

**Jubilee General Insurance Company Limited**

Window Takaful Operations

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This document may be called Participant's Membership Document (herein after referred to interchangeably as "scheme" or "policy") as defined in the Takaful Rules, 2012.

**PREAMBLE**

This is to acknowledge that the applicant (hereinafter called the 'Participant') as more fully described in the schedule here to:

1. Is accepted as a member of the Participants' Takaful Fund (hereinafter called the 'Fund') operated by Jubilee General Insurance Company Limited - Window Takaful Operations (hereinafter called the 'Operator').
2. Being a member of the Fund, he/she is acknowledged as a beneficiary under the attached Indemnity PMD of the Fund, and of the benefits declared by the Fund from time to time under this PMD in accordance with the Waqf Deed and Waqf Rules governing the Fund.
3. Subject to the participant continuing as a member of the Fund and complying with his/her undertaking under his/her declaration made in the proposal form, he/she is indemnified by the Fund as one of its beneficiaries against the perils/events described, in the manner and to extent as stated hereunder:

**CONDITIONS PRECEDENT**

1. No payment in respect of any Contribution shall be deemed to be payment to the Participant Takaful Fund (PTF) unless a printed form of receipt for the same, signed by an authorized official of the Operator on behalf of the Fund, shall have been given to the Participant.
2. Notwithstanding anything above, cover under this PMD shall not commence until the Contribution, as stated in the schedule hereof, has been paid or guaranteed to be paid in the manner as stated in the schedule or as expressly agreed and stated therein.
3. The proposal, declaration(s), and any statement(s) made by the Operator on behalf of the Participant Takaful Fund and Participant in connection with this PMD shall be the basis of this Takaful Agreement, which provides the receipt and realization by the Operator on behalf of the Participant Takaful Fund (PTF) of the Contribution mentioned in the Schedule of Benefits.

The Participant Takaful Fund (PTF) will pay to the Participant, Nominee(s), successor(s) or assignee(s) of the PMD Owner(s), the specified Benefit covered on the happening of the event described in the Schedule of Benefits as the Event covered Against.

The liability of the Participant Takaful Fund (PTF) is at all times subject to the Participant Benefit Schedule, Standard PMD Conditions and any special conditions or endorsements issued by the Operator on behalf of the Participant Takaful Fund and attached to this PMD, all of which are part of the agreement evidenced by this PMD.

(\*) Jubilee General Insurance Company - Window Takaful Operations is registered and supervised by the Securities and Exchange Commission of Pakistan

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## COVERAGE BENEFIT TABLE

Benefits	Description	Plan-A	Plan-B
Health Comprehensive Cover	Annual Hospitalization Limit (Per Annum/Per Person)	PKR 400,000	PKR 600,000
Room and Board		SEMI-PRIVATE	PRIVATE
Pre-& Post Hospitalization	30 Days Covering Consultation, Medicines and lab tests preceding admission to the hospital and after discharge from hospital	Covered	Covered
Day Care Procedures & Specialized Investigation	Dialysis, Cataract Surgery, MRI, CT scan, Endoscopy, Thallium Scan, Angiography, and Treatment of Fracture etc.	Covered	Covered
Emergency Expenses	Accidental Outpatient Expense, Local Ambulance Expenses & Accidental Dental Expense	Covered (within 48 hours of the incident)	Covered (within 48 hours of the incident)
Pre Existing Conditions Limits	1st year: 0%, 2nd year: 30%, 3rd Year: 60%, 4th Year: 80%		
8 Critical Female Related Illnesses  (Pre Existing conditions not covered)	<ul style="list-style-type: none"> <li>Breast Cancer</li> <li>Cervical Cancer</li> <li>Burns</li> <li>Paralysis or multi-trauma</li> <li>Fallopian Tube Cancer</li> <li>Uterine or Endometrial Cancer</li> <li>Vaginal Cancer</li> <li>Ovarian Cancer</li> </ul>	PKR 500,000	PKR 1,000,000
Congenital Disease of a Newborn		PKR 250,000	PKR 500,000
Maternity Cover	For all the female account holders only	Normal Delivery PKR 150,000 C-Section PKR 250,000	Normal Delivery PKR 250,000 C-Section PKR 300,000
Tele Health	Sehat Kahani	Covered	Covered

### SECTION I: DEFINITIONS

For the purpose of this PMD the following words shall have the meaning as under, wherever they appear in the PMD document:

**‘Actively at Work’** means that a Participant will be considered to be Actively at work on any day if he is then performing or is capable of performing in the customary manner all of the regular duties of his employment on the last scheduled working day. A person will be considered to have satisfied the Actively at work provisions on any day if he is then able to perform all the normal activities of a typical person of

the same age and sex and is confined neither at home nor in a hospital or any other medical facility.

**‘Critical Illness’** means the diagnosis of specified life-threatening illnesses such as cancer, heart attack, stroke, kidney failure, or organ transplant.

**“Critical Illness Benefit”** means the lumpsum amount specified in the Schedule, which is the maximum amount for which the Company may be liable to make payment for any Critical Illness.

**‘Congenital Disability’** means a medical condition or

physical abnormality present at birth, which may be genetic or caused by environmental factors.

**“Consultant”** means a qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, and acting within the scope of his license, expert in the field of medicine for which he carries the status of a consultant, and who is not related to the Insured by blood or marriage.

