





## اعلانات

- اس پروڈکٹ کو جوبلی لائف انشورنس کمپنی لمیٹڈ نے انڈر رائٹ

- جوبلی لائف انشورنس اس انشورنس پالیسی کا انڈر رائٹر اور فراہم کنندہ ہے اور وہ پالیسی سرپرست اور انشورڈ سمسز اور سٹیٹیشریز کے دونوں کو پوسٹنس کرنے اور تصفیے کرنے کا ذمہ دار ہے۔

- ہمارا سبڈ کنسلٹنٹ آپ کو سٹیٹیس کی ایک پراسٹارڈو اسٹریٹج فراہم کرے گا۔ براہ کرم مختلف شرائط و ضوابط کی تفصیلی تھیم کے لیے اسٹریٹج سمن دینے کے نوٹ کو ملاحظہ کریں۔

- مختلف شرائط و ضوابط کی تفصیلی تھیم کے لیے براہ کرم پالیسی دستاویز سے رجوع کریں۔

- کسی ایک سٹینڈارڈ نمبر پر 1 سے زیادہ پالیسی جاری سمن کی جاسکتی ہے۔ اس حد سے زیادہ انشورنس کوآر کے لئے کی جائے والی کوئی بھی درخواست مسزور کردی جائے گی اور پرمیٹیم پالیسی ہولڈر کو واپس کر دیا جائے گا۔

## رابطہ کی تفصیلات

شکایت اور مزید تفصیلات کے لئے آپ رابطہ کر سکتے ہیں:

**جوبلی لائف انشورنس کمپنی لمیٹڈ**

ہیڈ آفس: 74/11-A، لالازار، ایم ٹی خان روڈ، کراچی، 74000، پاکستان

ٹیلی فون:

(021) 32120201, 35205094

فیکس: (021) 35610959

ای میل: info@jubileelife.com

ویب سائٹ: www.jubileelife.com

یو ایس ای: (021) 111 111 554

ایس ایم ایس: ایساوال کنڈر 8554 پر ارسال کریں

## Disclaimer

- This product is underwritten by Jubilee Life Insurance Company limited.

- Jubilee Life Insurance is the underwriter and provider of this Insurance Policy and shall be responsible for policy servicing and lodgment, processing, & settlement of claims to the insured customer(s) or beneficiary(ies).

- Our sales representative will provide a personalized illustration of benefits to you. Please refer to the notes in the illustration for detailed understanding of the various terms and conditions.

- Please refer to the Policy Documents for detailed understanding of the various terms and conditions.

- Not more than 1 (One) policy can be issued on a single CNIC number. Any request for insurance cover beyond this limit shall be declined and the Premium will be refunded to the Policyholder.

18. Treatment for injuries sustained as a result of participation by the Insured Person in any dangerous sport, pastime or competition, including but not restricted to riding, driving in any race or competition and engaging in professional and contact sports.

19. Any increase in the expenses incurred for the treatment on account of the Insured Person being admitted to a more expensive room than allowed by his daily room rent limit.

20. Outpatient Services.

21. Experimental or pioneering or advanced medical and surgical techniques not commonly available and elected by the Insured Person in lieu of treatment usually and customarily provided for the medical condition concerned in Pakistan, except with the Company's prior approval in writing.

22. Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered Reasonable and Customary Expenses in the absence of such legislation.

23. Costs arising out of any litigation or dispute between the Insured Person and any medical person or establishment from whom treatment has been sought or given, or any other costs not specifically related to the payment of the medical expenses covered by the Policy.

24. Second Opinions in respect of medical conditions which have already been diagnosed and/or treated at the date such Second Opinions are obtained, unless considered by the Company's medical advisers to be reasonable and necessary having regard to the medical facts and circumstances.

25. Sexually transmitted disease and any treatment or test in connection with Acquired Immune Deficiency Syndrome (AIDS) or any AIDS-related conditions or diseases.

26. Services or treatment in any home, spa, hydro-clinic, sanatorium or long-term care facility that is not a Hospital as defined.

27. Continuance of fees from a referring Physician after the date on which an Insured Person has been referred to another Physician or Specialist.

28. Costs or treatment after an annual renewal date (Due Date) arising from accident, illness or death occurs during the previous Period of Insurance except as hereinbefore defined.

29. Costs or benefits payable under any legislation or corresponding insurance cover relating to occupational death, injury, illness or disease. This Policy is not in lieu of and does not affect any requirement for coverage under the Workmen's Compensation Act.

