

**RUTONGO MINES CONTRACT N°: 000005006**

**PROVISION OF EMPLOYEE MEDICAL INSURANCE SERVICES**

The "Policy" is made effective on the 5<sup>th</sup> of January 2026 between

(1) **OLD MUTUAL INSURANCE RWANDA PLC** a limited liability company duly registered in the Republic of Rwanda with registration number 102628166 and its registered office at Grand Pension Plaza 7th Floor, Avenue de Revolution, P.O. Box 6644, Kigali Rwanda (hereinafter referred to as the Company which expression shall where the context so admits include its successors and/or assigns) and

(2) **RUTONGO MINES LTD**, Kigali, Rwanda (Hereinafter referred to as the Insured which expression shall where the context so admits include its successors or assigns).

**WHEREAS**

a. The Company is registered as an insurance company in Rwanda and is engaged in the business of providing, among others, medical insurance cover within the Republic of Rwanda

b. The Insured is desirous of obtaining the medical insurance cover as herein expressly described and has, by the Proposal, applied to the Company for the medical insurance cover contained in this Policy.

c. The Company is ready and willing to offer the Insured the medical insurance cover set out in this Policy and the Insured is agreeable to take the medical insurance cover herein offered subject to the terms and conditions herein set out.

NOW IT IS HEREBY AGREED as follows:

**1. DEFINITIONS AND INTERPRETATION**

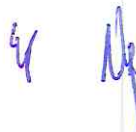
In this Policy, the following words and expressions have the following meanings: -

**Alcoholism**

Chronic disease characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse Consequences and distortions in thinking.

**Alcohol intoxication**

When the quantity of alcohol the person consumes exceeds the individual's tolerance for alcohol and produces behavioral or physical abnormalities or the person's mental and physical abilities are impaired.





### **Air Travel**

Mounting into, traveling, or dismounting from any fully licensed passenger carrying aircraft as a passenger but not as a member of the crew nor for the purpose of engaging in any trade or technical operation therein.

### **Accident**

Any single unexpected external event, not being deliberately self-induced, occurring to a member which immediately gives rise to a medical condition that did not previously exist, and which requires a visit to or stay in a hospital, clinic or other medical facility.

### **Annual limit**

The maximum (refer policy schedule) benefits to which the Member and/or Dependent are entitled to under the terms of this Scheme's Rules and the Health Plan in respect of a benefit year, as set out in the Schedule.

### **Annual Renewal date**

Twelve calendar months from and including the [Policy Effective Date/Membership Commencement Date]

### **Beneficiary**

The person designated by the Insured, in accordance with the terms of this Policy, to receive benefits, payments, or proceeds payable under this Medical Insurance Contract in the event of a covered loss, claim, or death of the Insured, as applicable

### **Chronic Condition**

A disease, illness or injury which has at least one of the following characteristics: no known cure, is recurrent, leads to permanent disability, is caused by changes to one's body which cannot be reversed, requires one to be specially trained or rehabilitated or needs prolonged supervision, monitoring or treatment.

### **Climbing**

Mountaineering, rock or cliff climbing necessitating the use of ropes or guides.

### **Membership Commencement Date**

The date on which an employee of the Insured or a Dependent of that employee becomes a member on or after the Policy Effective Date.

### **Proposal**

Any signed proposal and declaration in the form set out in the application form and enrollment form and any information supplied by or on behalf of the Insured in addition thereto or in substitution thereof.

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### **Customary and Reasonable Charges**

Charges for medical care made by a service provider used by a member that do not exceed the general level of charges being made by other service providers of similar standing in the locality where the charge is incurred when providing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease or injury. The scales of charges agreed from time to time between the Company and the Panel of Service Providers shall be indicative, but in no way binding on a Member. The maximum payable fees shall be equivalent to the fees used in East Africa.

### **Dependents**

A legal spouse of the Member, own unmarried children, legally adopted and foster children who depend upon the Member for support, provided always that such children are aged not less than one day and not more than 25 years at the date of enrolment into the scheme.

### **Policy Effective Date**

The date shown on the Schedule as the date on which this Policy commences provided the whole premium due is paid.

### **Eligible Persons**

- I. An Employee up to the age of sixty-five (65) years.
- II. Existing Members can continue renewing in the Scheme up to the age of seventy (70) years.
- III. Dependents (as defined above) of an Employee

### **Employee**

Means a person employed by the Insured.

### **Excess**

The amount that the Insured beneficiary must pay before the Company pays its share of any relevant amount it is liable to pay under this Policy.

### **Excluded Activities**

Means Aqualung diving, hang gliding, Polo, Water ski-jumping and tricks, Boxing, Hunting, Pot-holing, Winter sports, Climbing, Hurling, Power boating, Wrestling, Ice hockey, Racing, Yachting beyond 5 kilometers off a coastline, Flying except Air Travel, Motor racing, Show jumping, professional Soccer, Motor cycle exceeding 160cc, Skydiving, Parachuting, American Football, Rugby and other professional Sports.

