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Specimen

The Assured named in the First Schedule has contracted with Union Assurance PLC duly incorporated under the Companies Act No 17 of 1982 and assigned with the registration No N (PBS) 137 and re-registered under the Companies Act No 7 of 2007 and now bearing Company No PQ 12 and having its registered office at No 20, St. Michael's Road, Colombo 3 (hereinafter referred to as "the Company") for an Assurance on the terms contained in this Policy and on the basis of the Proposal (and any supplementary proposal or memorandum) by the Assured for the Assurance.

If premiums are paid to the Company in accordance with the First Schedule of the Policy then upon the happening of an event upon which a benefit specified in the First Schedule becomes payable, such benefit shall be paid by the Company.

It is understood that this contract has been entered into in utmost good faith. In the event of Non-disclosure or misrepresentation by the Assured or the Life Assured, the Company shall reserve the right to declare the Policy null and void.

Any notice of assignment or nominations in respect of this Policy must be sent to Life Operations, Union Assurance PLC, Union Assurance Centre, No. 20, St. Michael's Road, Colombo 03.

The Schedules, General Policy Conditions and Privileges, Conditions, Clauses and Endorsements hereinafter contained or attached hereto shall also form part and parcel of the Contract.



Chief Operating Officer



Chief Executive Officer/Principal Officer

IMPORTANT

This is a legally binding document. Please keep it in a safe place. Further, please ensure that the premium is paid when it is due to gain the maximum benefits under this policy.

Union Assurance PLC is licensed by the Insurance Regulatory Commission of Sri Lanka (IRCSL).

Union Assurance PLC (PQ12) No. 20, St. Michael's Road, Colombo 03, Sri Lanka
Customer Hotline: 1330 | General 0112 990 990
Fax (+94)112 438 165 | Email: info@unionassurance.com | Website: www.unionassurance.com
Facebook: www.facebook.com/unionassurance | Lifeportal: portal.unionassurance.com

Schedule No. 2

2. GENERAL POLICY CONDITIONS & PRIVILEGES

2.1 RESIDENCE, TRAVEL AND OCCUPATION

This Policy is free from all restrictions as to travel, residence and occupation, unless otherwise stated therein.

2.2 PROOF OF AGE

The Company reserves the right to require proof of age of the Life Assured before making any payment under this Policy. If age has been inadvertently mis-stated, this alone shall not invalidate the Policy but an equitable adjustment shall be made to the premium and/ or benefits under the Policy.

2.3 LAW & INTERPRETATION

- (i) This Policy shall be governed by the laws of Sri Lanka.
- (ii) Where the context admits any reference to the Life Assured includes reference to his or her personal representatives and the singular includes the plural, and vice versa.
- (iii) Any reference to the masculine gender shall also apply to the feminine gender and vice versa.
- (iv) The Additional Rider (Supplementary) Benefit applicable, as stated in the First Schedule to the Policy shall also be subject to the terms and conditions specified in the Schedules of such Supplementary Benefit.
- (v) In the event of any inconsistency between this Policy and its English and Tamil texts, the Sinhala text of this Policy shall prevail.
- (vi) All premiums and benefits under this Insurance are payable in lawful currency of Sri Lanka.
- (vii) To understand your rights and how your collected information is used, please visit our privacy policy on www.unionassurance.com/privacy-policy

2.4 PAYMENT OF PREMIUM / GRACE PERIOD

The following conditions apply to the payment of all premium contributions in respect of the benefits provided by this Policy;

- (i) All premium payments are payable on or before their relevant due dates. Premium shall be deemed to have been duly paid only when received by the Company's Head Office, any of the Branch Offices or other Institutions, and their Branch Offices, which are duly authorized by the Company to accept payment of premium.
- (ii) The official confirmation of receipt of the payment given by the company or any other institution duly authorized by the Company to accept payment of premium, is the only valid evidence of payment of premium.
- (iii) A Grace Period of Thirty (30) days from its relevant premium due date shall be allowed for payment of each premium after the first premium. The entire Policy and all coverage under this Policy shall automatically terminate after the Grace Period without the need for prior notification if any premium remains unpaid. During this Grace Period all of the benefits provided by this Policy shall continue.

2.5 NON PAYMENT OF PREMIUM

If a premium is in default beyond the Grace Period the Policy shall lapse and no further benefits shall become payable in respect of any claim arising after the date of lapse.

2.6 REVIVAL / REINSTATEMENT OF A LAPSED POLICY

A Policy which has lapsed or automatically become paid-up due to non-payment of premium may be revived / reinstated during the lifetime of the Life Assured before the final Premium payment due date for the Primary benefit of the Policy on the following terms.

- (i) Within six months from the due date of the first unpaid premium, on payment of the full arrears of premium.
- (ii) After six months from the due date of the first unpaid premium, on payment of all due premiums with re-instatement charges and upon submission of satisfactory medical evidence of the insurability of the life assured, at no cost to the company.