**‘Disability’** means a Sickness or Injury necessitating medical treatment by a licensed physician.

**Eligible Expenses** means expenses incurred on treatment by a covered person that are payable by the Participant Takaful Fund and which are:

1. Reasonable and Customary
2. Medically Necessary
3. Within PMD coverage and limits; and
4. Not excluded under any of the terms and conditions of this PMD.

**‘Emergency’** means a sudden illness or injury which raises a professional concern that there may be a significant medical problem jeopardizing the Participants’ life and which necessitates Treatment which must not be delayed, and which requires confinement to the emergency facility of a hospital.

**‘Health Card’** means the identification card issued to the Participant.

**‘Hospital’** means an institution that:

1. is properly licensed to provide medical care in accordance with the laws of Pakistan.
2. is primarily engaged in providing diagnostic, medical and surgical facilities.
3. has 24 hours-a-day nursing service by registered graduate nurses under the permanent supervision of the Physician in charge.
4. maintains in-patient facilities; and
5. maintains a daily medical record for each of its patients, which is accessible to the Operator.”

**‘Hospital Confinement** means that a covered person is registered as a bed-patient in a hospital and incurs a daily room charge.

**‘Injury’** means any bodily injury caused in an accident by violent, external and visible means, and which shall have occurred solely by and independently of any other cause.

**‘Maternity Benefit’** means the coverage provided for expenses related to pregnancy, childbirth, and postnatal care, including hospitalization, doctor consultations, and delivery charges (normal or C-section).

**‘Maximum Eligibility Age’** means the maximum age to which a Participant can be covered as under:

For an Adult Entry Age: 18 – 59 years – with coverage age 60 years.

Renewal Age: 60-64 years- with coverage age 65 years

**‘Medically Necessary** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

1. is required for the medical management of the illness

or injury suffered by the Participant.

2. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; and not just for the convenience of the Participant must have been prescribed by a medical practitioner,
3. must conform to the professional standards widely accepted in international medical practice or by the medical community in Pakistan

**“Nominee”** means the person(s) who stands designated by the covered person to receive the benefit under the PMD on the death of the insured.

**‘Non-Panel Hospital’** means any hospital, day care center or other provider that is not part of the network.

**‘Outpatient’** means treatment is one in which the Participant visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Participant is not admitted as a day care or in-patient.

**‘Operator’** means Jubilee General Insurance Company Ltd. - Window Takaful Operations

**‘Panel Hospital’** means a hospital approved and identified by the Operator to provide Treatment to covered Persons, and which is included in the List of Panel Hospitals attached to this PMD. The list may be amended from time to time by mutual agreement between the Participant and the Operator on behalf of the PTF.

**‘Participant’** means a person so named in the Schedule of Benefits.

**‘Physician’** means an individual who is legally licensed in Pakistan, under a degree recognized by the Government of Pakistan, and who:

1. is someone other than the Covered Person.
2. is not related by blood or marriage to the Covered Person.
3. is qualified to treat the Disability for which the claim is being made.

**‘PMD’** means this agreement, its schedule (and any endorsements attached to or forming part thereof) and the PMD document. Claims procedures, along with the application and any claim form.

**‘PMD Effective Date’** means the date and time from which this PMD takes effect, and as shown on the Schedule of Benefits

**‘PMD Expiry Date’** means the date and time when cover ceases.

**‘PMD Year’** means a twelve-month period starting from the PMD Effective Date, or a

**‘Pre-existing Conditions’** means any illness or injury or related condition for which treatment, or medication, or advice, or diagnosis was sought or received prior to the commencement of this PMD for the Participant concerned OR which was known or reasonably should have been known to exist prior to the commencement of this PMD for

the Participant or in respect of which the need for treatment was foreseeable at inception of this PMD whether or not treatment or medication or advice or diagnosis had been sought or received.

**‘Reasonable and Customary Charges’** means charges for Medically Necessary Treatment of a standard customarily provided for the medical condition concerned. Such charges should not exceed the general level of charges being made by other Hospitals or Physicians when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or injury. Regardless of whether medical treatment is obtained within or outside Pakistan Reasonable and Customary charges shall mean, what is Reasonable and Customary in the area of residence within Pakistan where the Participant normally lives.

**‘Renewal Date’** means any subsequent anniversary of the PMD Effective Date.

**“Schedule”** means the Schedule, and any annexure to it, attached to and forming part of this PMD.

**‘Sickness’** means a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the PMD Period and requires medical Treatment.

**‘Surgical Operation’** means only the following:

1. A cutting operation
2. Suturing a wound
3. Treatment of a fracture
4. Reduction of a dislocation
5. Radiotherapy (excluding radioactive isotope therapy) if used in lieu of a cutting operation for the removal of tumors
6. Electrocauterization
7. Therapeutic endoscopic procedures.

**‘Treatment’** means a surgical procedure or medical intervention to cure a Disability. The masculine pronoun shall be construed, as the feminine and the singular as plural if the context requires.

## **SECTION II- BENEFITS -TERMS, PROVISIONS & EXCLUSIONS**

### **HOSPITAL CARE BENEFIT**

Subject to the expense limits under Hospitalization Expense Benefits as stated in the Schedule of Benefits, and other terms and conditions of the PMD, the Participant Takaful Fund shall pay for Reasonable and Customary charges for all Medically Necessary Treatment, provided on the advice of a Physician to the Covered during Hospital Confinement OR if the Participant undergoes a Surgical Operation without being registered as a bed patient. The following benefits are payable:

**1.Daily Room Benefits:** The room charges per day, as per the sub limit specified in the Schedule of Benefits.

**2.Intensive Care Unit Charges:** The charges per day for ICU or another unit for similar purposes, as per the sub limit

specified in the Schedule of Benefits.