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**Exclusion**

Category of treatment, conditions, activities and their related or consequential expenses that are excluded from this Policy and for which the Company shall not be liable to pay, as more fully set out in clause 5 below.

**External factors**

External factors means any act, directive, regulation, order, decision, guideline, policy change, or other intervention issued, imposed, or enforced by any statutory authority, governmental body or regulatory agency, that may significantly or totally affect the implementation or enforcement of the terms and conditions outlined in an insurance contract.

**Hospital**

Refers and shall include any of the Company's approved medical providers who offer care and treatment for the sick and injured but shall exclude rest home, convalescent home for the aged, a place for custodial care or a place for the confinement and treatment for drug addicts and alcoholics.

**In Force**

The Policy is valid and effective in accordance with its terms and the conditions specified in the Schedule.

**Injury**

Physical or mental injury caused by an accident to a member while the Policy is In Force. This includes all injuries resulting from such accident and all complications arising as a result of the injury.

**In patient**

A Member who has been admitted to or attended a hospital, is receiving treatment under the care of the Hospital's physicians, is assigned a ward bed and is being kept in the Hospital overnight.

**In-patient Treatment**

Treatment which requires admission in a hospital or day care surgery as more specifically defined under Inpatient above. Day Care Procedures also treated as inpatient under this policy means those medical treatment, and/or surgical procedure which is undertaken under General anesthesia in a hospital/day care center in less than 24 hours and which would have otherwise required overnight stay in hospital for more than 24 hours.

**Limit of Indemnity**

The Company's liability as limited in events and amount to the limits and sub-limits specified in the Schedule as applying to each item or type of cover provided.

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### **Local Ambulance Services**

Ambulance services for transportation of a sick Member for treatment in a hospital from an area where facilities for adequate care do not exist.

### **Medical Expenses**

The cost of the medical, surgical or other remedial attention, treatment or appliances for the sole purpose of curing or relieving of disease and/or illness or injury and which are recommended, approved and certified as necessary and reasonable by a Medical Practitioner and all hospital and nursing home charges in connection therewith subject to the Overall Limit and the Exclusions.

### **Medical Facility**

A hospital, pharmacy, clinic, surgery, day care center etc as referenced in the panel of providers list.

### **Medical Practitioner**

A person who holds a professional qualification in medicine or surgery from a recognized university and is not disqualified from practice by any law, order or regulation of the country in which he is practicing, having been licensed by the relevant authority in that country.

### **Members**

An Eligible Person whose Proposal has been accepted by the Company.

### **Optical Service**

Eye care, eye examination, eye follow up care and prescription of glasses.

### **Original Cause**

Any cause of illness or injury and shall include but not limited to physical trauma, biological agents, metabolic/biochemical agents, congenital malformations, genetic and degenerative diseases or disorders.

### **Out-patient**

A patient who does not require to be admitted to or a stay in hospital to undergo medical treatment but instead receives treatment elsewhere, e.g. in a doctor's office, clinic or the outpatient facility in a hospital.

### **Outpatient Covered Treatment**

Treatment provided to a member who is an Outpatient, including:

- (i) General Out-patient Services
  - Outpatient services provided at a Panel Provider
- (ii) Out-patient Prescription Drugs

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Drugs and medicines prescribed to an Outpatient

(iii) **Benefits Package**

Where applicable and if available and the Insured has been advised to use them.

(iv) **Consultation.**

Provided by any registered Medical Provider and Specialist Referrals within the scheme.

(v) **Diagnostics**

Laboratory investigations of any nature available within Rwanda, Kenya, Uganda or South Sudan, Tanzania, Burundi, India and South Africa.

(vi) **Imaging**

All imaging available in Rwanda, Kenya, Uganda, Tanzania, South Sudan, Burundi, India and South Africa.

(vii) **Therapeutics**

Generic Protocol Based

Psycho-Social Counseling

Nutritional Counseling

Physiotherapy

Cover for outpatient services are subject to the limits specified in the policy schedule.

**Overall limit**

As per the policy schedule

**Panel of service**

The list of Hospitals, Pharmacies, Clinics, Physicians and other service providers approved by the Company from whom Members may seek services on credit or in respect of whose charges and fees the Company will make reimbursements.

**Period of Insurance**

Unless otherwise expressly provided in this Policy, shall mean one calendar year from the Membership Commencement Date/Policy Effective Date.

**Physician**

Means a properly qualified Medical Practitioner licensed by the competent authorities of the country in which treatment is provided and who in rendering such treatment is practicing within the scope of his or her licensing and training.





