Certificate of Insurance

Emirates NBD - Critical Illness Plan
Worldwide Coverage

This Certificate of Insurance is attached to and forms part of the terms and conditions of the Emirates NBD Critical Illness Plan. This insurance policy is underwritten by American Life Insurance Company (MetLife). Emirates NBD will not be responsible if any application/claim is rejected. Emirates NBD provides customer support, receives payments and forwards them to MetLife. Premiums paid for this insurance plan are not a bank deposit or other obligation of or guaranteed by Emirates NBD. This is a health insurance plan and not a personal accident plan.

For inquiries on this policy, please contact:
Emirates NBD, Dubai, United Arab Emirates
Telephone: +971 4 31 60 130

For assistance in submitting a claim under this policy, please contact:
MetLife Claims Dept, P.O. Box 37996, Dubai, United Arab Emirates
Telephone: +971 4 415 4800/777 - Fax: +971 4 415 4445

Dimitris Mazarakis
General Manager - Gulf
Part 1 – Definitions

"Beneficiary(ies)" wherever used in this policy means the person(s) designated as Beneficiary(ies) in the Certificate of Insurance.

"Certificate of Insurance" wherever used in this policy means the individual certificate issued to the Insured Person duly signed by the Company setting forth a statement as to the insurance protection to which the Named Insured is entitled and which includes the Certificate number, the name of the Named Insured, the benefits, limits as well as Policy Effective Date and premium.

"Company" wherever used in this policy means American Life Insurance Company (Metlife).

"Country of Issue" wherever used in this policy means the United Arab Emirates.

"Coverage Commencement Date" wherever used in this policy means One hundred twenty (120) days after; (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; (c) the date of reinstatement of this policy in case of any reinstatement; whichever is later.

"Covered Critical Illness" wherever used in this policy means the illnesses as listed and defined in the Schedule of Covered Critical Illnesses upon Diagnosis or performance of any of the covered surgeries stated therein.

"Diagnosis" or "Diagnosed" wherever used in this policy means the definitive Diagnosis made by a Physician as herein below defined, based upon such specific evidence, as referred to herein below in the definition of the particular Critical Illness concerned or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company.

"Hospital" wherever used in this policy means an establishment which meets all of the following requirements: (1) holds a license as a Hospital, if licensing is required in the country or governmental jurisdiction; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (3) provides 24-hour a day nursing service by registered or graduate nurses; (4) has a staff of one or more Physicians available at all times; (5) provides organized facilities for diagnosis and major surgical procedures; (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; (7) maintains X-ray equipment and operating room facilities.

"Injury" wherever used in this policy means accidental bodily Injury, occurring whilst this policy is in force, caused solely and directly by accident, external means as to the Named Insured, whose Injury is the basis of claim and resulting, directly and independently of all other causes in a loss covered under this policy.

"Insured Person" wherever used in this policy means an individual named in the Certificate of Insurance between the ages of eighteen (18) and fifty nine (59) years who applies for insurance through Emirates NBD and whose Debit Card / Visa / MasterCard Credit Card / Emirates NBD Bank Account is debited towards premium under this policy and reported to the Company.

"Lump Sum" wherever used in this policy means the amount stated in the Schedule of Benefits.

"the Schedule of Benefits." Whenever used in this policy means the amount stated in the Certificate of Insurance.

"the Terms and Conditions of this Policy." Whenever used in this policy means the United Arab Emirates.

"the Critical Illness Plan" means the amount stated in the Schedule of Benefits.

"the amount stated in the Schedule of Benefits.' Whenever used in this policy means the United Arab Emirates.

"the Critical Illness Plan." Whenever used in this policy means the United Arab Emirates.

"the Company" means the American Life Insurance Company (Metlife).

"the Coverage Commencement Date" whenever used in this policy means the United Arab Emirates.

