BHEALTHY PRODUCT (Terms & Conditions)

POLICY DETAILS

This hospital admission insurance policy provides a fixed monthly sum to the Insurance Subscriber in the event of Hospitalization of the Insurance Subscriber. In the event of death of the Insurance Subscriber whilst or after Hospitalization, the fixed daily sum will become payable to the Beneficiary. Payment will only be made to the Insurance Subscriber or the Beneficiary, not to their dependents.

The Insurance Cover provided by the Insurer is subject to and will be administered in accordance with the laws of the Islamic Republic of Pakistan and the Courts of the Islamic Republic of Pakistan shall have jurisdiction in any dispute arising hereunder.

DEFINITIONS

In this Policy, the following terms shall have the following meanings:

- "**Age**" means a person's age at their last birthday.
- "**Beneficiary**" means the beneficiary of the Insurance Subscriber as specified upon Subscription or later in accordance with Clause 0, who is entitled to receive the Insurance Cover benefit in case of death of the Insured.
- "**Claim**" shall refer to an application from the Insurance Subscriber or, the Beneficiary in case of death of the Insured, for the pay-out of the insurance benefit under the Policy.
- "**End User Price**" shall mean the amount payable by or on behalf of the Insurance Subscriber in order to receive Insurance Cover by the Insurer.
- "**Hospital**" shall mean any institution that has been registered as a hospital with the local authorities and is under the supervision of a registered and qualified medical doctor, or any other institution approved by BIMA or the Insurer.
- "**Hospitalization**" shall mean admission to Hospital for medically necessary treatment for a period of at least one night. For the avoidance of doubt, one night signifies a Hospital stay exceeding one full night.
- "**Insurance Cover"** shall mean the cover provided to the Insurance Subscriber upon the occurrence of an insured event, as set out in this Policy. The cover level will be determined by the proportion of End User Price paid in the relevant time period and will never exceed the Sum Assured.
- "**Insurance Effective Date**" shall have the meaning ascribed to it in Clause 0.
- "**Insurance Subscriber**" shall mean an eligible applicant participating in an insurance plan option as set out in this Policy.
- "**Insurer**" shall mean Alfalah Insurance
- "**Policy**" shall mean this insurance policy.
- "**Subscription**" shall mean the subscription to this Policy, by registration and payment of the End User Price.
- "**Sum Assured**" shall mean the maximum guaranteed amount payable to the Insurance Subscriber upon occurrence of an insured event under this Policy, provided the full End User Price has been paid in the relevant time period. It will depend on the plan selected under this Policy.
- "**Yearly Maximum Benefit**" shall have the meaning ascribed to it in Clause 0.

ELIGIBILITY

Any person is eligible to apply for Insurance Cover under the Policy if that person is:

a) a person; and
b) have valid CNIC; and
c) of the Age:

Group	Minimum Age at Entry	Maximum Age at Entry
Adults	18 years	64 years
Children	From birth	17 years
Parents	18 years	79 years

INSURANCE EFFECTIVE DATE

Insurance Cover under the plan option will become effective the day after confirmation of registration for this Policy ("**Insurance Effective Date**").

After the Insurance Effective Date, the Insurance Subscriber will automatically receive monthly Insurance Cover, provided End User Price has been paid, until termination or cancellation of the Policy.

Following a termination or cancellation, if the Insurance Subscriber re-registers for a Policy again for any reason, the Insurance Subscriber will be subject to a new Insurance Effective Date.

Subscription

The following information regarding the Insurance Subscriber is required for an eligible Subscription:

a) confirmation of the first and last name; and
b) Age or Date of Birth;
c) CNIC number; and
d) plan option selected

During registration for the Policy, the Insurance Subscriber will also be required to:

a) acknowledge that the Insurance Subscriber has read and understood this Policy and the Payment Terms; and
b) authorize BIMA to make monthly deductions each month from the Insurance Subscriber's provided account for End User Price for the Policy;

BENEFICIARY

The Insurance Subscriber can designate one person as Beneficiary who will receive the benefit of the Insurance Subscriber in case of death of the Insurance Subscriber whilst or after Hospitalization. The Beneficiary may be changed at any time by contacting BIMA customer support. If the Beneficiary is registered, the Insurance Subscriber will still be fully responsible for all obligations under this Policy.

