

# Women Health Insurance for Debit Card Holder

## Health Insurance for Jazz Cash Debit Card Holders

### Coverage

**Women Specific: MMC covering female cancer, Osteoporosis, Rheumatoid, Arthritis**

Maximum Limit MMC	Rs. 50,000
C – Section Maternity	Rs. 25,000
<b>Accumulated Cover</b>	<b>Rs. 75,000</b>

### Details

- Women specific cover between the age 18-59 for MMC only.
- Women specific cover between the age 18-42 for maternity C -section only
- Cover provided of 1 year.
- Admission for more than 24 hours will be treated as IPD. MMC terms apply.
- All other general health terms and conditions apply.

### Exclusions

Payment of claims is subject to exclusions, as outlined below. Health Insurance Cover shall not cover.

- Any Pre-existing conditions (including pregnancy) from last three months. Pre-existing is defined here as any diagnostics previously found before the date of the policy including waiting period.
- Any Dental procedures
- OPD – Any admission less than 24 hours and no overnight stay is considered as OPD and day care.
- Day care surgeries
- Cosmetic or any surgical procedures

- Regular medications such as Insulin etc.
- Any Special Investigations which are not due to the admission.
- War, strikes, riots, civil commotion and any natural or man-made perils (including chemical, nuclear, biological, and radiological) that results in the declaration of a state of emergency on a local or national level.

### **Eligibility & Enrolment**

Applicants are eligible to apply for a Health Insurance Plan under the Policy if applicants meet all the criteria set out below:

- All Eligible Applicants shall be natural persons. Corporations, partnerships and businesses Employees who have been registered are eligible for coverage under the Policy.
- All Eligible Applicants shall be a minimum of Eighteen (18) years of age and a maximum of fifty-nine (59) years of age at the time of registration.
- If the Applicant wishes to apply for and subscribe to a Plan under this Insurance Policy, the Applicant will be required during the registration process to:
  1. Acknowledge that the Applicant has read and understood the terms of the Policy.
  2. Confirm that the Applicant meets the eligibility criteria.
    1. the Insurance Benefits payable are subject to the Applicant's confirmations being true and correct; and
    2. If the Applicant's confirmation is untrue or incorrect, no Insurance Benefits will be payable, and the End User Price the Subscriber paid will not be refunded.

### **Mistake In Age**

- The Company shall only pay Insurance Benefits based on the disclosed age of the Insured. With the onus on the customer for incorrect disclosure the Company shall not be liable to pay any benefit under this Policy in that case.

### **Intentional False Statements of The Insured**

- In the event of any concealment or misrepresentation the Policy shall become null and void with respect to the relevant Insured.

### **Notice Of Claims**

The Company shall be notified of the occurrence of Insured Claim as soon as possible, but not later than 30 (Thirty days ) from the date of discharge from hospital, which it shall be treated as time-barred and the Company shall not be bound to pay the Claim.

For each Claim reported, the Company shall obtain:

- Admission slip of hospital.
- Discharge slip of hospital.
- Any bills to be claimed.
- CNIC both sides.

Customers can share required documents through WhatsApp at the provided phone number: 0309-3331610.

If there is a dispute, suspected fraudulent activity on the claim or a unique situation which requires further clarification, the payment period can be extended but shall not exceed ten (10) working days, or if the dispute takes to resolve in the legal system.

#### **Termination Of Individual Insurance**

The insurance of an Insured shall automatically terminate at the earliest time below:

- Upon payment of the claim or
- Upon cancellation or withdrawal of subscription

#### **Contact Us**

- For Call : 051-8466336
- For Claim WhatsApp : 0309-3331610