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This policy does not cover and no payment shall be made in respect to:

Part 2 – General Exceptions:

This policy does not cover and no payment shall be made in respect to:

Part 2 – General Exceptions:

- Intentionally self-inflicted Injury, suicide, or any attempt thereof while sane or insane;
- War, invasion, act of foreign enemy, hostilities, or Warlike operations, mutiny, riot, civil commotion, civil War, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege;
- Pre-existing Conditions;
- Acquired Immune Deficiency Syndrome (AIDS) or any disease connected with AIDS or Human Immunodeficiency Virus (HIV);
- Loss sustained or contracted in consequence of an Insured being intoxicated or under the influence of alcohol or any narcotic or abuse of prescription drugs;
- Any loss occurring while the Insured is flying in an aircraft or device for aerial navigation except as a fare paying passenger (not as an operator or crew member) on a commercial airline operated by a properly certified pilot, flying between duly established and maintained airports;
- The Insured is participating in competitions, races, contests, matches in land, air, or sea; or in any sport related to the following hobbies: mountain climbing, pot holing, paragliding, bungee jumping, parachuting, scuba diving;

"Named Insured" wherever used in this policy means the Insured Person, and/or the Spouse of the Insured Person named in the Certificate of Insurance.

"Physician" wherever used in this policy means a person legally licensed to practice medicine and/or surgery other than the Named Insured or a member of the Named Insured’s immediate family or an employer/employer of the Named Insured.

"Policy Effective Date" wherever used in this policy means the date when this policy takes effect. This date is stated in the Certificate of Insurance.

"Pre-existing Condition" wherever used in this policy means any physical condition that was diagnosed, treated, for which a Physician was consulted, at any time prior to the (a) the Policy Effective Date; (b) the Coverage Commencement Date (c) the date stated in the relevant endorsement when subsequent changes are made to the coverage; (d) the date of reinstatement of this policy, in case of any reinstatement, whichever is later; whether declared or undeclared on the health statement.

"Schedule of Covered Critical Illness" wherever used in this policy means the schedule listing and defining the Covered Critical Illnesses wherever used in this policy.

"Schedule of Benefits" wherever used in this policy means the Schedule listing and defining the Covered Critical Illnesses wherever used in this policy.

"Spouse" wherever used in this policy means the person legally married husband or wife between the ages of eighteen (18) and fifty nine (59) years and is named in the Certificate of Insurance.

"VAT Law" means the federal law number (8) of 2017 on Value Added services or other things in accordance with the provisions of VAT Law.

"Schedule" or "Schedule of Benefits" wherever used in this policy means the Schedule of Benefits in the Certificate of Insurance which is attached hereto and which forms a part of this policy.

"Schedule of Covered Critical Illness" wherever used in this policy means the schedule listing and defining the Covered Critical Illnesses attached to and forming part of this policy.

"Spouse" wherever used in this policy means the Insured Person’s legally married husband or wife between the ages of eighteen (18) and fifty nine (59) years and is named in the Certificate of Insurance.

"VAT" means any Value Added Tax payable on the supply of goods, services or other things in accordance with the provisions of VAT Law.

"VAT Law" means the federal law number (8) of 2017 on Value Added Tax.

"War" means War or Warlike operations (whether War be declared or not) or invasion, act of foreign enemy, hostilities, mutiny, riot, civil commotion, civil War, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege.

The following hobbies: mountain climbing, pot holing, paragliding, bungee jumping, parachuting, scuba diving;

"Named Insured" wherever used in this policy means the Insured Person, and/or the Spouse of the Insured Person named in the Certificate of Insurance.

"Physician" wherever used in this policy means a person legally licensed to practice medicine and/or surgery other than the Named Insured or a member of the Named Insured’s immediate family or an employer/employer of the Named Insured.

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Part 2 – General Exceptions:

This policy does not cover and no payment shall be made in respect to:

Any loss caused by or resulting from:

1. Intentionally self-inflicted Injury, suicide, or any attempt thereof while sane or insane;
2. War, invasion, act of foreign enemy, hostilities, or Warlike operations, mutiny, riot, civil commotion, strike, civil War, rebellion, revolution, insurrections;
3. Congenital anomalies and conditions arising out of or resulting therefrom;
4. Pre-existing Conditions;
5. Acquired Immune Deficiency Syndrome (AIDS) or any disease connected with AIDS or Human Immunodeficiency Virus (HIV);
6. Loss sustained or contracted in consequence of an Insured being intoxicated or under the influence of alcohol or any narcotic or abuse of prescription drugs;
7. Any loss occurring while the Insured is flying in an aircraft or device for aerial navigation except as a fare paying passenger (not as an operator or crew member) on a commercial airline operated by a properly certified pilot, flying between duly established and maintained airports;
8. The Insured is participating in competitions, races, contests, matches in land, air, or sea; or in any sport related to the following hobbies: mountain climbing, pot holing, paragliding, bungee jumping, parachuting, scuba diving;

"Named Insured" wherever used in this policy means the Insured Person, and/or the Spouse of the Insured Person named in the Certificate of Insurance.

