BASIC FACT SHEET

بنيادى حقائق شيث

The product you have purchased is below:

آپ نے جو پروڈ کٹ خریدی ہے وہ ہے

EFU Bill Coverage Plan provides financial security by covering Bill cover in case of an unforeseen event.

• Enrollment Age: 18 to 64 years of age

Coverage Age: 18 to 65 years

Policy Term: Quarterly

Payment Mode: Quarterly (Auto Payment Deduction)

Free Look: Not Applicable

- The Company will settle the claim directly with the insured customer/ his or her legal heirs within fifteen working days from the date of receipt of complete claim documents.
- Service will be auto unsubscribed after 90 days of continuous nonpayment.

1. The Provisions and Conditions Document (attached) issued by EFU Life will govern the actual coverage of the policy.

2. For avoidance of doubt, the product(s) being marketed and sold by Telenor Microfinance Bank hereunder are solely the products of EFU Life, and Telenor Microfinance Bank is merely acting in the capacity of a corporate insurance agent of EFU Life in connection with the offer of such products. The Plan is neither Bank deposits nor the obligations of the Bank and Telenor Microfinance Bank shall not be liable in connection with the performance of such product, or any loss suffered by the insured member resulting from EFU Life's processing and/or repudiation of any claim under the plan.

کسی شک کور فع کرنے کے لیے، ٹیلی نارہا تکروفنانس بینک کی طرف سے مارکیٹ کی جانے والی اور فروخت کی جانے والی نوافل پروڈکٹس کلمل طور پر ای ایف یولا کف کی پروڈکٹس ہیں، اور ٹیلی نارہا تکروفنانس بینک ڈپازٹ ہے اور نہ ہی بینک ڈپازٹ ہے اور نہ ہی بینک ڈپازٹ ہے اور نہ ہی بینک گیا تھے۔ کار پوریٹ انشور نس ایجنٹ کے طور پر کام کر رہا ہے۔ یہ پلان نہ ہی کوئی بینک ڈپازٹ ہے اور نہ ہی کار پوریٹ انشور نس ایجنٹ کے طریقہ کار اور کر یا پلان کے تحت کسی بھی کلیم کی تر دید کے نتیج میں صارف کو ہونے والے کسی بھی نقصان کے لیے ذمہ دار نہیں ہوگا۔

3. Bill Coverage Plan is offering the following benefits and premium modes:

Plan	Bill cover
A	20,000*

*Amount Paid for 12 months

4. You will receive SMS notification upon Enrollment & Premium Deduction.

5. It is hereby clarified that for any complaint related to this policy, you can contact **EFU Life at**gbd@efulife.com
or at 111-EFU-111 and Telenor Microfinance Bank dial 3737 or at (92 - 42) 111-003-737 for further details you can also visit Telenor Microfinance Bank website at
www.easypaisa.com.pk

پر اور ٹیلی نارمائ 111-EFU-111 یا <u>gbd@eflife.com</u>اس بات کی وضاحت کی جاتی ہے کہ اس پالیسی سے متعلق کسی بھی شکایت کے لیے آپ ای ایف یولا نف سے پر دابطہ کر سکتے ہیں۔ مزید تفصیلات کے لیے آپ ٹیلی نارما نکر و فنانس بینک کی ویب کروفنانس بینک سے 3737مالکریا 737-003-111 (92-42) مجھی ملاحظہ کر سکتے ہیں۔ مزید تفصیلات کے لیے آپ ٹیلی نارما نکر و فنانس بینک کی ویب کروفنانس بینک سے 3737مالکریا 92-42) مسائک

EFU BILL COVERAGE PLAN

Terms & Conditions

1. DEFINITIONS

In these Provisions:

COMPANY means EFU Life Assurance Ltd.

BANK means Telenor Microfinance Bank Limited.

EFU BILL COVERAGE PLAN means a term accidental assurance product which provides a guaranteed level of accidental protection against death or disability due to accidental causes.

ACCIDENT means bodily injury which is caused solely by violent, external and accidental means and resulting directly and independently of all other causes.