**3.Hospital Miscellaneous Expenses:** Expenses, which are made for the following:

1. Prescribed medical supplies and services (except room charges and charges arising from special nursing services),
2. Physicians’ and surgeons’ visits,
3. Laboratory tests and X-ray examinations,
4. Operation theatre charges,
5. Anesthesia and administration thereof,
6. Blood transfusions, including the cost of blood, provided, however, that if the Participant is confined as a registered bed-patient, benefits shall be paid here under only for charges incurred during the period for which benefits are payable under (1) above,
7. Physiotherapy,
8. Ventilator and allied services.

**4.Surgical Expenses:** Fee for any Surgical Operation, performed by a licensed Physician/ Surgeon.

**5.Day Care Surgery Expenses:** Charges incurred for surgical operations on a pre-planned basis without an overnight stay in a hospital.

**6.Pre and Post Hospitalization Expenses:** Reasonable and Customary charges for all Medically Necessary Out-Patient Treatment, which are directly related to the cause of hospitalization, provided on the advice of a Physician to the Participant, occurring while the Participant is covered under the PMD. The benefit is restricted to the number of days before and after the hospitalization and the sub limit for such expenses, as specified in the Schedule of Benefits. The following benefits are payable:

1. Physician’s fee.
2. Cost of prescribed medicines.
3. Cost of Laboratory Tests.
4. Dressing Charges, stitch removal.

Expenses for any Pre / Post hospitalization Outpatient Treatment related to pregnancy are excluded from the scope of this benefit

**7.Ambulance Service Expenses:** Expenses incurred for the use of a road ambulance for the transportation of the Participant to or between Hospitals within the same city in the course of an Emergency.

**8.Specialized Investigations Outpatient Expenses:** Subject to prior approval, expenses for the following, to facilitate a Treatment and only on the advice of a Physician:

1. MRI
2. CT scan
3. Endoscopy
4. Thallium Scan
5. Angiography
6. Gastroscopy
7. Colonoscopy
8. Echo/ETT/EEG/EMG
9. Mammography
10. Biopsy
11. Carotid Doppler

12. Polysomnography / Sleep Apnea
13. Nerve Conduction
14. Eylea Injections

**9. Maternity Benefit:** Subject to expense limits under Maternity Expense Benefits as stated in the Schedule of Benefits, and other terms and conditions of the PMD, the Company shall pay for Reasonable and Customary charges for all Medically Necessary Treatment, provided on the advice of a Physician to the Participant, due to pregnancy, occurring while the participant is covered under the PMD.

The following benefits are payable:

**1. Daily Room Benefits:** The room charges per day, as specified in the Schedule.

**2. Hospital Miscellaneous Expenses:** Expenses, which are made for the following:

1. Baby nursing care, while the mother is confined to the Hospital.
2. Prescribed medical supplies and services (except room charges and charges arising from special nursing services),
3. Physicians' /Surgeons' charges for delivery/ surgery, if required,
4. Licensed midwife's charges,
5. Laboratory tests and X-ray examinations,
6. Operation theatre charges,
7. Anesthesia and administration thereof,
8. Blood transfusions, including the cost of blood, provided, however, that if the Insured is confined as a registered bed-patient, benefits shall be paid here under only for charges incurred during the period for which benefits are payable under (1) above,
9. Intensive care unit charges.

Only those maternity expenses are covered which are incurred during the period beginning from the Effective Date of Takaful of the covered person and ending on the date of termination of the covered person's coverage, irrespective of the date of inception of the pregnancy or of the date of delivery. With 10 months of waiting duration is applied on fresh enrollment.

## CRITICAL ILLNESS COVERAGE

Critical Illness Plan for women provides for 8 types of critical illnesses:

**1. Breast Cancer:** The diagnosis by a consultant oncologist of the presence of malignant tumor of breasts characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by consultant pathologist.

**Specific Exclusions:**

1. Tumors, which are histologically described as premalignant and Ductal /Lobular carcinoma in situ of the breast exceeding 25 % of the limit of Sum Assured.
2. Breast Lumps e.g. fibro adenoma, fibrocystic diseases of the breast etc.
3. All hyperkeratosis or basal cells carcinomas, melanomas, squamous cell carcinoma, Kaposi's

sarcoma and other tumors associated with HIV infections or AIDS of the skin.

**2. Burns:** Burns involving 40% or more of the body surface area (as calculated on rule of 9 for each area of body affected) OR second- or third-degree burns caused by accidental thermal, electric, chemical burn injury.

Specific exclusions: Radiation induced burns are specifically excluded.

**3. Paralysis or multi-trauma:** The diagnosis and certification by a consultant neurologist of the Insured's complete and permanent loss of use of both arms or both legs or one arm and one leg, through paralysis of grade 0-2 of 6 motor power caused by disease or accidents, persisting for more than six months from the date of diagnosis.

**4. Fallopian Tube Cancer:** The clinical diagnosis by a consultant oncologist of the presence of malignant tumor or lesion of the Fallopian Tubes characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist Specific

Exclusions: Carcinoma in situ (exceeding 25 % of the limit of Sum Assured), dysplasia, inflammatory masses, Hydatidiform mole, trophoblastic tumors.

**5. Cervical Cancer or Uterine or Endometrial Cancer:** The clinical diagnosis by a consultant oncologist of the presence of malignant tumor or lesion of the uterine cervix/ uterine endometrium characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue at the respective site microscopically confirmed by the Consultant pathologist.

