

Khushal Zindagi Gharana T&C

Family Health Insurance – including parents (Terms and Conditions)

A total of 5 family Members can be covered under the policy which needs to be registered before the claim.

<u>COVERAGE DETAIL</u>		
<u>HOSPITALIZATION COVER</u>	<u>Silver</u>	<u>Golden</u>
<u>IPD</u>	<u>60,000</u>	<u>100,000</u>
<u>Per day Limit</u>	<u>1000</u>	<u>2000</u>
<u>Intensive Care per day limit</u>	<u>2000</u>	<u>4000</u>
<u>Accidental – RTA subject to annual limit</u>	<u>20,000</u>	<u>30,000</u>
<u>Premium Weekly recursive</u>	<u>20</u>	<u>30</u>

NOTE: The daily maximum Limit Apply.

Age coverage between 5years – 70 years – Including parents

POLICY TERMS & EXCLUSIONS:

- Any Preexisting 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 inpatient.

- 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

EXCLUSIONS

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

- Any Pre-existing Pre-existing is defined here as any diagnostics previously found before the date of the policy including waiting period.
- Any Dental procedures
- OPD 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
- 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

Nomination of Policy owner

At time of Policy- The main policy holder can Nominate at time of policy that this is for his / her spouse , children or parents. The process of which will be by notifying webdoc through whats app, Call centre or at time of purchase of policy

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
- All Eligible Applicants shall be a minimum of five (5) years of age and a maximum of Seventy (70) 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
- 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

Mistake In Age

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

REQUIRED DOCUMENTS/DETAIL

For each Claim reported, the Company shall obtain:

From the Claimant:

Admission Slip of Hospital Discharge Slip of Hospital Any Bills to be claimed.

- Lab report, if any
- CNIC Both Sides
- 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.

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