



GENERAL INSURANCE

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CriticalCare Insurance (Health Critical Illness Coverage)

POLICY DOCUMENT

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 Policy 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 Policy Schedule as the Event Assured Against.

The liability of the Company is at all times subject to the Policy 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.

This is a digitally signed copy of the policy which may be verified for authenticity by logging on to our website <https://online.jubileegeneral.com.pk/manage>

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

1. DEFINITIONS

In any part of the Policy, the Standard Policy Conditions and any endorsements any word or expression to which a specified meaning has been attached shall bear such specified meaning wherever it may appear and, where the context so admits the masculine shall include the feminine and vice versa and the singular shall include the plural and vice versa.

Business Day is any day other than a holiday on which banks generally are open for business in Karachi. For the purposes of these Standard Policy Conditions any notice, instruction, request or Premium received by the Company at an appointed place determined in accordance with Condition 2.4 after 12.00 p.m. on any Business Day will be treated by the Company as being received on the following Business Day.

Commencement Date as specified in the Policy Schedule mean the date from which the first Policy Year would commence.

Company means Jubilee General Insurance Company Ltd..

Critical Illness means one of the medical or other conditions or surgical procedures defined in the Appendix.

Issue Date as specified in the Policy Schedule means the date on which the Policy is issued.

Life Assured as specified in the Policy Schedule means the person on whose life the Policy has been issued

Nominee means the person(s) who stands designated by the Policy Owner to receive the Benefit Assured under the Policy on the death of the Life Assured.

Policy Anniversary is an anniversary of the commencement date

Policy Month means a month commencing on the Commencement Date and thereafter commencing on the corresponding date, or if there is no corresponding date, the last date of each succeeding month.

Policy Schedule means the schedule issued by the Company outlining the main features of the Policy to which it is attached.

Policy Year means a year commencing on the Commencement Date or an anniversary thereof.

Pre-existing Conditions for the purposes of this Policy means any injury, illness, condition or symptom:

- a. for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable prior to the Issue Date of this Policy for the Life Assured, or
- b. which originated or was known by the Policy Owner or the Life Assured to exist prior to the Issue Date of this Policy, whether or not treatment, or medication, or advice or diagnosis was sought or received.

If this Policy is issued or its benefits are amended subsequent to the issue of the Policy, the Issue Date shall be the date specified in the relevant endorsement, as the Issue Date of this Policy.

Premium is the amount, in accordance with Condition 6, in consideration of which the Policy has been issued.

Premium Payment Period means the number of years, as specified in the Policy Schedule, for which the Premium is payable.

Statutory Fund means a Fund, as defined in Insurance Ordinance 2000, established by the Company in its records to which this Policy and the attached Supplementary Contract(s) shall be referable.

Sum Assured means the Life Sum Assured or the Critical Illness Sum Assured specified in the Policy Schedule, as the case may be.

2. GENERAL

Misrepresentation and concealment of material facts

I. Any deliberate false statement or declaration made by the Life Assured or Policy Owner(s) in connection with the Policy or any concealment of information which ought to be made known to the Company shall render the Policy null and void and the unearned portion of Premiums, if any, paid under the Policy will be refunded.

II. Assignment

The Policy may be assigned by the Policy Owner(s) in accordance with Section 71 of the Insurance Ordinance 2000. The Company assumes no responsibility as to the validity, effect and sufficiency of any assignments made by the Policy Owner(s).

2.3 In the event of currency reform or a change in denomination all amounts shown in the Policy shall be deemed to be converted at the equivalent Rupee rate published by the State Bank of Pakistan.

2.4 Written directions, notifications or requests as provided for the Policy should be given to the Company in the form prescribed by the Company at the Head Office of the Company, or at such other place(s)

as the Company may from time to time appoint. The Company will not act upon any such instruction, notification or request until it is received at an appointed place.

