Certificate of Insurance

Emirates NBD - Women's Protect
Worldwide Coverage

This Certificate of Insurance is attached to and forms part of the terms and conditions of Emirates NBD’s Women's Protect 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 personal accident plan and not an investment or medical insurance 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 371916, Dubai, United Arab Emirates
Telephone: +971 4 415 4800/777 - Fax: +971 4 415 4445

DIMITRIS MAZARAKIS
General Manager
MetLife - Gulf
Part I - Definitions

“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 Insured Person is entitled and which includes the Certificate number, the name of the Insured Person, 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 the date on which the cover is activated.

“Diagnosis” or “Diagnosed” wherever used in this policy means the definitive Diagnosis made by a Physician as herein defined below, based upon such specific evidence, as referred to herein below in the definition of the particular Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological, or laboratory evidence acceptable to the Company. Such Diagnosis must be supported by the Company’s medical director who may base his opinion on the medical evidence submitted by the Insured Person and / or any additional evidence that he/she may require. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination of either the Insured Person or the evidence in arriving at such Diagnosis, by an independent acknowledged expert in the field of medical concern selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured Person and the Company.

“Hospital” wherever used in this policy means an establishment which meets all of the following requirements: (1) holds a license as 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 home, rest or convalescent home or similar establishment and is not an avyuretic or acupuncture center, or, other than incidentally, a place for alcoholics or drug addicts; and (7) maintains X-ray equipment and operating room facilities.

“Illness” wherever used in this policy means illness or disease first manifested after the Coverage Commencement Date.

“In-patient” wherever used in this policy means the Insured Person who is confined in a Hospital as a registered bed patient for at least one (1) day.

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

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

“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.

“The company” means the insurance company setting forth a statement as to the insurance protection to which the Insured Person is entitled and which includes the Certificate number, the name of the Insured Person, the benefits, limits as well as Policy Effective Date and premium.

The policy covers for a total period of one hundred twenty (120) days.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.

The policy covers for a total period of one hundred twenty (120) calendar days after: (a) the Policy Effective Date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of this policy in case of any reinstatement, whichever is later.
Definitions of Covered Illnesses & Diagnostic Requirements

a. "Female Cancer" shall mean a histologically confirmed invasive primary malignant tumour occurring in a female. A malignant tumor is a tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue beyond the organ originally affected. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist.

Tumours classified as Carcinoma-In-Situ and tumours that are a recurrence or metastasis of a tumour were excluded from this definition and no coverage will be provided for these types of tumors under this policy.

b. "Female Carcinoma-In-Situ" shall mean a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. "Invasion" shall mean an infiltration and/or active destruction of tissue or surrounding tissue. The disease of Female Carcinoma-In-Situ covered by this policy is limited only to the breast, cervix uteri, uterus, ovary, fallopian tube and vagina/vulva. The Diagnosis of Female Carcinoma-In-Situ must always be positively Diagnosed upon the basis of a microscopic examination of fixed tissue whilst in the case of cervix uteri, it must be additionally supported by a cone biopsy. Pap smear result is considered as preliminary Diagnosis and must be confirmed with biopsy result before the claim is entitled. Clinical Diagnosis does not meet this standard.

Part II – General Exceptions

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

1. Any loss caused by or resulting from:
   a. Congenital anomalies and conditions arising out of or resulting therefrom; or
   b. Acquired Immune Deficiency Syndrome (AIDS) or any disease connected with AIDS or Human Immunodeficiency Virus (HIV); or
   c. Any Pre-existing Conditions; or
   d. Loss sustained or contracted in consequence of the Insured Person being intoxicated or under the influence of alcohol or any narcotic or abuse of prescription drugs; or
   e. 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.

2. "Pre-existing Condition" wherever used in this policy means a Female Cancer condition for which care, treatment, or advice was recommended by or received from a Physician or which was first manifested or contracted within a period up to 5 (five) years preceding the Policy Effective Date (or reinstatement date), or a Female Cancer condition for which hospitalization or surgery was required within a period up to 5 (five) years preceding the Policy Effective Date (or reinstatement date).

3. "Principal Sum" & "Lump Sum Payment" wherever used in this policy means the amount stated in the Certificate of Insurance with respect to each benefit.

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

5. "VAT Law" means the federal law number (8) of 2017 on Value Added Tax, as amended in the United Arab Emirates.

6. "Waiting Period" means the period of time of 1 month after the Effective Date (or reinstatement date), or a Female Cancer condition for which hospitalization or surgery was required within a period up to 5 (five) years preceding the Policy Effective Date (or reinstatement date).
Part III - Benefits

While this policy is in force, the Company shall provide the benefits of this policy stated on the Certificate of Insurance or any endorsement subject to the provisions, conditions, limitations and general provisions contained herein or which may be endorsed hereinafter.

Section 1: Covered Illnesses

When the Insured Person is Diagnosed to be suffering from one (1) of the Covered Illnesses as set out and defined herein and if all of the following conditions are satisfied, the Company will pay one Lump Sum equal to the amount stated in the Certificate of Insurance or any endorsement, the “Principal Sum” or the “Lump Sum” as applicable to each Covered Illness.

1. a. Female Cancer

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

1. b. Female Carcinoma-in-Situ

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay. This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

1. c. Benefit Indexation: Principal Sum will increase by 3% every year (on the corresponding year’s Principal Sum) without any increase in premium. This will continue for a maximum of 10 years amounting to 34% increase of the initial Principal Sum, provided this policy is renewed as per clause 6 “Renewal Conditions” under Part IV “Uniform Provisions”.