The following information regarding each Beneficiary is required for an eligible

nomination:

a) first and last name;
b) Age or CNIC number;
c) Contact details; and
d) Beneficiary's relationship with the Insurance Subscriber.

When registered, BIMA may contact the designated Beneficiaries and inform them of this Policy.

PRODUCT BENEFITS AND PRICING OPTIONS- PLANS

The Bhealthy policy will consist of a core inpatient hospital cash and outpatient medication support benefit:

- **Hospital Cash Insurance** – provides a fixed cash benefit per night of inpatient hospitalisation, subject to eligibility criteria.
- **Medication Support** – A customer earns cover on a monthly basis that may be used when prescribed medication is required. The amount earned for Medication Support via the Health Wallet accumulates after every month of premium payment and is capped at the equivalent of twelve (12) months' worth of benefit.
- **Annual Health Check-up –** The highest tier, Diamond, will also include an annual health check benefit. A customer is eligible for a basic health check package at a standard lab at end of the year.
- **mHealth** – All lives insured on the Bhealthy policy are eligible for unlimited access to qualified tele-doctors from BIMA over the phone 7 days a week, 24 hours a day for both general and specialist consultations. This benefit is applicable for all benefit tiers.

The available plan options are as follows:

- **Single -** *An individual*
- **Joint -** *An individual + an insured relative (can be spouse, child, parent or parent-in-law)*
- **Family -** *An individual + spouse + unlimited number of children**
- **Family plus -** *An individual + spouse + unlimited number of children* + parents + parents-in-law*

**There will be no limit on the number of children that can be included on Family policies.*

Single

Benefits	Single		
	End User Price	Per night Hospitalization	Per month Medication Support
Tier 1 (SILVER)	414	5,000	250
Tier 2 (GOLD)	555	7,500	375

Tier 3 (PLATINUM)	732	10,000	500
Tier 4 (DIAMOND)	957	12,000	600

Joint

Benefits	**Joint**		
	End User Price	Per night Hospitalization	Per month Medication Support
Tier 1 (SILVER)	732	5,000	250
Tier 2 (GOLD)	980	7,500	375
Tier 3 (PLATINUM)	1,310	10,000	500
Tier 4 (DIAMOND)	1,664	12,000	600

Family

Benefits	**Family**		
	End User Price	Per night Hospitalization	Per month Medication Support
Tier 1 (SILVER)	1,404	5,000	500
Tier 2 (GOLD)	1,859	7,500	750
Tier 3 (PLATINUM)	2,419	10,000	1,000
Tier 4 (DIAMOND)	2,927	12,000	1,200

Family Plus

Benefits	**Family Plus**		
	End User Price	Per night Hospitalization	Per month Medication Support
Tier 1 (SILVER)	1,876	5,000	500
Tier 2 (GOLD)	2,585	7,500	750
Tier 3 (PLATINUM)	3,457	10,000	1,000
Tier 4 (DIAMOND)	4,248	12,000	1,200

Note: The per night benefit will be payable per night spent as an inpatient in a hospital. There is no minimum number of
hours for which the insured life must be admitted overnight in a hospital facility to be eligible for a claim.

Premiums are payable monthly, through automatic deductions, and the cover is monthly renewable.

Following policy registration, the first premium payment will be taken the following day, and cover will commence immediately when premiums have been successfully deducted. The Policyholder receives an SMS every month to inform them of the amount that has been successfully deducted and therefore, the amount of cover provided in the current month.

Policy Term

The policies will be sold on a monthly renewable, reviewable basis.

Payment Channels

Subscriber can make payment of End User Price directly, via means of JazzCash, EasyPaisa, debit card or credit card or such other payment method as BIMA may utilise from time to time.

