



Jubilee General Insurance Company Limited  
2nd Floor, Jubilee Insurance House, I.I. Chundrigar Road  
P.O Box 4795, Karachi-74000, Pakistan  
UAN: 111 654 111. Tel: (021) 32416022-26  
Toll-Free: 0800-03786  
Fax: (021) 32438738, 32416728  
Email: [info@jubileegeneral.com.pk](mailto:info@jubileegeneral.com.pk),  
Website: [www.jubileegeneral.com.pk](http://www.jubileegeneral.com.pk)

## Hospital Daily Cash Product

### **PREAMBLE AND OPERATIVE CLAUSE**

This Policy is granted by Jubilee General Insurance Company Ltd. (hereinafter called "the Company") to the person(s) described in the Policy Schedule as the Policy Owner(s) on the life of the person mentioned therein as the Life Assured.

The proposal, declaration(s), and any statement(s) made by the Policy Owner(s) and Life Assured in connection with this Policy shall be the basis of this contract, which provides that in consideration of receipt and realisation by the Company of the Premium mentioned in the Benefit Schedule, the Company will pay to the Life Assured, Nominee(s), successor(s) or assignee(s) of the Policy Owner(s), the specified Benefit Assured on the happening of the event described in the Benefit Schedule as the Event Assured Against.

The liability of the Company is at all times subject to the Benefit Schedule, Standard Policy Conditions and any special conditions or endorsements issued by the Company and attached to this Policy, all of which are part of the contract evidenced by this Policy.

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

## Benefit Schedule

<b>POLICYHOLDER</b>	<b>Habib Bank Ltd</b>
<b>POLICY NUMBER</b>	<b>XXXXXXXX</b>
<b>POLICY EFFECTIVE DATE</b>	<b>DD-MM-YYYY</b>
<b>POLICY EXPIRY DATE</b>	<b>DD-MM-YYYY</b>
<b>POLICY RENEWAL DATE</b>	<b>DD-MM-YYYY</b>
<b>ISSUE DATE</b>	<b>DD-MM-YYYY</b>

### **BENEFITS:**

Benefits Description/ Plan	Plan A Rs./Day	Plan B Rs./Day	Plan C Rs./Day
<b>HOSPITAL EXPENSE BENEFIT:</b> <ul style="list-style-type: none"> <li>Total Hospital, Surgical &amp; Misc. Expenses</li> <li>Minimum 02 days &amp; Maximum 10 days per Confinement. Maximum 30 days per year.</li> </ul>	1,000	3,000	5,000
<ul style="list-style-type: none"> <li>Increase in Hospitalization Limit due to Surgery</li> <li>Increase in Hospitalization Limit due to Accidental Injuries</li> <li>Increase in Hospitalization Limit due to admission in ICU</li> </ul>	50 %		
Hospital Maximum Aggregate Limit:	30,000	90,000	150,000
In case of Surgery Maximum Aggregate Limit:	45,000	135,000	225,000
In case of Accident Maximum Aggregate Limit:	45,000	135,000	225,000
In case of ICU Maximum Aggregate Limit:	45,000	135,000	225,000

Premium Per Life (Inclusive Taxes)	1,700	5,060	7,890
------------------------------------	-------	-------	-------

## **1. Entitlement to the benefit Assured**

Subject to the following, Definitions, Conditions, Exclusion and Termination clauses, the benefit assured would be paid under the policy.

## **2. Definition**

**Benefit Schedule** means the Schedule which states the details of benefits to the assured first issued with the Policy

**Company** means Jubilee General Insurance Company Ltd

**Daily Cash Benefit** means the benefit payable to the life assured for each day of hospital confinement as specified in the benefit Schedule.

**Hospital** means an institution legally licensed and registered as a place to provide medical or surgical treatment to the patients under the constant supervision of a Physician.

**Injury** means accidental bodily injury occurring while this contract is in force as the life assured whose injury is the basis of claim, and resulting directly and independently of all other causes, in loss covered by this contract.

