

# ULTRA LIFELINE



Relieve your potential financial stress by getting the best critical illness coverage of up to \$35M for any of the 30 illnesses covered by this plan.

  
Sagicor Life



## KEY BENEFITS

Covers up to **\$35 million** in medical and living expenses

Provides coverage for **30 different diagnosis**

## GENERAL INFORMATION

This is the information folder which is required by law to be presented to any prospective purchaser of an equity-linked Policy of Life Insurance. It describes the Ultra Lifeline plan and the Funds to which the plan is linked in general terms. It is not a contract. The information folder is designed to provide a general understanding of the plan in language that is easy to understand.

## SAGICOR LIFE JAMAICA LIMITED

Sagicor Life Jamaica Limited is a company incorporated under the Companies Act. The Company is a proprietary insurance company transacting ordinary long-term insurance and group business. Its policies are normally sold to the public through sales representatives who are direct employees of the Company, but may be sold also through Brokers.

Day to day management of the Company is under the direction of the President. The President and the other officers of the Company exercise general control and are responsible to the Board of Directors for the business operations of the Company.

## THE ULTRA LIFELINE PLAN

The Ultra Lifeline Plan is an equity-linked insurance plan available to anyone between the ages of 20 to 60, which provides a benefit on the earlier of death, or upon first diagnosis of one of the conditions listed below:

Alzheimer's Disease, Angioplasty, Aorta Surgery, Aplastic Anemia, Bacterial Meningitis, Benign Brain Tumour, Blindness, Cancer, Coma, Coronary Artery Bypass Surgery, Deafness, Fulminant Viral Hepatitis, Heart Attack, Heart Valve Replacement, Kidney Failure, Loss of Limbs, Loss of speech, Major Burns, Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Muscular Dystrophy, Occupational HIV Infection, Paralysis, Parkinson's Disease, Primary Pulmonary Arterial Hypertension, Progressive Supranuclear Palsy, Severe Crohn's disease, Stroke, Traumatic Brain Injury. The benefit is paid in a lump sum directly to you or your beneficiary.

You may contribute any premium, subject to a minimum amount determined by the Company from time to time. **You can select the amount of insurance coverage required today and ensure that it maintains its value in real terms by choosing Automatic Inflation Linking.** If desired, you can increase the level of cover by more than the rate of inflation or decrease it to suit any new circumstances in the future.

A percentage of each Basic Premium paid is invested each month on your behalf in the Interest Fund. A percentage of each additional premium is invested in the Sagicor Segregated Funds (excluding the Interest Fund). You may

determine the proportion of these additional premiums to be allocated to each Fund.

Apart from the Basic Sum Insured, the returns from the Interest Fund and the rider benefits, if purchased, the benefits payable under this plan are not guaranteed, but will fluctuate with the market values of the assets supporting the Funds.

## **PREMIUMS**

You may pay premiums monthly, quarterly, half-yearly or yearly. Premiums may be Basic Premiums and Regular Additional Premiums. You must pay a Basic Premium which is that premium required to maintain the Basic Sum Insured. Regular Additional Premiums are optional although if any Regular Additional Premium is paid, this premium forms part of the contractual premium and is paid at the same time as the Basic Premium.

## **ALLOCATION TO FUNDS**

In the first and second policy years, 22% of each Basic Premium paid is allocated to purchase units in the Interest Fund; in the third through tenth policy year, 92.5% of each Basic Premium paid is so allocated and in the eleventh and subsequent policy years, 94.25% of each Basic Premium paid is so allocated. Each month, units are cancelled from the Interest Fund to pay the Cost of Insurance and the Administration Charge. In the first month, there is a further Administration Charge representing the underwriting cost and Stamp Duty.

100% of each Regular Additional Premium paid is allocated to purchase units in any combination of your choosing in the Sagicor Segregated Funds (excluding the Interest Fund).

## **ENCASHMENTS**

You may encash units from any of the Sagicor Segregated Funds at any time (with the exception of the Interest Fund), subject to a minimum encashment value and a transaction fee. The transaction fee and the minimum encashment value are determined by the Company from time to time. No encashments are allowed from the Interest Fund, which is needed to maintain the Basic Sum Insured.

