BASIC FACT SHEET

Product: EFU Medical Insurance Plan

1. **EFU Medical Insurance Plan -** JazzCash introduces "Medical Insurance by EFU Life" – This plan offers extensive benefits to JazzCash customers, featuring the industry's first OPD coverage, which fully reimburses outpatient expenses up to the plan's limit. Additionally, it includes limits for hospitalization charges due to illness or accident, accidental medical reimbursement, and a built-in telehealth service covering the entire family, including parents.

    - **Enrollment Age:** 18 to 59 years of age
    - **Coverage Age:** 18 to 60 years
    - **Free Look Period:** 14 Days
    - **Policy Term:** Yearly
    - **Payment Mode:** Yearly
    - **The Insurance Company will settle the claim directly with the insured customer/his or her legal heirs within ten working days from the date of receipt of complete claim documents.**

2. For avoidance of doubt, the Insurance product(s) being marketed and sold by Jazz Cash here are solely the products of EFU Life, and Jazz Cash 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 Jazz Cash 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.

3. EFU Medical Insurance Plan is offering the following benefits and premium modes:

Plan	Hospitalization Benefit	OPD Limit	Accidental OPD/IPD Limit	Telehealth Services	Annual Premium
A	1,250/Day	2,500	5,000	Unlimited	500
B	2,500/Day	5,000	10,000		1,000
C	5,000/Day	7,500	15,000		1,500
D	7,500/Day	10,000	20,000		2,000
E	10,000/Day	15,000	50,000		5,000
F	8,500/Day	12,500	40,000		2,900

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

5. **How To Claim:**
    - Email us at: jazzcashclaims@efulife.com
    - Call us at: 042-3333-0333

6. **Its hereby clarified that for any complaint or grievance related to this policy, you can contact EFU Life at** jazzcashclaims@efulife.com or at **042-3333-0333** and Jazz Cash dial **4444** or at for further details you can also visit Jazz Cash website at https://www.jazzcash.com.pk/mobile-account/insurance/medical- insurance/

EFU Medical Insurance
PROVISIONS AND CONDITIONS

1. DEFINITIONS
In these provisions:

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

BANK means Mobilink Microfinance Bank Ltd.

BENEFICIARY means a person or persons appointed by the Insured Member (under the provisions of the Insurance Ordinance 2000) to receive the benefits payable under the policy.

COMPANY means EFU Life Assurance Limited.

COMMENCEMENT DATE means the date on which the premium is paid after acceptance of the application for this insurance.

CONFINEMENT DATE means Date on which the Member is registered and interned as a bed-patient in a Hospital and incurs a daily room charge, whether or not borne by the Member himself.

CLAIMS HELPLINE means the telephonic helpline on which the Member or any of his family members accompanying him at the hospital must pre-advice about his hospitalization, any time before discharge from the hospital, to the Company or an entity authorized by the Company.

DAILY BENEFIT means the benefit payable to the Insured Member for each day of Hospital confinement, as specified in this Policy.

ELIGIBLE LIFE ASSURED means an accountholder of the Bank who is eligible for assurance under this policy in accordance with Clause 4 of these Terms and Conditions.

EFFECTIVE DATE & TIME OF THE POLICY 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 after acceptance of the application for insurance cover.

HOSPITAL means an institution that is:
- Properly licensed to provide medical care in accordance with the laws of Pakistan;
- Is primarily engaged in providing diagnostic and laboratory tests, medical evaluations, medical treatment & services and surgical facilities;
- Has 24 hours-a-day nursing service by registered graduate nurses under the permanent supervision of in-house Physicians in charge;
- Maintains proper in-patient facilities with documented protocols and procedures; and Maintains a daily medical record for each of its patients, which is readily accessible to the Company.

INJURY means bodily injury which is caused solely by violent, external and accidental means and resulting directly and independently of all or any other causes after the Commencement Date.

MEMBER means an Eligible Life Assured who is to be included in this policy after giving his valid consent and paying the required premium amount.

