



## HOSPITAL CASH INSURANCE

Bancassurance Department,  
**Jubilee General Insurance Company Limited**  
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### 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 realization 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

### 2. ENTITLEMENT TO THE BENEFIT ASSURED

Subject to the following Conditions, Exception and Termination clauses, entitlement to the Benefit Assured arises, independently of any benefits arising under the Policy, in the event of death of the Life Assured following the Commencement Date of this Supplementary Contract as specified in the Policy Schedule. First payment of the Monthly Benefit will fall due on the first day of the calendar month immediately after the date of death of the Life Assured. Subsequent payments will fall due on the first day of each calendar month. The last payment will fall due on the first day of the calendar month immediately prior to the Termination Date of FIB contract.

Any inadvertent deduction of Cover Charge when it is no longer due shall not constitute a waiver of these conditions nor shall any claim be enforceable against the Company due to this error. The Cover Charge so deducted shall be refunded to the Policy Owner.

HOSPITAL CASH INSURANCE	PLAN A Rs./Perday	PLAN B Rs./Perday
<p>This product shall provide coverage to the insured person in case of hospitalization due to illness or accident. Where a fixed daily amount for the number of hospitalization days will be reimbursed to assured person as per the plan selected.</p> <ul style="list-style-type: none"> <li>Minimum 01 days &amp; maximum 180 days hospitalization in a year.</li> <li>While the number of days for cases of ICU /accident /surgery will be up to 15 days max per confinement</li> </ul>		
Pays daily benefit for as long as the Insured is confined to the hospital. The amount will depend on the nature of hospitalization and the mode of treatment.	5,000	10,000
The benefit payable is increased by 50% if the hospitalization is due to surgery OR Accident.	7,500	15,000
The benefit payable is increased by 100% if the patient is confined to an ICU.	10,000	20,000
<b>Daily Cash Max Limit in Aggregate</b>	900,000	1,800,000
<b>In Case of Surgery OR Accident Max Limit</b>	1,350,000	2,700,000
<b>In Case of ICU Treatment Max Limit</b>	1,800,000	3,600,000
<b>Net Premium (Incl.Taxes) *</b>	<b>2,500</b>	<b>5,000</b>

### 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 Limited.

**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 one (01) 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:

- Is someone other than the Covered Person;
- is not related by blood or marriage to the Covered Person;
- 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 one (01) 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 180 days consecutive hospitalization and not to exceed the Daily Cash maximum limit as shown in Benefit Schedule. While the number of days for cases of ICU /accident /surgery will be up to 15 days max per confinement.

**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 (01) days.

#### 4. Conditions

##### (i) FREE LOOK UP PERIOD

Policy Holder has a period of 14 days from the date of receipt of the policy document to review the terms and conditions of this policy. If Policy Holder has any objections to any of the terms and conditions, Policy Holder has the option of cancelling the policy stating the reason for cancellation. If Policy Holder has not made any claim during the free look period, Policy Holder shall be entitled to refund of premium subject to deduction of the administrative charges and Government taxes incurred by Company.

**(ii) 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.

**(iii) Claim Form** Upon 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.

**(iv) 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 65 years.

**(vii) Age Limitation** Coverage under this policy will expire when the life assured attains the age of sixty (65) 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 the Premiums are payable yearly in advance and will be deducted by the bank after receiving customer's consent on deduction of premium from their designated account with the bank on recorded lines. Similarly in case of renewals premiums shall be deducted by the bank from customer's account every year. In case of insufficient balance or failure to pay the premiums due to any reason 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 & CLAIMS:

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

### **Habib Bank Limited, Head Office**

21st Floor, HBL Tower| Teen Talwar Clifton, Karachi  
Helpline : 111-111-425

OR

### **Jubilee General Insurance Company Limited**

Bancassurance department, 3rd 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: 2532 / 2534 / 2535)  
Email: banca@jubileegeneral.com.pk  
Website: www.jubileegeneral.com.pk.

- (ii) In case of claims related assistance, policy holder may approach office at 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

## 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 except accidental injuries and renewals.
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 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.