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Jubilee General Insurance Company Limited

Window Takaful Operations

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**Personal Health Care – Franchise Product**

**Personal Hospitalization & Surgical Expense PMD**

**PARTICIPANT MEMBERSHIP DOCUMENT**

PREAMBLE AND OPERATIVE CLAUSE

This PMD is granted by Jubilee General Insurance Company Ltd- Window Takaful Operations. (hereinafter called “the Company”) to the person(s) described in the PMD Schedule as the Participant(s) on the life of the person mentioned therein as the Person Covered.

The proposal, declaration(s), and any statement(s) made by the Participant(s) and Person Covered in connection with this PMD shall be the basis of this contract. The Participant shall pay the Contribution mentioned in the PMD Schedule and the company shall provide its receipt and confirmation of its realization. The Company will pay to the Person Covered, Nominee(s), successor(s) or assignee(s) of the Participant(s), the specified Benefit Covered on the happening of the event described in the PMD Schedule as the Event covered Against.

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

This is a digitally signed copy of the PMD which may be verified for authenticity by logging

On to our website [https://online.jubileegeneral.com.pk/manage](https://online.jubileegeneral.com.pk/manage/)

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

**SCHEDULE OF BENEFITS**

|  |  |
| --- | --- |
| **COVERAGE** | **Limits** |
| HOSPITALIZATION EXPENSE BENEFIT:  (LIMIT PER PERSON/PER YEAR)  Including Hospital/ Surgical & Miscellaneous expenses Some of the covered expenses are:   In-Hospital Consultations   Intensive Care Charges   Surgical Fees   Anesthetist’s Fee   Operation Theatre Charges   Prescribed Medicines Used During Hospitalization   Diagnostic Investigations   Blood and Oxygen Supplies   Ventilators and Allied Services   Day-care Surgeries including Kidney Dialysis /Chemotherapy & Radiotherapy for  Cancer Treatment  SUB LIMITS:  1) Room & Board per day  2) Pre Hospitalization Expense Benefit:  Pre hospitalization limit is available for the following expenses, which is directly related to the cause of hospitalization   Consultants fee in the follow up visits   Cost of medicines & supplies   Cost of Lab tests  3) Post Hospitalization Expense Benefit:  Post hospitalization limit is available for the following expenses, which is directly related to the cause of hospitalization   Consultants fee in the follow up visits   Cost of medicines & supplies   Cost of Lab tests  4) Emergency Local Ambulance Expense  Expenses for ambulance services for transportation to or between hospitals during medical emergencies, per eligible claim. Limit per hospitalization. | Rs. 50,000  Rs 1,000  30 Days  30 Days  Rs. 1,000 |

Member or of any person who has applied to

**SECTION I**

**GENERAL PMD TERMS**

**ENTIRE CONTRACT**

This PMD, the application of the Participant,   
endorsements and riders, if any, and the list of   
Participant attached hereto, constitute the entire   
contract between the Company and the   
Participant.

**ALTERATIONS TO THIS PMD**

The terms, conditions and benefits provided by this PMD may be altered at any time by Company. 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 Participant covered under the PMD.

**REQUIRED INFORMATION / CLERICAL ERRORS**

The Participant shall furnish to the Company   
all information that may be required by the   
Company with regard 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 Company at all   
times during the continuance of this PMD.

Neither clerical error, by the Participant or by   
the Company, in maintaining any records   
concerning the Takaful hereunder, nor   
delays in compiling such records shall   
invalidate Takaful otherwise validly in force   
or continue Takaful otherwise validly   
terminated, or establish any Takaful not   
otherwise in existence, but upon discovery of   
such error or delay an equitable adjustment of   
contribution shall be made.

**REFUSAL OR ACCEPTANCE OF APPLICATION**

The Company reserves the right to refuse any application without giving any reason or to accept the application on any special terms which the Company may require.

**EVIDENCE OF AGE**

The Company reserves the right at any time to   
request evidence of the age of any Participant

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 on the Participant shall be void able at the option of the Company. The Company reserves the right to make adjustments in contribution and/or amounts of Takaful as the Company may consider appropriate, had the facts been declared correctly.

**ELIGIBILITY**

The Participant when applying for coverage apply to cover himself/herself only.

Takaful for an eligible Participant shall   
commence under the provisions of this PMD   
only if the Company approves his evidence of   
cover. Such evidence shall be furnished,   
at no cost to the Company, through the   
Participant, in a form satisfactory to the   
Company. 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 covered 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 Company approves the Participants‟ evidence of cover.

Notwithstanding the foregoing, neither initial   
Takaful, nor any increase in 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 case, the Company shall require the   
Participant to furnish evidence of cover   
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 Company on the basis of such evidence of cover and, communicated to the Participant in writing.

**TERMINATION OF AN 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 Pariticipant attaining the Maximum Eligibility Age.
3. Upon any other date on which the Participant ceases to be eligible for Takaful.

