

Adamjee Life



Registered and Supervised by the Securities
and Exchange Commission of Pakistan.

POLICY SCHEDULE

ADAMJEE LIFE - POLICY PROVISIONS

CRITICAL ILLNESS PLAN



Registered and supervised by the Securities and Exchange Commission of Pakistan.

1. DEFINITIONS

Unless the contrary appears from the context, the following words and phrases shall have the meanings assigned to them where they appear in this Policy:

- a) **POLICYHOLDER or YOU or YOUR.** Policyholder or You or Your refers to the person applying for cover on the lives of the Insured Persons. An Insurable Interest has to exist between the Policyholder and the Insured Persons. In addition, if you are not the Main Insured Person you need to have been given permission by the Main Insured Person to take out a policy on the life of the Main Insured Person, Spouse or Children of the Main Insured Person or Spouse.
- b) **PREMIUM PAYER.** The Premium Payer is the person who has agreed to pay the periodic premium to the Company in respect of this Policy. If you are not the premium payer and the premium payer stops paying the premiums, then you must pay the premiums for cover to continue.
- c) **INSURED PERSONS.** The persons on whose lives the cover under this Policy is effected. This Policy may provide cover only in respect of a Main Insured Person and a Spouse of the Main Insured Person where applied for by you in terms of this policy. No Spouse will be covered unless nominated by you and listed in the Policy / benefit schedule. Persons who are not nominated in the Policy / benefit schedule will not be covered in terms of this policy. All nominations will remain in force until you notify the Company in writing of any change.
- d) **MAIN INSURED PERSON.** The person who has been accepted as the Main Insured Person in terms of this Policy.
- e) **SPOUSE.** Spouse means the person to whom the Main Insured Person is married. If a Main Insured Person is joined in marriage with 2 (two) or more persons then only the Spouse whom you have applied for and nominated in the Policy/ benefit schedule as a Spouse will be covered, subject to the terms and conditions of this policy. Once a nomination has been made, it remains in force for as long as the Main Insured Person is married to his or her Spouse or until you notify the Company in writing of any changes. Marriage means a marriage in terms of Pakistani law.
- f) **BENEFICIARY or NOMINATED BENEFICIARY.** Beneficiary or Nominated Beneficiary means the person or persons who has/have been nominated by you to receive the benefit on your death, provided you are the Main Insured Person.
- g) **ACCIDENT.** Means an uncertain future event which is caused solely and directly by violent, accidental, external, physical and visible means independently of any other cause.
- h) **ACCIDENTAL DISABILITY.** Means disability resulting directly or indirectly from an accident.
- i) **ACT OF TERRORISM.** An act
 - whether involving violence or the use of force or not, or
 - the threat or the preparation thereof, of any person or group(s) of persons
 - whether acting alone or on behalf of or in connection with any organisation(s) or government(s) which appears to be intended to intimidate or influence a de jure de facto government or the public or a section of the public, or disrupt any segment of the economy, Or
 - from its nature or context is done in connection with political, social, religious, ideological or similar causes or objectives.
- j) **Critical Illness.** The illnesses described in clause 8.
- k) **PREMIUM.** The basic premium payable in accordance with the Policy Provisions.
- l) **BENEFIT.** The amount of benefit payable as stated in this Policy..
- m) **INCEPTION DATE.** The Inception Date, as set out in your Policy / benefit schedule, is the date from which the nominated Insured Persons are covered in terms of this policy.
- n) **HAZARDOUS or PROFESSIONAL SPORTS / ACTIVITIES.** Including but not limited to participation in the following sports on an income-earning basis or participating in the following sports more than once a month:
 - aviation sports, paragliding, underwater diving necessitating the use of an artificial breathing apparatus, hang-gliding, hunting, spear-fishing, rock-climbing or mountaineering necessitating the use of ropes and guides, motor boat racing, motor racing, motor-cycle racing, sky diving/parachuting, target shooting, parasailing, go-carting, drag-racing, rally driving, bungee jumping, winter sports involving snow or ice, or racing other than on foot.
- o) **PREMIUM DUE DATE.** The date as stated in the Policy Schedule.
- p) **WAITING PERIOD.** The period from the Inception Date of the policy when no claim will be considered as a valid claim.