## **POLICY VALUE**

The Cash Value is the bid value of the units attributed to the Interest Fund, while the Fund Value equals the bid value of all the units in the Sagicor Segregated Funds except the Interest Fund. You may surrender your plan at any time for the sum of the Cash Value and the Fund Value less a transaction fee which is determined by the Company from time to time.

## BENEFITS

You may choose any one of four benefit options:

The death benefit and lifeline benefit are the total of the basic sum insured, the Cash Value and the Fund Value less any indebtedness;

The death benefit and lifeline benefit are the greater of the basic sum insured or the Cash Value, plus the Fund Value, less any indebtedness, or

The death benefit is the return of all Basic Premiums paid plus the Fund Value, less any indebtedness and the lifeline benefit is the total of the Sum Insured, the Cash Value and the Fund Value less any indebtedness.

The death benefit is the return of all Basic Premiums paid plus the Fund Value, less any indebtedness and the lifeline benefit is the greater of the basic sum insured or the Cash Value, plus the Fund Value, less any indebtedness.

Different premium rates apply for each option.

The lifeline benefit is payable on first diagnosis of any of the Lifeline Conditions, provided that the diagnosis is not made within three (3) months of the Issue Date. In this circumstance, the benefit is restricted to a return of all Basic Premiums paid. Furthermore, claims must be made no later than six (6) months after diagnosis. If any lifeline benefit or death benefit is paid, then the policy terminates and no further benefit shall be payable. If no claim has been made by age 75, or the 20th policy anniversary if later, the Lifeline Benefit no longer applies.



## **AUTOMATIC INFLATION LINKING\***

You may choose at outset to have the Basic Sum Insured increased automatically on each plan anniversary by a rate equivalent to the annual inflation rate, subject to a minimum increase of 5% and a maximum increase of 20%. These increases are not subject to any medical evidence at the time of the increases. The Basic Premium is increased in accordance with the increase in the Basic Sum Insured based on your attained age at the time of the increase. The last increase takes place on the policy anniversary at which you are age 60 at your nearest birthday. **Automatic Inflation Linking maintains the value of your life insurance cover in real terms.**

At each plan anniversary, you also have the option to increase the Regular Additional Premium. Taking advantage of this facility means that **all the benefits of your plan are maintained in real terms.**

\*Conditions apply

## **OTHER CHANGES IN THE BASIC SUM INSURED**

You may apply for any other change in the Basic Sum Insured to respond to any specific need. This means that you can increase the amount of cover by more than that allowed for by Automatic Inflation Linking or you can decrease the amount of cover, thereby channelling more of your premium into savings as your circumstances change in the future.

Any ad hoc increase of this nature is subject to satisfactory evidence of insurability. Overall minimum and maximum limits in respect of the size of the Basic Sum Insured may apply from time to time and are available upon request from the Company. A transaction fee, determined by the Company from time to time, is taken by cancelling units in the Interest Fund on exercising an ad hoc change of this nature. This transaction fee does not apply if you choose Automatic Inflation Linking.

The Basic Premium is increased or decreased in accordance with the increase or decrease in the Basic Sum Insured based on your attained age at the time of the change.

## **PERIODIC POLICY REVIEWS**

Periodic policy reviews take place to ensure that the Fund Value can continue to maintain the benefits provided. These reviews may necessitate either an increase in Basic Premium or a decrease in Basic Sum Insured or some combination of both.

## **NON-PAYMENT OF PREMIUMS**

Thirty days of grace are allowed for the payment of any premium from its due date. In the event that premiums

are not received within this period, the Basic Sum Insured remains payable provided that the value of the Units in the Interest Fund is sufficient to cover the monthly charges. When the Cash Value is no longer sufficient to cover these deductions, your plan lapses and the value of any residual Units in any other of the Sagicor Segregated Funds will be encashed.

