

Old Mutual Insurance Rwanda
Grand Pension Plaza
7th Floor, 2KN3 Avenue,
Kigali, Rwanda
Attention: Delphin Akimana
Telephone: +250 788 168 000
e-mail: dakimana@oldmutual.rw

16 December 2025

Dear Delphin

LETTER OF CONTRACT AWARD
PROVISION OF EMPLOYEE MEDICAL INSURANCE SERVICES
CONTRACT NUMBER : 0000005006

1. In confirmation of our Teams conversation 25 November 2025, we have the pleasure to confirm your appointment as our Employee Medical Insurance Service Provider (herein referred to as Contractor) to Rutongo Mines Limited (hereinafter referred to as the "Company") in accordance with the provisions of this letter, Annexure A Schedule of Benefits and Limits, Annexure B Schedule of Rates, Annexure C Additional and Enhanced Benefits and General Exclusions and Annexure "D" Service Level Agreement.

2. This appointment requires the Contractor to:

2.1 Provide onboarding forms, on acceptance by Old Mutual of the Trinity onboarding forms, the implementation of cover.

2.2 Acceptance of this Letter of Contract Award

3. Rates

Premium shall be paid in accordance with the rates and prices set out in the Annexure B, Schedule of Rates.

These rates and prices will remain fixed and firm and not subject to adjustment for 12 months from the Contract commencement date. Any additional Insured shall be priced based on those rates on prorata basis.

Premium shall be paid based on Old Mutual credit facility:

- Payment installment 1: 30% of the onboarding total cost estimated 56,421,050Rwf, 30 days after date of invoice.
- Payment installment 2: 70% of the onboarding total cost estimated 131,649,117Rwf, 60 days after date of invoice.

Applications for Rates adjustment shall be submitted 60 days prior to the termination of the 12 month fixed rate period and shall be accompanied with full documentary to prove such application.

4. **Contract Award**
Notwithstanding the date hereof, the Contract shall commence on the date of the final signature of this Letter of Award.

5. **Monthly Statements and Invoices**
Monthly Utilization report of the scheme performance shall be shared to below contacts. Endorsement of new member's Invoices shall be prepared by the contract and share immediately to the invoice for payment within 30 days maximum from the date of receipting the invoice in the name of the Company must be addressed to:

Rutongo Mines Ltd, Northern Province, Masoro, Rulindo, Rwanda
For attention: The Financial Manager: Reagan Muvira,
reagan.muvara@trinity-metals.com

and copied to the Company's Representative: Mary Ashimwe
mary.ashimwe@trinity-metals.com

6. In the event that your appointment as Contractor is terminated early for whatever reason, the liability of the Company will be limited to amounts due and payable in respect of services rendered up to date of termination.

7. The terms set out in this letter together with other terms and conditions customary to transactions of this nature will be embodied in a formal and comprehensive contract to be signed by the parties in due course.
The parties will negotiate in good faith and use their best endeavours to conduct such agreement without delay.
Once the contract is signed it will supersede this letter.

by

For and on behalf of the Company:

Jaco v.d Merwe.
Name

Jeome Sande
Name

Name

[Signature]
Signature

[Signature]
Signature

Signature

AG. General Manager.
Title

Group Supply chain Manager
Title

Title

16/12/2025
Date

16/12/2025
Date

Date

We accept the terms and conditions as set out in this letter.