ACCIDENTAL DEATH refers to an Insured Member dying as a result of injuries caused solely by violent, external and accidental means and there is evidence of a visible contusion or wound on exterior of the body except in the case of drowning or of an internal injury revealed by an autopsy, and that such death occurred within 90 days of the accident solely as a result of the same injury and not as an indirect result of any fit, physical defect, illness or disorder.

INSURED MEMBER means the Eligible Life Assured who consents to opt EFU Bill Coverage Plan.

ELIGIBLE LIFE ASSURED means the customer of Telenor Bank Easypaisa Mobile Application who is eligible for assurance under this policy in accordance with Clause 4 of these Provisions and Conditions.

BENEFICIARY means the next of kin designated by the Insured Member who can be the spouse, or any other close blood relative.

COVERAGE EFFECTIVEDATE means the date and time on which the cover becomes effective which will be from 00:01 hours on the Commencement Date or the date following the date on which the premium is paid.

COMMENCEMENT DATE means the date this policy takes effect i.e. premium payment date must be followed by acceptance of cover by EFU Life Assurance.

POLICY TERM means the period of one month or three months or six months as the case may be for which the policy will remain valid beginning from the Commencement Date.

2. MASTER CONTRACT

These Provisions and Conditions constitute the Master Contract between the Company and the Insured Member. No one except an Appointed Signatory is authorized to modify this contract, or extend the time for premium payment, to waive any lapse or penalty, to waive any of the Company's rights or requirements or to bind the Company by making any promise or by accepting any representation or information. The Company shall not be bound by any promise or representation heretofore or hereafter given by any person other than the authorized representative and such approval be endorsed hereon.

3. AMENDMENT OF THIS POLICY

This Policy may be amended or changed at any time, without the consent of the Members assured hereunder, on written request made by the Bank and agreement by the Company. Any amendment or change to this Policy shall be binding on all Members whether assured under this Policy prior to or on or after the date such amendment becomes effective.

4. ELIGIBILITY

The Insured Member shall be those customer of the Easypaisa Mobile Application Bank are within the eligibility age range between 18 and 64 years. An Insured Member shall not be eligible for multiple enrollments at a single point of time.

5. PARTICULARS TO BE FURNISHED

The Bank shall furnish the Company with all the necessary information on "client wise basis". Such particulars shall, unless otherwise agreed by the Company in writing, be furnished on the Commencement date and daily thereafter in the format to be specified by the Company.

6. EVIDENCE OF AGE

Evidence of Age of the Insured Member, satisfactory to the Company, will be required before any benefit is paid. A copy of Computerized National Identity Card (CNIC) of the Insured Member shall be deemed satisfactory proof of Evidence of Age. In the absence of the CNIC and birth certificate, the matriculation Certificate or any other satisfactory evidence which the Company may specify will be considered as acceptable proof of age.

7. BENEFITS

A) Accidental Death Benefit

If the Insured Member dies as a result of injuries caused solely by violent, external and accidental means and there is evidence of a visible contusion or wound on exterior of the body except in the case of drowning or of an internal injury revealed by an autopsy, and that such death occurred within 90 days of the accident solely as a result of the same injury and not as an indirect result of any fit, physical defect, illness or disorder, the Company, upon receipt of and due investigation of the Claim, will pay the fixed monthly benefit amount as per the plan chosen by the insured customer for a period of 12 calendar months after the date of death.

B) Permanent Total Disability Benefit

If the Insured Member has, whilst the Policy is in full force and effect, sustained injuries caused solely by violent and accidental means and within 90 days of the accident suffers the losses set out in the Table of Benefits of Accidental Disability given below solely as a result of same injuries, the Company, upon receipt of and due investigation of the Claim, will pay the fixed monthly benefit amount as per the plan chosen by the insured customer for a period of 12 calendar months after the date of disability.

TABLE OF BENEFITS OF ACCIDENTAL DISABILITY	
S. No.	Description of Injuries
1.	Loss of both hands or amputation at higher sites
2.	Loss of hand and or/a foot
3.	Double amputation through leg or thigh; or amputation through leg or thigh on one side and loss of other foot
4.	Loss of sight to such an extent as to render the claimant unable to perform any work for which eye-sight is essential
5.	Very severe facial disfigurement
6.	Absolute deafness

^{**}If the Insured Member suffers more than one of the losses shown in the Table of Benefits of Accidental Disability arising out of same accident, only one claim shall be settled.