### **ADDITIONAL BENEFITS**

You may add to your plan any of the following additional benefits (riders) for a small extra premium:

1. Accidental Death and Dismemberment
2. Total Disability Waiver of Premiums
3. Supplemental Term



## SAGICOR INVESTMENT FUNDS

The Balanced Fund, the Equity Fund, the Fixed Income Fund, the Foreign Currency Indexed Fund, The International Equity Fund and The Money Market Fund are separate and identifiable funds investing in a variety of assets. Units in these Funds are purchased by Regular Additional Premiums. The values of the Units fluctuate with the market value of the assets in the Funds. Hence, the value of your investment in the Funds is not guaranteed in monetary terms.

**The Balanced Fund**, a separate and identifiable fund, is invested in fixed income securities, tradeable equities and real estate. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time. The value of the holdings will vary from time to time.

**The Equity Fund**, a separate and identifiable fund, is invested primarily in shares traded on recognised stock exchanges and fixed interest securities. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time. The value of the holdings will vary from time to time.

**The Fixed Income Fund**, a separate and identifiable fund, is invested in Government fixed income securities and other interest bearing deposits. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time. The value of the holdings will vary from time to time.

**The Foreign Currency Indexed Fund**, is a separate and identifiable fund and invested primarily in Government Securities, both locally, denominated in currencies other than Jamaican dollars, and foreign. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time.

**The International Equity Fund**, is a separate and identifiable fund and is invested in equities listed on recognized stock exchanges in approved jurisdictions, Exchange Traded Funds (ETFs) and Managed Equity Funds. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time.

**The Money Market Fund**, is a separate and identifiable fund and is invested in short-term fixed income securities with average maturity less than two (2) years,



including short-term Government of Jamaica securities and blue-chip corporate securities.

The Interest Fund is a fund operated and administered by the Company. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time. The rate of growth of this Fund will be set monthly in advance and guaranteed for a period of one month (or such other period as the Company may determine from time to time). Consequently, the offer and bid prices of the Units in the Interest Fund are not likely to decrease in value. However, with respect to calculation of surrender proceeds, the Company reserves the right to use a lower unit price than that published.

### VALUATION OF THE FUNDS

The assets of all the Funds with the exception of the Interest Fund are valued by the Company on such day or days of each month that the Company may determine (the "Valuation Date"). Real properties are valued not less than once every year by an independent valuer who has no direct or indirect interest in any of the properties held or to be held by the Funds. At the discretion of the Company, provision may be made in any Fund valuation for any estimated changes in the values of properties since the last independent valuation. The value of a security which is traded on a recognised stock exchange will be calculated by reference to the relevant quoted prices on the Valuation Date. If the security is not quoted in Jamaican currency, it will be valued using the appropriate exchange rate. The value of any other security is determined by the best available quotation or means available to the Company. The offer and bid prices of the Units in the Funds will be determined on the same day.



## CHARGES AND FEES

The following charges will be deducted from the Funds periodically:

- Investment taxes at the rate charged by the Government
- Transfer costs
- Brokers' fees
- Valuation fees
- Other expenses associated with the purchase, maintenance and sale of assets
- Management fees
- Interest due on any amounts borrowed by the Funds

## CERTIFICATE

Within thirty (30) days of each anniversary, the Company will provide you with a certificate showing:

The amount allocated to purchase Units in each Fund during the preceding Policy Year

The number of Units in each Fund allocated to the policy, together with their value, calculated at their bid prices on that day;

The cash surrender value of the policy on that date.

You will also receive a copy of the Fund Statement, prepared not more than 105 days before the date of the Certificate, showing for each Fund:

- A list of the respective values of the investments of the Fund
- All amounts accrued to or deducted from the Fund over the year ended on the date of the Fund Account, including all charges for taxes, management charges or other expenses

## DEFINITION OF LIFELINE CONDITIONS

**Alzheimer's Disease** – means a definitive clinical diagnosis by a specialist of Alzheimer's Disease, which is a progressive degenerative disease of the brain. The Insured must exhibit the loss of intellectual capacity involving impairment of memory and judgement, which results in a significant reduction in mental and social functioning, as to require continuous daily supervision. All other dementing organic brain disorders and psychiatric illnesses are specifically excluded.

**Angioplasty** (to two or more coronary arteries) – means the undergoing of Cardiac Catheterization Procedure on the advice of a Consultant Cardiologist to correct narrowing or blockage of two or more coronary arteries using Balloon Angioplasty and



involving the use of transluminal coronary catheters to correct significant stenosis of at least 50% diameter narrowing. Angiographic evidence to support the necessity for the above operation will be required.