**Specific Exclusions:**

1. Tumors showing the malignant changes of carcinoma in situ (exceeding 25 % of the limit of Sum Assured (including cervical dysplasia CIN-1, CIN-2, and CIN-3).
2. Squamous Intraepithelial Lesion (SIL)
3. Fibroid, endometriosis, cystic lesions, Hyperplasia of any type presenting as tumors.
4. Hydatidiform mole, trophoblastic tumors

**6. Vaginal Cancer:** The clinical diagnosis by a consultant oncologist of the presence of malignant tumor or lesion of the vagina characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist

Specific Exclusions: Vulvar cancers/tumors Vaginal /Vulvar granulomatous diseases

**7. Ovarian Cancer:** The clinical diagnosis by a consultant oncologist of the presence of malignant tumor or lesion of the ovary, characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist.

### Specific Exclusions:

1. Non-cancerous (benign) ovarian masses including abscesses or infections, fibroids, cysts, polycystic ovaries, endometriosis-related masses.
2. Hydatidiform mole, trophoblastic tumors.

### 8. Congenital Disability of a newborn:

Bearing a child is the most important milestone in a woman's life and if the child has any congenital disability, the mother suffers the most. The plan lists some common congenital disabilities that a new-born baby might suffer. If the baby suffers from any of the prescribed disabilities, the plan pays 50% of the Sum Covered to the mother. The disabilities covered include:

**a. Down's Syndrome:** Diagnosis confirmed by chromosomal analysis showing trisomy 21 pattern (an extra chromosome), translocation (a breaking off of one chromosome and attaching to another), or mosaicism (some cells have 46 chromosomes and some have 47); resulting in genetic, physical, mental defects.

**b. Congenital Cyanotic Heart Disease:** Congenital heart diseases characterized by presence of cyanosis at birth due to any one or more of the following cardiac lesions.

1. Tetralogy of Fallot
2. Transposition of great vessels
3. Total Anomalous pulmonary venous drainage
4. Truncus Arteriosus,
5. Tricuspid Atresia,
6. Hypoplastic Left Heart Syndrome

**c. Trachea-esophageal Fistula:** Fistula detected at birth due to developmental defects of either trachea and or esophagus, excluding any other cause for such a fistula.

**d. Cleft Palate with or without cleft lip:** The cleft in the soft or hard palate, partial or complete, unilateral or bilateral, which is due to developmental defect present at birth either as a single defect or with additional defect of cleft lip.

**Special Exclusions:** Cleft lips alone is specifically excluded.

**e. Spina Bifida:** Presence of developmental vertebral column defect resulting in incomplete closure of spinal column with meningocele / myelomeningocele.

**Specific Exclusions:** Spina bifida occulta is specifically excluded.

**Special condition:** For a claim to be admissible under this section the member should also have conceived during the PMD period.

This benefit is available for the first two children and only if the children are born before the woman attains 40 years of age.

### EXCLUSIONS

The exclusions in this section are in addition to any other exclusion that may be contained in a specific benefit section.

This PMD does not cover, and no benefits shall be paid for expenses resulting from:

1. Benefits will not be available for Any Pre-existing condition beyond the extent mentioned in the schedule of benefits.
2. Any Treatment incurred within 15 days of the commencement of the PMD Period except those incurred as a result of Accidental Bodily Injury. This does not apply to any subsequent and continuous renewal of the PMD.
3. Any Treatment not recommended by a legally licensed Physician or which is not medically necessary.
4. 4. Mental illnesses, psychiatric disorders and any sickness or condition arising from, and including drug abuse, alcoholism or a Participant's criminal act.
5. Routine physical check-ups, rest cures, services including immunization.
6. Supply or fitting of eyeglasses, contact lenses, hearing aids, wheelchairs and medical appliances not required surgically.
7. Any In-Patient dental Treatment, X-rays, extractions or fillings unless necessitated due to accidental injury occurring while the Participant was covered.
8. Cost of limbs and other organs (prostheses).
9. Treatment of any refractive errors of the eyes including cost of procedures such as 'Radial Keratotomy' and 'Excimer Laser'.
10. Weight reduction/enhancement programs.
11. Any cosmetic Treatment or plastic surgery, unless necessitated due to accidental injuries occurring while the Participant was covered under the scheme.
12. Injury or illness, due to war or due to active participation in riots or civil war or civil commotion or Radioactive contamination or participation in armed forces.
13. Willful self-inflicted injuries while sane or insane, including attempted suicide by/to Covered person or unreasonable failure to seek or follow medical advice.
14. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
15. Engaging in air travel, except when travelling in a licensed aircraft being operated by a licensed airline according to published schedules.
16. Any kind of inpatient treatment which could Generally be done on an Outpatient basis or any Hospital Confinement primarily for diagnostic purposes, unless specifically authorized by the Operator in writing.
17. Treatment for injuries sustained as a result of participation by the Participant in any dangerous sport, pastime or competition, including but not restricted to riding, driving in any race or competition and engaging in professional sport.
18. Any increase in the expenses incurred for the treatment on account of the Participant being admitted to a more expensive room than allowed by his daily room rent limit.
19. Treatment for injuries sustained as a result of participation by the Participant in an act which is illegal according to the laws of Pakistan.
20. Any Outpatient Treatment, except the one covered under the sub limit for Accidental Outpatient Expense Benefit.
21. Any charge in respect of the donor for any organ transplant claim.
22. Any experimental and /or unproven Treatment.