For and on behalf of:
Old Mutual Insurance Rwanda

[Signature]
Signature

18/12/2025
Date

Delphin Akimana
Name

ANNEXURE A

BENEFITS AND LIMITS

- All inpatient and maternity claims are covered 100% by the insurer.
- All outpatient, dental, optical claims are subject to 10% copay by a members.
- New staff/dependent shall be added at prorated annual price.
- Resigned staff shall be allowed prorated refund premium provided they have not lodged any claim.
- Road and Air ambulance within the country for life threatening cases will be covered on reimbursement basis. by Service d'aide Medicale d'urgence (**SAMU/Ambulance: 912**)
- Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans
- HIV/AIDS and related ailments.
- Circumcision for both children and adults.
- Routine Immunization for children.
- Family Planning limited to Rwf 50,000 per visit.
- ICU/HDU and Theatre charges.
- Psychiatric cases covered.
- Hospital accommodation for accompanying parent and/or guardian for hospitalized children below 16 years.
- Vaccine for Hepatitis B maximum Rwf 30,000 per patient.
- Covid-19 covered inpatient per family 1,500,000rwf and outpatient paid fully limit of outpatient Covid-19 Rapid and PCR tests are covered on reimbursement basis for staff who test positive upon presentation of test results.
- Pregnancy (including **ectopic pregnancy**) and childbirth (irrespective of gestation period) comprising pre-natal treatments and examinations, post- natal treatments and examination, newborn accommodation. All caesarean births are covered.
- Abnormality, constitutional disability, and malformation treatment for newborn babies.
- Optical will be for lenses and frames. Consultation and optical prescription drugs will be covered under outpatient.
- Routine Immunization for children
- Vaccination for Hepatitis B
- Congenital Malformation is covered.
- Access to specialized medicines
- Counselling services, Upon prescription from a psychiatric up to Rwf 10,000 per session for 10 sessions
- Pre-existing conditions are covered.
- Member Education once every quarter or as requested by client.
- Reconstructive surgery following an accident or following surgery for an eligible medical condition.



ANNEXURE B

SCHEDULE OF RATES

Benefits	Limit		
Inpatient	5,000,000	Per family	
Outpatient	1,500,000	Per family	
Maternity	1,000,000	Per family	
Optical	300,000	Per family	
Dental	250,000	Per family	
Last expense	1,000,000	Per person	
Overall limit	8,050,000	Annually	
Family size	No. of staff/families	Premium per staff/family	Total Premium
M	45	613,153	27,591,905
M+1	6	940,574	5,643,444
M+2	37	1,116,613	41,314,694
M+3	23	1,327,241	30,526,542
M+4	21	1,520,954	31,940,028
M+5	12	1,725,497	20,705,959
M+6	6	1,937,261	11,623,568
M+7	0	2,144,537	-
M+8	1	2,379,014	2,379,014
M+9	1	2,646,434	2,646,434
M+10	0	2,953,889	-
Total Premium	152		174,371,588
Mutuelle de Santé (5% of the Total Premium)			8,718,579
Administration fees (10,000 Rwf per Life)			4,980,000
Gross Total			188,070,167

ANNEXURE C

ADDITIONAL AND ENHANCED BENEFITS AND GENERAL EXCLUSIONS

- Wellness fitness benefit program (GYM) on discount
- Covid-19 covered inpatient per family 1,500,000rwf and outpatient paid full limit of outpatient.
- Health talks to insured members.
- Voluntary general checkup upto Rwf 100,000 for staff only (inclusive spouses when both are Trinity staff), screening is not covered.
- Orthopedic shoes covered up to Rwf 150,000 per child for 10 children within outpatient limit
- Toothpaste prescribed by specialist
- 24-hour emergency numbers are accessible in cases of emergencies.
- **Excess of loss** : A pool of 10,000,000 Rwf in case the outpatient limit is exceeded by any beneficiary

The scheme provides comprehensive and flexible hospitalization (inpatient), maternity, dental, optical and outpatient covers, which include the following services:

- ❖ Hospital Accommodation Charges maximum (standard private room) maximum 70,000RWF/night while in Rwanda. Vip room on top up
- ❖ Doctor's (Physician, Surgeon & Anesthetist) fees.
- ❖ ICU/HDU and Theatre charges.
- ❖ Drugs/Medicines, Dressings and Internal Surgical appliances.
- ❖ Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans.
- ❖ Radiotherapy and Chemotherapy.
- ❖ Physiotherapy.
- ❖ Emergency Road and Air Evacuation subject to overall cover limit.
- ❖ Funeral Expense Cover.
- ❖ Day care surgery
- ❖ Psychiatry cases.
- ❖ Routine outpatient consultation.
- ❖ Diagnostic Laboratory and Radiology services
- ❖ Prescribed drugs and dressings.
- ❖ Dental services (Routine dentistry excluding dentures, braces crowns and bridges).
- ❖ Optical Services.
- ❖ Routine Immunizations including hepatitis B for Rwf 20,000 per dose.
- ❖ Reconstructive surgery following accident or general pathology.
- ❖ Ambulance Services
- ❖ Chronic conditions both during hospitalization and outpatient visits.
- ❖ HIV/AIDS and related ailments
- ❖ Health Care Guidance and Talks on request
- ❖ Refer financial proposal for cover limits and premium indications.

Dental Cover.

Outpatient dental cover as a stand-alone benefit.