Wait Period

- **Hospitalisation Benefit –** There is no waiting period to access the hospitalisation benefit, and therefore customers can claim immediately for accidental and non-accidental causes of hospitalisation. However, for pre-existing illness customer must wait for 30 days before initiating the treatment.

- **Medication Support benefit** – There is no waiting period to access the medication support benefit.

Yearly Maximum Benefit

The Hospitalisation benefits will be shared by all insured lives on the policy. If the annual maximum for the number of hospital nights covered is reached within a policy year, then no further nights spent in hospital may be claimed (for any reason, and for any life on the policy) until the policy anniversary is reached.

New customers and insured relatives can access their accumulated Medication Support benefit immediately upon successful collection of the first full month premium for the policy.

The Health Screening will be accessible after the successful collection of twelve (12) months' full premium payment. Therefore, some customers may in practice access the Health Screening several months after their policy anniversary depending on when the customer accumulates twelve (12) months of full premium.

Annual Limits	Hospital Cash Cover (No. nights/year)	**Medication Support**	**Health Screening**
Single Policy	30		

Joint Life	50	Minimum of 1 month of balance to claim	Minimum of 12 months of premium payment to access. *Only policyholder eligible for Health check-up.*
Family	70		
Family Plus	90		

Cover is provided on a per policy basis. There is no individual limit applied to the number of nights for which any one individual may claim from the total benefit. Furthermore, there is no aggregate limit on the number of nights that may be claimed for throughout the policy duration (i.e., there is no overall lifetime limit for any of the lives covered on the policy).

Claims Co-Operation

Notice of any Claim and any supporting documentation required under this Policy shall be given as soon as possible and no later than two hundred seventy (270) days from the Insurance Subscriber's admission to a Hospital (meaning the first night of Hospitalization). In case complete supporting documentation have not been provided within six (6) months from submission of the Claim, the Claim shall be deemed to not have been submitted. The Insurer may accept Claims where documents have been provided after a delayed interval only in special circumstances and for reasons beyond the control of the Insurance Subscriber or Beneficiary, if applicable.

The processing of a Claim will commence after the following documents have been submitted:

1. Completed claims form
2. Identification of the claimant:
   2.1. Computerized National Identity Card (CNIC)
   2.2. All claims for children will also require a Birth certificate or legal guardianship certificate
3. Evidence of hospitalisation (if claiming for Hospitalisation Cover)
   3.1. Discharge summary or
   3.2. Full medical report
4. Evidence of Prescription (if claiming from Medication Support Health Wallet)
   4.1. Doctor note or prescription (showing date of prescription and medication prescribed/purchased)
5. Payment receipt and bill

Insurance Subscribers and Beneficiaries, if applicable, may contact BIMA customer support line or visit a BIMA office to file a Claim.

Customers will be eligible to claim across multiple benefits as the result of one claim event. This applies to all benefits included on the policy. For example, the customer may claim for both hospitalisation and Medication Support benefit.

PAYMENT OF CLAIMS

BIMA will process all valid health claims within three (3) working days upon the complete submission of all required documents as above. A monthly claims meeting will be held between the underwriter and BIMA where the claims processing time will be reviewed, and procedural changes will be actioned in the case 100% of claims have not been paid within three (3) working days.

For Health Wallet (medication prescription) benefits, BIMA will aim to process valid claims within one (1) working day upon the complete submission of all required documents.

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

All valid claims payments will be made to the policyholder, except in the event where the policyholder dies while in hospital in which case the hospitalisation benefit will be paid to the policyholder's named beneficiary.

Benefits offered under the Health Wallet may only be claimed for while the customer is an active policyholder. Any benefits accruing under the Health Wallet shall be extinguished upon lapse, cancellation, or termination (i.e., there will be no surrender value for any benefits on the policy).