**Power boating**

The use of any combination of boat and engine capable of traveling faster than thirty knots

**Pre-Existing Medical Condition.**

Means any injury, illness, condition or symptoms:

- a) For which treatment or medication or advice or diagnosis has been sought or received prior to the Membership Commencement Date for the Member concerned, or
- b) Which originated or was actually known by the Insured or the Member to exist prior to the Commencement Date whether or not treatment or medication, or advice or diagnosis was sought or received.

**Premium**

The sum paid or agreed to be paid by an insured to the underwriter (insurer) as the consideration for the insurance.

**Renewal Notice**

A letter sent by the insurance company asking the Insured to renew the contract and advising the renewal terms and conditions.

**Renewal Premium**

Premium amount payable at each annual renewal of cover as specified in the renewal notice.

**Schedule**

The schedule to this Policy, which contains among other things, the Premium, the Effective Date and name of the insured.

**Scheme**

Health insurance arrangement as agreed between insured and company.

**Sickness**

Sickness or disease to a Member which first manifests itself while the Policy is In Force and forms the basis of a claim. This includes all complications arising as a result of the sickness/ disease and all related conditions and recurrences thereof.

**Epidemic**

An epidemic is the rapid spread of infectious disease to a large number of persons in a given population within a short period of time. An epidemic may be restricted to one location; however, if it spreads to other countries or continents and affects a substantial number of people, it may be termed a pandemic.





**Pandemic**

A pandemic is an epidemic occurring on a scale which crosses international boundaries and usually affecting a large number of people a worldwide spread of a disease and this disease must be declared a pandemic by a recognized national or international authority such as the World Health Organization.

**Wood-working Machinery**

Means portable tools applied by hand and used solely for private purposes without reward.

**Wrestling**

Shall include judo, karate and any form of unarmed combat.

**2. MEDICAL INSURANCE COVER.**

a) The Company will indemnify the Insured subject to the Overall Limit terms and conditions of the policy in respect of the Medical Expenses incurred as the result of an Insured beneficiary falling ill or sustaining accidental bodily injury during the Period of Insurance.

b) The maximum amount payable by the Company for Medical Expenses in respect of the Period of Insurance for Medical Expense claims shall not exceed the Overall Limit.

c) In respect of Medical Expenses consequent upon or attributable to an Original Cause, the Company shall not be liable for any applicable Excess.

**3. PREMIUM**

In consideration of the Company providing the Insured and its beneficiaries with the medical insurance cover as herein set out, the Insured shall pay the Company the sum of premium as per the schedule attached.

**4. COVENANTS**

The Insured and the Company hereby agree that:

a) The group application form, enrollment forms and the policy Schedule are an integral part of this Policy.

b) The following shall be conditions precedent to any liability of the Company:

i. Observance of the terms of this Policy relating to anything to be done or complied with by the Insured.

ii. The information in the Proposal being accurate and true to the best knowledge of the person giving that information





## 5. EXCLUSIONS

Notwithstanding anything to the contrary contained in this Policy, the Company shall not be liable in respect of:

- a) Any claim for expenses relating to any illness or Injury arising whilst the Member is outside Rwanda or East Africa as specified in the policy schedule geographical scope.
- b) **Bodily injury or disease and/or illness:**
  - i. sustained as a result of the Member engaging in (or practice of or taking part in training peculiar to) any of the Excluded Activities.
  - ii. That occurs after the expiry of the insurance period
  - iii. Directly or indirectly occasioned by or happening through or in consequence of ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exclusion, combustion shall include any self-sustained process of nuclear fission.
  - iv. whilst the Member is traveling by air other than as a passenger on a registered commercial airline.
  - v. whose costs arise from a member receiving experimental treatment or being a subject of medical research.
  - vi. sustained Whilst on service or duty with or undergoing training with any military organization, terrorism, war notwithstanding that the Injury occurred whilst the Member was on leave and not in uniform.
  - vii. Any loss or damage occasioned by or through or in consequence, directly or indirectly, of any of the following occurrences: War invasion, act of foreign enemy, act of terrorism, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, insurrection, revolution, military or popular rising, military or usurped power, martial law or state of siege or any events or causes which determine the proclamation or maintenance or martial law or stage of siege, confiscation, seizure, nationalization, requisition, or destruction of or damage to the property by order of Government (de jure or de facto) or Local Authority or any process of law.
- c) **Medical Expenses consequent upon:**
  - i. Cosmetic or plastic surgery unless necessary to correct traumatic bodily injury.
  - ii. Maintenance or treatment received in health hydros, nature cure clinics or homeopaths, chiropractors, acupuncture, herbal medicine (alternative medicine), or private beds registered within a nursing home attached to such establishments.
  - iii. Any residential stay in hospital or nursing home which is arranged.