However, revival / reinstatement of the policy / supplementary benefits shall be considered based on company's underwriting guidelines and the policyholder's insurability at that time.

2.7 POLICY ALTERATIONS

The Company may, at its sole discretion, consider requests of the Policyholder for alterations to the Policy on such terms and conditions that it may deem necessary.

The Privileges and Conditions of this Policy cannot be waived or changed except by a Policy Endorsement duly approved and signed by an Authorized Officer of the Company.

2.8 SURRENDER VALUE

This policy will not acquire a Surrender Value.

2.9 PAID UP POLICIES/ MATURITY VALUE

There will be no Paid up or Maturity value under this Policy on the expiry date.

2.10 BONUS

The policy is a non-participating Policy and will not be entitled to share in the surpluses distributed to the participating policyholders of the company.

2.11 ASSIGNMENTS

Any assignment of this Policy shall not be binding upon the Company unless written notice of such assignment is received, recorded and acknowledged by the Company. Upon receipt of any written notice of assignment, the Company shall be entitled to require the production of all original documents for examination to the Company's satisfaction before recording such assignment. In recording assignment, the Company does not accept any responsibility or express any opinion of the contents as to its validity or legal effect.

2.12 NOMINATIONS

- (i) During the term of the Policy, the Life Assured may, by giving written notice satisfactory to the Company, appoint a nominee/s under this Policy or change any duly appointed nominee/s.
- (ii) Subject to the provisions of any law, a change of nominee shall be effective only after receiving a written request from the Assured and it is recorded and acknowledged by the Company.
- (iii) When the nominee is changed, the change shall be deemed effective from the date of the written notice. The receipt by the nominee of sums payable by the Company under this Policy shall constitute a valid discharge of the Company's liabilities under the Policy. Any acknowledgment of receipt by the nominee entitled thereto shall be conclusive proof of payment.
- (iv) If there is no nominee living at the time of the death of the Life Assured, then the amount payable shall be paid to the estate of the Life Assured.
- (v) Any assignment of this Policy shall have the effect of cancelling the current appointment of a nominee. Upon re-assignment of the said Policy, the Policyholder shall be required to give written notice to the Company, to appoint a new nominee or re-appoint the previous nominee.
- (vi) The appointment of nominee shall only apply to benefits payable as a result of the death of the Life Assured.

2.13 CLAIM HANDLING PROCEDURE

For immediate assistance with your claim and for any inquiries, please contact us through following channels.

- Call Center General Number: 0112 990 990
- Hotline: 1330 (Operating Hours: 24/7)
- Company Email: info@unionassurance.com

As part of the claim procedure, please ensure that you submit the following standard documents for the assessment of your claim. The standard documentation required is stated based on the claim type.

Please note that each claim is subject to an assessment, and the claim department may request additional documents from the claimant, if necessary, based on the findings of the documents received. Furthermore, kindly note that timely submission of all requested and relevant documents is crucial for the claim evaluation process.

Death Claims

- Claim form
- Death certificate
- Policy Document/Policy Certificate
- Nominee/s National Identity Card or Birth certificate
- Marriage Certificate if nominee is spouse
- In-quest Report & Postmortem Report (if conducted)

For specific policy conditions, please refer the applicable conditions of the policy document.

Claims will be settled within 14 days once all documentation are fulfilled, including the establishment of the quantum of the claim, receipt of the discharge documents, and verification of the claimant's identity.

2.14 WAITING PERIOD

A Thirty days (30) waiting period would be applicable for non-accidental deaths which will commence along with the cover.

2.15 SUICIDE

If the Life Assured commits suicide whether sane or insane within Twelve (12) calendar months from the Date of Commencement or the Date of Revival/Reinstatement of the Policy whichever shall be the later, the Policy shall become void except to the extent of the interest of third parties acquired by bona fide assignment for valuable consideration and written notice of such interest has been received and acknowledged by the Company prior to the date of death.

2.16 TOTAL EXCLUSION OF LIABILITY

The Company shall not be liable to make any payment under this Policy;

- (i) Where the death or accident was caused by or resulted from the active participation of the Life Assured whether directly or indirectly in, any wars and circumstances comparable with a state of war, act of terrorism, invasion, act by a foreign enemy, hostilities and war like events (with or without declaration of war), civil war, riot, mutiny, revolution, confiscation or nationalization by order of any public or local government or authority; any act of a person acting in the name of or in connection with any organization whose activities aim to overturn a de jure or de facto government violently; and/or
- (ii) Where the death or accident caused as a result of any action taken by any member of the armed or police forces whilst attempting to quell such war, rebellion, insurrection, mutiny or terrorist activity or whilst attempting to arrest or apprehend the Life Assured in connection with his/her direct or indirect participation or involvement in any such war, rebellion, riot, insurrection, mutiny or terrorist activity; and/or
- (iii) Where the Life Assured has failed to make a full and frank disclosure of all material facts in the proposal, declaration and/or in any other documents/applications related to and/or required under this Policy; and/or
- (iv) Where the claim has been made fraudulently or dishonestly; and/or
- (v) Where the Life Assured has breached any Law; and/or in act of breach by the Life Assured of any Law; and/or
- (vi) Where the Life Assured has breached any Law; and/or injuries resulting in an assault provoked by the Life Assured or resisting an arrest while being a party to a criminal act.