EXCLUSIONS AND LIMITATIONS

No benefit will be payable if the incident causing Hospitalization was directly or indirectly caused or accelerated by any of the following events:

a) War, invasion, acts of foreign enemies, hostilities, or warlike operations (whether war be declared or not), civil war, mutiny, strike, riot, civil commotion, military rising, insurrection, rebellion, conspiracy, revolution, military or usurped power, martial law, state of siege, any event or cause that determine the proclamation or maintenance of martial law or state of siege;
b) Nuclear, Biological and Chemical Risks and losses;
c) Suicide or self-inflicted injury within the first twelve (12) months of policy registration
d) elective treatment, such as cosmetic surgery; and
e) Alcohol abuse/illegal drug use

MISSTATEMENT OF FACTS

If the Age of the Insurance Subscriber is outside of the limits set out in this Policy or the Insurance Subscriber is not eligible for the Policy for any other reason, the End User Price less a reduction of reasonable administration fee based on distribution cost for the Policy, will be refunded to the Insurance Subscriber.

If the Insurance Subscriber has made any fraudulent statement, material misrepresentation or concealment of information, the Insurance Cover under this Policy shall be deemed null and void, meaning the Insurer will not pay benefits under this Policy and no End User Price paid by the Insurance Subscriber will be refunded to the Insurance Subscriber.

GENERAL CONDITIONS

All amounts payable under the Policy shall be in Pakistani Rupee (PKR).

The Insurer reserves the right to change the terms of the Policy at any time but at least 30 days' notice will be given to the Insurance Subscriber. The Insurer reserves the right to stop offering the Policy at any time.

In cases where one person has registered themselves for more than one Hospital Policy, including with several mobile numbers, only one Policy will be issued to the person and the Insurance Subscriber's maximum benefit shall be limited to the Sum Assured under the Hospital Policy with the highest Sum Assured.

LAPSE RULE

Following non-payment of either a full monthly End User Price or partial End User Price for six (6) consecutive calendar months, the Policy will be treated as lapsed.

After a policy is lapsed, the customer is automatically de-registered and no further premium deductions will be attempted, and customers will have to re-register for a new policy. They will then be subject to the relevant waiting periods and restrictions and in effect will be treated no differently to an entirely new customer.

A policy who has one to five consecutive months (i.e., < 6 months) of non-payment is treated as a 'non-cover earning' policy, not a lapsed policy. If the next month's premium is successfully collected for the policy, then coverage will be provided (with no additional requirements) and the policy is no longer at risk of potentially lapsing

TERMINATION AND CANCELLATION

Termination

The Insurance Subscriber's Insurance Cover under this Policy will automatically terminate, without notice or any action required on the part of any person, upon the occurrence of the earliest of any of the following:

a) the date on which the Insurer receives a request of cancellation of Insurance Cover from the Insurance Subscriber;
b) the date the Policy is treated as lapsed in accordance with Clause 0; and
c) the date of death of the Insurance Subscriber.
d) In the event the maximum age limit on the product has been attained, BIMA will stop any auto-renewal of the insurance policy in the month following the Policyholder's maximum age limit's birthday. An SMS confirming policy termination will be sent to the Policyholder and premium deductions will cease immediately.
e) Furthermore, the policy will terminate upon death of the main policyholder – should insured relatives wish to continue with the insurance policy, they will need to purchase a new insurance policy – existing covered lives will not be subject to further waiting periods on the policy.

Cancellations

The Policyholder may cancel the Bhealthy policy at any time by contacting BIMA Customer Services. The deduction for any premiums will be terminated immediately, and any insurance cover that has been paid for already will continue to be provided.
There will be no refund of premiums or surrender value in the case of a cancellation.

PERSONAL DATA

Personal data provided will be used by BIMA, the Insurer and other companies to enable the BIMA to honor the contracts entered into or obligations prescribed by law or other statutes. Data is normally obtained directly from the Insurance Subscriber; however it may also be obtained from other parties.

The data may also be used for market analyses, statistics and to evaluate products and services. Further, such data may be used to inform about the BIMA's products and services. Personal data may be provided – for the aforementioned purposes to the Insurer.

