

Khushal Amdani T&C

Terms & Conditions

Amount	MonthlyAmount	Cover/Night	Cover/Year
2	60	666	20,000
6	180	2,333	70,000
12	360	5,000	150,000

Waiting Period:

No waiting period apply, cover starts at day one.

Policy Terms and Exclusions:

- Any Pre existing conditions
- Any Dental procedures
- OPD of all sorts 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 or being in patient.
- War, strikes, riots, civil commotion and any natural or manmade perils (including chemical, nuclear, biological, and radiological) that results in the declaration of a state of emergency on a local or national level

Eligibility and Enrollment:

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 shall not be 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:

- Acknowledge that the Applicant has read and understood the terms of the Policy
- Confirm that the Applicant meets the eligibility criteria.
- The Insurance Benefits payable are subject to the Applicant's confirmations being true and correct; and 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.

CLAIM PAYMENTS:

- We aim to pay claims as soon as possible; however the **TAT remains 7 working days.**
- We would require the agreed documentation for processing of the claims. If there are no documents to share or partial documents are shared, the claims may not be payable according to the SECP rules of paying 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 claim/complaint registration call (Service Short Code)

REQUIRED DOCUMENTS:

1. Admission Slip of Hospital
2. Discharge Slip of Hospital
3. Lab reports, if any
4. Proof of income loss (Salary slip/verification on call)
5. CNIC Both Sides
6. Service Number

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 as long as the dispute takes to resolve in the legal system.

CLAIMS ELIGIBILITY:

Claims will be based from the discharge slip date.

TERMINATION OF INDIVIDUAL INSURANCE

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

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