The Company 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 Company by miss-statement or concealment.
2. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Company'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   
Company. Failure to pay any contribution on or   
before its due date shall constitute default   
hereunder.

The Participant shall also be responsible for the payment of the contribution,

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

For renewals, the company 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 for the purpose of 04 year waiting period for Preexisting condition.

For renewals received after the completion of

30 days Grace Period, a new application should be submitted the company and it would be processed as a NEW Business Proposal.

**TERMINATION OF PMD**

The Participant cannot terminate the PMD once issued.

The Company reserves the right to terminate   
the PMD, by giving a 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 Company the contribution shall be   
refunded as settlement benefit, to the participant for the unutilized period of the PMD.   
There will be no refund if any claims have been   
made under the PMD.

**PARTICIPANT’S OBLIGATIONS:**

1. The Participant undertakes to reimburse the Company within 30 days for any expenses or loses incurred by the Company in respect of Treatments by covered 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 Company for any expenses or losses incurred by the Company due to the failure by Participant to discharge its responsibilities under the PMD, including any unauthorized use of the Company‟s Health Card.
3. The Participant will reimburse the Company for any benefit paid or expenses or losses incurred by the Company on account of any Preexisting Condition.

**FRAUD**

If any claim shall be false or fraudulent in any respect, then the Company 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 CONTRACT PROVISIONS**

The waiver by the Company 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   
subsequent 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.

**ARBITRATION**

Any difference which may arise between the   
Company 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 Company or any right of action against the Company.

**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.

**CUSTOMER SERVICE & GRIEVANCES REDDRESSAL:**

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

2nd Floor, PNSC Building, Lalazar, M.T Khan Road, Karachi.

Phone 021-3565 7885-6

Facsimile: 021-35611349

E-mail: [customer.services@jubileehealth.com](mailto:customer.services@jubileehealth.com)

(ii). In case Participant is not satisfied with the decision of the above office, or have not Received any response within 10 days, then 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, P.O.BOX 4795, Karachi. – 74000, Pakistan

Toll-free: 0800-03786

Fax: 021- 32416728, 32438738

Email: cs@jubileegeneral.com.pk

Website:www.gettakaful.pk

**SECTION II**

**BENEFITS -TERMS, PROVISIONS & EXCLUSIONS**

**HOSPITAL EXPENSE BENEFITS**

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 Company on behalf of the PTF, shall pay   
for Reasonable and Customary charges for all   
Medically Necessary Treatment, provided on the   
advice of a Physician to the Participant 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 purpose, as per the sub limit specified in the Schedule Of Benefits.

(3) Hospital Miscellaneous Expenses:   
 Expenses, which are made for the

following:

a. Prescribed medical supplies and   
 services (except room charges and

charges arising from special nursing services),

b. Physicians‟ and surgeons' visits,

c. Laboratory tests and X-ray

examinations,

d. Operation theatre charges,

e. Anesthesia and administration   
 thereof,

f. Blood transfusions, including cost

of blood, provided, however, that if   
the Participant is confined as a registered bed-patient, benefits shall be paid hereunder only for   
charges incurred during the period   
for which benefits are payable   
under (1) above,

g. Physiotherapy.

h. 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 Partipant 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:

 Physician‟s fee.

 Cost of prescribed medicines.  Cost of Laboratory Tests.

 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. The maximum amount payable for such expenses shall be as per the sub limit, specified in the Schedule Of Benefits.

**PROCEDURE OF OBTAINING BENEFIT**

For inpatient benefits only, the Company on behalf of the PTF, 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 a prior approval from the Company as per the following procedure:

In case Hospital Confinement is advised by a   
Physician, the Participant must first seek   
approval, from the Company 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 Company 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 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 him in form of national identity   
card. All eligible expenses (as defined in this   
PMD) will be settled directly by the Company   
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

**HOSPITAL CONFINEMENT IN A NON PANEL HOSPITAL**

The Participant is not allowed to seek Treatment from a Non-Panel Hospital.

**NOTIFICATION IN CASE OF AN EMERGENCY HOSPITAL CONFINEMENT**

In all Emergency Hospital Confinement(s), in a Panel Hospital, the Company should be intimated within 24 hours of such Hospital Confinement. Intimation to the Company shall mean intimation given by or on behalf of the Participant to the Company 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 Company reserves the right to either negate or reduce the benefit amount for such Hospital Confinement(s).

**CLAIMS**

Where the indemnity is on a reimbursement basis, a fully completed Claim Form together   
with required supporting information/documents such as discharge summary, prescriptions,   
payment receipts, itemized hospital bill,any other relevant supporting document where   
applicable etc. must be submitted to the   
Company, in original, within 30 days of the date   
of commencement of the event which gave rise   
to the claim. Photo copies are not acceptable.

Failure to furnish such proof within the time required shall not invalidate nor reduceany claim if it was not reasonably possible to give proof within such time, provided such proof is   
furnished as soon as reasonably possible andin no event later than 90 days from dateofsuch loss. No action in law or equity shall be brought   
to recover under the PMD until after theexpiration of 90 days from the date Proof of loss   
has been furnished in accordance with PMD conditions. No such action shall be broughtafter the expiration of one year from the time written   
proof of loss is required to be furnished.