23. Infection with Human Immuno-deficiency Virus (HIV) or variants (including Acquired Immune Deficiency Syndrome (AIDS)) or AIDS Related Complex (ARC).
24. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
25. Specifically applied to Critical illnesses coverage:
  - For Critical illnesses Coverage the Pre-existing conditions shall stand excluded.
  - Radiation induced burns specifically.
  - A waiting period of the first 90 days shall apply to the PMD. Any critical illness occurring during the first 90 days of the Participant Membership Document. The waiting period will not apply for renewals.
  - Cover ceases for participant if claim has been paid under the Participant Membership Document.
  - For coverage of child's congenital illness's claim to be admissible the member should also have conceived during the PMD period.
  - Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
  - Occupational diseases.
26. Terms applied for Maternity Benefit:
  - Maternity benefit is available for married female covered person and are in lieu of all other benefits under this PMD
  - The benefit limit under this coverage applies to pregnancy, including any and all complications in connection with pregnancy Notwithstanding anything to the contrary mentioned in this PMD.
  - In the event of a pregnancy requiring an abdominal cutting operation such as caesarian section or extra - uterine pregnancy, then the Company shall pay for such expenses up to the benefit limit for caesarian section as shown in the Schedule of benefits.
  - d.This coverage would only pay for the charges which are for the termination of pregnancy on legal grounds.
  - Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and/or any related prenatal or postnatal care will be covered up to the limits given in the schedule.
  - Treatment or surgical operation for congenital defects or deformities, including physical and mental defects present from birth are excluded.
  - Treatment of infertility, impotency, sterilization & contraception including any complication relating hereto are specifically excluded.
27. COVID -19 related covered expenses will be excluded for non-vaccinated individuals, over the age of 18.

### SECTION III: PROCEDURE OF OBTAINING BENEFIT

For inpatient benefits only, the Operator on behalf of the Participant Takaful Fund will arrange the Treatment on credit/Cashless basis and has made credit arrangements with a number of Approved Hospitals, a list of which is

attached to the PMD.

This credit arrangement is subject to prior approval from the Operator as per the following procedure:

#### 1.HOSPITAL CONFINEMENT

In case Hospital Confinement is advised by a Physician, the Participant must first seek approval, from the Operator at least 03 days in advance, by submitting a duly filled prior approval form with details of the Treatment / procedures to be carried out. Once the Treatment is approved, the Operator on behalf of the Participant Takaful Fund would then coordinate with the Panel Hospital to arrange credit for the approved Eligible Expenses.

Each Participant will be issued with a health card, outlining briefly the services covered under the PMD along with the family details of the Participant.

At the time of commencement of Hospital Confinement at a Panel Hospital, the Participant should present his health card to the Panel Hospital and show proof of identification of the person for whom treatment is sought, national identity card, in case the patient is an adult and NADRA's computerized 'B' form in case of a minor. All eligible expenses (as defined in this PMD) will be settled directly by the Operator on behalf of the Participant Takaful Fund to the Panel Hospital, in line with the approval. The Participant shall pay all expenses other than the eligible expenses directly to the Hospital before discharge of the Covered Participant

#### 2.HOSPITAL CONFINEMENT IN A NON-PANEL HOSPITAL

The Participant is allowed to seek Treatment from a Non-Panel Hospital, in case of an Emergency/ dissatisfaction with existing facility /unavailability of Panel Hospital in his city and/or nearby location. However, the Operator on Behalf of the PTF reserves the right to decline the claim availed at Non-Panel Hospital in case of any malpractice observed.

#### 3.NOTIFICATION IN CASE OF AN EMERGENCY HOSPITAL CONFINEMENT

In all Emergency Hospital Confinement(s), whether in a Panel or Non-Panel Hospital, the Operator should be intimated within 24 hours of such Hospital Confinement. Intimation to the Operator shall mean intimation given by or on behalf of the Participant to the Operator at its Head Office, with information sufficient to identify the Participant, the Hospital and the Physician.

In case any of the above procedures are not followed, the Operator on behalf of the PTF reserves the right to either negate or reduce the benefit amount for such Hospital Confinement(s).

#### 4.CLAIMS REIMBURSEMENT

For reimbursement claims, a fully completed Claim Form, along with all required supporting documents (such as the discharge summary, prescriptions, payment receipts, itemized hospital bill, and any other relevant documents) must be submitted to the Operator, in original, within 30 days from the date the event leading to the claim occurred. Photocopies are not accepted.

If it is not reasonably possible to submit the required proof within 30 days, it will not invalidate or reduce the claim,

provided the proof is submitted as soon as reasonably possible, but no later than 90 days from the date of the loss. No legal action to recover the claim can be taken until 90 days have passed since the submission of the proof of loss in accordance with the PMD conditions. No such action shall be taken after the expiration of one year from the time written proof of loss is required to be furnished.

#### 5. LUMP SUM PAYMENT FOR CRITICAL CARE

No benefit will be payable under Critical Illness unless the PMD Owner notifies the Company in writing within 90 days of the diagnosis of Critical Illness. The Company may require the Covered Person / claimant to sign any necessary consent form to allow the Company to receive the results of any medical examination and/or tests. Failure to provide the necessary consent will result in the immediate cancellation of any benefit under this PMD. In this event, there will be no refund of the Contribution amount paid prior to the cancellation of the PMD. No claim will be paid unless satisfactory evidence is received by the Company that the Covered Person has suffered a Critical Illness or has died, as the case may be.