3. BENEFIT ASSURED

The Benefit Assured is:

i. the Critical Illness Sum Assured, specified in the Policy Schedule, payable in case of happening of the Event Assured Against mentioned in Condition 4.i. below

4. EVENTS ASSURED AGAINST

i. The suffering of the Life Assured from a Critical Illness during the Term of the Policy, as specified in the Policy Schedule, while this Policy is in force.

Set out are the definitions of the Critical Illnesses covered by this Policy.

The Covered normal day diseases include,

- a) **Cancer**
- b) **Open Chest Coronary Artery Bypass Surgery**
- c) **Heart Attack (Myocardial Infarction)**
- d) **Kidney Failure**
- e) **Stroke**
- f) **Major Organ Transplant**
- g) **Paralysis**

The Company reserves the right to review the Definitions of Critical Illnesses, at any time. The review would be based on the advancement in medical technology and/or reinsurance terms. The Company may amend the definition of a Critical Illness as a result of this review. The Company may also add or remove one or more Critical Illness(es) in the list of covered Critical Illnesses.

The Company will inform of the revision in Definitions to the Policy Owner before any such change at least thirty (30) days before any such change becomes effective.

a. Cancer

A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Diagnosis has to be confirmed by a specialist and evidenced by definite histology. The term cancer also includes leukaemia and malignant diseases of the lymphatic system such as Hodgkin's Disease.

Excluded are:

Any CIN stage (cervical intraepithelial neoplasia)
Any pre-malignant tumour
Any non-invasive cancer (cancer in situ)
Prostate cancer stage 1 (T1a, 1b, 1c)
Basal cell carcinoma and squamous cell carcinoma
Malignant melanoma stage IA (T1a N0 M0)
Any malignant tumour in the presence of any Human Immunodeficiency Virus.

b. Coronary Artery (Bypass) Surgery

The actual undergoing of open chest surgery for the correction of two or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of coronary angiography and realisation of the surgery has to be confirmed by a specialist.

Excluded are:

Angioplasty
Any other intra-arterial procedures
Key-hole surgery

c. Heart Attack (Myocardial Infarction)

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis has to be confirmed by a specialist and evidenced by **all** of the following criteria:

- i. a history of typical chest pain
- ii. new characteristic electrocardiogram changes
- iii. elevation of infarction specific enzymes, Troponins or other biochemical markers

Excluded are:

- i. Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of Troponin I or T
- ii. Other acute Coronary Syndromes (e.g. stable/unstable Angina pectoris)
- iii. Silent myocardial infarction

d. Kidney Failure (End Stage Renal Disease)

End stage renal disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist.

e. Stroke

Any cerebrovascular incident producing permanent neurological sequelae and including infarction of brain tissue, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist and evidenced by typical clinical symptoms as well as typical findings in CCT Scan or MRI of the brain. Evidence of neurological deficit for at least 3 months has to be produced.

Excluded are:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Neurological symptoms due to migraine
- iv. Lacunar strokes without neurological deficit

f. Major Organ Transplantation

The actual undergoing of a transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation has to be confirmed by a specialist.

g. Paralysis

Total and irreversible loss of use of two or more limbs through paralysis due to accident or sickness of the spinal cord. These conditions have to be medically documented by a specialist for at least 3 months.

Excluded is:

Paralysis due to Guillain-Barré-Syndrome

This Policy takes effect after 90 days of the Commencement Date of this Policy. No claim in case of Critical Illness will be paid unless the Life Assured survives for thirty (30) days after the Critical Illness is diagnosed or the surgical procedure takes place whichever is later. The Benefit Assured under Condition 4.ii. would be payable if the Life Assured dies within thirty (30) days after the Critical Illness is diagnosed or the surgical procedure takes place, whichever is later.

In case if the Life Assured suffers a Critical Illness and subsequently dies, after surviving the Critical Illness for thirty (30) days but before the Critical Illness benefit is admitted, the Benefit Assured would be payable either under Condition 4.i. or under Condition 4.ii. as mentioned above and not under both.

The Policy will terminate once the Benefit Assured has been paid.