"Physician" wherever used in this policy means a person legally licensed to practice medicine and/or surgery other than the Named Insured or a member of the Named Insured’s immediate family or an employer/employer of the Named Insured.

"Policy Effective Date" wherever used in this policy means the date when this policy takes effect. This date is stated in the Certificate of Insurance.

"Pre-existing Condition" wherever used in this policy means any physical condition that was diagnosed, treated, for which a Physician was consulted, at any time prior to the (a) the Policy Effective Date; (b) the Coverage Commencement Date (c) the date stated in the relevant endorsement when subsequent changes are made to the coverage; (d) the date of reinstatement of this policy, in case of any reinstatement, whichever is later; whether declared or undeclared on the health statement.

"Schedule of Covered Critical Illness" wherever used in this policy means the schedule listing and defining the Covered Critical Illnesses attached to and forming part of this policy.

"Schedule of Benefits" wherever used in this policy means the Schedule listing and defining the Covered Critical Illnesses wherever used in this policy.

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3. Congenital anomalies and conditions arising out of or resulting therefrom;
4. Pre-existing Conditions;
5. Acquired Immune Deficiency Syndrome (AIDS) or any disease connected with AIDS or Human Immunodeficiency Virus (HIV);
6. Loss sustained or contracted in consequence of an Insured being intoxicated or under the influence of alcohol or any narcotic or abuse of prescription drugs;
7. Any loss occurring while the Insured is flying in an aircraft or device for aerial navigation except as a fare paying passenger (not as an operator or crew member) on a commercial airline operated by a properly certified pilot, flying between duly established and maintained airports;
8. The Insured is participating in competitions, races, contests, matches in land, air, or sea; or in any sport related to the following hobbies: mountain climbing, pot holing, paragliding, bungee jumping, parachuting, scuba diving;
Any loss of which a contributing cause was the Insured committing, attempting or provoking an assault or criminal offence or violation of the law;

Any loss caused by or resulting from a nuclear, biological or chemical radiation, defined as:

a) The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
b) The dispersal or application of pathogenic or poisonous biological or chemical materials; or
c) The release of pathogenic or poisonous biological or chemical materials.

The claimant shall, if so required, and as condition precedent to any liability of the Company, prove that the loss did not in any way arise under or through any of the excepted circumstances or causes under this policy.

Part 3 – Flying Coverage

Coverage with respect to flying is limited to loss occurring while the Named Insured is riding solely as a fare paying passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from a certified passenger aircraft provided by a commercial airline on any regular, scheduled, special or chartered flight, and operated by a properly certified pilot flying between duly established and maintained airports.

Part 4 – Benefits

Covered Critical Illnesses: The Critical Illness Benefit covers any of the Illnesses as listed in the Schedule of Benefits, defined in the Schedule of Covered Critical Illness and upon Diagnosis or performance of any of the covered surgeries stated therein.

Lump Sum Payment: Subject to the conditions and provisions contained herein, when the Named Insured is Diagnosed to be suffering from a Critical Illness or undergoing surgery listed in the Schedule of Benefits and as defined in the Schedule of Covered Critical Illness, the Company shall pay the "Lump Sum" stated in the Schedule of Benefits, provided all the following conditions are satisfied:

a) The Named Insured experiences a Critical Illness specifically listed in the Schedule of Benefits and defined in the Schedule of Covered Critical Illness; and
b) The Critical Illness experienced by the Named Insured is the first incidence of the Critical Illness; and
c) The signs or symptoms of the Critical Illness experienced by the Named Insured commenced on or after the Coverage Commencement Date; and
d) None of the "General Exceptions" under part 2 of this policy applies; and
e) The Named Insured is still living at the time of Diagnosis.

The occurrence of any Critical Illness for which the "Lump Sum" is paid shall at once terminate the insurance coverage under this policy.