This benefit caters for routine outpatient dental procedures, which include but not limited to:

- ❖ Extraction
- ❖ Scaling necessitated by a medical condition and prescribed by our appointed dentist once a year
- ❖ Extraction (normal or non-surgical extractions)
- ❖ Examinations
- ❖ Root canal treatment
- ❖ Normal compound fillings
- ❖ Removal of roots
- ❖ Apicectomy
- ❖ Removal of solid odontomas
- ❖ Removal of impacted tooth buried or unerupted teeth.
- ❖ Scaling necessitated by a medical condition and prescribed by our appointed dentist once a year. Crowns, bridges, orthodontics, dentures and Self-prescribed scaling are excluded from this benefit.

Optical Cover

Contractor shall provide an outpatient optical cover as a stand-alone benefit.

This benefit caters for expenses related to eye treatment, including but not limited to correction of refractive errors and cost of glasses and frames. Frames shall be covered maximum 50% of the optical limit. Optical shops will prescribe glasses but dispensing is done by another shop.

Plano glasses are not covered. Cover Options.

The OLD MUTUAL medical insurance scheme provides a wide range of options to choose from. This broad range of coverage provides the flexibility required to meet the varying needs of corporate clients.

A key feature of this scheme is that it has the option whereby family members can share cover amongst themselves. This enables the family to have access to a high amount of cover at reasonable cost. Full individual cover for each family member is available, if desired.

Eligibility.

Any person between from birth to sixty-four (64) years can join the scheme. Existing members remain in the scheme up to the age of seventy (70). Dependents include spouse, own children, legally adopted and foster children aged from birth to 25 years. New-born babies shall be introduced in the policy by way of filling enrollment forms.

Waiting periods

All waiting periods are waived.

Service Providers (Healthcare Partners)

An important aspect of OLD MUTUAL Medical Insurance scheme is that hospitalization bills are paid directly to the hospital and other service providers by the scheme. The insured never gets to see the bill. This credit facility has been arranged between the scheme and a countrywide/Regional panel of service providers. All genuine claims are paid directly to providers within a maximum 30 days of receipt. Reimbursement claims are paid after 7 days of days of working.

A list of the preferred service providers for Rwanda is available on request. The list includes a panel of hospitals and Doctors and it is continuously being developed to meet the needs of our clients. We welcome suggestions from our clients on the panel of preferred providers.

Administration of the scheme

A world class back office and point of service IT system is employed to manage medical products across the region. This enables easy sharing of information within the region and seamless service. The system has limitless capacity to manage groups including member statements on every pay run, monthly reports, quarterly and annual statements. The system has capability to allow staff to view their account status through the web.

General Exclusions

Costs arising from the treatment of the said conditions are not payable under OLD MUTUAL medical insurance scheme.

Excluded conditions include:

- Infertility and impotence treatment and related investigations.
- Alcohol and Substance Abuse.
- Weight management treatments and drugs.
- Plano glasses.
- Allergy tests other than blood tests.
- Cosmetic Treatments.
- Nutritional supplements unless prescribed as part of medical treatment of specified conditions.
- Self-referred or self-prescribed treatment.
- Treatment outside the appointed panel of service providers (unless pre- authorized or where there is no provider).
- Vitamins unless its part of medical treatment.
- Alternative (acupuncture, chiropractor, homoeopathy etc.) and herbal medicine.
- Diagnostic equipment (e.g. Glucometers, BP machines etc.) and hearing aids.
- Experimental treatment.
- Maternity claims for children
- External surgical appliances except short term use (maximum 6 weeks) (frames, wheelchairs)
- Expenses incurred for medicines, vitamins, lotions, cosmetics, cold remedies, etc that are available over the counter are not covered

PURCHASE REQUISITION 10605, CONTRACT 0000005006
RUTONGO MINES LTD, NORTHERN PROVINCE, MASORO, RULINDO, PO BOX 6132, KIGALI,
RWANDA

www.trinity-metals.com

- Pandemics, epidemics, natural disasters and unknown illnesses covering a wide geographical area
- Claims incurred outside the benefit scope
- Claims incurred above the limit.

Overseas Referral

Referral for overseas treatment is only allowed if the treatment for the specific condition is not available locally as determined by an independent doctor appointed by OLD MUTUAL Insurance. Such referral is to a country chosen by a OLD MUTUAL appointed specialist (India). Costs for overseas referral are subject to the overall family cover limit. Not all policies are eligible for overseas referral. Confirm this when choosing the desired benefit option.