2. BASIS OF CONTRACT

This policy wording as amended from time to time, various administrative forms, application forms, Policy Schedule, declarations, authorisations, any voice-logged conversations pertaining to this Policy and agreements supplied by the Company shall form the basis of this insurance contract.

3. STATUTORY FUND

For the purposes of section 16 of the Insurance Ordinance 2000, this policy and any Riders attached to it shall be referable to the Accident and Health Business Statutory Fund of the Company. The Company may by endorsement to the Policy change the Statutory Fund(s) to which the Policy and any Riders are referable.

4. SCOPE OF COVER

Other than residence in or trips to the countries where there is war or war-like activities, where cover is not provided under this policy, this Policy is not subject to any limitation as to residence, occupation in any place or country or travel or place of death, disability or illness of an Insured Person.

5. FREE LOOK PERIOD

Where no claim has been instituted in terms of this Policy or where no right has accrued to you to institute a claim or receive any benefit in terms of the Policy, you may, within 14 (fourteen) days after the policy documentation has been sent by the Company, cancel the Policy by informing the Company of the cancellation and notifying the Company in writing of the cancellation of the policy.

All premiums paid during this 14 (fourteen) day review period shall be refunded by the Company, subject to the deduction of the cost of any medical examination incurred by the Company in connection with underwriting and issuing of the Policy.

6. NO PREMIUM NO COVER

This Policy shall not be effective until the first Premium due, as shown in the Policy Schedule, has been received in full and after the application has been approved and the Policy document issued by the Company.

7. CRITICAL ILLNESS BENEFIT

In the event of the Insured Person or any of the Insured Persons being diagnosed as having suffered from one or more of the Critical Illnesses listed in Clause 8 for the first time after the Inception Date and having survived for 30 days after such diagnosis, the Company will pay the Sum Assured as mentioned in the Policy Schedule. No amount will be paid in respect of a Critical Illness diagnosed within a period of 90 days of the Inception Date or, in case the Policy has been reinstated, within 90 days of reinstatement.

Provided that the Company shall not be obliged to make any payment in respect of any condition or event arising directly or indirectly from or traceable to:

- intentionally self-inflicted injury or illness, suicide or suicide attempt, within 2 (two) years of the Inception Date or the date of reinstatement if the Policy is subsequently reinstated or
- any physical defect, condition, illness, bodily injury or infirmity of which the Life Insured was aware and which had its origin prior to the issue of this policy, or
- participation in speed tests or races in a mechanically propelled motor vehicle, or the Life Insured refusing medical treatment as recommended by his own medical practitioner, or by the Company's chief medical officer if he has no medical practitioner of his own, or
- the Life Insured being affected (temporarily or otherwise) by alcohol or drugs other than as prescribed by a medical practitioner, or
- the Life Insured committing any criminal offence, or the Life Insured being affected (temporarily or otherwise) by alcohol or drugs other than as prescribed by a medical practitioner, or
- the Life Insured committing any criminal offence, or war or armed international

Once the Sum Assured has been paid out under this clause the Policy will terminate.

8. CRITICAL ILLNESSES COVERED

The following Critical Illnesses shall be covered under this Policy:

CANCER

The diagnosis of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion of normal tissue. The diagnosis of cancer must be verified by provision of the histopathological report.

Cancer includes: leukaemia1, malignant lymphoma including cutaneous lymphoma, Hodgkin's disease, malignant bone marrow disorders, and sarcoma.

The following are excluded:

- "Carcinoma in situ" or "cancer in situ", dysplasia, and all pre-malignant conditions.
- Prostate cancer unless having progressed to at least TNM classification T2N0M0
- Any primary skin cancer other than malignant melanoma that has invaded beyond the epidermis (outer layer of skin)
- Papillary cancer of the thyroid gland that is organ confined
- All tumours and cancers in the presence of HIV infection.

HEART ATTACK (Myocardial infarction)

Final diagnosis of acute myocardial infarction: death of heart muscle caused by obstruction of the blood supply. This must be confirmed by the typical rise and/or fall of a cardiac biomarker blood test (Troponin I, Troponin T or CK-MB) with at least one level above the 99th percentile of the upper reference limit plus one of the following:

- Acute cardiac symptoms and signs consistent with a heart attack
- New serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block.