Schedule of Covered Critical Illnesses

1) Cancer:

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This Diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist.

The following cancers are excluded:

- All tumors which are histologically described as benign, pre-malignant, carcinoma in situ, borderline malignant, low malignant potential, or any lesion described as Ta by the latest AJCC TNM Classification;
2) Brain Tumor:
A life threatening benign tumor in the brain, which resulted to a permanent neurological deficit, confirmed by a neurosurgeon and supported by findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques. The above requirement of permanent neurological deficit is waived in case of surgical removal of the tumor.

The following are excluded:
- Cysts;
- Granulomas;
- Vascular Malformations;
- Hematomas; and
- Tumors of the pituitary gland or spinal cord.

3) Stroke:
A cerebrovascular incident including infarction of the brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism, and cerebral thrombosis. This Diagnosis must be supported by all of the following conditions:
- Onset of new neurological symptoms consistent with a stroke;
- Evidence of new objective permanent neurological damage deficits confirmed by a consultant neurologist at least 3 (three) months after the event; and
- Findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques consistent with the Diagnosis of a new stroke.

The following are all excluded:
- Transient Ischemic Attacks (TIAs);
- Brain damage due to an injury, Infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischemic disorders of the vestibular system.

4) First Heart Attack – Myocardial Infarction:
Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of acute inadequate blood supply. The following conditions should be met:
- Acute cardiac symptoms and signs consistent with a heart attack;
- New ECG changes confirming Infarction;
- Elevation of cardiac enzymes or troponin.

All other forms of acute coronary syndromes are not covered.

5) Coronary Artery By-pass Surgery:
The undergoing of open-heart surgery to correct the narrowing or blockage of one or more coronary arteries with by-pass grafts. This Diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty (PTCA) and all other intra-arterial, catheter based techniques, or laser procedures are excluded.

6) Heart Valve Surgery:
The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities.
1) Pulmonary artery pressure at least 30 mm Hg or above;  
2) ECG signs of right heart hypertrophy (RV1 plus SV5 > 1.05mV);  
3) Reduced blood oxygen concentration at rest; and  
4) Echocardiography; enlarged right ventricle diameter > 30 mm.

Pulmonary hypertension associated with lung disease, chronic hyperventilation, pulmonary thromboembolic disease, diseases of the left side of the heart, congenital heart disease, drug or toxin-induced pulmonary hypertension are specifically excluded.

8) Coma:
Coma is a state of unconsciousness with no reaction to external stimuli or internal needs. The coma must persist for at least 96 (ninety-six) hours. This Diagnosis must also be supported by evidence of all of the following:

- Life support measures like intubation and mechanical ventilation are necessary to sustain life;  
- Permanent neurological deficit following brain injury confirmed in CT/MRI.

Medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

9) Multiple Sclerosis:
Definite Diagnosis of multiple sclerosis, which must be confirmed by a consultant neurologist and supported by all of the following criteria:

- Current clinical impairment of motor or sensory function, which is sustained for a continuous period of at least 6 (six) months;  
- Magnetic resonance imaging (MRI) showing at least 2 (two) lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis;  
- Well documented history of at least 2 exacerbations and 2 remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.

Part 5- Uniform Provisions

1) Entire Contract - Changes: This policy, including the Certificate of Insurance and any endorsements, constitute the entire contract of insurance. All original statements made in applying for this contract will be deemed, in the absence of fraud, representations and not warranties. No change in this policy shall be valid unless approved by the Company and unless such approval be endorsed hereon or attached hereto.

2) Consideration: This policy is issued on the basis of the declarations made by the Insured Person, and in consideration of the payment in advance of the premium specified in the Certificate of Insurance.

Intentional concealment of facts or false statements in the declarations made by the Insured Person which affect the acceptance of the risk by the Company shall invalidate this policy from its inception.

3) Effective Date of Insurance: This policy takes effect on the Policy Effective Date stated in the Certificate of Insurance. After taking effect, this policy continues in effect until the expiry of the period of coverage stated in the Certificate of Insurance and may be renewed on each anniversary thereafter subject to the “Grace Period” and “Renewal Conditions” set forth herein.
All periods of insurance shall begin on the Policy Effective Date at 00:01 hours and expire at 23:59 hours of the policy expiry date at the residence of the Named Insured.

