



Sagicor Life



SAGICOR
Church Mate
Plus Plan



Overview

Sagikor Church Mate Plus Plan

provides access to a wide range of affordable insurance benefits to members of churches in Jamaica and their eligible dependents, in the event of a hospital stay, untimely death or disability from a serious accident.



Hospital Indemnity Plan

The Hospital Indemnity Plan pays a cash benefit directly to insured members whenever you or a covered dependent is admitted to the hospital. The cash benefit is paid for each day you are confined to a hospital up to maximum, based on the Schedule of Benefits.

The confinement benefit is the amount paid per day if a covered person is hospitalized for at least 20 hours and where the confinement is deemed medically necessary due to an illness or injury.

The hospital must be a licensed institution that functions in accordance with the Laws of Jamaica and falls within one of three (3) classifications of providing beds for patients and continual medical service on a 24 hour basis (Type A,B or C) as set out by the relevant authority.

This plan excludes the following conditions:

- All non-covered outpatient benefits
- Mental and Nervous Disorder confinement without demonstrable organic disease

Overseas care is not covered under this plan.



Critical Illness

Critical Illness provides you with a living benefit in the event that you are diagnosed with any of the covered illnesses: Cancer, Heart Attack, Stroke, Paralysis, Major Burns, Coma, Multiple Sclerosis, Blindness, Deafness, Loss of Speech, Traumatic Brain Injury. The sum insured is paid directly to the member on the first diagnosis of any of the covered illnesses provided that the diagnosis does not occur during the first 180 days (6 months) after the effective date of the member's coverage. If a member is diagnosed during the first 180 days of coverage, a refund of premiums will be provided and the plan terminated.

You will be required to complete a medical questionnaire to determine eligibility for the Critical Illness benefit.



Life Insurance

A lump sum in the amount reflected on the Schedule of Benefits is payable upon death of the member, to the designated beneficiary, to cover family obligations, final expenses, children's education or inheritance for loved ones.

If death occurs within the first twelve (12) months after the Effective Date of the member's coverage, a full refund of premiums will be paid to the named beneficiary.



Personal Accident

Provides the insured member or their beneficiaries with additional protection in the event of an accidental death or dismemberment (the loss of use of body parts or functions e.g. limbs, eyesight, hearing or speech). Benefits are paid based on the coverage selected according to the Schedule of Benefits.



Who can apply?

The Sagicor Church Mate Plus Plan is available to Jamaican residents between the ages of 18 and 70 years who maintain membership in a church located in Jamaica, and their eligible dependents.

Eligible dependents are your spouse and/or unmarried children. Children can be covered up to their 26th birthday, without proof of school attendance.

*Proof of relationship is required for dependent coverage (birth certificates for dependent children, marriage certificates where applicable).



When Will It Start?

Coverage will begin once the first premium payment is received along with your completed enrollment form. You can enroll by completing a physical enrollment form from your Financial Advisor.

How to enroll

Collect and Sign up an enrollment form from:

- Any Sagicor Life Branch Island wide
- Speak with your Assigned Advisor

Note:

You will be required to complete medical questions to confirm your eligibility for enrollment in the Critical Illness plan.

How to pay?

Premiums are payable at any Paymaster location island-wide or Sagicor Life branch cashiers and should be paid by one of the following frequency modes:

Payment Schedule

- Quarterly
- Semi-Annually
- Yearly

To make payment you will need the following information:

- **Group Number: 63025-01**
- **Member Number i.e. (TRN)**

Health Cards/Certificates

You will receive a health card for your Hospital Indemnity benefit and a certificate for Life insurance and Critical Illness benefits. You will be notified by SMS and or email once your card and or certificate is ready.

To submit a claim

A Completed Claim Form with Provider Stamp affixed.

A confidential Medical Certificate (Attending Physician's Report) where applicable.

Proof of diagnosis of the covered Critical Illness for the Critical Illness benefit.

For Hospital Indemnity Claims

- Attach proof of Hospitalization (receipts, letter from Hospital).
- Indicate the number of days hospitalized

Pre-Existing Conditions

Pre-existing conditions refer to any disease, injury, illness or condition for which you or your covered dependent(s) received treatment, services or advice, or took prescribed medicine within six (6) months prior to the commencement of coverage.

Benefits become payable after six (6) months for conditions known prior to the effective date of coverage for the member. Claims related to newly diagnosed conditions will be eligible for benefits from the effective date of coverage.



HOSPITAL INDEMNITY PLAN SCHEDULE OF BENEFITS

Schedule of Benefit	Option 1	Option 2	Option 3
HOSPITAL CONFINEMENT BENEFITS			
Daily In Hospital Benefit Per Confi	\$50,000/day	\$100,000/day	\$150,000/day
Max days/confinement	10 days	10 days	10 days
OUTPATIENT BENEFITS			
Radiotherapy	\$50,000/ contract year	\$100,000/ contract year	\$150,000/ contract year
Chemotherapy	\$75,000/ contract year	\$150,000/ contract year	\$200,000/ contract year
Annual Limit	\$2,000,000	\$4,000,000	\$5,000,000