Whenever the Company disclaims liability under this clause the burden of proving that the death or accident complained of was not occasioned or did not result from any of the acts or events stipulated above shall be on the person/s claiming any benefit under this Policy.

2.17 FORFEITURE OF PREMIUM

If the liability under this Policy is repudiated on the grounds of non-disclosure and/or any untrue or incorrect averment is contained in the proposal and declaration or in any other subsequent documentation, which is provided in terms of this contract, this Policy shall be void and all premiums that have been paid under and in terms of this Policy shall be forfeited.

2.18 MISSING PERSONS

Where the death of the Life Assured is sought to be established on the basis of a presumption generated in circumstances where he/she had not been heard of for a period of One (01) year by those who would have naturally heard of him/her if he/she had been alive, no money shall become due under the Policy until the expiry of a period of Seven (07) years computed from the time when the Life Assured had ceased to be heard of.

2.19 RIGHT OF CANCELLATION

This Policy may be cancelled by the Life Assured or the Assured by returning the Policy document to the Company within Twenty One (21) days (known as Cooling-off period/free-look period) from the Date of receipt of the policy.

In the event of such cancellation, the Company shall refund all premium paid after recovering the cost incurred for medical examinations and/or laboratory investigations. However, if a policy is cancelled after Twenty One (21) days from the Date of receipt of the policy, there shall be no payment made, other than the Surrender Value if acquired.

2.20 INCONTESTABILITY

After the Policy has been in force for a period of two (02) years from the date of its commencement, last revival or reinstatement whichever is later, the Company will not contest the validity of this policy unless there is proof to the effect that the Assured or the Life Assured made fraudulent statements of a material nature to induce the Company into forming a contract under this Policy with the Assured or the Life Assured.

2.21 TAXATION

The Company is entitled to make such deductions which, in its option, are necessary and appropriate, from the fund and from any of the benefits receivable under the Insurance on account of any tax or other payment which may be imposed by any legislation, order or regulation or otherwise upon the Company, Policy Owner, Nominee or Claimant.

2.22 GRIEVANCES/COMPLAINTS HANDLING AND DISPUTE RESOLUTION PROCEDURE

The Complaint Handling Policy outlines the procedures for addressing any grievances related to the services or policies offered by the company. The policy ensures a structured approach to resolving complaints promptly and efficiently.

(i) Methods of Lodging Complaints

- Customer Service Hotline: Contact the Customer Service Hotline on 0112990990 or short Code 1330
- Written Complaint: Submit a written complaint to the Head Office of the company.
- In-Person Visit: Visit the Head Office of the company or any branch of the company.
- Corporate WhatsApp: Send a written complaint via corporate WhatsApp on 0771330000.
- Corporate Email: Send a written complaint via email to info@unionassurance.com.

Upon lodging a complaint, the policyholder will receive the acknowledgment within 3 working days with a system-generated complaint reference number. This reference number allows the policyholder to track the status of their complaint throughout the resolution process. Please visit www.unionassurance.com for further information pertaining to the company Complaint handling procedure.

(ii) Resolution Timeline:

Complaints, will be resolved within 14 working days from the date of complaint is received. In cases where additional time is required, the policyholder will be duly notified with reasons for the extension with an indicative period within which a resolution can be expected.

(iii) Dispute Resolution:

If the policyholder is not satisfied with the initial resolution, an appeal can be raised to the nominated officer as an Alternative Dispute Resolution (ADR) mechanism within 4 weeks from the date of receipt of the resolution or response from the company. All matters relating to complaints and appeals pending for a response from the policyholder will be closed in the absence of a reply after 4 weeks from the date of receipt of the resolution/response from the company.

In the event of disagreement with the resolution provided by the company, the policyholder retains the right to escalate the complaint to the insurance ombudsman or the Insurance Regulatory Commission of Sri Lanka or to commence litigation through the courts within Sri Lanka. This ensures impartial resolution and adherence to regulatory standards.

Details of Insurance Regulatory Commission of Sri Lanka (IRCSL).

Director Investigations
Insurance Regulatory Commission of Sri Lanka
Level 11 East Tower, World Trade Center Colombo 01
Tel: 0112396184-9 / 0112335167
Email: investigation@ircsl.gov.lk / info@ircsl.gov.lk

Details of Insurance Ombudsman.