Before payment of a claim can be considered, the Company will require a completed claim form which the Company will supply and a report from the registered medical practitioner in charge of the case. Before any claim payment is made, the Company may also require title of the claimant and proof of age of the Covered Person.

In the case of a Critical Illness claim, the Company may also require the Covered Person to be examined by a medical examiner to be appointed by the Company or ask for any other evidence the Company considers reasonable to consider the claim. Examples of the other evidence the Company may require are:

- Reports on tests or investigations carried out to make the diagnosis
- Reports from the Covered Person's medical practitioner
- Reports from any consultant, physicians or surgeons who the Covered Person has consulted
- A report from a consultant appointed by the Company confirming the diagnosis.

After the payment of the claim, the Policy shall be terminated and cannot be renewed. Benefit will only be paid if payment of Contributions has not been discontinued and there are no arrears of contribution under the PMD when the claim is received. The cost of all medical reports and other evidence would be borne by the PMD holder.

#### EXAMINATIONS

The Operator shall have the right and opportunity through its medical representative to examine the person of the Participant when and as often as it may reasonably require during the pendency of a claim hereunder. The expenses of such examinations shall be borne by the Participant Takaful Fund.

#### SECTION IV: CUSTOMER SERVICE & GRIEVANCES REDRESSAL

1. In the event of a claim reimbursement, please dispatch all original documents along with the completed claim form to the address mentioned below:

#### Group Health Claims Department

Jubilee Health Insurance,  
2nd Floor, PNSC BUILDING  
Lalazar, M. T. Khan Road, Karachi – 74000  
T: +92(21)38114000 ext. 5999, 6012, 6006 and 6011  
Email: Grouphealth.Claims@jubileehealth.com  
CC: Bancatakaful@jubileegeneral.com.pk

2. In case of a complaint or query, or if the Participant is not satisfied with the decision of the above office or has not received a response/reimbursement within 30 days, the Participant may contact the following official for resolution.

#### Jubilee General Insurance Company Limited- Window Takaful Operations

3rd Floor, Jubilee Insurance House, I.I. Chundrigar Road, Karachi -74000  
UAN: 111-654-111, Ext: 2532 to 2535 Tel: (021) 32402004-09, (021) 32426883  
Email: bancatakaful@jubileegeneral.com.pk

3. For any approval-related issues at the panel hospital, please reach out to the following:  
Jubilee Health Insurance- Approval Centre,  
Ph: 021-111-111-544  
Email: Health.Services@jubileehealth.com  
CC: Bancatakaful@jubileegeneral.com.pk

#### SECTION V - GENERAL PMD TERMS

##### ENTIRE AGREEMENT

This PMD, the application of the Participant, endorsements and riders, if any, and the list of participant(s) attached hereto, constitute the entire agreement between the Participant Takaful Fund (PTF) and the Participant.

##### ALTERATIONS TO THIS PMD

The terms, conditions and benefits provided by this PMD may be altered at any time by Operator on behalf of the Participant Takaful Fund (PTF). All such alterations shall be communicated to the Participant in writing and deemed to be an endorsement of the PMD and shall be binding on all covered under the PMD.

##### REQUIRED INFORMATION / CLERICAL ERRORS

The Participant shall furnish to the Operator all information that may be required by the Operator on behalf of the Participant Takaful Fund (PTF) with regards to any matter pertaining to the PMD. All documents and records that may have a bearing on the benefits or contribution rates provided by this PMD shall be open for inspection by the Operator at all times during the continuation of this PMD.

##### REFUSAL OR ACCEPTANCE OF APPLICATION

The Operator on behalf of the Participant Takaful Fund (PTF) reserves the right to refuse any application without giving any reason or to accept the application on any special terms which the Operator may require.

##### EVIDENCE OF AGE

The Operator reserves the right at any time to request evidence of the age of any Participant Member or of any person who has applied to join this PMD.

##### MISSTATEMENT OF FACTS

If relevant facts pertaining to any Participant concerned with Takaful under this PMD shall be found to have been misstated fraudulently, by the Participant, then Takaful shall



be void and no refund would be given in this case.

### ELIGIBILITY

The PMD holder when applying for coverage may apply to cover herself only. Takaful for an eligible Participant shall commence under the provisions of this PMD only if the Operator approves his evidence of cover ability. Such evidence shall be furnished, at no cost to the Operator, through the Participant, in a form satisfactory to the Operator. The eligible Participant should be Actively at Work and below the Maximum Eligibility Age.

### AMOUNTS OF TAKAFUL

The amounts of Takaful for the benefits provided by this PMD to each Participant person shall be determined in accordance with the plan of benefit stated in the Schedule of Benefits.

### EFFECTIVE DATES OF TAKAFUL

The effective date of a Participant's Takaful will be the date on which the Operator approves the Participant's evidence of cover ability.

Notwithstanding the foregoing, no Takaful shall become effective on a date when a Participant is not Actively at Work because of a disability resulting from Sickness or Injury. In such a case, the Operator shall require the Participant to furnish evidence of cover ability for himself in the manner aforementioned, after he returns back to Actively at Work status.

The effective date of initial Takaful shall be determined by the Operator on the basis of such evidence of cover ability and communicated to the Participant in writing.

### TERMINATION OF A PARTICIPANT'S TAKAFUL

All Takaful of any Participant under this PMD shall cease at the earliest of the following times:

1. Upon termination of this PMD
2. Upon the Participant attaining the Maximum Eligibility Age.
3. Upon any other date on which the Participant ceases to be eligible for Takaful.