PERSONAL ACCIDENT: SCHEDULE OF BENEFITS

Description of Loss Incurred	Percentage of Group Life Insurance Coverage Payable
Loss of Life	100%
Loss of Two Hands	100%
Loss of Two Feet	100%
Loss of Sight of Two Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Sight of One Eye	100%
Loss of One Foot and Sight of One Eye	100%
Total Paralysis	100%
Loss of One Hand or One Foot	50%
Loss of Sight of One Eye	50%
Total Loss of Four Fingers and Thumb of One Hand	50%
Total Loss of Four Fingers	40%
Loss of Thumb	
both phalange (joints)	25%
one phalanx (joint)	10%
Loss of Index Finger	
three phalanges (joints)	10%
two phalanges (joints)	8%
one phalanx (joint)	4%
Loss of Middle Finger	
three phalanges (joints)	6%
two phalanges (joints)	4%
one phalanx (joint)	2%
Loss of Ring Finger	
three phalanges (joints)	5%
two phalanges (joints)	4%
one phalanx (joint)	2%
Loss of Little Finger	
three phalanges (joints)	4%
two phalanges (joints)	3%
one phalanx (joint)	2%
"Loss of Metacarpus	
first or second (additional)	2%
third, fourth or fifth (additional)	2%
Total Loss of Toes	
All	5%
great (big), both phalanges (joints)	4%
great (big), one phalanx (joint)	2%
any toe other than great (big)	1%
Loss of Hearing	
both ears	40%
one ear	15%

SCHEDULE: CRITICAL ILLNESS & LIFE PRODUCTS

Product	Coverage	Product	Coverage	Product	Coverage
Critical Illness	<ul style="list-style-type: none"> • 500,000 • 1,000,000 • 2,000,000 	Group Life	<ul style="list-style-type: none"> • 500,000 • 1,000,000 • 2,000,000 	Personal Accident	<ul style="list-style-type: none"> • 500,000 • 1,000,000 • 2,000,000

PLAN OPTIONS

Product >>		Critical Illness			Group Life			Personal Accident		
Coverage	500,000	1,000,000	2,000,000	500,000	1,000,000	2,000,000	500,000	1,000,000	2,000,000	
MEMBER ONLY										
Quarterly	\$675.00	\$1,350.00	\$2,700.00	\$747.00	\$1,494.00	\$2,988.00	\$281.25	\$562.50	\$1,125.00	
Semi-Annual	\$1,350.00	\$2,700.00	\$5,400.00	\$1,494.00	\$2,988.00	\$5,976.00	\$562.50	\$1,125.00	\$2,250.00	
Annual	\$2,700.00	\$5,400.00	\$10,800.00	\$2,988.00	\$5,976.00	\$11,952.00	\$1,125.00	\$2,250.00	\$4,500.00	
MEMBER + CHILD										
Quarterly	\$843.75	\$1,687.50	\$3,375.00	\$933.75	\$1,867.50	\$3,735.00	\$351.56	\$703.12	\$1,406.24	
Semi-Annual	\$1,687.50	\$3,375.00	\$6,750.00	\$1,867.50	\$3,735.00	\$7,470.00	\$703.12	\$1,406.24	\$2,812.48	
Annual	\$3,375.00	\$6,750.00	\$13,500.00	\$3,735.00	\$7,470.00	\$14,940.00	\$1,406.24	\$2,812.48	\$5,624.96	
MEMBER + SPOUSE										
Quarterly	\$1,350.00	\$2,700.00	\$5,400.00	\$1,494.00	\$2,988.00	\$5,976.00	\$562.50	\$1,125.00	\$2,250.00	
Semi-Annual	\$2,700.00	\$5,400.00	\$10,800.00	\$2,988.00	\$5,976.00	\$11,952.00	\$1,125.00	\$2,250.00	\$4,500.00	
Annual	\$5,400.00	\$10,800.00	\$21,600.00	\$5,976.00	\$11,952.00	\$23,904.00	\$2,250.00	\$4,500.00	\$9,000.00	
MEMBER + FAMILY										
Quarterly	\$1,856.25	\$3,712.50	\$7,425.00	\$1,680.75	\$3,361.50	\$6,723.00	\$632.81	\$1,265.62	\$2,531.24	
Semi-Annual	\$3,712.50	\$7,425.00	\$14,850.00	\$3,361.50	\$6,723.00	\$13,446.00	\$1,265.62	\$2,531.24	\$5,062.48	
Annual	\$7,425.00	\$14,850.00	\$29,700.00	\$6,723.00	\$13,446.00	\$26,892.00	\$2,531.24	\$5,062.48	\$10,124.96	

HOSPITAL INDEMNITY PREMIUMS

Schedule of Benefit	Option 1	Option 2	Option 3
Member Only			
Quarterly	\$6,996.00	\$12,678.00	\$18,393.00
Semi Annual	\$13,992.00	\$25,356.00	\$36,786.00
Annual	\$27,984.00	\$50,712.00	\$73,572.00
Member + One Dependent			
Quarterly	\$13,932.00	\$25,356.00	\$36,786.00
Semi Annual	\$27,864.00	\$50,712.00	\$73,572.00
Annual	\$55,728.00	\$101,424.00	\$147,144.00
Member + Family			
Quarterly	\$19,504.80	\$35,498.40	\$51,500.40
Semi Annual	\$39,009.60	\$70,996.80	\$103,000.80
Annual	\$78,019.20	\$141,993.60	\$206,001.60