The Sri Lanka Insurance Ombudsman
No 01, Bethesda Place, Milagiriya, Bambalapitiya.
Tel : 0114528671, 0112505542
Email : info@insuranceombudsman.lk
Web : www.insuranceombudsman.lk

2.23 LIMITS UNDER PRIMARY BENEFIT

The following limits apply to eligibility for the primary benefit:

Category	Minimum (Years)	Maximum (Years)
Age	18	50
Policy Term	10	10

Schedule No. 3

3. SCHEDULES FOR ADDITIONAL RIDER (SUPPLEMENTARY) BENEFITS

Schedule No. 3.1

3.1 ACCIDENTAL DEATH BENEFIT (ADB)

3.1.1 KEY PURPOSE AND COVERAGE

Accidental Death Benefit (ADB) shall be applicable if included as an in - built benefit and shown in the Part II of the First Schedule to this policy.

Sum Assured indicated under Accidental Death Benefit in the First Schedule, shall become payable upon the death of the Life Assured prior to the expiry date of this Rider caused by an Accident and occurred within Ninety (90) days from the date of such Accident, subject to the general terms and conditions of the Policy and the specific terms and conditions set out below.

3.1.2 NOTICE OF CHANGE OF OCCUPATION

Any substantial change in the occupation and nature of duties of the Life Assured must be intimated to the Company within Fourteen (14) days of such change and the Benefit under this Rider need to get re-approved by the Company. The Company shall not be liable in respect of any claim, which may arise whilst the Life Assured is engaged in any occupation substantially different to that provided in the Proposal/Application form and/or Declaration of Health.

3.1.3 CONDITIONS

- (i) For the consideration of benefit, such Accidental Death of the Life Assured should occur;
 - (a) Before the expiry date of this Rider Benefit as stipulated in the Part II of the First Schedule; or
 - (b) Before the Policy anniversary following the 60th birthday of the Life Assured; whichever happens earlier.
- (ii) The Accidental Death Benefit shall lapse on expiry of the Thirty (30) days grace period if the premium remains unpaid.
- (iii) This Rider Benefit shall terminate if the main policy is terminated.
- (iv) This Rider Benefit shall not;
 - (a) Participate in profits or
 - (b) Acquire a surrender value, paid up value or a maturity value.
- (v) The maximum amount that can be claimed by an individual from all insurances taken from any Insurer covering Accidental Death, is limited to Rupees Fifty Million (Rs. 50,000,000/-).
- (vi) If the Life Assured is found to be uninsurable, the Company reserves the right to decline this rider. The rider cannot be removed at the request of the policyholder.

3.1.4 EXCLUSIONS APPLICABLE FOR THIS BENEFIT

The Company shall not be liable to make any payment under Accidental Death Benefit, if the death of the Life Assured is occurred directly or indirectly due to;

- (i) Lesions resulting from attempted suicide or intentional self-infliction; and/or

- (ii) Illnesses or accidents caused by excessive ingestion of alcoholic drinks, drugs or hallucinogens (alcoholism and drug dependency) including driving while drunk (accidents occurring when the blood alcohol level is above the legally permitted level); and/or
- (iii) An accident while engaged in aviation or aeronautics in any capacity other than that of a fare paying passenger of a recognized airline, the Life Assured having at that time no duties on board the aircraft or requiring descent there from; and/or
- (iv) War and circumstances comparable with a state of war, invasion, act by a foreign enemy, hostilities and warlike events (with or without a declaration of war), civil war, riot, mutiny, revolution, confiscation or nationalization by order of any public or local government or authority; any act of a person acting in the name of or in connection with any organization whose activities aim to overturn a de jure or de facto government violently; and/or
- (v) Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like; and/or
- (vi) Nuclear risks:- e.g. exposure to nuclear energy (nuclear reactions, radiation, contamination) or nuclear waste of any type or chemical contamination; and/or
- (vii) Hazardous activities, including but not limited to scuba diving, motorcycling, parachuting, hang - gliding, rock or mountain climbing, racing of any kind other than on foot, rafting, bungee jumping, potholing; or any sports in a professional capacity unless otherwise agreed in writing by the Company; and/or
- (viii) Natural perils: such as but not limited to avalanches, landslides, earthquakes, floods, tsunami or tidal waves caused by earthquakes or volcanic eruptions, cyclones, storms, tempest, hurricanes, tornados & typhoons; and/or

Schedule No. 3.2

3.2 CANCER CARE COVER (CCC)

3.2.1 KEY PURPOSE AND COVERAGE

The Cancer Care Cover shall be applicable if included in this policy and shown in the Part II of the First Schedule to this Policy.