Other acute coronary syndromes including but not limited to angina pectoris are excluded.

STROKE

Death of brain tissue due to inadequate blood supply or haemorrhage resulting in all of the following:

- Onset of new neurological symptoms consistent with a stroke
- New objective neurological deficits on clinical examination persisting continuously for at least sixty (60) days following the diagnosis of the stroke
- New findings on CT scan or MRI, if done, consistent with the clinical diagnosis

For the above definition, the following are not covered:

- Transient ischaemic attack (TIA)
- Traumatic injury to brain tissue or blood vessels
- Secondary haemorrhage into a pre-existing cerebral lesion
- An abnormality seen on brain or other scans without clearly related clinical symptoms and neurological signs.

CORONARY ARTERY BYPASS SURGERY

The undergoing of open heart surgery to correct the narrowing of, or blockage to, one or more coronary arteries by means of a by-pass graft.

Percutaneous coronary interventions such as angioplasty and all other intra arterial, catheter based techniques or laser procedures are excluded.

KIDNEY FAILURE

End stage chronic kidney disease (kidney failure) for which regular dialysis is necessary.

MAJOR ORGAN TRANSPLANT

The actual undergoing of a transplant as a recipient of one of the following complete human organs: heart, lung, liver, kidney, or pancreas. The following is not covered: Transplant of any other organs, parts of organs, tissues or cells

MULTIPLE SCLEROSIS

Multiple Sclerosis (MS) is an inflammatory and demyelinating disease of the brain and/or spinal cord which causes neurological symptoms and signs. The diagnosis of MS must be confirmed by a consultant neurologist according to the International Panel Criteria (Revised McDonald Criteria 2005). Possible MS and isolated neurological syndromes suggestive but not diagnostic of MS are Excluded

DEMENTIA INCLUDING ALZHEIMER'S DISEASE/IRREVERSIBLE ORGANIC DEGENERATIVE BRAIN DISORDERS

Deterioration or loss of intellectual capacity, due to irreversible global failure of brain functioning, as confirmed by clinical evidence and standardised tests and questionnaires for Alzheimer's Disease and Dementia. The disease must result in significant cognitive impairment and the diagnosis must be confirmed by a consultant neurologist. Dementia relating to alcohol, drug abuse or AIDS are excluded.

AORTA SURGERY

Major surgery of the thoracic or abdominal aorta for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurisms or aortic dissections but minimally invasive stent grafting is excluded. Surgery on the branches of the aorta is not covered.

BENIGN BRAIN TUMOUR

Life threatening, non-cancerous tumour in the brain as confirmed by a neurologist or neurosurgeon. This includes intracranial tumours causing damage to the brain. Tumours must be deemed to require neurosurgical excision; or if inoperable cause permanent neurological deficit.

BLINDNESS

Total irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be certified by an ophthalmologist's report. The blindness must not be able to be corrected by medical procedure.

BRAIN SURGERY

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist.

COMA

A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously with the use of life support systems, for a period of at least ninety-six (96) hours. Permanent neurological deficit, as certified by a consultant neurologist, must be present. Coma resulting directly from alcohol or drug abuse is excluded.

DEAFNESS

Total, irreversible loss of hearing for all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate (Ear, Nose and throat) specialist and to include audiotometric and sound-threshold test. The deafness must not be able to be corrected by medical procedure.

HEART VALVE SURGERY

The first occurrence of open or endoscopic heart valve surgery, performed to replace or repair one or more heart valves, as a consequence of defects that cannot be repaired by intra arterial catheter procedures alone. The surgery must be performed after a recommendation by a consultant cardiologist.

LOSS OF LIMBS

The total and irrecoverable loss of the use of two or more limbs due to injury. This includes the loss of use of both hands or both feet or the use of one hand and one foot.

LOSS OF SPEECH

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of twelve (12) months. Medical evidence is to be supplied by an appropriate (Ear, Nose and Throat) specialist and to confirm injury or disease to the vocal chords. All psychiatric related causes are excluded. The condition must not be able to be corrected by medical procedure.

MAJOR BURNS

3rd degree burns covering at least 20% of the body surface.