Coverage in respect of a Named Insured under this policy shall commence from the Policy Effective Date stated in the Certificate of Insurance subject to the successful debit of the Insured Person’s Debit Card / Visa / MasterCard Credit Card / Emirates NBD Bank Account for the premium due under this policy. Non-receipt of the first premium by the Company will render this policy null and void immediately, effective from the date of application.

4) Premiums: All premiums and applicable taxes are payable in advance by the Insured Person on or before the date they become due.

5) Change of Address: The Company must be immediately informed of any change in the Insured Person’s residence and/or business address. If the Insured Person suffers a loss after having changed his/her residence and/or business address to a country other than the one declared at the time of policy issuance, then the Company will apply the relevant rules of the insurance coverage terms of that new country, including but limited to the premium rate applicable to that new country, starting from the date of the change. If under the new insurance coverage terms the premium rate is higher than the premium rate applicable to the country declared at the time of policy issuance, then the Insured Person must pay the difference in premium as determined by the Company. If the Insured Person did not pay the full premium, including the difference mentioned above, the Company shall have the right to terminate this policy effective from the date of change.

Through this provision, the Company’s insurance coverage terms in the new country shall be applied before the occurrence of the loss by the Insured Person under this policy, or prior to the date where the proof of change of residence and/or business address was received by the Company.

6) Free Look Period: The Insured Person is entitled to a free trial period of thirty (30) calendar days effective from the Policy Effective Date, specified in the Certificate of Insurance, during which time, the Insured Person may cancel this policy by sending a written request of cancellation, which must be received by the Company at any time within the first thirty (30) calendar days following the Policy Effective Date. During this free look period, any cancellation request will be subject to a full refund of premium paid. No refund will be made if a claim has already been paid.

7) Renewal Conditions: Following the expiry of the period of coverage as stated in the Certificate of Insurance, this policy may be renewed on each anniversary from term to term by payment in advance of the total premium specified by the Company. Notwithstanding the aforesaid, the Company at the expiry of each period of coverage may change the premium rate at its own discretion, and it shall provide the Insured Person with prior written notice delivered to Insured Person or mailed to the last address as shown by the records of the Company. In such case, payment of the same premium that the Insured Person used to pay during the validity of the previous period of coverage will not be renewed this policy and this policy will terminate at the end of the period of coverage, and renewal of this policy will only take effect upon payment of the increased premium rate as communicated by the Company in the written notice mentioned above.

8) Grace Period: A grace period of thirty (30) calendar days will be granted for the payment of each premium falling due, during which time this policy shall be continued in force, unless this policy has been cancelled in accordance with clause to “Cancellation”.

The Insured Person shall be liable to the Company for the payment of the premium for the period of the policy this policy continues in force. If loss occurs within the grace period, any premium then due and unpaid will be deducted in settlement.

9) Reinstatement: When this policy terminates by reason of non-payment of premium, any subsequent acceptance of a premium and reinstatement of this policy by the Company shall solely be at the Company’s discretion and shall only cover loss sustained after the date of such reinstatement.

This policy may be reinstated with the consent of the Company subject to:

a) A written application for reinstatement.
b) Production of evidence of insurability satisfactory to the Company, and
c) Payment of the applicable premium at the time of reinstatement.
(11) Misstatement of Age: If the age of the Named Insured has been understated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

In the event the age of a Named Insured has been overstated, the Company will refund the excess premium paid.

If according to the correct age of the Named Insured, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company during the period the Named Insured is not eligible for coverage shall be limited to the refund, upon written request, of all premiums paid for the period not covered by this policy.

(12) Notice of Claim: Written notice of claim must be given to the Company within ten (10) calendar days after the Diagnosis of Critical Illness or surgery. Failure to furnish such notice within the time required shall not invalidate nor render any claim if it was not possible to give proof within such time. In the event of loss of life, immediate notice in writing must be given to the Company or as soon as thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company or to any authorized agent of the Company, with information sufficient to identify the Named Insured, shall be deemed notice as required by this policy.

(13) Proof of Loss: The Company, upon receipt of a notice of claim, will furnish to the claimant forms for filing proof of Critical Illness or surgery. Where a claim is based upon Cancer, the Company shall be entitled to require the Named Insured to undergo a blood test including a test for the detection of any HIV as a condition precedent to any acceptance by the Company of due proof of such Critical Illness.