**Inpatient** means a person confined in a hospital as a registered bed patient for at least two (2) days.

**Intensive Care Unit** means a functional unit in a hospital established to provide continuous monitoring to seriously ill patients by trained technical staff through specialized equipment.

**'Policy Holder'** means a body (the employer/sponsoring organization of the insured) through which the policy is offered, effected or administered.

**'Policy Effective Date'** means the date and time from which this policy takes effect, and as shown on the Benefit Schedule

**'Policy Expiry Date'** means the date and time when cover ceases.

**'Policy Year'** means a twelve-month period starting from the Policy Effective Date, or a Renewal Date, shown on the Benefit Schedule

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

- a) Is someone other than the Covered Person;
- b) is not related by blood or marriage to the Covered Person;
- c) is qualified to treat the Disability for which the claim is being made

**Pre-existing Conditions** means any illness or injury or related condition for which treatment, or medication, or advice, or diagnosis was sought or received. OR which was known or reasonably should have been known to exist prior to the commencement of this Policy for the Insured or in respect of which the need for treatment was foreseeable at inception of this Policy whether or not treatment or medication or advice or diagnosis had been sought or received.

**Renewal Date'** means any subsequent anniversary of the Policy Effective Date.

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

### **3. Benefits**

**Daily Cash Benefit :** If the life Assured, as a result of Injury or commencement of Sickness is necessarily confined as an Inpatient within a Hospital, for at least two (2) days under the continuous attendance of a Physician, then the Company will, upon receipt of and due investigation of the claim pay the Daily Benefit. The payment of Benefit may continue for a maximum of 10 days not to exceed the Daily Cash maximum limit as shown in Benefit Schedule.

Note: The maximum benefit payable will be as stated in the benefit schedule & NO Benefit is payable in case of confinement of less than one (2) days.

### **4. Conditions**

**(i) Notice of Claim** Written notice of a claim in respect of this policy must be received by the Company within Thirty (30) days of the commencement of confinement in the Hospital. The policy holder shall furnish at his own expense all evidence that the Company may require – The Company may require the life assured to sign any necessary consent form to allow the Company to receive the results of any medical examination and/or test.

Failure to provide the necessary consent will result in the immediate cancellation of this policy.

**(ii) Claim Form** Upton receipt of a notice of claim, the Company will furnish to the Claimant the claim form required to be filled by the claimant to give the information as required by the company such as:

1. Discharge summary
2. prescriptions, payment receipts
3. Itemized hospital bill
4. CNIC Copy
5. Evidence that the patient was a Policy holder during the period of hospitalization from the client
6. Any other relevant supporting document where applicable etc.

to process and settle the claim. Upon receipt of the claim form the claimant shall complete and return to the Company without any delay.

**(iii) Proof of Claim** Original documentation evidences and all duly completed claim forms must be submitted to the Company at the life Assured's expenses within thirty ( 30 ) days after the date of termination of such hospital confinement. If it is appropriate for the Company to decline a claim, the Policy Holder shall have the right to produce such evidence as the Company may reasonably require enabling it to reconsider the claim under the policy.

The Company shall have a right an opportunity through its medical representative to examine the life assured whenever and so often as it may reasonably require within the duration of any claim.

No proof will be accepted if furnished later than 12 months after the date of claim or not produced in original.

**(v) Eligible Person** Pakistani nationals only.

**(vi) Age limit** from 18 to 59 years.

**(vii) Age Limitation** Coverage under this policy will expire when the life assured attains the age of sixty ( 60 ) years.

**(viii)Proof of Age** The Company reserve the right to require proof of age of the Life Assured before the benefit Assured is paid.

**(ix) Payment of Benefit Assured** The Benefit Assured will be paid only if the payment of premium has not been discontinued and there are no arrears of premium due under this policy when the claim intimation is received.

**(x) Review of Premium** The Company reserve the right to review the premium payable at any time, The review would be based on the actual claims experience. The Premium may be increased or decreased as a result of the review.

**(xi) PREMIUMS /RENEWALS**

All Premiums are payable yearly in advance at the head office or the relevant branch of the Company. Failure to pay any premium on or before its due date shall constitute default hereunder.