INPATIENT means a Member confined in a Hospital as a registered bed patient for at least a consecutive period of 24 hours.

OUTPATIENT means receiving Treatment at a Hospital, Outpatient clinic, Day-care unit, Physician's consulting rooms or the residence of the Insured Member, where the Insured Member is not admitted to a Hospital bed as an In-Patient or Day-care patient.

POLICY YEAR means the period of one year beginning from the Commencement Date.

PHYSICIAN means a licensed medical practitioner bearing valid in force registration with the Pakistan Medical and Dental Council (PMDC), and who: is someone other than the Member or a relative of the Member; is a Physician in an Approved Hospital; is not or never has been disqualified or license revoked or suspended from practicing as a medical practitioner by the Pakistan Medical and Dental Council (PMDC) or any statutory / regulatory / government body / entity, whether within Pakistan or outside Pakistan.

PRE-ADVICE means information provided by the Member or any of his family members accompanying him at the hospital regarding his Hospitalization, through the Claims Helpline during his hospitalization. Information should include details regarding:

a) Identification details of the patient to determine that he is the Member;
b) When Member was admitted;
c) Where Member is admitted;
d) Why Member is admitted (presenting complaints or diagnosis);
e) When Member is expected to leave hospital;

The Member must also advise Claims Helpline when he is discharged from Hospital and he should also confirm or amend the diagnosis at that time as previously advised.

PRE-EXISTING CONDITIONS for the purposes of this Policy means any injury, illness, condition or symptom: for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable prior to the Commencement Date of the Policy for Member, or which originated or was known by the Member to exist prior to the Commencement Date of this Policy, whether or not treatment, or medication, or advice or diagnosis was sought or received.

SICKNESS means sickness or disease contracted for the first time after the Commencement Date. Words importing the singular number include the plural number and vice versa and words of masculine gender shall include the feminine unless the context otherwise requires.

2. MASTER CONTRACT

These Provisions and Conditions constitute the Master Contract between the Company and the 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 eligible person for this policy are the present and future customers of the Bank who are within the Eligibility Age range i.e. 18 to 59 years and who have given their valid consent to opt for insurance coverage under this Policy. Any Member shall not be eligible for multiple enrolments at a single point in time.

5. EFFECTIVE DATE OF INDIVIDUAL INSURANCE

Customer will become eligible from the date on which the premium is paid for this insurance coverage.

6. EVIDENCE OF AGE

Evidence of age of a Member satisfactory to the Company will be required before any benefit in respect of him is paid under this Policy and if after commencement of the insurance cover hereunder the date of birth of any Member is found to have been incorrectly notified to the Company, the Company shall notify the Member and/or Bank of the adjustment to be made under this Policy in respect of such incorrect notification. No benefit whatsoever shall be payable under the Policy if the correct age of the Member is found to be more than maximum eligibility age of 60 years.

7. AMOUNT & CALCULATION OF PREMIUM

Annual premium shall be payable in respect of each Member as follows.

Annual Premium Amount (PKR)
2,900

The Company may however, by giving written notice to and taking consent of the Member, modify rates for future Policy Period as it thinks fit.

8. BENEFITS

In consideration of the premium paid in accordance with Clause 7 of this Policy, upon receipt of due proof in writing that the Member or Family Member has, whilst the Policy is in full force and effect, suffered any of the event(s) set out below, the Company, subject to the exclusions set out below and the terms and conditions contained herein, shall pay the following Benefits:

8.1 Daily Hospital Cash Benefit:

If the Member or the Family Member, whilst the Policy is in full force and effect, as a result of Accident or Sickness is necessarily confined as an Inpatient within a hospital, for at least 24 consecutive hours, under the continuous attendance of a Physician, then the Company will, upon the receipt of and due investigation of claim, pay the following Daily Benefit according to the chosen category:

Daily Hospital Cash (per day) (PKR)
8,500

The Coverage for hospitalization due to Sickness under this policy takes effect after the elimination period of 15 days from the enrolment date of Member under this Policy. There is no Elimination Period in case of hospitalization due to an Accident.