(14) Time for Filing Proof of Loss: Written proof of Critical Illness or surgery must be furnished to the Company within thirty (30) calendar days after the Diagnosis of such Critical Illness or performance of surgery, accompanied by medical evidence as required by the Company. Failure to furnish such proof within the time required shall not invalidate nor render any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and no event later than three (3) years from the time the loss occurred.

(15) Time of Payment of Claim: Benefits payable under this policy for any loss will be paid upon receipt of due written proof of such loss, satisfactory to the Company.

(16) To whom Indemnities are Payable: All indemnities of this policy are payable to the Named Insured, if living, otherwise to the Beneficiary (ies) designated under this policy.

(17) Medical Examination: The Company, at its own expense, shall have the right and opportunity to require additional proof and to examine a Named Insured when and as often as it may reasonably require during the pendency of a claim hereunder, and to make an autops y in case of death where it is not forbidden by law.

(18) Termination of this Policy: The coverage under this policy shall automatically terminate on the earliest of the following dates:

a) Any premium on this policy remains unpaid at the end of grace period;

b) On the policy anniversary date of this policy following the seventy-fifth (75) birthday of the Named Insured;

c) The date this policy expires;

such reinstatement shall only cover a Covered Critical Illness, occurring more than one hundred twenty (120) days after the date of reinstatement.

(19) Cancellation: Following the expiry of the period of coverage as stated in the Certificate of Insurance, the Company may cancel this policy by written notice delivered to the Insured Person or mailed to the last address as shown by the records of the Company which shall be notified to the Insured Person not less than fifteen (15) calendar days before the expiry of the period of coverage. Such cancellation shall be without prejudice to any valid claim originating prior thereto. In the event this policy for which the annual premium has been paid in advance is cancelled by the Insured Person, the unearned premium shall be refunded on a pro-rata basis for the balance of the months of cover due under this policy.

(20) Refund of Premium: Refund of the annual premium for the balance of the months of coverage due under this policy shall be refunded on a pro-rata basis for the balance of the months of cover due under this policy.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not possible to give proof within such time. In the event of loss of life, immediate notice in writing must be given to the Company or as soon as thereafter as is reasonably possible.

Where a claim is based upon Cancer, the Company shall be entitled to require the Named Insured to undergo a blood test including a test for the detection of any HIV as a condition precedent to any acceptance by the Company of due proof of such Critical Illness.

(21) Time for Filing Proof of Loss: Written proof of Critical Illness or surgery must be furnished to the Company within thirty (30) calendar days after the Diagnosis of such Critical Illness or performance of surgery, accompanied by medical evidence as required by the Company. Failure to furnish such proof within the time required shall not invalidate nor render any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and no event later than three (3) years from the time the loss occurred.

(22) Time of Payment of Claim: Benefits payable under this policy for any loss will be paid upon receipt of due written proof of such loss, satisfactory to the Company.

(23) To whom Indemnities are Payable: All indemnities of this policy are payable to the Named Insured, if living, otherwise to the Beneficiary (ies) designated under this policy.

(24) Medical Examination: The Company, at its own expense, shall have the right and opportunity to require additional proof and to examine a Named Insured when and as often as it may reasonably require during the pendency of a claim hereunder, and to make an autops y in case of death where it is not forbidden by law.

(25) Termination of this Policy: The coverage under this policy shall automatically terminate on the earliest of the following dates:

a) Any premium on this policy remains unpaid at the end of grace period;

b) On the policy anniversary date of this policy following the seventy-fifth (75) birthday of the Named Insured;

c) The date this policy expires;

(26) Cancellation: Following the expiry of the period of coverage as stated in the Certificate of Insurance, the Company may cancel this policy by written notice delivered to the Insured Person or mailed to the last address as shown by the records of the Company which shall be notified to the Insured Person not less than fifteen (15) calendar days before the expiry of the period of coverage. Such cancellation shall be without prejudice to any valid claim originating prior thereto. In the event this policy for which the annual premium has been paid in advance is cancelled by the Insured Person, the unearned premium shall be refunded on a pro-rata basis for the balance of the months of cover due under this policy.