Sum Assured indicated under Cancer Care Cover in the First Schedule shall become payable if the Life Assured is the first time in his/her life has been diagnosed a cancer listed below subject to the general terms and conditions of the Policy and the specific terms and conditions set out below.

Benefit will be paid as a percentage according to defined stages in the event of diagnosing a cancer.

Stage	Percentage
Early Stage Cancer (Stage 1)	25% of the Sum Assured
Middle Stage Cancer (Stage 2)	50 % of the Sum Assured less any previously paid claims in respect of Early-Stage Cancer
Late Stage Cancer (Stage 3)	100 % of the Sum Assured less any previously paid claims in respect of Early-Stage Cancer and Middle Stage Cancer

- Benefit is payable once only for each stage.
- Total Maximum amount payable under this benefit is 100% of the sum assured.

3.2.2. MEDICAL ASSISTANCE COVER

Medical assistant cover will be paid as an installment for a period of 12 months upon diagnosing of Middle or Late Stage Cancer as mentioned below.

Cancer Care Cover Sum Assured (LKR)	Monthly Installment (LKR)	Maximum Amount Payable (LKR)
1,000,000	20,000	240,000
2,000,000	40,000	480,000
3,000,000	60,000	720,000

- This Benefit shall be paid only once throughout the policy term.
- While paying the medical assistant fee after a diagnosis of middle-stage cancer, if the Life Assured is subsequently diagnosed with late-stage cancer, the remaining installments will continue to be paid, up to a maximum of 12 installments.

3.2.3 WAITING PERIOD

The cover shall commence Hundred and Eighty (180) days after the;

- (i) Date of Commencement of the Benefit; or
- (ii) Date of Policy; or
- (iii) Date of Revival/Reinstatement of Policy; or
- (iv) Date of inclusion if the Benefit is included subsequently whichever is later.

3.2.4 DEFINITIONS OF CANCER CARE COVER

(i) EARLY STAGE CANCER - Carcinoma-in-situ

Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with cervical biopsy. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Non-melanoma skin CIS is also specifically excluded. This coverage is available to the first occurrence of CIS only; or

Prostate Cancer that is histologically described using the TNM Classification as 1NoMo or

Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 or

Urinary Bladder Cancer that is histologically described using the TNM Classification as T1N0M0;

or Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded; or

Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. Non-invasive melanoma histologically described as "in-situ" is excluded. All cancers or Carcinoma in situ in the presence of HIV is specifically excluded.

(ii) MIDDLE STAGE CANCER – (Carcinoma in situ and other Early Cancers of Specified Organs Treated with Radical Surgery)

The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. "Radical Surgery" is defined in this policy as the actual undergoing of:

- total and complete surgical removal of one of the following organs: breast (total mastectomy), prostate (total prostatectomy), uterus (total hysterectomy), ovary (total oophorectomy), fallopian tube (total salpingectomy), urinary bladder (total cystectomy); or
- partial surgical removal with end to end anastomosis of one of the following organs: colon (partial colectomy), stomach (partial gastrectomy).

Except in the case of colon and stomach, partial surgical removal of an organ such as lumpectomy, partial mastectomy and partial prostatectomy, are specifically excluded.

- Carcinoma-in-situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma-in-situ and other early cancers must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard.
- Early Prostate Cancer that is histologically described using the TNM Classification as T1NoMo is also covered if it has been treated with a total prostatectomy. All grades of cervical intraepithelial neoplasia CIN I, CIN II and CIN III (severe dysplasia without carcinoma in situ) and prostatic intraepithelial neoplasia (PIN) are specifically excluded. Early Urinary Bladder Cancer that is histologically described using the TNM Classification as T1NoMo is covered if it has been treated with a total cystectomy. All cancers or Carcinoma in situ in the presence of HIV is specifically excluded.

(iii) LATE STAGE CANCER

Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- (i) All cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - carcinoma in situ
 - having borderline malignancy
 - having malignant potential
- (ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (v) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (vi) All cancers in the presence of HIV
- (vii) Any skin cancer other than malignant melanoma

3.2.5 RIGHT OF THE COMPANY TO REVISE PREMIUM AND TERMS AND CONDITIONS

The premium payable for this Benefit is guaranteed only for a period of One (01) year from the Date of Commencement this Benefit. The Company reserves the right to revise the premium rates and/or alter the terms and conditions applicable at every policy anniversary. Such change shall be implemented only after Thirty (30) days notice has been given to the Policy holder and, shall be effective from the Policy Anniversary subsequent to the notice.

3.2.6 NOTICE OF CHANGE OF OCCUPATION

Any substantial change in the occupation and nature of duties of the Life Assured must be intimated to the Company within Fourteen (14) days of such change and the Benefit under this Rider need to get re-approved by the Company. The Company shall not be liable in respect of any claim, which may arise whilst the Life Assured is engaged in any occupation substantially different to that provided in the Proposal/Application form and/or Declaration of Health.

