate as you enter into a new age band

1. **Critical Illness Rider** (if applicable): Benefits payable shall be in accordance with covered conditions (Cancer, Heart Attack, Stroke, Paralysis and Major Burns), as specified in the respective Rider, which shall be subject to the following provisions: 1) The CI Rider, is only available to the Primary Insured Member, all other Insured listed on the Member Certificate shall have basic coverage under the FIP Plan. 2) The maximum age of entry for enrollment into the Rider is fifty nine (59) years up to and including the day before the Primary Insured 60th birthday. 3) Coverage under this rider will automatically terminate at age seventy-five (75). 4) The Rider will allow a specific living (one-time) benefit payment based on coverage option chosen by the Primary Insured upon the diagnosis of a specified critical illness condition. 5) If diagnosed with a covered critical illness, within six months of the effective date of the Primary Insured Member's enrollment, that critical illness will not be eligible for benefit for the life of the Rider, unless that critical illness was a direct result of an accident immediately following the effective date of the Primary Insured Member's enrollment. 6) Benefits under this Rider are not payable if the covered condition is caused either directly or indirectly from the following pre-existing condition(s) for which he/she received medical advice, consultation or treatment on or prior to the effective date of enrollment on this rider 7) We shall refund premium, without interest, if the Primary Insured Member dies and the CI Rider is still in effect. 8) On termination of this Rider, only the proportion of Critical Illness Rider premiums which has not yet been earned will be refunded. 9) The Primary Insured member may change to higher coverage option only after the initial six months waiting period has elapsed and no more than once every 12 months.

Definitions of Specified Critical Illness

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Cancer -Being a malignant tumor characterized by the uncontrolled growth and spread of malignant cells. Incontrovertible evidence of the invasion of tissue or definite history of malignant growth must be produced. The term "cancer" also include Leukemia (other than Chronic Lympocytic Leukemia) and Lymphomas or Hodgkins' disease, but excludes Kaposi's sarcoma, non-invasive cancers in situ, any skin cancer other than malignant melanomas, localized non-invasive tumors showing only early malignant changes and tumors in the presence of a Human Immunodeficiency Virus (HIV). Heart Attack -Being the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area; the diagnosis evident by all of (i) a history of typical chest pain, (ii) new electrocardiograph changes, (iii) elevated levels of cardiac enzymes. Being a cerebrovascular incident, producing neurological seguelae lasting more than twenty-four (24) hours. Stroke -Evidence of permanent neurological deficit must be produced. This includes: a) Infarction of brain tissue b) Intra-cranial and/or subarachnoid hemorrhage, and Embolism from an extra cranial source The diagnosis must be unequivocal and supported by hospitalization records which indicate a cerebrovascular incident within a period Paralysis -Being the total and permanent loss or use of two or more limbs through paralysis due to loss of nerve function. Major Burns -Third degree burns covering at least twenty (20) percent of the surface area of the Primary Insured Member's body. I understand that there will be a six (6) month waiting period for the Critical Illness Rider benefit under this change of plan. I also understand that if a claim is incurred for Critical Illness Rider and a covered diagnosis is confirmed during the six month waiting period, due to a plan change, the claim benefit will be based on the original plan, unless that critical illness was a direct result of an accident immediately following the effective date of the Primary Insured Member's enrollment in the Rider . I further understand that starting with the Effective Date of Change, the premium I will pay will be greater due to the increase in coverage under the new plan. Signature of Member Signature of Authorised Organisation Officer Date **Date**

Plan Change Taken By: (PRINT NAME OF STAFF)

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