**EXAMINATIONS**

The Company 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 duringthe pendency of a claim hereunder. The expenses of   
such examinations shall be borne by the Company.

**BENEFITS & THEIR PAYMENT**

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

i) Reasonable and Customary charges for the treatment &

ii) 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 the Company 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-DUPLICATION 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 Company will only pay   
reimbursement on a proportionate basis. The   
Company has full rights of subrogation and   
may undertake legal proceedings in the   
Covered Person‟s name, but at the Company‟s   
expense, to recover for the Company„s benefit   
from the other insurance/Takaful company, any   
payment made by the Company.

**TAKAFUL OPERATOR FEES**

The Operator shall deduct 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 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

• As a contingency reserve (over and above the technical provisions)

• For meeting solvency level under the Insurance Ordinance, 2000 and Takaful Rules, 2012

• For charity / donations

• 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 Policy approved by the Shari’ah Advisor.

• 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.

I**MPORTANT**

The participant should, for his own protection, examine this policy 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.

**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, ailment or injury,

until 48 months of continuous coverage   
have elapsed, after the date of inception   
of the first Personal. HealthCare PMD   
with the Company. The above exclusion   
shall cease to apply if a Personal health   
care PMD has been maintained for a   
continuous period of 4 years without   
break.

2. Any Treatment incurred within 30 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. Mental illnesses, psychiatric disorders   
 and any sickness or condition arising

from, and including drug abuse,   
alcoholism or an Participant‟s criminal act.

5. Routine physical check-ups, rest cures,   
 services including immunization.

6. Supply or fitting of eye glasses, 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 any other organ   
 (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.

13. Self-inflicted injuries while sane or   
 insane, including attempted suicide.

14. Engaging in air travel, except when   
 travelling in a licensed aircraft being

operated by a licensed airline according to published schedules.

15. 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 Company in writing.

16. Treatment or surgical operation for   
 congenital defects or deformities,

including physical and mental defects present from birth.

17. Pregnancy and complications thereof,   
 childbirth (including surgical delivery),

miscarriage, abortion and/or any related prenatal or postnatal care, circumcision.

18. Treatment of infertility, impotency,   
 sterilization & contraception including

any complication relating hereto.

19. 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.

20. 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.

21. Treatment for injuries sustained as a   
 result of participation by the Participant in

an act which is illegal according to the laws of Pakistan.

22. Any Outpatient Treatment.

23. Any charge in respect of the donor for   
 any organ transplant claim.

24. Any experimental and or unproven   
 Treatment.

**SECION III   
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.

„Company’ means Jubilee General Insurance Company Ltd – Window Takaful Operations

'Covered Individual' subject to the payment of the required contribution, includes the Participant, as defined herein, provided such coverage has been applied for and has been approved by the Company and is in force under the provisions of this PMD.

'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 company and which are:

a) Reasonable and Customary

b) Medically Necessary

c) Within PMD coverage and

limits; and

d) 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 Participant‟s 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:

a) is properly licensed to provide medical   
 care in accordance with the laws of

Pakistan;

b) is primarily engaged in providing   
 diagnostic, medical and surgical

facilities;

c) has 24 hours-a-day nursing service by   
 registered graduate nurses under the

permanent supervision of the Physician in charge;

d) maintains in-patient facilities; and

e) maintains a daily medical record for

each of its patients, which is accessible to the Company.”

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

'Participant' or 'Covered Person', means the Participant, as defined herein, provided such coverage has been applied for and has been approved by the Company and is in force under the provisions of this PMD.

‘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.

‘Limit Per Person’ means the maximum   
amount payable to a Person during the PMD   
Year

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

Participant 18-59 years, Once enrolled

cover can continue till the 65th birthday.

„Medically Necessary‟ means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the Participant;

- 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,

- must conform to the professional standards   
widely accepted in international medical   
practice or by the medical community in   
Pakistan

‘Non Panel Hospital’ means any hospital, day care centre 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.

‘Panel Hospital’ means a Hospital approved and identified by the Company 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 Company.

‘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.

‘PMD’ means this agreement, its schedule   
(and any endorsements attaching 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   
Renewal Date, shown on the Schedule Of   
Benefits.

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

The masculine pronoun shall be construed, as

‘Pre-existing Conditions’ means any illness   
or injury or related condition for which   
treatment, or medication, or advice, or diagnosis   
was sought or received within 48 months 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.

‘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) Electrocautherization

(7) Therapeutic endoscopic procedures.

‘Treatment’ means a surgical procedure or medical intervention to cure a Disability.

The feminine and the singular as plural if the context so requires.

**CONFIDENTIAL INFORMATION**

All information provided shall be kept for   
Company‟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 Company and that Company   
shall not be liable for any fraudulent usage of   
your Card. Company maintains secured   
technology processes to safeguard the   
information provided.