5. PREMIUMS

- i. Premiums are payable as set out in the Policy Schedule. The company reserves the right to review the amount of Premium payable under the Policy at any time. The review would be based on actual claims experience under all policies of the same type as this Policy, issued by the Company. The premium may be increased or decreased as a result of the review.
- ii. The company will inform the revised Premium to the Policy Owner at least thirty (30) days before any change in the Premium becomes effective.
- ii. Premiums must be paid, for the Premium Payment Period, at the frequency set out in the Policy Schedule. The period of grace allowed for the payment of each Premium shall be thirty (30) days from the date, the Premium is due. Payment of Premium shall be construed as having been paid to the Company when the whole of the Premium is received by the Company or if paid other than in cash, realised in the accounts of the Company.
- iii. In the event of the happening of Event Assured Against within the grace period, the Sum Assured payable will be reduced by the amount of any outstanding Premium.

6. EVIDENCE AND PAYMENT OF A CLAIM

No benefit will be payable under Critical Illness unless the Policy Owner notifies the Company in writing within 90 days of the diagnosis of the Critical Illness.

The Company may require the Life Assured / 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 Policy. In this event, there will be no refund of any Premiums paid prior to the cancellation of the Policy.

No claim will be paid unless satisfactory evidence is received by the Company that the Life Assured 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 Life Assured.

In case of a Critical Illness claim, the Company may also require the Life Assured 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 Life Assured's medical practitioner
- Reports from any consultant physicians or surgeons who the Life Assured 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. Benefit will only be paid if payment of Premium has not been discontinued and there are no arrears of Premium under the Policy when the claim is received.

The cost of all medical reports and other evidences would be borne by the Policy Owner.

7. SUICIDE

Where in the opinion of the Company, death results directly or indirectly from suicide occurring during the first 13 months following the Issue Date, or the date of Reinstatement, the Sum Assured shall not be payable and the Policy shall terminate without value.

8. EXCEPTIONS/EXCLUSIONS

No benefit will be payable in the event of Critical Illness being caused or aggravated either directly or indirectly by:

- i. wilful self-inflicted injury by/to the Life Assured or unreasonable failure to seek or follow medical advice.
- ii. addiction of the Life Assured to alcohol or drugs.
- iii. intemperance, illegal drug taking, felony or any crime committed by the Life Assured
- iv. flying in an aircraft other than as a fare paying passenger in a commercially licensed passenger aircraft.
- v. any form of war, invasion, hostilities(whether war be declared or not), civil war, rebellion, riots, insurrections, military or usurped power, terrorism, or wilful participation in acts of violence
- vi. any mental, neurological or functional disorder.
- vii. participating in sports or pastimes of a hazardous nature including (but not limited to) racing, athletics, swimming, parachuting, parascending, potholing, mountaineering and hotair ballooning

- viii. infection with Human Immunodeficiency Virus (HIV) or variants (including Acquired Immune Deficiency Syndrome (AIDS)) or AIDS Related Complex (ARC).
- ix. any Pre-existing Conditions, unless fully disclosed to the Company and accepted on terms confirmed by the Company in writing prior to the Issue Date of this Policy

9. SURRENDER VALUE

This Policy does not have any Surrender Value.

10. VARIATION IN SUM ASSURED

After the Policy is issued, its Sum Assured may not be increased or decreased.

11. REINSTATEMENT

Once the Policy has lapsed, it may be reinstated on the written request of the Policy Owner, at the discretion of the Company, subject to terms and conditions as the Company may require.

The Reinstatement would be subject to receipt in full by the Company, of all Premiums due under the Policy and acceptance by the Policy Owner of revised terms and conditions specified by the Company.

12. NOMINEE

The Policy Owner may designate and change the nominee(s) under the Policy. The Benefit Assured under this Policy, in case of death, shall be payable in equal shares to the surviving nominee(s) if more than one have been designated, unless otherwise provided.