3.2.7 NOTICE AND PROOF OF CLAIM

The Company should be served with written notice of diagnosis of a cancer upon which a claim may be based and such notice must be given to the Head Office of the Company together with the then address and the present place of residence of the Life Assured, at least within a period of Thirty (30) days from the date of diagnosis of such illness. Failure to give notice within such time shall give the Company a right not to entertain such claim. The evidence for proof of Cancer has to be submitted to the Company without any expenses to the Company.

For immediate assistance with your claim and for any inquiries, please contact us through following methods

Call Center General Number: 0112 990 990

Hotline: 1330 (Operating Hours: 24*7)

Company Email: info@unionassurance.com

As part of the claims procedure, please ensure that you submit the following documents for the assessment of your claim:

- Claim Form
- Diagnosis Ticket
- Histopathology Report
- Any additional documents requested by the claims department, if necessary

Kindly note that the timely submission of all relevant documents, as requested, is crucial to facilitate a smooth and efficient claims evaluation process.

For policy conditions, please refer to section 3.2.7 of the policy document.

3.2.8 CONDITIONS

- (i) This Cancer Care Cover shall expire;
 - (a) On the expiry date of this benefit as stipulated in the Part II of the First Schedule
or
 - (b) On the Policy Anniversary, following the 60th birthday of the Life Assured, whichever happens earlier; and/or

- (ii) This Rider Benefit shall lapse on expiry of the Thirty (30) days grace period if the premium remains unpaid. The Company reserves the right to decline the reinstatement or revival of this Benefit. If the Benefit is reinstated or revived the waiting period shall be applicable from the date of reinstatement/revival.
- (iii) The Benefit shall terminate if the main policy is terminated.
- (iv) This Rider Benefit shall not;
 - (a) Participate in profits or
 - (b) Acquire a surrender value, paid-up value or a maturity value.
- (v) Cancer must be diagnosed by a specialist medical practitioner and must be supported by clinical and other reports acceptable to the Company.
- (vi) The Company reserves the right to appoint a specialized medical practitioner or practitioners to examine the Life Assured who has been diagnosed as suffering from a Cancer.
- (vii) After a claim has been paid for a Late stage Cancer, the Cover will be terminated and premium will be reduced. Life Assured shall continue the payment of premium for the other benefits, if the Life Assured is alive.
- (viii) An assignee, nominee or beneficiary shall not have the right to receive any payments arising from a claim under the benefits provided in this schedule.
- (ix) The maximum sum assured payable for an individual for this Benefit from the Company is limited to Rupees Three Million (Rs.3,000,000) excluding Medical Assistant Cover.
- (x) If the policy terminates in a claim due to death or maturity before completion of all the installments under Medical Assistant Cover, the Sum of unpaid installments will be paid with the claim. At a time of a death it will be paid to the beneficiary and at Maturity, to the Policy holder.

3.2.9 EXCLUSIONS APPLICABLE FOR THIS BENEFIT

The Company shall not be liable to make any payment under Cancer Care Cover, if the illness of the Life Assured is occurred directly or indirectly due to;

- (i) Lesions resulting from attempted suicide or intentional self-infliction; and/or
- (ii) While or because the Life Assured is under the influence of alcohol, narcotics, drugs or poison or as a result of inhaling gas or fumes.
- (iii) Pre-existing Illness which existed before the Policy Date (as stated in the Policy Information Statement) or Date of Reinstatement of this Policy, where Pre-existing Illness shall mean disabilities that the Life Assured has reasonable knowledge of. A Life Assured may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-

- The Life Assured had received or is receiving treatment;
- Medical advice, diagnosis, care or treatment has been recommended;
- Clear and distinct symptoms are or were evident;
- Its existence would have been apparent to a reasonable person in the circumstances and/or

- (iv) Cancer result of activities during a War and circumstances comparable with a state of war, invasion, act by a foreign enemy, hostilities and warlike events (with or without a declaration of war), civil war, riot, mutiny, revolution, confiscation or nationalization by order of any public or
- (v) Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like; and/or Hazardous activities, including but not limited to scuba diving, motorcycling, parachuting, hang-gliding, rock or mountain climbing, racing of any kind other than on foot, rafting, bungee jumping, potholing; or any sports in a professional capacity unless otherwise agreed in writing by the Company; and/or
- (vi) The existence of Acquired Immuno-deficiency Syndrome (“AIDS”) or the presence of any Human Immuno-deficiency Virus (“HIV”) infection
- (vii) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material
- (viii) Any illness or surgery other than diagnosis of a cancer as defined herein.

Schedule No. 4

4. DEFINITIONS APPLICABLE TO THIS POLICY

4.1 Key Definitions

“Alteration”

Amendment/change to an attached description of additional or alternative provisions to the Policy. Alterations are effective only when signed by the Company and accepted by the Policy holder.