The Operator on behalf of the Participant Takaful Fund also reserves the right at any time to terminate the Takaful of any Participant after giving notice in writing to the Participant if he/ she covered by this contract has at any time fraudulently:

1. Misled the Operator by miss-statement or concealment.
2. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Operator's detriment.
3. Failed to act with the utmost good faith.

### CONTRIBUTIONS /RENEWALS

All Contributions are payable yearly in advance at the head office or the relevant branch of the Operator. Failure to pay any Contribution on or before its due date shall render the membership of Participant in the PTF end. The Participant shall pay the Contribution; the first contribution is PMD on the PMD Effective Date and will

continue the PMD for a term of twelve months. Thereafter, at the consent of the Operator, this PMD may be renewed from year to year, on such terms and conditions and on payment of such renewal Contributions as the Operator on behalf of the Participant Takaful Fund (PTF) may determine. The Operator on behalf of the Participant Takaful Fund reserves the right to decline to renew the PMD.

For renewals, the Operator is under no obligation to notify you of the renewal date of the PMD, however a Grace Period of 30 days is permissible and the PMD will be considered as continues.

In the case where the product is purchased through a bank, payments shall be automatically debited from the customer's account, after attaining their consent to do so.

### FREE LOOK PERIOD

Participant has a period of 14 days from the date of receipt of the PMD to review the terms and conditions of this PMD. If Participant has any objections to any of the terms and conditions, Participant has the option of cancelling the PMD stating the reasons for cancellation.

### TERMINATION OF PMD

The Participant cannot terminate the PMD after Free Look Period.

The Operator reserves the right to terminate the PMD, by giving 15 days' written notice to the Participant, or add or alter or repeal the terms and conditions hereof for whatever reasons. In the event of the termination of this contract by the Operator the Participant shall be entitled to an amount as settlement benefit for the unutilized period of the PMD.

If PMD is cancelled by the Participant within the Free Look Period, full contribution will be paid to the Participant as settlement benefit. However, there will be no reversal/ cancellation if any claims have been made under the PMD.

### PARTICIPANT'S OBLIGATIONS

1. The Participant undertakes to reimburse the Participant Takaful Fund within 30 days for any expenses or losses incurred by the PTF in respect of Treatments by Persons which were not covered by the terms and conditions of this PMD, including but not limited to payments in excess of the applicable benefit limits; payments in cases where a PMD exclusion applies and payments incurred after the termination of coverage of a Covered Person or termination of this PMD.
2. The Participant undertakes to reimburse the Participant Takaful Fund for any expenses or losses incurred by the PTF due to the failure by the Participant to discharge its responsibilities under the PMD, including any unauthorized use of the Operator's Health Card.
3. The Participant will reimburse the Participant Takaful Fund for any benefit paid or expenses or losses incurred by the PTF on account of any Pre- existing Condition beyond the extent mentioned in the schedule of benefits.

### FRAUD

If any claim shall be false or fraudulent in any respect, then the Operator on behalf of the Participant Takaful Fund will be entitled to undertake any or all of the following actions:

1. Refuse to pay any benefits in relation to the Claim.
2. Cancel the PMD immediately, without returning the Contribution payments made.
3. Recover any monetary amounts already paid.

#### WAIVER OF AGREEMENT PROVISIONS

The waiver by the Operator of any provisions of this PMD or the introduction of any change in interpretation or practice of any terms or conditions of this PMD shall not prevent the sub-sequent enforcement of those provisions, terms or conditions and shall not be deemed to be a waiver of any similar provisions of this PMD or change in interpretation or practice of any similar terms or conditions of this PMD.

#### TERRITORIAL LIMITS

This PMD is meant to cover treatment within Pakistan only. However, emergency expenses done outside Pakistan can be reimbursed on the basis of reasonable and customary charges.

#### ARBITRATION

Any difference which may arise between the Operator and the Participant and cannot be settled amicably shall be settled by arbitration in accordance with the statutory provisions for the time being in force applicable thereto and the obtaining of an award shall be a condition precedent to any liability of the Participant Takaful Fund or any right of action against the PTF managed by the Operator.

#### APPLICABLE LAW

This PMD, and all rights, obligations and liabilities arising hereunder, shall be governed and interpreted in accordance with the Laws of the Islamic Republic of Pakistan.

#### BENEFITS & THEIR PAYMENT

The benefits payable by the PTF in respect of the expenses incurred for the treatment provided to a Participant during the PMD period shall be limited to:

1. Reasonable and Customary charges for the treatment &
2. The Participants' benefit limit stated on the Schedule of Benefits.

The benefits, payable under the terms of this PMD, which have not been paid directly by PTF to the Panel Hospital, shall be paid to the Participant.

#### CURRENCY OF PAYMENT

All payments under this PMD shall be made in the legal currency of Pakistan.

#### NON-DUPPLICATION OF BENEFITS

If the Participant is entitled to indemnity from any other source in respect of the same Disability, including but not restricted to indemnity from another group or individual health Takaful/PMD, then the Participant Takaful Fund will only pay reimbursement on a proportionate basis. The Operator on behalf of the PTF has full rights of subrogation and may undertake legal proceedings in the Covered Person's name, but at the PTF's expense, to recover for the PTF's benefit from the other Takaful Operator/Insurance Company, any payment made by the PTF.

#### CONFIDENTIAL INFORMATION

All information provided shall be kept for Operator's use and will not be shared with third parties, vendors &/or

contractors. Please note that Credit card information is also not stored by the Operator and that the Participant Takaful Fund/Operator shall not be liable for any fraudulent usage of your Card. The Operator maintains secure technology processes to safeguard the information provided.