30. Any treatment or expense in respect of persons more than 61 (Sixty-one) years old at the date of the onset of the event giving rise to a claim, unless agreed otherwise by the Company in writing prior to the inception of the Policy.

31. This Policy has a Waiting period of sixty (60) days, during which claims arising due to Inpatient Hospitalization (apart from hospitalization due to Accident) will not be payable.

## Exclusions

This policy does not insure and no benefits shall be paid for expenses resulting from all and any of the following Exclusions:

1. Any Pre-Existing Conditions will not be covered under the Policy during the first Policy Year. For each subsequent Policy Year, the schedule of Pre-existing Conditions as mentioned above shall be followed.

2. Any Treatment (other than acute emergency or accidental hospitalization only) received in a 'Non-Approved Hospital' by the Insured Person. Use of 'Non-Approved Hospitals' and physicians who have not been authorized by the Company to provide treatment under this Policy will invalidate the Claim.

3. Any Treatment not recommended by a Physician licensed and approved by the Pakistan Medical and Dental Council or which is not Medically Necessary.

4. Routine physical checkups, rest cures, services including immunization.

5. Treatment of mental illness, psychiatric & psychological disorders, self-inflicted injury, suicide, abuse of alcohol, drug addiction, nicotine/smoking addiction, any form of intoxication or substance abuse.

6. Supply or fitting of eye glasses, contact lenses, hearing aids, wheelchairs and medical appliances not required surgically.

7. Any Dental Treatment, X-rays, extractions or fillings unless necessitated due to Accidental Injury occurring and up to the extent of pain relief.

8. Cost of limbs of any other organ (prosthesis) or any kind of supporting equipment for revival or correction of the function of the body.

9. Treatment of any refractive errors of the eyes including the cost of procedures such as 'Radial Keratotomy' and 'Excimer Laser'.

10. Procedures and Treatment for Obesity, weight reduction/enhancement.

11. Cosmetic/plastic surgery, unless medically necessitated due to injuries occurring while the Insured Person was covered.

12. Injury or illness while serving as a full-time member of a police or military unit including reserve/visit and treatment resulting from participation in war, riot, civil commotion or any illegal or immoral act.

13. Engaging in air travel, except when travelling in a licensed aircraft being operated by a licensed airline according to published schedules.

14. Any kind of inpatient treatment which could generally be done on an Outpatient basis or any Hospital Confinement primarily for diagnostic purposes, unless specifically authorized by the Company in writing.

15. Treatment or surgical operation for congenital defects or deformities, including physical and mental defects present from birth.
16. Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and/or any related prenatal or postnatal care, circumcision etcetera.

17. Treatment of infertility, impotency, sterilization & contraception including any complication relating hereto.

4. Before covered treatment is undertaken in any of Approved Hospitals, the Insured Person must inform the Company. The Company has made direct billing arrangements with Approved Hospitals. Any request for reimbursement for treatment will invalidate the claim except in the case of Accident or acute medical emergency.

No reimbursements shall be allowed in case the Insured Person has not informed the Company before in-patient hospitalization in an Approved Hospital, unless agreed otherwise by the Company in writing prior to the request for reimbursement.

5. For reimbursement\* of emergency/accidental hospitalization expenses incurred in a Non-Approved Hospital, the following procedure should be followed:

- Inform JLI within 24 hours of hospitalization
- Pay the hospital expenses
- Submit the following documents to JLI within 30 days of discharge from the hospital:

- Complete Discharge Summary
- Hospital Invoice
- Doctors notes of treatment
- Laboratory Reports
- Details of medicine used during Hospitalization

\*Settlement of claim will be made in line with the prevailing terms and conditions of this Document.

Additional documents can be requested by Jubilee life for approval for reimbursement. Approval or reimbursement will be given following the decision by Jubilee Life's Physician that emergency services availed at the Non-Approved Hospital were medically necessary.

6. A health card shall be issued to the policyholder after enrollment.

7. Insured person(s) must present their medical cards in order to obtain treatment on credit at the accredited panel of providers. Each insured person will also be required to complete and sign a claim form available at the service provider.

8. In case of a medical emergency, insured persons can reach us on the 24 hours' emergency lines.

9. An insured person on travel outside the country during short period business or holiday travel outside Pakistan (not exceeding 90 days in the aggregate during any one period of insurance) will be eligible for emergency medical benefits. All medical expenses will be on a reimbursement basis and will be within the Reasonable and Customary Charges for medical treatment of a standard type usually available in Pakistan.