“Applicant/Proposer”

A person applying for the insurance policy by filling in and signing an application form.

“Application form/Proposal form”

A form used to apply for coverage under this policy.

“Basic Sum Assured”

Is the minimum Benefit payable on the Policy in the event of death of the Life Assured.

“Benefit”

Extent or degree of service, persons covered are entitled to receive based on their insurance contract with the Company.

“Claimant”

The Policy holder, Nominee, Assignee or any other legally interested person (for example, the heir or administrator or executor of a deceased Policy holder) who wishes to make a claim to receive any Benefits under the Policy.

“Company”

Refers to Union Assurance PLC, bearing Company No.PQ 12.

“Coverage” or “Covered”

The entitlement of a Covered Person to Benefit(s) provided under the Policy, subject to the terms, conditions, limitations and Exclusions of the Policy. Benefit(s) must be provided;

- (i) When the Policy is in force; and
- (ii) Prior to the date of the individual termination conditions if any; and
- (iii) Only when the recipient is a Covered Person and meets all eligibility requirements specified in the Policy.

“Covered Person”

Either the Policy holder or a Policy holder’s dependant, applicable only during the effective period of Coverage of such person under the Policy is in effect.

“Date of Commencement”

The date from which this insurance contract commences. Date of Inclusion The date from which coverage for new covered person as a newborn or newly adopted child or newly married spouse (including the spouse’s children) commences.

“Date of Maturity”

The date on which the contract ends beyond which the Policy shall no longer be in-force.

“Date of Policy”/“Date of Issue”

The date on which the Proposer is accepted under this Policy as a Policy holder or dependent.

“Dependant”

The Policy holder’s legally married spouse, an unmarried dependent child of the Policy holder or Policy holder’s spouse (including a natural child, step child or a legally adopted child) aged more than Six (06) months.

The principal place of residence of the spouse or unmarried dependent child must be with the Policy holder unless company approves other arrangements. The term “Dependant shall” not include any unmarried dependent child more than Eighteen (18) years old.

“Endorsement”

The variation(s), if any, annexed to this Policy Document, modifying or varying any terms or conditions contained in this Policy.

“Exclusions”

The Benefits and events excluded from Coverage of this Policy and apply to all covered persons.

“Expiry Date”

The date on which the covers and Benefits provided under the Policy cease.

“Grace Period”

The length of time after the date a premium is due and unpaid during which the Policy remains in force. If a premium is paid during the Grace Period, the premium is considered to have been paid on time.

“Investment Account”

A notional individual account created and administered by the Company for this Policy.

“Life Assured”

The individual named in the Policy Schedule whose life is insured under this Policy. If no person is specifically named, shall mean the Policy holder.

“Nominee”

A person whose name has been nominated by the Policy holder in writing and acknowledged by the Company and who is entitled to receive a Benefit upon the death of the Life Assured. Such nomination shall be in line with Section 43 of the Regulation of Insurance Industry Act No.43 of 2000 (RII Act) and Section 544 of the Civil Procedure Code (CPC).

“Policy”

The document that contains the regulatory conditions, privileges and the Exclusions applicable to the relevant insurance contract.

“Policy owner/Holder or Life assured”

The person who owns this Policy and can exercise all rights, privileges and options available under this Policy.

“Policy Year”

The year commencing on the Date of Commencement or anniversary thereof.

“Pre-existing condition”

Any medical condition or any related condition (e.g. illnesses, symptoms, treatments, pains) that have arisen at some point prior to the commencement of this Coverage, irrespective of whether any medical treatment or advice was sought. Any such condition or related condition about which the Policy holder or insured dependant know, knew or could reasonably have been assumed to have known, will be deemed to be preexisting. Conditions arising between signing the application form and confirmation of acceptance by the Company, will equally be deemed to be pre-existing.

“Premium”

Premium payable by the Policy holder either in regular installments or as a Lump Sum to secure the cover under the Policy.

“Primary Benefit”

The Benefit provided under the main Policy. This includes the amount payable on death or at maturity.

“Proposal Form”

A form used to apply for Coverage under this Policy, on which the contract is based.

“Schedule”

The part and parcel of the Policy document issued by the Company to evidence the Insurance.

“Sum Assured”

The maximum amount payable in the event of a respective incident such as Death, Disability, Critical Illness, Surgery etc.

“Term of the Policy”

The period during which Policy provides cover.

“Waiting period”

The period of time starting from the Policy inception date or enrolment date of new Covered Person during which a specified medical condition or type of treatment is not covered under this Policy.

4.2 Key Definition in respect of Additional Rider (supplementary) Benefits

“Accident”

Shall mean an event or continuous series of events, which are violent, unforeseen, involuntary, external and visible in nature, with or without an apparent cause, which causes “Bodily Injury”.