#### TAKAFUL OPERATOR FEES

The Operator shall deduct the Operator's fee as per defined ratio approved by Shari'ah Advisor out of the Participant Takaful Fund (PTF). Such fee shall be based on the Wakala principle since the Operator hereby acts as a Wakeel of the Fund. The Wakala Fees shall be credited to the Operator's Fund (OF) and remaining portion shall remain credited in the Participant Takaful Fund (PTF). The rate of Wakala Fees shall be approved by the Shari'ah Advisor based on the rating and risk management guidelines of the Window Takaful Operator for each type of Risk.

#### INVESTMENT MANAGEMENT SHARE

The Operator shall act as a Modarib or Wakeel for the purpose of managing the investment of the Participant Takaful Fund (PTF). As such, the Operator stands entitled to a Modarib share or Wakala-tul-Istismar fee in the investment income subject to approval by the Shari'ah Advisor.

#### TIMING AND TRANSFER OF FUNDS

1. All Contributions recognized under General Takaful contracts shall be credited to the Participant Takaful Fund (PTF).
2. All Contributions into a Participant Takaful Fund (PTF) shall be deposited in the Shari'ah compliant bank account designated as belonging to the Participant Takaful Fund (PTF) or be paid across to such an account within seven days of receipt.
3. All income received on assets of a Participant Takaful Fund (PTF) and receipts from Re-Takaful Operators relating to the Participant Takaful Fund (PTF) shall be deposited in the Shari'ah compliant bank accounts designated as belonging to the Participant Takaful Fund (PTF) or be paid across to such an account within seven days of receipt.
4. All assets, liabilities, income and expenditure of a General Takaful Operator which do not relate to a Participant Takaful Fund (PTF) shall be deemed to be part of the Operator's Fund.

#### SURPLUS DISTRIBUTION

Operator may hold a portion of the surplus;

1. As a contingency reserve (over and above the technical provisions)
2. For meeting solvency level under the Insurance Ordinance, 2000 and Takaful Rules, 2012
3. For charity / donations
4. The rest of the surplus may be distributed to participants in proportion to the contributions to the Participant Takaful Fund (PTF) net of any risk related claims, which they may have received during the under-evaluation period in accordance with the approved Surplus Distribution Mechanism and PMD approved by the Shari'ah Advisor.
5. For this purpose, the SECP is also empowered to develop and issue the Surplus Distribution Mechanism for the General Takaful Operator which shall also be complied by the Operator.

### IMPORTANT

The participant should, for his own protection, examine this PMD to ascertain whether it is in accordance with his intentions and correctly described, if any error or misdescription is found on the same should immediately be intimated to the Operator for correction.

## ABOUT SEHAT KAHANI

Sehat Kahani is a notable telemedicine platform in Pakistan, primarily focused on connecting home-based doctors with patients in areas where access to quality healthcare is limited. This innovative approach has been instrumental in addressing the healthcare needs of underserved communities while empowering female healthcare professionals.

## PROCESS:

Sehat Kahani operates through a network of e-Health clinics and a mobile application. The e-Health clinics are physical centers equipped with devices that link patients to doctors via Sehat Kahani's online platform. Community health workers or nurses at these clinics assist patients in using the system and facilitate online consultations. This model not only overcomes the shortage of primary care providers in Pakistan but also offers a more affordable healthcare solution for people in low-income communities. The mobile application further extends these services, providing features like self-screening for Covid-19, access to treatment services, health information, referrals, and emergency medical responses. Patients can receive video consultations, making healthcare more accessible and convenient.

## PRODUCT FEATURES:

### ACCESS TO ONLINE DOCTORS

- Sehat Kahani Mobile Application equipped with a Panel of Healthcare professionals ranging from GP to Specialist Doctors.
- Objective: Enabling easy access to patients with primary healthcare needs, needing to access specialists
- Expected Outcome: To enable access to online physicians

### SEHAT KAHANI E-HEALTH APP SOLUTION

- Digital healthcare accessible 24/7 anywhere with internet coverage
- Chat, Audio, and Video-Based Consultation
- Connect to a doctor in less than 60 seconds
- E-Prescriptions through In-App notifications as well as Email.
- Records health history and conducts medical consultations
- Unlimited Duration and Number of Consultations through instant consultation or Appointments

### GLOBAL NETWORK OF SEHAT KAHANI HEALTHCARE PROFESSIONALS

- 7,000 healthcare professionals
- 81% Pakistan based and 19% international based

### VALUE ADDED SERVICES:

- Dedicated 24/7 Covid-19 response centers
- 24/7 Customer care services for immediate assistance

### PROCESS UTILIZATION:

Sehat Kahani has been effective in reaching a large number of beneficiaries, providing more than 2 million

consultations through its network of 49 E-Clinics and mobile health applications, benefitting around 3.2 million people cumulatively. The platform is utilized by more than 650 corporations and organizations across Pakistan.

Sehat Kahani stands out as a transformative healthcare initiative that leverages digital technology to make healthcare services more accessible and inclusive, particularly in underserved areas of Pakistan. Its focus on employing doctors and providing remote health services reflects a unique approach to addressing both healthcare accessibility and gender disparities in the medical profession.

## CONTACT DETAILS

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Email: [info@sehatkahani.com](mailto:info@sehatkahani.com)

Location: Plot # 43-C, 4th Floor Bukhari Commercial, Lane #10, DHA Phase 6 Karachi, Pakistan.

Website: <https://sehatkahani.com/contact-us/>