1. Wholly or partly for domestic reasons
2. in circumstances where the treatment could reasonably be provided whilst living in a normal place of residence.
  - iv. Nursing.
    1. Unless provided by a qualified registered nurse.
    2. in circumstances where the attention could reasonably be given by a person other than a qualified registered nurse.
  - v. Inpatient dental/Maxillofacial expenses exceeding the specified sublimit. Other inpatient dental/Maxillofacial expenses excluded are the cost of dentures, crowns, braces, bridges and plates.
  - vi. Inpatient optical or ophthalmologic expenses above the specified sublimit. Other inpatient optical/ophthalmologic expenses excluded are the cost of glasses, surgery for refractive errors and optical/ophthalmologic transplants or grafts.
  - vii. Treatment for infertility and impotence.
  - viii. Treatment for congenital conditions/malformation or defects above the chronic/pre-existing conditions sub limit and related conditions regardless of age of onset of symptoms.
  - ix. Treatment for genetic/chromosomal conditions above the chronic conditions/pre-existing sub limit including but not restricted to sickle cell anemia and hemophilia.
  - x. Conditions related to prematurity of the new-born baby above the specified sub limit.
  - xi. External surgical appliances and prostheses including but not restricted to wheelchairs, frames etc. except short term use of up to 6 weeks.
  - xii. Costs of donating an organ.
  - xiii. Any claim from a member whose application for medical insurance shall contain any willful mis-statements or mis-representation or who shall have willfully withheld any material information (including information withheld on the member's behalf).
  - xiv. medical exam not incidental to diagnosis
  - xv. Whilst or as a result of participating in sport as a professional player.
  - xvi. Costs of specific medical or surgical treatment for an impairment, illness or injury, which the Company excluded specifically and in writing when the member joined.





xvii. Any expense for which the insured person has been reimbursed from any insurance, Government Schemes, RAMA or Compensation except of any excess expenditure beyond the amount recovered from such other insurance or source

xviii. Inpatient day surgery that is not performed under general anesthesia. Instead use outpatient benefit and not inpatient.

xix. new technology unless by prior approval by the Company

**d) Bodily injury, illness and/or disease or Medical Expenses consequent upon or contributed to by the Member:**

- i. Disregarding medical advice given by a registered Medical Practitioner.
- ii. Family planning and related ailments above the specified sub limits.
- iii. Committing or attempting to commit suicide or intentionally self-inflicting wounds or ailments on himself or willfully exposing himself to needless peril except in an attempt to save human life or arising out of non-adherence to medical advice.
- iv. Having taken drugs orally or intravenously unless the Member proves that the drug was taken in accordance with proper medical prescription and directions from a Medical Practitioner and not for treatment of drug addiction.
- v. Suffering from Alcoholism and or Alcohol Intoxication.

e) Vaccinations or any treatment undertaken or carried out as a preventative measure including complications thereof but not limited to check-ups, scans of any nature or any other form of disease and illness prevention including but not limited to preventative medications and supplements. Only Expanded Program on Immunization (EPI) vaccines are covered for children below two (2) years where the Outpatient cover is purchased unless otherwise stated in the policy summary or endorsement.

f) Treatment for weight loss/gain, obesity or weight problems. This includes but is not limited to the treatment of conditions such as bariatric, and any treatment required for any condition caused as a result of these conditions.

g) Genetic testing.

h) Passive War Clause/Terrorism and Political Violence

- i. This cover is extended to provide cover for injuries to an insured person caused by violent accidental external and visible means arising from War, political violence, Invasion, Act of Foreign Enemy, Hostilities or Warlike Operations, (whether War be declared or not), Civil War, Rebellion,





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Revolution, Insurrection, Terrorism, Military or Usurped Power, subject to the sub limits indicated in the policy schedule under this clause.

- ii. This excludes cover consequent upon an Insured Person directly and actively participating or engaging in such activities whether whilst serving in the armed forces or otherwise save, where applicable, to the extent only of adopting or taking such action or steps as were reasonably necessary for the protection of himself, his family or their property.
- iii. Where outpatient is purchased, this benefit shall also be provided within the outpatient cover up to the full outpatient cover limit.

IV Pandemics, epidemics or/unknown conditions whether declared or not by the relevant health authorities e.g., Ministry of Health, WHO, CDC etc that affect a large proportion of the population whose treatment is unknown and may require quarantine or isolation. Expenses for investigation, treatment, care and any related conditions while on quarantine are excluded.

## 6. GENERAL CONDITIONS

Notwithstanding anything to the contrary contained in this Policy, the medical insurance cover given by the Company under this Policy is subject to the following General Conditions:

### a) Pre-Authorization Review (Applicable to scheduled admissions)

We have agreement will all hospitals and clinics to report all hospitalization cases for confirmation of member validity.