8. CESSATION OF MEMBERSHIP

An Insured Member shall cease to be an Insured Member on:

- The Insured Member's death or disability.
- Cancellation of this Policy by the Insured Member.
- The Insured Member having attained the age of 65 years;
- Non-payment of premiums by the Insured Member when due;
- Any other date on which the Member ceases to be eligible for assurance for any fraudulent or criminal reason affecting the assurance hereunder. Decision of the court shall be final in such cases.

9. EXCLUSIONS

This policy does not provide any coverage and no benefits shall be paid for death or disability from all or any of the following corresponding Exclusions:

- Suicide and attempt to suicide, self-inflicted injury, murder and illegal act of the insured member:
- Failure to seek or follow medical advice, taking of alcohol or drugs;

10. PAYMENT OF PREMIUMS

All premiums, including taxes, etc., shall be payable at the office of the Company issuing the policy.

11. ASSIGNMENT

The assurances provided for under this Policy and the benefits payable hereunder are not assignable.

12. RECORDS

The Bank shall keep a record of the Insured Members containing, for each Insured Member, the essential particulars of the Assurance. This Policy gives the Company, by its duly authorized representative, the right at reasonable times to inspect all books and records of the Bank relating to the assurance effected hereunder.

13. CLAIMS

Written notice of claim must be presented to and received at the office of the Company issuing the policy. The Bank OR Insured Member will provide, at their own expense, all certificates, information and evidence required by the Company in respect of claims. All claims will require evidence of claim and proof of age of the Insured Member. The Beneficiary / Claimant can call at 111-338-111 (help line of Insurance Company) to lodge the claim or approach their respective bank branch to fill out and submit necessary claim forms along with following documents. The submission of claim forms along with documents must not take more than 90 days after the occurrence of Event.

Documents required for Accidental Death and Accidental Permanent Total Disability Claims:

- Copy of death certificate issued by NADRA / Union Council
- Copy of CNIC of claimant and deceased
- Claimant's Statement
- FIR and Postmortem report in case of Accidental Death (where required)
- Succession Certificate & Original Guardianship Certificate (in case the beneficiary is a minor)
- Medical record confirming disability or dismemberment
- Any other document which may be deemed necessary by EFU Life Assurance

The assurance effected hereunder shall carry no paid up value.

14. CHANGE OF OWNERSHIP

If the business of the Bank shall be transferred to or succeeded by any person or corporation then, subject to the consent of the Company, the payment of premiums under this Policy may at the option of such person or corporation be continued in which case such person or corporation shall afro the date of such transfer or succession take the place of and be treated for all purposes of this Policy as being the Bank hereof.

15. TERMINATION OF THE POLICY

It is clarified that any termination shall not affect the obligations of the Bank and Company assumed at the time prior to the effective date of termination. Further, the Company reserves the right to give the Bank three months' written notice to add, alter or repeal the terms and conditions of the Agreement Hereof Notwithstanding anything contrary in this Policy, the termination of this Policy shall have the following effects:

a) No individual enrollment shall be permissible under this Policy after the time of termination.

16. LAW

This Policy shall be governed by the Laws of Islamic Republic of Pakistan.

17. STATUTORY FUND

Under the provisions of the Insurance Ordinance 2000, this policy and any additional benefits shall be preferable to the Conventional Business Statutory Fund of the Company. The Company may by endorsement to the Policy change the Statutory Fund(s) to which the policy and any additional benefits are referable.

End of Provisions and Conditions

DISCLAIMER:

EFU BILL COVERAGE PLAN is underwritten, issued and subject to terms and conditions set by EFU Life Assurance, an insurance company having its principal office at Plot 112, 8th East Street, DHA Phase-1, Karachi, Pakistan – 75500. EFU BILL COVERAGE PLAN is only the name of the product and does not, in any way, indicate the quality of product. Easypaisa is a brand of Telenor Microfinance Bank, Pakistan and bank is acting as the corporate insurance agent of EFU Life Assurance. Bank will not be responsible in any manner if your application or claim is rejected by EFU Life nor will investigate or provide any opinion on merits of the claim.