(27) Refund of Premium: Refund of the annual premium for the balance of the months of coverage due under this policy shall be refunded on a pro-rata basis for the balance of the months of cover due under this policy.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not possible to give proof within such time. In the event of loss of life, immediate notice in writing must be given to the Company or as soon as thereafter as is reasonably possible.

Where a claim is based upon Cancer, the Company shall be entitled to require the Named Insured to undergo a blood test including a test for the detection of any HIV as a condition precedent to any acceptance by the Company of due proof of such Critical Illness.

(28) Time for Filing Proof of Loss: Written proof of Critical Illness or surgery must be furnished to the Company within thirty (30) calendar days after the Diagnosis of such Critical Illness or performance of surgery, accompanied by medical evidence as required by the Company. Failure to furnish such proof within the time required shall not invalidate nor render any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and no event later than three (3) years from the time the loss occurred.

(29) Time of Payment of Claim: Benefits payable under this policy for any loss will be paid upon receipt of due written proof of such loss, satisfactory to the Company.

(30) To whom Indemnities are Payable: All indemnities of this policy are payable to the Named Insured, if living, otherwise to the Beneficiary (ies) designated under this policy.

(31) Medical Examination: The Company, at its own expense, shall have the right and opportunity to require additional proof and to examine a Named Insured when and as often as it may reasonably require during the pendency of a claim hereunder, and to make an autops y in case of death where it is not forbidden by law.

(32) Termination of this Policy: The coverage under this policy shall automatically terminate on the earliest of the following dates:

a) Any premium on this policy remains unpaid at the end of grace period;

b) On the policy anniversary date of this policy following the seventy-fifth (75) birthday of the Named Insured;

c) The date this policy expires;
21) Assignment:
The benefits under this policy shall be non-assignable. No assignment of interest under this policy shall be binding upon the Company.

22) Conformity with Statutes: Any provision of this policy which, on the Policy Effective Date, is in conflict with statutes of the jurisdiction in which this policy is issued, is hereby amended to conform to the minimum requirements of such statutes.

23) Legal Action: All rights, legal actions and any other lawsuits or claims under this policy shall lapse after the expiration of the legal period prescribed by the statute of limitations of the Governing Law.

24) Non-Participation: This policy has no surrender value or paid up value, and does not participate in the profits or surplus of the Company.

25) Other Insurance with the Company: If another Critical Illness policy previously issued by the Company to the Named Insured, be in force concurrently herewith, making the aggregate indemnity for the "Lump Sum" in excess of AED 400,000, the excess insurance shall be void and all premiums paid for such excess shall be returned to the Insured Person or to his estate.

The global maximum of USD 500,000 applies to all Critical Illness, Critical Care or Critical Illness Shield policies, notwithstanding any reference to similar benefits under any other policies (life or group policy) granted by the Company to the Named Insured.

26) Governing Law: This contract shall be subject to the jurisdiction of the United Arab Emirates and to the federal law (6) of 2007 concerning the establishment of the Insurance Authority and the organization and governed by the laws and regulations of that country. Any disputes hereunder shall be referred to the courts of the United Arab Emirates.

27) Changes in Law: In the event of any changes in the law of taxation or imposition of new levies or taxes on the Company, or the change of any law or regulation governing the operation of insurance companies in the United Arab Emirates, the Company may vary the benefits and terms and conditions of this policy, after taking prior approval from the Insurance Authority as it deems necessary.

28) Data Transfer: The Insured Person hereby gives the Company unambiguous consent, to process, share, and transfer his / her personal data, including but not limited to, Name, date of birth, sex, national identity number, address, telephone number, email, and any other data which is necessary for (i) the performance of this policy; (ii) assisting the Company in the development of its business and products; (iii) improving the Company’s customers experience; (iv) for the compliance with the applicable laws and regulations; or (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to the Company.

The Company will ensure that such recipients will have unambiguous confidentiality obligations to procure the confidentiality of the personal information and that the Company will comply with applicable laws in respect of such processing, sharing and transferring of that personal data. For clarity, personal data means any data/information related to the Insured Person and/or the Insured Person’s family which might include any health, identity and financial information or contact details, disclosed to the Company at any time.