However, we require before a member goes for any scheduled admission in a hospital that is covered by this Policy, the Member (or if that Member is a minor, an adult Member acting on its behalf should use his or her reasonable endeavors to first notify the Company in order for the Company to provide authorization. In the case of an emergency, the above condition does not apply.

### b) Notification and Submission of Claims

For providers, the final claim must be submitted in writing to the Company by the Hospital within thirty (30) days after the date of treatment.

For reimbursement claims, the final claim must be submitted in writing to the Company by the Member within three (3) months after the date of treatment. Claims submitted after the three (3) month period shall not be payable save at the discretion of the Company.

All claims shall be supported by original invoices wherever reasonably practicable, and benefits will be paid subject to provisions of this Policy once all the verifications have been done by the Company.



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c) **Premium**

The Premium payable to the Company shall be paid by the insured on the Policy Effective Date and shall cover the ensuing year of insurance and subsequent premiums shall be paid on each additional member before Annual Renewal Date during the continuance of this Policy. No premiums or any part of any premiums so paid shall be returnable except as under sub-clauses (d) and (m) below.

d) **Renewal of Insurance**

This Policy shall remain In Force for a calendar year from the Policy Effective Date and be renewed upon payment to the company of the appropriate renewal premium and as per mutually agreed renewal terms and conditions, PROVIDED ALWAYS that the Company and the insured reserve the right to cancel this Policy at any time during the Period of Insurance, on giving notice in writing, not later than thirty (30) days prior to the date of cancellation, to the last known address. Should the Company or the insured enforce their right of cancellation at any other date than at the end of the Period of Insurance, the Company must refund to the Insured the pro-rata portion of the Premium provided the insured has not lodged any claim from the date of inception of cover to the date the notice expires.

The Company reserves the right to decline application for an upgrade of membership or for renewal, by providing the reason and justification for the reason. The Client reserves the right to appeal the Company's decision to decline.

All certificates of information and evidence required by the Company at the time of accessing benefits shall be furnished free of expense to and in the form prescribed by the Company. The Member shall, when required by the Company, submit himself to be examined by the Medical Practitioner or other officer of the Company and shall at all times send by post within seven (7) days after receipt of demand all such further evidence and information by way of certificates, declarations or otherwise as may be from time to time required by the Company in order to ascertain and prove the nature and extent of the injuries and, in case of death, there must be delivered to the Company a certificate from the Medical Practitioner who attended to the Member stating as fully as possible the nature, extent and duration of the injuries the cause of death and all such other information and evidence as the Company may require or consider necessary to satisfy itself of its liability and of the identity of the Member and of the title of the claimant. In case of the death of the Member, the Company shall have the right to have a postmortem examination made at its own expense.

The Members receipt of service or claim payment shall discharge the Company. If the Insured comprises more than one party having an interest in the Policy, the Overall Limit of Indemnity applicable shall represent the total amount payable in respect of the Insured for all interests covered by this Policy.

The Company shall be entitled at any time in the Company's or the Insured beneficiary's name to take proceedings at its own expense and for its own benefit



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to secure reimbursement from any third party in respect of anything covered by this Policy. The Insured or the Member shall give such assistance as the Company may reasonably require.

No sum payable under this Policy shall carry interest.

The Company shall not be bound to accept or be affected by any notice of any trust charge lien assignment or dealing with or related to this Policy.

The Member shall give notice to the Company within a reasonable time of any material change in the business or the Member's capacity, occupation, health status or activities and shall pay any additional premium required by the Company as a consequence thereof.

If any part of the Premium or Renewal Premium is calculated on estimates furnished by the Insured, the Insured shall keep an accurate record containing all relative particulars and shall allow the Company to inspect such record, provided such inspection is upon not less than three business days' notice and occurs on a business day. The Insured shall within one (1) month after the expiry of each Period of Insurance furnish such information as the Company may require. The Premium or Renewal Premium shall thereupon be adjusted.

The company reserves the right to adjust the Premium, alter benefits, or vary the terms and conditions at any time during the Period of Insurance. Such amendments shall be solely made in response to external factor (s) affecting the execution of contractual terms and conditions upon a mutual written agreement between the company and the Insured, within a period of 30 days.

#### e) Case Management

The medical treatment of the Member shall be managed according to the following regulations:

- I. The service must be medically necessary and delivered in a Medical Facility.
- II. For scheduled admission the service must have been authorized in terms of the pre-authorization procedures mentioned under sub clause (a) above.
- III. Only services delivered within the allocated length of stay are covered.
- IV. The service, medication or supplies that the Member is charged for must relate to the reason for admission. Should the Member undergo any further treatment that is deemed by the Company to be medically unnecessary the Company shall avoid all liability for such costs incurred.

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V. Appointed service providers may vary without notice.