13. INCONTESTABILITY

The Policy shall become incontestable, except where due Premiums have not been paid, after it has been in force for two years from the later of, the Issue Date, date of Reinstatement, date of alteration / enhancement of benefits provided under the Policy and / or change in premium payment mode. No representation made in the proposal, or in any other document leading to the Issue, Reinstatement, alteration / enhancement of benefits provided under the Policy and / or change in premium payment mode, shall constitute a cause for rescinding the Policy after it becomes incontestable, except that a willful misstatement of material fact(s) which was knowingly made to the Company, and was relied upon by the Company, shall make the Policy voidable at the option of the Company.

14. INADVERTENT ACCEPTANCE OF PREMIUM

Any inadvertent acceptance by the Company of any Premium or part thereof when no longer due will not constitute a waiver of any of these Standard Policy Conditions and the amount in question shall be refunded.

15. TAXATION AND LEGISLATION

15.1 The Company shall be entitled to make such deductions (of actual or estimated amounts) which, in the opinion of the Company, are appropriate from any of the benefits receivable under the Policy on account of any tax, duty, levy or other imposition which may from time to time be imposed by any legislation, order, regulation or otherwise upon the Company or upon the payees and for which the Company may be liable to account in respect of the provision of any of the aforesaid benefits to the payees.

15.2 In the event of any change in taxation becoming effective after the Commencement Date in relation either to the Company or the benefits referred to in 16.1 above in respect of which in the opinion of the Company a deduction by the Company should be permitted but which is not so permitted by these Conditions, such modification of these Conditions shall be made by the Company and notified to the person who in the opinion of the Company holds legal title to the Policy as the Company shall consider requisite to take account of such change.

15.3 Should there be any change in the law or taxation practice affecting the Policy or the Fund or should the right of the Company to invest in assets of its own choosing be affected by legislation or otherwise or should there be a change in circumstances which in the opinion of the Company renders it impractical or impossible to give full effect to all of these Standard Policy Conditions, these Standard Policy Conditions and the benefits conferred by the Policy may be varied by the Company in such manner as the Company deems appropriate to enable these Conditions to take effect as nearly as possible.

16. CURRENCY

Unless it is otherwise provided for by the Policy Schedule, all benefits and Premiums under the Policy are payable at the Head Office of the Company for the time being, in the currency of Pakistan.

17. MIS-STATEMENT OF AGE OR SEX

Any mis-statement of age or sex of the Life Assured shall be rectified by making an equitable adjustment to either the benefits and/or the Premiums under the Policy. Provided that if the age of the Life Assured at the Commencement Date is higher than the maximum entry age or lower than the minimum, at which the Company writes the Policy, then the Policy would be void from its inception at the discretion of the Company.

18. LATE SETTLEMENT OF CLAIMS

Where payment on Policy becomes due and person entitled thereto has complied with all the requirements, including the filing of complete papers, for claiming the payment, the Company shall, if it fails to make payment within a period of ninety(90) days from which the payment becomes due or the date on which claimant complies the requirements, whichever is later, pay as liquidity damages a sum calculated in accordance with Section 118(2) of Insurance Ordinance 2000 on the amount so payable provided that such failure was due to the circumstances not beyond the control of the Company.

19. CHANGE TO STANDARD POLICY CONDITIONS

None of these Standard Policy Conditions may be waived or modified except by an endorsement issued by the Company and signed by an authorized official thereof, except where otherwise provided for in these Standard Policy Conditions.

20. PROPER LAW

Unless it is otherwise provided for, the Policy, the Policy Schedule, these Standard Policy Conditions and any endorsements shall be construed in

accordance with and governed by the law of Pakistan.

21. Policy Cancellation & Refund:

This policy can be cancelled at any time during the period of insurance. Premium refund will only be applicable if policy is cancelled within **Free Look Period** with assigned reasons and only if no claim is open or paid on the policy. Refund premium will be net of all Administrative charges incurred by the Company.

22. Credit Card/Online Payment

Coverage purchased by credit card is subject to validation and acceptance by the credit card company and the Card issuing bank.

23. 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.