The Policyholder shall also be responsible for the payment of the premium.

The first premium is paid on the Policy Effective Date and will continue the policy for a term of twelve months. Thereafter, at the consent of the Company, this policy may be renewed from year to year, on such terms and conditions and on payment of such renewal premiums as the Company may determine. The Company reserves the right to decline to renew the policy.

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

For renewals received after the completion of 30 days Grace Period, then it would be processed as a NEW Business .

**(xii) TERRITORIAL LIMITS**

This policy is meant to cover treatment within Pakistan only.

**(xiii) APPLICABLE LAW**

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

**CUSTOMER SERVICE & GRIEVANCES REDDRESSAL:**

- (i) In case of any query or complaint/grievance, Policy Holder may approach office at the following address:

Health Insurance Administration Office  
2nd Floor, PNSC Building, Lalazar,  
M.T.Khan Road, Karachi  
Phone 021-3565 7885 -6, 021-3811 4000  
E-mail: [customer.services@jubileehealth.com](mailto:customer.services@jubileehealth.com)

- (ii). In case Policy Holder is not satisfied with the decision of the above office, or have not Received any response within 10 days, then Policy Holder may contact the following official for Resolution:

Jubilee General Insurance Company Limited  
2<sup>nd</sup> Floor, Jubilee Insurance House,  
I.I. Chundrigar Road  
P.O.BOX 4795, Karachi.  
74000, Pakistan  
UAN: (021) 111-654-111, Tel: 021- 32416022-26  
(Ext : 535 & 536)  
Email – [Info@jubileegeneral.com.pk](mailto:Info@jubileegeneral.com.pk)  
Website: [www.jubileegeneral.com.pk](http://www.jubileegeneral.com.pk).

## **5. Exclusions**

This policy does not insure and no benefits shall be paid for expenses resulting from:

1. Any Pre Existing Conditions.
2. Any Treatment within 30 days after issuance of policy.
3. Maternity/Pregnancies will not be covered.
4. Any Treatment not recommended by a legally licensed Physician or which is not medically necessary.
5. Mental illnesses, psychiatric disorders and any sickness or condition arising from, and including drug abuse, alcoholism or an Insured's criminal act.
6. Routine physical check-ups, rest cures, services including immunization.
7. Any cosmetic Treatment or plastic surgery, unless necessitated due to accidental injuries occurring while the Insured was covered under the scheme.
8. Injury or illness, due to war or due to active participation in riots or civil war or civil commotion.
9. Self-inflicted injuries while sane or insane, including attempted suicide.
10. Engaging in air travel, except when travelling in a licensed aircraft being operated by a licensed airline according to published schedules.
11. Any kind of inpatient treatment which could generally be done on an Outpatient basis or any Hospital Confinement primarily for diagnostic purposes.
12. Treatment of infertility, impotency, sterilization & contraception including any complication relating hereto.
13. Treatment for injuries sustained as a result of participation by the Insured in any dangerous sport, pastime or competition, including but not restricted to riding, driving in any race or competition and engaging in professional sport.

14. Treatment for injuries sustained as a result of participation by the Insured in an act which is illegal according to the laws of Pakistan.
15. Any Outpatient Treatment.
16. Any experimental and or unproven Treatment.
17. Sexually transmitted diseases or any expense in connection with acquired immune deficiency syndrome(AIDS) or HIV.
18. Treatment Taken in other than registered hospitals.

## **6. Termination**

The Policyholder may terminate this policy by giving to the Company written notice stating when, not less than 15 days after the date of such notice, such termination shall become effective. Refund of premium in this case shall only be in case if no claims have been made under the policy and will be as per the following table:

<b>Length Of Policy</b>	<b>Percentage Of</b>
Up to 01 month	70%
Up to 3 months	40%
Up to 6 months	20%
06 months above	Nil

The Company reserves the right to terminate the policy, by giving a 15 days written notice to the Policyholder, 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 Company the premium shall be refunded for the unutilized period of the policy. There will be no refund if any claims have been made under the policy.