**Aorta graft surgery** – means the undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. The following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair
- Surgery following traumatic injury to the aorta

**Aplastic Anemia** - means a definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following: marrow stimulating agents; immunosuppressive agents; bone marrow transplantation. The diagnosis of Aplastic Anemia must be made by a specialist.

**Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:**

Regular blood product transfusion  
Marrow stimulating agents  
Immunosuppressive agents  
Bone marrow transplantation

**Bacterial Meningitis** - means inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word permanent shall mean beyond the hope of recovery with current medical knowledge and technology.

**Exclusion:** No benefit will be payable under this condition for viral meningitis.

**Benign Brain Tumour** – means a tumour arising from the brain or meninges. The histologic nature of the

tumour must be confirmed by examination of tissue (biopsy or surgical excision). Tumours of the bony cranium and pituitary microadenomas (less than 10 mm in diameter) are excluded.

**Blindness** – means permanent loss of sight in both eyes, as confirmed by a licensed and practicing Ophthalmologist. The corrected visual acuity must be worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes. Blindness caused from diagnosed and untreated glaucoma is specifically excluded.

**Cancer** - means the diagnosis of a malignancy, which is characterized by the uncontrolled growth of cancer cells with invasion of tissue, diagnosed not earlier than 90 days after the date of issue of this Policy, or, in the case of reinstatement of the Policy, 90 days after the date of the Certificate of Reinstatement.

**The following conditions are excluded:**

Early prostate cancer, diagnosed as T<sub>1</sub>A NO MO and T<sub>1</sub>B NO MO or equivalent staging

Non-invasive cancer in situ

Pre-malignant lesions, benign tumours or polyps

Any tumour in the presence of any Human Immunodeficiency Virus (HIV)

Any skin cancer other than invasive malignant melanoma greater than 0.75mm

Hydatidiform Mole (Gestational Trophoblastic Disease)

**Coma** – means a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of four days. A coma which results directly from alcohol or drug use is excluded.

**Coronary Artery Bypass Surgery** – means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must have been recommended by a licensed and practicing Cardiologist. Non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques are excluded.

**Deafness** - means the permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels, as confirmed by a licensed and practicing Otolaryngologist.

**Fulminant Viral Hepatitis** – means a sub massive to massive necrosis of the liver caused by any virus

leading precipitously to liver failure. The diagnostic criteria to be met are:

A rapidly decreasing liver size as confirmed by abdominal ultrasound

Necrosis involving entire lobules, leaving only a collapsed reticular framework

Rapidly deteriorating liver functions tests

Deepening jaundice

**Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.**

**Heart Attack** – means the death of a portion of heart muscle as a result of inadequate blood supply, as evidenced by:

- (a) new electrocardiographic (ECG) changes indicative of a myocardial infarction, and by
- (b) the elevation of cardiac biochemical markers to levels considered diagnostic for infarction. Heart attack during coronary angioplasty is covered provided that there are diagnostic changes of new Q wave infarction on the ECG in addition to elevation of cardiac markers.

**Exclusions: Heart attack does not include an incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event. Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are specifically excluded.**

**Heart Valve Replacement** – means the undergoing of surgery to replace a malfunctioning heart valve with either a natural or mechanical replacement valve. The repair of an existing heart valve is specifically excluded.

**Kidney Failure** – means end stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.

**Loss of Limbs** – means the irreversible severance of two or more limbs from above the wrist or ankle joint as the result of an accident or medically required amputation.

**Loss of speech** – means the total and irreversible loss of the ability to speak as the result of physical injury or disease which must be established for a continuous



Major Burns – means third degree burns covering at least 20% of the body surface area with survival for at least 30 days.

Major Organ Transplant – means the undergoing of surgery, as a recipient by transplant of any of the following organs or tissues: heart, liver, lung, kidney or bone marrow.

Motor Neuron Disease - means unequivocal diagnosis of amyotrophic lateral sclerosis (Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo-bulbar palsy. Other variations of motor neuron disease are specifically excluded.