**o) Funeral Expenses Cover**

Should the Member die during the period of this Policy the Company will upon receipt of satisfactory proof of death in writing pay the specified sublimit to the designated beneficiary entitled thereto.

**Funeral expense Exclusions:**

The Policy under this option does not cover death caused by or resulting from:

1. Declared or undeclared war or any act thereof
2. Civil war, rebellion, insurrection, military or usurped power, popular uprising, martial law, strikes, riots, civil commotion or mutiny.
3. Service in the armed forces of any country at war declared or undeclared
4. Suicide committed while sane or insane
5. Any Sickness or medical condition excluded under this Policy.
6. A member who passes away before enrolling under the policy.

**Recovery of Expense Already Paid:**

If after submission of documents required to substantiate a claim it is discovered that the Company should not have made any payment under this option, the claim is an exceeded claim or the benefits were incurred outside the policy, the claim will be deemed invalidated to the extent only of any excess or breach and the insured's legal personal representative or any beneficiary named therein shall forthwith reimburse the amount of excess or subject of any breach to the Company.

**p. Evacuation**

**Local Evacuation.**

The Company will indemnify the Member in respect of Medical Expenses incurred for the use of a road or air ambulance by the Member from the point of accident or illness to the Hospital. The entitlement of either road or air evacuation benefit is subject to overall cover limit.

**q. Overseas referral.**

The Company will indemnify the Insured beneficiary for any costs incurred for a medical condition that warrants referral for treatment overseas provided the treatment is not available in Rwanda, Kenya, Uganda and it is certified by the Company's independent Medical Practitioner as being necessary in advance of such travel and treatment. There has to be written authorization from the Company approving the overseas referral. The independent Medical Practitioner's opinion shall be binding upon all parties to this Policy. Air fare, local travel, accommodation charges are not covered. Eligibility for referral is advised in the policy schedule.



In both (1) and (2) above the Company's maximum liability shall not exceed the Overall Limit.

r) The Company offers no guarantees and assumes no responsibility or liability of any type of third-party services

s) **Cash and carry**

In Pursuant of Article 23 of Law no. 05/2009, you are required to pay your insurance premium on or before the medical cover commencement date. The Company shall only assume risk upon receipt of premium in full.

t) **Cover period**

This is a one (1) year term Policy. The Company shall assume risk from the Policy Effective Date and the medical cover shall terminate on the last day after one year at midnight when the Policy lapses, as long as the Company or Insured has not terminated the cover as provided in clause (d) above (Renewal). The Company shall not guarantee any liability thereafter unless cover is renewed, and premiums settled on or before the renewal date.

u) **Confidentiality**

The Company agrees that they will not use or disclose any identifiable information about the Insured, an Eligible Person or a Member whether received or created before or after the date of this Policy except for the purposes strictly necessary to perform services for providing insurance cover for that person or with the prior consent of that person.

The Company represents that it has safeguards in place, equal or superior to protect the security of information.

The Company agrees to securely dispose of identifiable information once it is no longer required for the purposes of insurance and after any document holding periods as covered by the insurance act have elapsed.

v) **Indemnity**

In consideration of the Company having agreed to arrange for credit facilities with Medical Service Providers, the Insured beneficiary will hold the Company fully indemnified for any Medical Expenses outside the Policy whether the company has settled to the providers or not. The Insured beneficiary shall be liable to fully reimburse the Company whether the Policy is renewed or lapsed, and such reimbursement shall be made to the company by the insured beneficiary within a period of not more than 28 days after submission of such expenses to the Insured.

w) **Arbitration**

The parties agree to settle any disputes arising between parties in relation to this agreement amicably in the first resort. In the event that amicable resolution fails the same will be referred to arbitration at the Kigali International Arbitration Centre





(KIAC) in accordance with statutory provisions of the Rwanda laws applicable thereto and obtaining of an award by the Insured shall be a condition precedent to the liability of the Company under this Policy. Once commenced, the Arbitration proceedings shall be governed by the rules of KIAC.

**x) Applicable law**

This contract shall be construed and governed by the laws and regulations in force in the Republic of Rwanda.

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**NEW SCHEDULE ATTACHING AND FORMING PART OF MEDICAL POLICY  
RUTONGO MINES LTD  
COVER**

Inpatient and outpatient cover including maternity, optical and dental for employees and their dependents Corporate Health Insurance Policy Document.

**COVER PERIOD (Annual)**

**Starting date; 05/01/2026**

**Ending date: 04/01/2027**

**INSURED, RUTONGO MINES LTD  
KIGALI RWANDA**

**INSURED MEMBERS.**

All proposed employees and dependents.

**The benefits highlight include.**

- All inpatient and maternity claims are covered 100% by the insurer.
- All outpatient, dental, optical claims are subject to 10% copay by a member.
- 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.

### Coverage

\* Rwanda wide access to all our providers.