No benefit is payable in case of confinement of less than 24 consecutive hours.

8.2 Maximum Annual Benefit Limit:

Subject to other terms and conditions of this Policy, the Daily Benefit will be payable for maximum of 100 days under this Policy for all claims arising during one Policy Year.

8.3 Maximum Consecutive Hospitalization:

In case of consecutive hospitalization for more than 24 hours, the payment of Daily Benefit may continue for a maximum of thirty (30) consecutive days.

8.4 Successive Periods of Hospital Confinement:

If within thirty (30) days of discharge following a period of Hospital confinement for which the Daily Benefit is paid or payable under this Policy, the Member is readmitted and confined as an Inpatient, due to the same or related causes, the Daily Benet will not be payable. If subsequent confinement as an Inpatient is after a period of at least thirty (30) days from the date of discharge from the immediately preceding period of Hospitalization, the confinement will be considered a new period of confinement and the Daily Benet will be paid in accordance with the appropriate provisions of this Policy.

8.5 Outpatient / Inpatient Expense Reimbursement:

In the event where the Member has, whilst the Policy is in full force and effect, incurred medical expenses on account of Inpatient or Outpatient treatment, the Company will pay an actual reimbursement amount upto the limit assigned for each family as per the selected plan category to Member in addition to any benefit under the policy:

Accidental Outpatient / Inpatient Annual Limit (PKR)	Natural Outpatient Annual Limit (PKR)
40,000	12,500

9. CESSATION OF MEMBERSHIP

Cover shall cease for the Member on event of any of the following:

a) The Member's death.
b) Closing of account / membership or cancellation / cessation of the scheme by the Bank.
c) Member and spouse having attained the age of 66 years or children aged 22 years (unmarried and economically dependent)
d) Non-payment of premium by the Member when due.
e) Member cancels his insurance coverage.
f) Any other date on which the Member ceases to be eligible for insurance cover for any fraudulent or criminal reason affecting the insurance cover hereunder. Decision of the court shall be final in such cases.

10. EXCLUSIONS

No benefit will be paid if the death or injury of the Member results directly, wholly or partly, as a result of or related to:

a) Pre-existing Conditions
b) Intentional self-inflicted injury, murder, suicide, and violation of law;
c) Failure to seek or follow medical advice, taking of alcohol or drugs.
d) Treatment related to dental, pregnancy, miscarriage, or childbirth.
e) Participating in exercises while serving in the armed or paramilitary forces or any form of policing duty.
f) Routine dental and vision care, over-the-counter medications aside from doctors' prescriptions, vitamins, or supplements.

11. ASSIGNMENT

The insurance cover 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 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

The Bank shall notify the Company of the claim event of any Member and furnish the Company, at its own expense, with all information necessary to determine whether the benefit is payable in respect of that Member and the amount of the benefit.

The insurance coverage affected hereunder shall carry no paid-up / surrender value.

Claim will be processed by the Company following the submission of the Claim documents to the Company or an entity authorized by the Company, by the Member.

Upon satisfaction, the Company shall pay the claim amount.

14. TERMINATION OF THIS POLICY

The Company reserves the right to terminate the Policy by giving 90 days' notice. It is clarified that any termination shall not affect the obligations of Bank and Company assumed at any time prior to the effective date of termination. Further, the Company reserves the right to give Bank three months' written notice to add, alter or repeal the terms and conditions of the Policy hereof.

Notwithstanding anything to the contrary in this Policy, the termination of this Policy shall have the following effect:

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

15. LAW

The policy is governed by and interpreted according to the laws of Islamic Republic of Pakistan.

16. STATUTORY FUND

Under the provisions of the Insurance Ordinance 2000, this policy and any additional benefits shall be referable 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 Terms & Conditions