

Hospital Cash Insurance

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

Schedule as the Policy Owner(s) on the life of the person mentioned therein as the Life Assured.

The proposal, declaration(s), and any statements) 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.

ENTITLEMENT TO THE BENEFIT:

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

Balance Bands	Offer	Coverage
PKR 75K to PKR 150K	Hospital Cash + Sehat Kahani	PKR 10,000 per day for 10 days (Maximum PKR 100,000) & Unlimited Free Doctor online consultation
PKR 150K to PKR 300K	Hospital Cash + Sehat Kahani	PKR 20,000 per day for 15 days (Maximum PKR 300,000) & Unlimited Free Doctor online consultation
PKR 300k to PKR 750K	Hospital Cash + Sehat Kahani	PKR 20,000 per day for 15 days (Maximum PKR 300,000) & Unlimited Free Doctor online consultation
Above PKR 750K	Hospital Cash + Sehat Kahani	PKR 25,000 per day for 15 days (Maximum PKR 375,000) & Unlimited Free Doctor online consultation

1. DEFINITIONS:

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.

Hospital 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:

- 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.

2. BENEFITS:

Hospital 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) day 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 consecutive days for band 1 /15 days consecutive days of hospitalization for band 2, 3 & 4 and not to exceed the Hospital 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 (01) days.

3. 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

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:

- a. Discharge summary
- b. prescriptions, payment receipts
- c. Itemized hospital bill
- d. CNIC Copy
- e. Evidence that the patient was an Insured under the product during the period of hospitalization via subjected bank (bank shall furnish this)
- f. Any other relevant supporting documents, 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.

(iv) Eligible Person: Pakistani nationals only.

(v) Age limit: from 18 to 65 years.

(vi) Age Limitation: Coverage under this policy will expire when the life assured attains the age of sixty-five (65) years. The Company reserves the right to require proof of age of the Life Assured before the benefit Assured is paid.

(vii) 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.

(viii) 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.

(ix) Premiums / Renewals

This product is complementary coverage offered to the customer by the bank with other account services benefits. All the Premiums are payable on monthly installment basis, solely by the bank upon declaration of number of eligible customers. Upon receiving the required information, the company will invoice the bank for payment. In the case of renewals premiums shall be paid by the bank on behalf of the customer every year in a similar way. In case failure to pay the premiums due to any reason on or before its due, data shall constitute default hereunder.

The Policyholder(bank) 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 both parties, this policy will 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.

(xi) 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.

4. CUSTOMER SERVICE, GRIEVANCES REDDRESSAL & CLAIMS:

In case of any query or complaint/grievance, insured may approach office at the following address:

Habib Bank Limited, Head Office

21st Floor, HBL Tower I 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: 2533 / 2534 / 2532)

Email: bancassurance@jubileegeneral.com.pk

Website: www.jubileegeneral.conn.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](mailto:customer.services@jubileehealth.com), Grouphealth.Claims@jubileehealth.com

5. EXCLUSIONS:

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

1. Any Pre-Existing Conditions beyond the limits given in the schedule.
- 2.
3. Maternity/Pregnancies will not be covered.
4. Any Treatment not recommended by a registered 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 ad.
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. Any kind of inpatient treatment which could generally be done on an Outpatient basis or any Hospital Confinement primarily for diagnostic purposes.
11. 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 an ad which is illegal according to the laws of Pakistan.
14. Any Outpatient Treatment.
15. Any experimental and or unproven Treatment.
16. Sexually transmitted diseases or any expense in connection with acquired immune deficiency syndrome (AIDS) or HIV.
17. COVID -19 related covered expenses will be excluded for non-vaccinated individuals, over the age of 18.

6. TERMINATION:

The Company reserves the right to terminate the policy by giving 30 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.

Claim Process HAW – Health Claims

For Reimbursement of Hospital related expenses due to
Hospitalization

In case of **hospitalization** Insured Person must report the incident within **Thirty (30) days** of the hospitalization either HBL at 111-111-425 or to JGI, at 111-654-111 Ext: 2533 - 2534 or email: bancassurance@jubileegeneral.com.pk.

In case of claim received directly or through HBL. HBL will share following with JGI:

- Customer Name
- Customer CNIC #
- Date of Claim
- Customer Cell #
- Customers eligibility for coverage
- Claim Form/ Notification in writing (if received)

JGI will share acknowledgement of the claim to HBL / Customer within 2 working days (via email)

FOR Hospital Cash related claims JGI will get in touch with customer and acquire relevant documents for claim assessment:

1. Claim form / Notification in writing.
2. Discharge summary/prescriptions
3. Itemized hospital bill /Payment receipts
4. Copy CNIC of the Insured Person.
5. Any other relevant document if required for investigation

-All queries / questions related to the claim shall be raised within **(07) working days** of receipt of claim by JGI.

-In case the customer **fails to submit the required documents**, JGI will send **TWO reminders**, with in TWO subsequent weeks after to the customer. Upon third reminder JGI will escalate it to HBL for intervention. In case, customer still fails to full fill the requirement JGI will close the claim and take acknowledgment from HBL on the decision within 7 working days of third reminder.

-The **final decision** with respect to the claim shall positively be communicated to the Customer directly within **three (03) weeks** from receipt of all the required documents for processing of the claim – by JGI. Thereafter, the claim will be settled in 48 hours via cheque to the customer directly.

JGI Contact: laraib.sajjad@jubileegeneral.com.pk / hassan.ali@jubileegeneral.com.pk / bancassurance@jubileegeneral.com.pk

Escalation: faranaz.surani@jubileegeneral.com.pk