MOTOR NEURONE DISEASE

Unequivocal diagnosis of Motor Neurone Disease by a consulting neurologist supported by definitive evidence of appropriate and relevant neurological signs.

PARAPLEGIA/PARALYSIS

The total loss of function of two or more limbs due to injury or disease of the spinal cord or brain, where such functional loss is considered to be permanent by a neurologist. Loss of function of limbs classified as Diplegia, Hemiplegia, Tetraplegia and Quadriplegia are included.

PARKINSON'S DISEASE

Unequivocal diagnosis of Parkinson's Disease by a consulting neurologist, based on definitive signs of progressive and permanent neurological impairment, where the life assured has permanent inability to perform at least three (3) out of six (6) Activities of Daily Living (ADL's), in spite of being on optimal medication. Drug induced or toxic causes of Parkinson's Disease are excluded.

9. PERMANENT AND TOTAL DISABILITY BENEFIT

In the event of the Insured Person or any of the Insured Persons becoming totally and permanently disabled, the Company will pay the Sum Assured as mentioned in the Policy Schedule, provided that:

- The onset of the disability occurs prior to the Insured Person's sixtieth birthday.
- That the Total and Permanent Disability has continued uninterrupted for a period of at least 6 months.

For the purposes hereof permanent disability shall mean such medically certified total and irreversible disability, as a result of sickness or injury and which cannot be cured or treated and which prevents the Life Insured from being employed or engaged in any work or any occupation whatsoever for remuneration or profit. The Life Insured shall be deemed to have suffered permanent disablement upon the permanent loss of use of both hands, both feet or both eyes.

Provided further that the Company shall not be obliged to make any payment in respect of any condition or event arising directly or indirectly from or traceable to:

- intentionally self-inflicted injury or illness, suicide or suicide attempt, within 2 (two) years of the Inception Date or the date of reinstatement if the Policy is subsequently reinstated or
- any physical defect, condition, illness, bodily injury or infirmity of which the Life Insured was aware and which had its origin prior to the issue of this policy, or
- participation in speed tests or races in a mechanically propelled motor vehicle, or
- the Life Insured refusing medical treatment as recommended by his own medical practitioner, or by the Company's chief medical officer if he has no medical practitioner of his own, or
- the Life Insured being affected (temporarily or otherwise) by alcohol or drugs other than as prescribed by a medical practitioner, or
- the Life Insured committing any criminal offence, or the Life Insured being affected (temporarily or otherwise) by alcohol or drugs other than as prescribed by a medical practitioner, or
- the Life Insured committing any criminal offence, or war or armed international conflict (whether war be declared or not), terrorist or insurgency activities, rebellion, civil commotion, sedition, sabotage or any activity associated with the foregoing or the defence, quelling, investigation or containment thereof by any security force.

Once the Sum Assured has been paid out under this clause the Policy will terminate.

10. CLAIMS

You, your Nominated Beneficiary or appointed Executor shall, at their own expense submit the claim to the Company.

All claims shall be subject to such discharge, evidence of claim, title of the claimant and proof of age of the Insured Person(s) as the Company may require.

All certificates, information and evidence required by the Company shall be furnished in the form prescribed and without expense to the Company.

11. LIMITATION OF COMPANY'S LIABILITY

Written notice of claim must be presented to and received by the Company within 90 days of the event on which the benefit is payable having occurred.

The Company will not be liable to make any payment unless the premium due in terms of this policy has been received, and the applicable documentation, data or medical evidence and satisfactory proof of a claim, as required by the Company has been provided to the Company at your, or if applicable the Nominated Beneficiary's or the appointed Executor's expense.

The maximum amount payable under this Policy is the Sum Assured as stated in the Policy Schedule.

Payment by the Company of the benefits provided in the event of a valid claim in terms of this policy will be a full and effective discharge by the Company of its liability and obligations in terms of the policy.

Any receipt or discharge which you or your personal representatives or Beneficiary may give to the Company for any benefit paid under this policy shall be deemed as final and complete discharge of all liability of the Company in respect of the benefit payable under this Policy.

The Company shall have no liability whatsoever under this policy where any claim arises from, or is the result of any intentional contravention of any criminal law, whether legislative or at common-law (including fraud), by you or an Insured Person, or by anyone acting on your or an Insured Person's behalf or with your or an Insured Person's consent, or by any person claiming any benefit under this policy. All benefits afforded in terms of this policy in respect of such claim, and premiums paid in respect of such policy shall be forfeited, and this policy may be voided or cancelled as from the date of the criminal offence, at the Company's discretion.