Multiple Sclerosis – means a diagnosis by a neurologist of definite Multiple Sclerosis, characterized by well defined neurological abnormalities persisting for a continuous period of at least six months or with evidence of two separate clinically documented episodes. Multiple areas of demyelination must be confirmed by MRI scanning or imaging techniques generally used to diagnose multiple sclerosis.

Multiple Sclerosis is defined as “a diagnosis by a neurologist of definite Multiple Sclerosis as defined by the International Panel on MS Diagnostic Criteria.”

Muscular Dystrophy – means a diagnosis of muscular dystrophy by a Consultant Neurologist of the combination of 3 out of 4 of the following conditions:

- Family history of other affected individuals
- Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction
- Characteristic electromyogram
- Clinical suspicion confirmed by muscle biopsy

No benefit will be payable under this Covered Event before the Life Assured had reached the age of 12 years next birthday.

Occupational HIV Infection - means Human Immunodeficiency Virus (HIV) infection as a direct result of accidental exposure to HIV contaminated blood or bodily fluids during the course of the Life Insured's regular occupation.

The Life Insured must undergo a generally accepted medical testing procedure for HIV Infection, performed by an independent, duly licensed medical laboratory:

within 14 days of the accidental exposure and the



result must be negative

between 90 days and 180 days after the accidental exposure and the result must be positive

For greater certainty, non-accidental exposure including, but not limited to, sexual transmission or intravenous drug use does not satisfy the definition of Occupational HIV Infection.

The critical illness benefit will be payable only if the following conditions are satisfied:

the accidental exposure occurred in Jamaica after the policy date and while this policy was in force

the accidental exposure has been reported within 14 days of the accidental exposure

the accidental exposure has been reported, investigated and documented in accordance with prudent workplace practices and any applicable legislation, regulations, or guidelines

The critical illness benefit will not be payable if the Life Insured elected not to take any available licensed treatment which is customarily recommended for protection against HIV.

Paralysis – means the complete and permanent loss of use of two or more limbs for a continuous period of ninety days following the precipitating event, during which time there has been no sign of improvement. All psychiatric related causes are specifically excluded.

Parkinson's Disease - means a definitive diagnosis by a specialist of primary idiopathic Parkinson's Disease, which is characterized by a minimum of two or more of the following clinical manifestations: muscle rigidity, tremor, or bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).

The Insured must require substantial physical assistance from another adult to perform 2 or more of 6 Activities of Daily Living (ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring, feeding).

All other types of Parkinsonism are specifically excluded.

Progressive Supranuclear Palsy – means confirmation by a Consultant Neurologist of a definite diagnosis of progressive supranuclear palsy. There must be

permanent clinical impairment of motor function, eye movement disorder and postural instability.

**Primary Pulmonary Arterial Hypertension** – means primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment, and resulting in the Life Assured being unable to perform his/her usual occupation.

**Severe Crohn's disease** – means a definite diagnosis by a Consultant Gastroenterologist of Crohn's disease with symptoms that have not responded to optimal therapy while under the supervision of the Consultant.

**There must also be evidence of continued inflammation with all of the following:**

Stricture formation causing intestinal obstruction requiring admission to hospital

Fistula formation between loops of bowel or bowel to another organ

At least one resection of a segment of small bowel

**Stroke** - means the unequivocal diagnosis of the death of brain tissue caused by thrombosis, haemorrhage or embolism. The diagnosis must be based on all of the following:

Sudden onset of new neurological symptoms

New objective neurological deficits on clinical examination persisting continuously for at least thirty (30) days following the diagnosis of the stroke

New findings on CT scan or MRI, if done, consistent with the clinical diagnosis

Transient ischemic attacks (TIA's) are specifically excluded.

**Traumatic Brain Injury** - death of brain tissue due to traumatic injury, resulting in permanent neurological deficit with persisting clinical symptoms.

**The following are not covered:**

- An abnormality seen on brain or other scans without definite related clinical symptoms.

- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.
- Traumatic Head Injury secondary to alcohol or drug abuse.



Let's Talk.

Give us a call at 888-SAGICOR (724-4267)

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