29) International and Local Sanction and Exclusion Clause: "MetLife is bound by and must comply with all applicable trade and economic sanctions laws and regulations, including those set forth by the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC) and the United Nations. MetLife will not provide coverage and/or payment under this policy and/or any supplementary contract if the Policy Owner, Insured Person, or person entitled to receive such payment is (i) residing in any sanctioned country; (ii) listed on the Office of Foreign Assets Control’s Specially Designated Nationals and Blocked Persons list; or (iii) in, in or in any country with which the United States of America is in an embargo or sanction relationship.

d) Death of the Named Insured; or
e) The "Lump Sum" under Part 4 of this policy has been paid.

Termination of this policy shall be without prejudice to any claim arising prior to such termination.

19) Consent of Beneficiary: Consent of the Beneficiary, if any, shall not be requisite to change of Beneficiary or to any other changes in this policy.

20) Change of Beneficiary: No change of Beneficiary under this policy shall bind the Company, unless consent thereto is formally endorsed thereon by an officer of the Company.

22) Conformity with Statutes: Any provision of this policy which, on the Policy Effective Date, is in conflict with statutes of the jurisdiction in which this policy is issued, is hereby amended to conform to the minimum requirements of such statutes.

23) Legal Action: All rights, legal actions and any other lawsuits or claims under this policy shall lapse after the expiration of the legal period prescribed by the statute of limitations of the Governing Law.

24) Non-Participation: This policy has no surrender value or paid up value, and does not participate in the profits or surplus of the Company.

25) Other Insurance with the Company: If another Critical Illness policy previously issued by the Company to the Named Insured, be in force concurrently herewith, making the aggregate indemnity for the "Lump Sum" in excess of AED 400,000, the excess insurance shall be void and all premiums paid for such excess shall be returned to the Insured Person or to his estate.

The global maximum of USD 500,000 applies to all Critical Illness, Critical Care or Critical Illness Shield policies, notwithstanding any reference to similar benefits under any other policies (life or group policy) granted by the Company to the Named Insured.
30) VAT Treatment:

- Notwithstanding any other provision to the contrary stated in this policy, the Insured Person agrees that the premium is exclusive of VAT as may be applicable under the provision of the VAT Law.

- If any supply or benefit provided under or in connection with this policy is or become subject to VAT, the Company shall have the right to increase the premium by the amount of the VAT and recover that additional amount from the Insured Person in addition to the premium.

- For the avoidance of doubt, if any supply or benefit provided under or in connection with this policy becomes subject to VAT, any premium payment the Company receives from the Insured Person without the VAT additional amount will be considered unpaid until such time the Insured Person pays the VAT additional amount in full.

31) Discrepancy: In case of discrepancy between the English and Arabic policy wording, the latter shall prevail.
MetLife, Inc. (NYSE: MET), through its subsidiaries and affiliates (“MetLife”), is one of the world’s leading financial services companies, providing insurance, annuities, employee benefits and asset management to help its individual and institutional customers navigate their changing world.

Founded in 1868, MetLife has operations in more than 40 countries and holds leading market positions in the United States, Japan, Latin America, Asia, Europe and the Middle East. For more information, visit www.metlife.com.

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من خلال فروعها والشركات التابعة لها (متلايف)، هي شركة رائدة عالميا في مجال التأمين على الحياة وخدمات الراتب الشهري والتأمين الاجتماعي للموظفين وإدارة الأصول، وتساعد عملائها من الأفراد والشركات على المضي في روب حياتهم المميزة.

تأسست متلايف في عام 1868، ولها عمليات في أكثر من 40 بلداً وتعتبر متلايف مواقع رائدة في أسواق الولايات المتحدة واليابان وأمريكا اللاتينية وأسيا وأوروبا والشرق الأوسط. لمزيد من المعلومات، يرجى زيارة www.metlife.com.

متلايف هي شركة رائدة في مجال التأمين على الحياة الموجودة في منطقة الخليج منذ 65 عاماً. ومن خلال الفروع التابعة لها تقدم شركة متلايف تأمين على الحياة والحوادث وتأمين صحى، بالإضافة إلى برامج وخدمات التقاعد والأدخار للأفراد والشركات. لمزيد من المعلومات، يرجى زيارة www.metlife-gulf.com.

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