10. This leaflet is for illustrative purposes only. You are advised to refer to the illustration before purchasing a plan and to the Terms and Conditions in the Policy Document for the details of the important features of the plan.

11. The plan will cease on the earlier of:
  - Death of Life Assured
  - Life Assured indulge in fraud clause
  - Date of termination of the policy or termination due to any of the standard policy conditions
  - Due date of the first unpaid Premium, given that Premium is not paid within the Grace Period Policy anniversary falling on or preceding the 61st birthday of the Life Assured.

arranged by Jubilee Life through a simple pre-authorization procedure, and Jubilee Life will settle your bills directly to the hospital as per your entitlement. This relieves you from the financial distress, and you can concentrate on the recovery process.

## Which Approved Hospitals are available?

You can benefit from Jubilee Life Insurance's network of around 500 carefully selected Approved Hospitals spread across the country. Also, a hospital panel list shall be provided to you along with the Policy Document at the time of purchase of this plan.

## Which Top Approved Hospitals are available in the main cities of Pakistan?

By opting for the Wellness Assure Plan, you have access to some of the best hospitals located in the main cities of Pakistan which includes the following:

City	Hospitals
Karachi	Aga Khan University Hospital (AKUH) Orthopaedic and Medical Institute (OMI) South City Hospital Iqbal National Hospital
Lahore	Doctors Hospital and Medical Center Hameed Latif Hospital
Islamabad	Shifa International Quaid-e-Azam International Hospital
Rawalpindi	Maryam Memorial Hospital Faisal Hospital
Faisalabad	Mujahid Hospital
Multan	City Health Care Pvt Ltd Fatima Medical Centre

Pre-existing conditions covered				
Year	Gold	Gold Plus	Titanium	Platinum
	1,000,000	2,500,000	5,000,000	10,000,000
1	0%	0%	0%	0%
2	10%	4%	2%	1%
3	20%	8%	4%	2%
4	30%	12%	6%	3%
5	40%	16%	8%	4%

## Definitions:

**In-patient Hospitalization:** A patient admitted to the hospital for the treatment of medical condition.

**Approved Hospitals:** Hospitals which are on Jubilee Life Insurance panel list.

**Inadmissible Conditions:** Medical conditions which are not covered under the Wellness Assure Plan.

**Pre-authorization:** Obtaining prior approval before incurring an expense for the treatment of medical condition covered under this product.

## Important Notes:

1. All scheduled admissions must be reported to Jubilee Life at least 48 hours prior to admission. Insured person must seek Jubilee Life's authorization before proceeding.

2. Treatment at any of the hospitals which are not covered in the 'Approved list of Hospitals' can only be availed in case of an acute emergency or accidental hospitalization.

3. For emergency admissions, the hospital/Insured persons(s) will contact us within 24 hours for authorization.

## Is there a Free Look Period under this Plan?

Wellness Assure Plan offers a free look period of fourteen (14) days from the receipt of policy documents. You can apply for cancellation and refund of Premium if you are not satisfied with the terms and conditions as long as the benefits available have not been utilized. Your premium will be refunded if a written request for cancellation is received within the Free Look period. Requests for refund should be communicated to our Customer Helpline (111-111-554).

## Is there a waiting period under this plan?

Yes, Wellness Assure Plan has a Waiting period of sixty (60) days, during which claims arising will not be payable except only in case of hospitalization due to Accident. Full coverage under this Plan takes effect sixty (60) days after the later of the Policy Issue Date and the last Alteration Date for attachment of Benefit Assured under this Policy.

## What does the "Inclusion of Pre-Existing Conditions" mean?

In case the Life Assured has been suffering from an ailment/medical condition prior to availing this plan, the expenses related to that particular medical condition will also be covered as per the terms and conditions.

## Would all expenses related to Pre-Existing Conditions be covered from the 13th month from the commencement of the cover?