### COVER LIMITS AND PREMIUMS

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	
<b>Overall limit</b>	<b>8,050,000</b>	<b>Annually</b>	
Family size	No. of staff/families	Premium per staff/family	Total Premium
M	34	613,153	20,847,217
M+1	8	940,574	7,524,593
M+2	17	1,116,613	18,982,427
MN	11	1,327,241	14,599,651
M+4	12	1,520,954	18,251,444
M+5	10	1,725,497	17,254,966
M+6	2	1,937,261	3,874,523
M+7	1	2,144,537	2,144,537
M+8	0	2,379,014	-
M+9	0	2,646,434	-
M+10	0	2,953,889	-
<b>Total Premium</b>	<b>95</b>		<b>103,479,356</b>
Mutuelle de Santé (5% of the Total Premium)			5,173,968
Administration fees (10,000 Rwf per Life)			2,870,000
<b>Gross Total</b>			<b>111,523,324</b>





### Additional Benefits.

- Wellness fitness benefit program (GYM) on discount.
- Covid-19 covered inpatient per family Rwf 1,500,000 and outpatient paid full limit of outpatient.
- Health talks to insured members.
- Voluntary general checkup of Rwf 100,000 for staff only (Inclusive spouses when both are Rutongo Mines 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.

### **SCOPE OF COVER**

The scheme provides comprehensive and flexible hospitalization (inpatient) and outpatient cover, which includes the following services.

#### **Inpatient.**

- Standard Private Room up to RWF 70,000 in Rwanda.
- 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.
- Emergency Road and Air Evacuation subject to overall cover limit.
- Funeral Expense Cover
- Day care surgery.
- Hospital accommodation for accompanying parent and/or guardian for hospitalized children below 16 years.

#### **Outpatient.**

- Routine outpatient consultation.
- Diagnostic Laboratory and Radiology services,
- Prescribed physiotherapy maximum 10 visits per illness
- Prescribed drugs and dressings.
- Dental services (Routine dentistry and curative services excluding dentures, braces, crowns and bridges).
- Optical Services.
- Routine Immunizations for children and antenatal mothers.
- Postnatal care up to six weeks post-delivery.
- Ambulance Services
- Chronic conditions both during hospitalization and outpatient visits
- Physiotherapy maximum ten sessions per illness
- HIV/AIDS and related ailments
- Vaccine for hepatitis maximum Rwf 30,000 per patient for full dose.

*mp* *Nj*



### **Dental Cover**

Outpatient dental cover as a stand-alone benefit.

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

- 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 is necessitated by a medical condition and prescribed by our appointed dentist once a year.

Crowns, bridges, orthodontics, braces, toothpaste, dentures and Self-prescribed scaling are excluded from this benefit.

### **Optical Cover**

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

This benefit caters for expenses related to glasses and frames only. Eye treatment and other related investigations are covered under outpatient benefit. The cost of 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 under this policy.

### **Eligibility**

Person(s) between from birth to sixty-four (64) years can join the scheme. Existing members remain in the scheme up to the age of seventy-five (75). Dependents include spouse, own children, legally adopted and foster children aged from birth to 25 years.

We shall allow children to join the cover from birth under the following conditions:

1. The baby must be term, that is, at least 38 weeks at birth and should first be discharged from hospital after birth. Babies who cannot be discharged after birth will continue with care under congenital benefit upon submission of their particulars for registration as a member.
2. Birth Notification shall be sent immediately for the newborn to be added on cover

### **Fraud policy.**

Members found with fraudulent activities shall be reported to the management of **RUTONGO MINES LTD** and their insurance service terminated. Refund premium





shall not be allowed if claims have been made by the member. Fraudulent claims shall be reported to the relevant authorities according to Rwanda laws.

### Waiting periods

All waiting periods are waived.

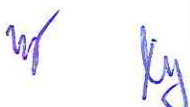
### Email Indemnity Clause

The Insurance is entitled to act upon any instruction sent through a letter or e-mail from the insured contact person and or a staff with power of attorney.

### 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 it's 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 without a prescription will not be reimbursed even if prescribed by a physician
- Pandemics, epidemics, natural disasters and unknown illnesses covering a wide geographical area
- Claims incurred outside the benefit scope
- Claims incurred above the limit.
- Benefits not specified in the policy and or the quotation.
- Refer the policy document for information on exclusions



## 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 a sublimit of 50% of the overall inpatient cover limit per family per annum.

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

We shall allow a sub-limit of **FRW 2,000,000** (cumulative benefit) per family per annum to cater for congenital conditions.

### 3. Caesarian section and maternity.

Maternity benefit is for normal delivery, abnormal pregnancy, and caesarian sections during hospitalization. Antenatal visits are covered outpatient benefit.

