



Term and condition

Smart Hospital

Who is covered?

Smart Hospital must be 'named' on a policy to receive cover and to subscribe and receive cover, you must be a Smart subscriber.

AGE:

You must be between 18 and 69 years old (both inclusive).

Deduction and Cover:

- Premium deductions and 100% free cover will begin on the first day of the following registration, and cover will begin after have a successful deduction, e.g., if Lekhena registered on 15th January, her premium deductions and 100% free cover on accidental will begin on 16th January, and her actual cover will begin on 1st March depend on deduction previous month (cover both accidental and illness).
- If the full premium amount is not collected in a single month, partial cover will be provided based on the actual amount deducted.
- Claims must be initiated within 6 months of the hospitalization event.

How to claim:

- Processing of claims will commence after the following documents are submitted
 - a. Proof of enrolment (insurance confirmation SMS or cover SMS).
 - b. Identification document (National ID card, family book, driver's license, or passport).
 - c. Details of admission and discharge dates; patient's name, age and sex; admission complaints; investigations done; treatment given; doctor's rubber stamp and signature or payment receipt and the final bill).

Exclusion:

Claims will not be paid for hospitalization due to:

- a. Self-inflicted injury, attempted suicide or treatments obtained due to non-adherence to medical advice
- b. Pregnancy
- c. Drugs or alcohol addiction
- d. Pre-existing or recurrent conditions, only within the first 3 months after registration
- e. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion or revolution, military or usurped power, strike, riot, civil commotion, terrorism, or any consequences thereof
- f. Epidemic, diseases like SARS, etc.
- g. Non-medically required, elective, preventive, alternative or cosmetic treatments & surgery, including dental treatment
- h. Non-Disclosure of pre-existing medical condition on enrollment. The insured should be in good health and free from pre-existing medical conditions on the date of enrollment.

CANCELLATION:

The policy can be cancelled by calling the BIMA hotline 010 242 248. Premium deductions will be stopped within 48 hours. The policyholder can choose to enjoy all unexpired cover or choose to seek a refund at point of cancellation. If the policyholder chooses a premium refund, BIMA shall refund 90% of the premiums corresponding to the duration for which the premium has been paid and cover not yet provided if no claim has been filed. In the event or claim has been filed, no refund is available on cancellation.