No. Pre-existing conditions will only be covered up to the percentage of the Annual Benefit Limit as mentioned in the below schedule:

Pre-existing conditions covered				
Year	Gold	Gold Plus	Titanium	Platinum
	1,000,000	2,500,000	5,000,000	10,000,000
1	0%	0%	0%	0%
2	10%	4%	2%	1%
3	20%	8%	4%	2%
4	30%	12%	6%	3%
5	40%	16%	8%	4%

## Would my Pre-existing Condition Inclusion start from 0% again, in case, I plan to re-avail the 5-year Product?

No. In case of re-availing this product, your Pre-existing Condition counter would initiate from your previous maximum. However, the maximum coverage for Pre-Existing Conditions will only be up to 40% of the Annual Benefit Limit.

## What are the advantages of Approved Hospitals?

In case of hospitalization, you can select any of the Approved Hospitals to obtain quality medical care without

conditions by the Policyholder offered by the Company at the time of renewal.

## What is the premium for Wellness Assure Plan?

The premium for Wellness Assure Plan will be based upon the age at entry of the Insured Person(s) according to the table given below:

Age	Wellness Assure Plan			
	Gold	Gold Plus	Titanium	Platinum
	1,000,000	2,500,000	5,000,000	10,000,000
0	36,550	49,000	92,850	106,100
1	36,550	49,000	92,850	106,100
2	36,200	48,450	91,650	104,700
3	35,850	47,900	90,400	103,300
4	35,500	47,350	89,150	101,900
5	35,100	46,800	87,950	100,450
6	34,750	46,250	86,700	99,050
7	34,400	45,700	85,450	97,650
8	34,050	45,150	84,250	96,250
9	33,650	44,600	83,000	94,850
10	33,300	44,050	81,750	93,450
11	32,950	43,500	80,550	92,050
12	32,600	42,950	79,300	90,650
13	32,200	42,400	78,050	89,250
14	31,850	41,850	76,850	87,850
15	31,650	41,500	76,100	87,000
16	31,600	41,450	75,950	86,800
17	31,700	41,600	76,300	87,250
18	32,000	42,000	77,250	88,300
19	32,450	42,700	78,800	90,100
20	32,900	43,400	80,400	91,900
21	33,350	44,150	82,000	93,700
22	33,850	44,850	83,550	95,500
23	34,300	45,550	85,150	97,300
24	34,750	46,250	86,700	99,100
25	35,250	46,950	88,300	100,900
26	35,700	47,650	89,900	102,700
27	36,250	48,450	91,700	104,800
28	36,850	49,400	93,800	107,150
29	37,550	50,450	96,150	109,850
30	38,300	51,600	98,800	112,850

It's an enduring truth that will forever hold its significance.

Acknowledging this, cherishing your family's good health should never be underestimated. Your family is your cornerstone of support, and safeguarding their well-being should always be a top priority.

That is where Jubilee Life Insurance Company, comes into play. We offer a comprehensive "Wellness Assure Plan" tailored to your specific needs. This plan ensures that in the event of any unfortunate incident, you and your loved ones can recover comfortably without the burden of heavy medical bills. It's an investment in your family's future well-being and security.

## Why should Wellness Assure Plan be your first choice?

Wellness Assure Plan will provide you with:

- Cashless Inpatient Hospitalization Benefit
- Applicability of Pre-Existing Conditions Coverage
- 24/7/365 days round the clock service
- Accessible in all major hospitals across Pakistan
- Real value for money
- **Policyholder can cancel the policy within 14 days from the receipt of the policy documents**

## In-Patient Hospitalization Benefits:

Wellness Assure Plan comes in four (4) attractive variants that you can choose from as per your need and convenience.

Gold, Gold Plus, Titanium and Platinum offer different

In-Patient Hospitalization Benefits as stated in the table below:

	Gold	Gold Plus	Titanium	Platinum
Inpatient Limit	1,000,000	2,500,000	5,000,000	10,000,000
Room Limit	30,000	45,000	96,000	96,000

\*Pre-existing conditions will be covered from 13th month onwards and will vary upon the variant selected.

## The Eligible Insured for this plan includes the following:

The policy owner can select from three combinations of coverage:

1. Health Insurance for the Life Assured only
2. Health Insurance for the Life Assured and Spouse Only
3. Health Insurance for the Life Assured, Spouse and Children

## Who is eligible for this plan?

Anyone who is 1 month to 55 years of age can be insured under this plan.

## What is the term of the Wellness Assure Plan?

The term of Jubilee Royale Plan is 5 years subject to a maximum of 60 Years at Maturity. After every 5 years, you would be required to re-apply for the product. Renewal of the Plan after the end of its initial 5-year term shall depend upon acceptance of the terms and