### 4. Inpatient Ophthalmologic Cover

A sub-limit of **FRW 2,000,000** 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 **FRW 2,000,000** 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.



**SERVICE LEVEL AGREEMENT**

	Key performance indicator	Turnaround time
1	Acknowledgment queries on email or telephone	Immediate
2	Issue letter of referral	Same day
3	Settle reimbursement claims to member where a bill is paid out of pocket	Seven (7) days
4	Issue policy contract	Before inception of cover
5	Issue endorsement/invoice for additional members	immediately
6	Issue cards to new members & replacements	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 treatments	15 Minutes
12	Payment of premiums	upfront

**IMPORTANT CONTACTS**

	Name of primary contact staff	Alternative if primary staff is away
Claims reimbursement	Email: Dr Bob Maseruka <a href="mailto:rw_MedicalClaims@oldmutual.rw">rw_MedicalClaims@oldmutual.rw</a> +250782096909	Moise Muhoza Email: <a href="mailto:rw_MedicalClaims@oldmutual.rw">rw_MedicalClaims@oldmutual.rw</a> +250 784 546 653
Case Management (pharmacy visit, Doctor Visit/hospital, referral, smart use challenges and general emergencies)	Janet Namara Email: <a href="mailto:rw_casemanagement@oldmutual.rw">rw_casemanagement@oldmutual.rw</a> 0786 093 309	Elisee Nsengiyumva Email: <a href="mailto:rw_casemanagement@oldmutual.rw">rw_casemanagement@oldmutual.rw</a> +250783830986
Underwriting (New member additions, replacements, resigned employees, invoicing, credits, statement of account, utilization reports)	Jean Bosco Ntihemuka Email: <a href="mailto:rw_UnderwritingHealth@oldmutual.rw">rw_UnderwritingHealth@oldmutual.rw</a> 0783501559	Ntwari Jean Paul Email: <a href="mailto:rw_UnderwritingHealth@oldmutual.rw">rw_UnderwritingHealth@oldmutual.rw</a> 0788986815
Management/Contract matters	Delphin Akimana <a href="mailto:DAkimana@oldmutual.rw">DAkimana@oldmutual.rw</a> +250 (0)784856700	





**INVOICES AND STATEMENTS**

Original invoices in the name of the Client and stating the Contract number must be addressed to:

Rutongo Mines Ltd  
 Reagan Muvara, Financial Manager  
[reagan.muvara@trinity-metals.com](mailto:reagan.muvara@trinity-metals.com)

and copied to the Client's Representative:  
[sarah.isimbi@trinity-metals.com](mailto:sarah.isimbi@trinity-metals.com)

**OLD MUTUAL INSURANCE RWANDA PLC**

Delphin Akimana  
 .....

**NAME**

  
  
 .....

**SIGNATURE**

Manager-Health  
 .....

**DESIGNATION**

26/03/2026  
 .....

**DATE**

.....

**NAME**

.....

**SIGNATURE**

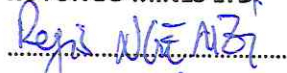
.....

**DESIGNATION**

.....

**DATE**

**RUTONGO MINES LTD,**

  
 .....

**NAME**

  
 .....

**SIGNATURE**

General Manager  
 .....

**DESIGNATION**

Mar 28/ 2026  
 .....

**DATE**

  
 .....

**NAME**

~~.....~~  
 .....

**SIGNATURE**

Group Supply Chain Manager  
 .....

**DESIGNATION**

27/03/2026  
 .....

**DATE**



**ANNEXURE "A"**



**SITE WORKS & SERVICES WORK COMPLETION CERTIFICATE No:** .....  
**MINE NAME:** .....  
**DATE:** .....

PROJECT TITLE		
PO/CONTRACT NO.		
NAME OF CONTRACTOR		
STATUS OF COMPLETION (%)		
AMOUNT PAYABLE [EXCLUDING VAT & WITHHOLDING TAXES]		
VAT		
WITHHOLDING TAX		
FINAL VALUATION DUE (VAT & WITHHOLDING TAX INCLUSIVE)		
Contract Value Excl. Taxes		Contract Balance (PO/Contract Value - Invoices)
Currency: .....	PO/Contract Value: .....	
Invoice No.	Amount:	
Invoice No.	Amount:	
Invoice No.	Amount:	
Invoice No.	Amount:	

**APPROVAL**

DOA	NAME	DESIGNATION	SIGNATURE	DATE
SUPPLIER				
MANDATORY: TRINITY PR HOJ				
MANDATORY: MINE FINANCIAL MANAGER				
CEO as per DOA				
MINE FINANCIAL MANAGER PAYMENT/TELEGRAPHIC TRANSFER	DATE PAID/BANK INSTRUCTED:	DATE TELEGRAPHIC TRANSFER:		AMOUNT:

*ew*