“Accidental Death” shall mean a death:

- (i) Which is caused by “Bodily Injury” resulting from an Accident, and
- (ii) Which occurs solely, directly due to the said Bodily Injury and/or independently of any other causes, and
- (iii) Which occurs within Ninety (90) days of the occurrence of such Accident but before the expiry of the Benefit.

“Bodily Injury” means injuries that are evidenced by external signs such as contusion, bruise and wound except in case of drowning and internal injuries.

“Congenital disease”

Is a disease/abnormality/disability which exists at the time of birth, as a result of hereditary factors or conditions picked up during pregnancy up to the time of birth, or discovered later, at any time during the person’s life.

“Disease”

A physical condition marked by a pathological deviation from the normal healthy state characterized by an identifiable group of signs or symptoms.

“Doctor”/Physician

A person qualified by a degree in medicine and registered with the Democratic Socialist Republic of Sri Lanka Medical Council or legally licensed by or registered with the medical authorities of the country where he or she is engaged in his or her medical practice.

“Eligibility”

Requirements about the entitlement to Benefit on the Policy.

“Hospital”

An institution,

- (i) Which is licensed under statutory regulations of Democratic Socialist Republic of Sri Lanka, or of similar standard to Democratic Socialist Republic of Sri Lanka (where similarity is determined by the Company).
- (ii) Which has more than one legally qualified doctor present at all time (with basic MBBS or MD Degree in western medicine).
- (iii) Which is primarily engaged in providing to in-patient, diagnostics services and therapeutic services for diagnosis, treatment and care, capable of performing surgical operations, by or under the continuous supervision of a legally qualified doctor, which has at all times the services of registered and qualified nurses who are under constant supervision of a doctor.
- (iv) Which has an Intensive Care Unit.
- (v) Which is a place where daily records of in-patients are maintained and are accessible to the Company’s Authorized Officer.
- (vi) A place where in-patients facilities are available and which uses generally recognized scientific methods.
- (vii) The following are excluded, and will not be considered as Hospitals.
 - (a) Ayurvedic Hospitals or any institution maintained solely for the purpose of providing indigenous, homeopathic or acupuncture treatment.
 - (b) Places of rest cures, convalescence cures, custodial care and sanatoriums.
 - (c) Homes for persons declared incapable of managing their affairs, homes for the aged, alcoholics, drug addicts, mentally disturbed persons, invalids or persons in need of care.

“Illness”

A physical condition marked by a pathological deviation from the normal healthy state characterized by an identifiable group of signs or symptoms.

“Injury”

Bodily damage resulting from an Accident and independently of all other causes.

“Lump sum”

Payment of a fixed sum in case of a covered Benefit under this Policy.

“Partial Disability”

A state of incapacity of specified part/parts of the body of an individual, solely and directly due to an accident and independent of any other causes. The “Accident” is as per the definition given herein.

“Physician”

Means a person qualified by a degree in medicine & registered with the Democratic Socialists Republic of Sri Lanka Medical Council or legally licensed by or registered with the medical authorities of the country where he/she is practicing.

“Policy Anniversary”

A date that is an exact number of years after the policy commencement.

“Rider Benefits”

A provision of the insurance Policy that is added separately to the basic Policy and that provides additional Benefits at additional cost.

“Sickness”

A physical condition marked by a pathological deviation from the normal healthy state characterized by an identifiable group of signs or symptoms.

“Surgeon”

A person qualified by a medical degree having either MS/FRCGS in Surgery, or MS in Gynaecology and Obstetrics or MRCOG/FRCOG, and duly registered or licensed with the medical authorities of the country where he or she engaged in his or her medical practice.

“Surgery / Surgical Procedure”

Shall mean physical or instrumental intervention on body tissue by a qualified surgeon in antiseptic theater environment under local, spinal or general anesthesia using typical surgical instruments:

- (a) to incise, excise, electro cauterize, repair, revise or reconstruct any organ or body part; or
- (b) to reduce a fracture or dislocation by manipulation; or
- (c) to remove stones and foreign bodies from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder or urethra.

“Surgery List”

List of all Surgeries covered under this Policy.

“Total and Permanent Disability”

A disability is Total and Permanent where an individual suffers from a state of incapacity due to an Accident or Sickness and which incapacity is total and permanent and:

- (i) Which is such that there is not at that time, nor at any time thereafter, any work, occupation or profession which the Life Assured can ever perform or follow sufficiently to earn or obtain any wage, remuneration or profit; or
- (ii) Which takes the form of;
 - (a) Total and irrecoverable loss of sight in both eyes; or
 - (b) Total and irrecoverable loss of the use of two limbs at or above the wrist or the ankle; or
 - (c) Total and irrecoverable loss of sight in one eye and total and irrecoverable loss of the use one limb at or above the wrist or ankle.

Specimen