Enhanced Benefits Cover

1. Disclosed Pre-existing Conditions, Chronic Conditions and HIV /AIDS.

Pre-existing conditions and HIV/AIDS shall be catered for within the inpatient cover up to 50% per family per annum within the overall inpatient cover limit. Newly diagnosed chronic conditions shall be covered up to the full cover limit. Chronic conditions that are diagnosed after 120 days of cover shall be deemed as newly diagnosed

2. Congenital Conditions & pre-term babies

Allowed a sub-limit of **2,000,000 (RWF)** (cumulative benefit) per family per annum to cater for congenital conditions and pre-term babies during hospitalization.

3. Emergency Caesarian & Maternity

Maternity benefit is for normal delivery, abnormal pregnancy, pregnancy related ailments and caesarian sections during hospitalization. This benefit is offered separately from the inpatient limit. Antenatal visits are covered on outpatient.

4. Inpatient Ophthalmology Cover

A sub-limit of **2,000,000 (RWF)** per family per annum shall be allowed to cater for non-accidental ophthalmologic in-patient hospitalization. Cost of frames and lenses are excluded.

Accident-related inpatient Ophthalmologic cases are already covered under the standard inpatient benefits.

Surgeries for refractive errors are excluded other than clinically required procedures when treatment other protocols are not suitable.

5. Inpatient Dental Cover

A sub-limit of **2,000,000 (RWF)** per family per annum shall be allowed to cater for non-accidental dental in-patient hospitalization. Cost of Braces, crowns, bridges and other prosthesis are excluded.

Accident-related inpatient Dental cases are already covered under the standard inpatient benefits.

Cover Inception

Cover will commence after negotiations are completed and on receipt of the full premium payment in Rwandan francs. As per regulators directive (BNR) all premiums are payable upfront before start of the policy. The quoted prices are annual and will only be reviewed for the new anniversary. The following is a summary of requirements before roll out of the policy;

1. All staff shall be fill and submit enrolment forms. Cards shall not be issued unless duly filled forms have been received in the office.
2. The representative of the organization shall sign and submit group application form.
3. A contract shall be signed between the two parties detailing terms and conditions for the insurance.
4. Payment of premium as per final agreed price.
5. A detailed members list with all personal particulars e.g. date of birth, sex, relationship etc.
6. The representative of the insured shall review the forms to confirm entitlement to join the medical scheme
7. The contact persons between the two organizations shall be availed at the start of the policy.

Covid 19 coverage

Despite pandemics being standard exclusions in insurance policies, OM Insurance Rwanda Plc shall extend cover for Covid-19 related cases for both Outpatient & Inpatient visits as per below terms and conditions without additional premium.

Panel of Providers

The Old Mutual Insurance panel of providers shall provide the treatment. In case a patient is treated at a facility that is not in our panel, Old Mutual Insurance will reimburse claims incurred based on prevailing tariffs.

Inpatient Treatment

Old Mutual shall provide coverage for all confirmed cases up to a sub limit of Rwf 1,500,000 within the overall inpatient limit. Treatment will be for asymptomatic/mild/moderate cases and serious/critical cases requiring ICU/HDU care. Inpatient coverage shall only apply to those confirmed to have COVID-19 and need treatment within a hospital setting.

Outpatient Treatment

We shall cater for outpatient treatment for members confirmed to have COVID-19. We shall cater for the cost of consultation, testing and prescribed drugs up to the full outpatient limit.

Admission Protocol

- Member is confirmed to have COVID-19 by the testing facilities, either public or private
- Member is referred to a health facility (either private or public) for management
- For those in our panel of providers, OM undertakes the case in the usual manner. For those who are in providers we don't partner with, they incur the bill and seek reimbursement from OM Insurance Rwanda Plc. Reimbursement shall be based on prevailing tariffs.
- The Case Management Team shall be actively involved in such cases with daily reports provided.

ANNEXURE D

SERVICE LEVEL AGREEMENT

	Key performance indicator	Turnaround time
1	Acknowledge queries on email or telephone	Immediate / 24 hours call center
2	Issue referral letter	Same day
3	Settle reimbursement claims to member where a bill is paid out of pocket.	Seven (4) working Days
4	Issue policy document/contract	Before inception of cover
5	Issue endorsements	On request
6	Issue new membership numbers/Virtual cards	2 days
7	Review meetings	On request
8	Member utilization statements	Monthly
9	Scheme performance report	Quarterly and month ten for end year
10	Member education	Quarterly
11	Pre-authorization for treatment	15 Minutes
12	Payment of premiums	Upfront