12. COMPENSATION ON LATE SETTLEMENT OF CLAIMS

After having complied with all requirements, including the filing of necessary documents for the payment of a claim, you or the Beneficiaries, as the case maybe, shall be entitled to receive compensation in the event the Company delays making payment of any amount due under this Policy within ninety days of the later of the due date of the claim or the date on which you or the Beneficiaries comply with all the requirements for payment of the claim. The Company shall however not be liable to make payment of any compensation if it can prove that such delay was due to circumstances beyond its control.

The compensation shall be payable for the period during which the delay continues and shall be calculated at monthly rests at a rate of five percent higher than the prevailing base rate (as defined under the provisions of the Insurance Ordinance 2000).

13. PREMIUMS

Premiums are payable as set out in the Policy Schedule. The Company will allow a grace period of thirty days from the due date of any premium (except the first premium on inception of the policy), during which time the Policy shall remain in force. On the occurrence of an event on which a benefit is payable during the grace period the Company will pay the benefit as per clause 7 or 9 but will deduct all unpaid premiums from such payment.

If any due premium is not paid within the grace period then the Policy shall lapse and be forfeited without any amount being payable.

Any premiums paid after a Policy has lapsed shall be returned to you unless the Company agrees in writing to reinstate the Policy.

14. REINSTATEMENT

If the Policy has lapsed the Company may reinstate it subject to such terms and conditions and such charges as the Company may require.

15. CASH VALUE

This Policy has no Cash Value.

16. BENEFICIARIES

You may nominate a person, or more than one person as the Beneficiary(ies) in terms of this Policy. The Beneficiary will receive the Sum Assured in case you are the Main Insured Person.

If more than one person is nominated as a Beneficiary than the nomination will not be valid unless the proportion payable to each beneficiary is stated. Once a Beneficiary nomination has been made, it remains in force until you inform the Company in writing of any change. If no beneficiary has been nominated, the benefit will be payable to your estate.

17. ASSIGNMENT

No assignment of interest under this policy shall be binding upon the company.

18. INCONTESTABILITY, MISSTATEMENT, MIS-DESCRIPTION AND NON-DISCLOSURE

Once this Policy has been in full force and effect for two years, it will not be called in question by the Company for any reason except wilful misstatement, mis-description and nondisclosure of material facts and fraud.

Misrepresentation, mis-description or non-disclosure of any material fact or circumstances in connection with this policy, a claim or the application for this policy may result in this policy being cancelled, a claim rejected or the policy being voided from inception.

In the event that a benefit has been paid as a result of any misrepresentation, non-disclosure, mis-description or fraudulent action by an Insured Person or by any person claiming any benefit under this policy, such person will be required to repay or return the benefit paid. The Company shall be entitled to take legal action to recover the benefit and any costs involved.

19. MISSTATEMENT OF SEX OR AGE

If the Insured Person's sex or age has been misstated, the benefits under this Policy may change. The amount payable will be as much as would have been purchased at the Insured Person's correct age and sex by the premium actually being paid.

20. CHANGE OF LAW

Should there be any changes in the law of taxation or in the event of any levy on the Company in respect of the Policy being imposed by or paid under statute or statutory authority, the Company may vary the benefits and conditions (or either of them) in such manner as the Company deems appropriate. Notice in writing of any such variation shall be sent to you at your address recorded by the Company.

21. CLERICAL ERROR

A clerical error by the Company shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

22. LAW

This Policy is governed by the law of the Islamic Republic of Pakistan.

23. NOTICES

The Company will issue Notices in accordance with the provisions of the Insurance Ordinance 2000.

24. JURISDICTION

All claims under the Policy shall be processed, settled and paid in Karachi and the entire cause of action shall be deemed to arise in Karachi. All proceedings in respect of any such claim shall be instituted in a competent Court in the city of Karachi.

25. NON-PARTICIPATION

The policy shall not participate in the surplus arising in the life fund of the Company.



Chief Executive Officer

STAMPS



STAMPS





www.adamjeelife.com