Sagicor

Church Mate Plus

Sagicor 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.

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).

ENROLL NOW



Plan Options

PLAN OPTIONS:

• **HOSPITAL INDEMNITY PLAN**

This plan pays a cash benefit directly to you whenever you or your covered dependent is admitted to the hospital. The cash benefit is paid for each day you are confined to a hospital.

• **CRITICAL ILLNESS PLAN**

This plan provides you with a living benefit that will pay a lump sum of up to **$2 million** in the event you are diagnosed with certain critical illnesses such as Cancer, Heart Attack, Stroke and Blindness.

• **LIFE INSURANCE**

This plan pays a lump sum in the amount reflected on the Schedule of Benefits upon death of the member, to the designated beneficiary, to cover family obligations, final expenses, children's educationor inheritance for loved ones.

• **PERSONAL ACCIDENT**

This plan 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).

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Benefit Schedule and Rates

Plan Options Benefit Schedule + Rates

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	10days	10days	10days
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

HOSPITAL INDEMNITY PREMIUMS			
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

CRITICAL ILLNESS, LIFE INSURANCE AND PERSONAL ACCIDENT BENEFITS & RATES

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

Premium Payments

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)**

- **Account Number: 01**