In its handling of personal data, BIMA will take great care to protect the personal integrity of the individuals concerned. Data will be made available only to persons who need to have access to such data to be able to perform their duties on behalf of the BIMA. These persons will only have access to the information to the extent needed to enable them to perform their duties.

BIMA may record or in some other manner document individuals' communication with the company.

ACKNOWLEDGEMENT OF THE INSURANCE SUBSCRIBER

(POLICY SHALL REMAIN SUBJECT TO THE FOLLOWING)

- Milvik Mobile Pakistan ("**BIMA**") is the Insurance broker who has been authorized by Alfalah Insurance ("**The Insurer")** to bind cover on behalf of Insurer within the terms and conditions of the Bhealthy Product Policy (the "**Policy**"). The Policy will be offered to general public. To cease monthly deductions, the insurance subscriber under the Policy (the "**Insurance Subscriber**") must deregister the subscription for the insurance plan under the Policy ("**Subscription**") by contacting BIMA. Otherwise, BIMA will continue making monthly deductions.

- The Insurance Subscriber's maximum benefit shall be the maximum benefit offered by only the insurance plan that the Insurance Subscriber has subscribed to with the highest maximum benefit;
- Our maximum liability to the Insurance Subscriber or the Insurance Subscriber's beneficiary shall be the higher of the insurance plans that the Insurance Subscriber subscribed to.
- After becoming an Insurance Subscriber, Customer permits BIMA to share his details as sought by BIMA or any other entity authorized by BIMA in this regard, for inter alia processing of the Policy, storing and processing data across countries, and more effectively providing the insurance service and payment of insurance cover under the Policy; Insurance Subscriber agrees and acknowledges that he or his legal heirs shall not hold BIMA or the Insurer responsible for any consequences of sharing such information;
- Fraud or abuse relating to provided financial account may result in forfeiture/cancellation of the Policy, suspension of services of the Insurance Subscriber and termination of policy; and
- While availing the insurance service under the Policy the Insurance Subscriber shall not respond to any calls/SMSs directing to make/send calls/SMSs to any other number/short code or which are regarding award of any prize (whether money or in kind) in lieu of balance transfer or any call. Ignorance of this clause by Insurance Subscriber shall not accrue any liabilities/responsibilities on Alfalah or BIMA including but not limited to liability/responsibility towards any loss occurred to the Insurance Subscriber.
- Alfalah, or BIMA may amend the terms and conditions of the Policy at any time in accordance with the Policy. The Insurance Subscriber shall be informed through an SMS or any other manner in accordance with the relevant laws that the terms and conditions are amended. Such SMS or information through any other manner (as mentioned above) shall contain a link to such amended terms and conditions of the Policy, and if the Insurance Subscriber shall continue to pay for the Policy it shall be the acceptance of the Insurance Subscriber to the amended terms and conditions of the Policy.
- BIMA and Alfalah may jointly amend the service charges from time to time at their discretion in accordance with the applicable laws and regulations of Pakistan. The acceptance of the terms and conditions of the Policy of the Insurance Subscriber shall also be the acceptance with the End User Price to be charged to provide the Policy;

- Alfalah and BIMA have the complete authority to stop offering the Policy at any time at their discretion.
- The domestic laws of the Islamic Republic of Pakistan shall govern the Policy and the Courts of the Islamic Republic of Pakistan shall have jurisdiction in any dispute arising hereunder.
- If any provision of the Policy is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability will not affect the other provisions of the Policy which will remain in full force and effect.
- This Policy has been especially created to provide protection for those Customers who successfully enrolled in the BIMA Product and who pay the appropriate End User Price to BIMA Accordingly, notices to the Subscriber may be provided by:
- SMS to the Insurance Subscriber's is deemed to be received on the day the SMS is sent. If a notice is placed on a website, the notice is deemed to be received on the day the notice is placed on the Insurer's website at https://www.alfalahinsurance.com or on www.milvikpakistan.com; or by publication in a major newspaper in the Islamic Republic of Pakistan.