Section 2: Benefit Payment Conditions

1. Benefit payment is subject to the following:
   a. the Insured Person experiences a Covered Illness specifically listed and defined in this policy;
   b. the signs or symptoms of the Covered Illness experienced by the Insured Person commenced on or after the Coverage Commencement Date;
   c. none of the General Exceptions under Part II of this policy or under this Section applies; and
   d. the Insured Person is still living at the time of Diagnosis.

2. Benefits for Female Cancer and Carcinoma-In-Situ are subject to a Waiting Period of one hundred and twenty (120) calendar days.

3. The maximum amount payable under Part III of this policy shall not, under any circumstances, exceed the Principal Sum stated in the Certificate of Insurance (in the first policy year) or the indexed Principal Sum (during subsequent years), irrespective of the number of claims submitted.

The occurrence of any Female Cancer for which the Principal Sum is payable shall at once terminate all insurance under this policy.

The Insured Person 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.

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay.

This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

The Insured Person 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.

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay.

This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

The Insured Person 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.

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay.

This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

The Insured Person 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.

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay.

This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

The Insured Person 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.

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay.

This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

The Insured Person 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.

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay.

This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

The Insured Person 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.

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay.

This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

The Insured Person 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.

The Company will pay the Principal Sum upon the Diagnosis of Female Cancer as defined herein subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. This benefit is payable one (1) time only during the life of this policy and shall automatically cease upon such payment, regardless of the number of Female Cancer suffered by the Insured Person.

The Company will pay the Lump Sum stated in the Certificate of Insurance or any endorsement subject to the Company’s receipt and approval of such Diagnosis from pertinent medical records. In addition, the benefit is only provided when the Insured Person is admitted to a Hospital as an In-patient for treatment of Carcinoma-In-Situ with surgery being done during the same Hospital stay.

This benefit is payable one (1) time only during the life of this policy, regardless of the number of Female Carcinoma-In-Situ suffered by the Insured Person.

The remaining Principal Sum will be retained by the Company and will be payable upon Diagnosis of Female Cancer at any other period during the life of this policy, provided the policy is active.

The Insured Person 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 IV - 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 the absence of fraud or misrepresentation. No change in this policy shall be valid unless approved by the Company and such approval shall 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, subject to the Grace Period and "Renewal Conditions" set forth herein. All periods of coverage 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 Company.

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 addresses. If the Insured Person sustains a loss after having changed 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. If the Company does not receive the premium paid by the Insured Person, the Company’s insurance coverage terms in the new country will apply before the occurrence of the loss of coverage 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 term from term to term by payment of the increased premium rate as calculated by the Company in the written notice mentioned above.

The change of the premium does not affect the renewal of this policy. After the expiry of the period of coverage, the policy will be terminated.

(1) Paid-in full - New Country: En cas de changement d’adresse, en cas de change de domicile ou de lieu de travail, le bénéficiaire de la couverture doit informer immédiatement l’assureur. En cas de changement d’adresse, le bénéficiaire doit également informer l’assureur de la nouvelle adresse. En cas de changement de lieu de travail, l’assureur peut demander des informations supplémentaires concernant le changement de lieu de travail.

(2) Consideration: Cette police est émise sur la base des déclarations faites par la personne assurée et en considération de la contrepartie de l’assurance au moment de l’engagement. Les déclarations ou les déclarations faites par la personne assurée qui affectent l’acceptation de l’assurance par la société ne valident pas cette police à partir de son entrée en vigueur.

(3) Effective Date of Insurance: Cette police prend effet à la date d’entrée en vigueur indiquée dans la certificat d’assurance, sauf pour la période de grâces et les conditions de renouvellement mentionnées ci-dessous. Tous les périodes de couverture sont calculées à partir de la date d’entrée en vigueur de la police.

(4) Premiums: Les primes et tous les impôts applicables sont dus en avance par la personne assurée par le biais du compte bancaire indiqué dans la certificat d’assurance.

(5) Change of Address: La personne assurée doit immédiatement informer l’assureur de tout changement de domicile ou de lieu de travail. Si la personne assurée subit un dommage après avoir changé de domicile ou de lieu de travail, l’assureur peut appliquer les règles de couverture de la nouvelle adresse. Si la personne assurée ne paie pas la différence de prime, le contrat de couverture se terminera à compter de la date du changement.

(6) Free Look Period: Le bénéficiaire de la couverture est autorisé à un essai gratuit de trente (30) jours à compter de la date d’entrée en vigueur de la police, mentionnée dans le certificat d’assurance. Cette période gratuite s’applique avant le moment où l’assureur reçoit une demande de renonciation.

(7) Renewal Conditions: À l’expiration de la période de couverture mentionnée dans le certificat d’assurance, cette police peut être renouvelée chaque année à partir de la date d’entrée en vigueur de la police précédente, sauf pour la période de grâces et les conditions de renouvellement mentionnées ci-dessous. Tous les périodes de couverture sont calculées à partir de la date d’entrée en vigueur de la police précédente.
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 10 “Cancellation”. The Insured Person shall be liable to the Company for the payment of the premium for the period of 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 nonpayment of premium, any subsequent acceptance of a premium and reinstatement of this policy by the Company shall solely be at the Company’s discretion.

10) 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 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 this event the 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.

11) Misstatement of Age: If the age of the Insured Person 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 the Insured Person has been overstated, the Company will refund the excess premium paid. If according to the correct age of the Insured Person, the coverage provided by this policy would have not 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 Insured Person 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 Covered Illness or surgery. Failure to furnish such notice 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. Notice given by or on behalf of the Insured Person to the Company or to any authorized agent of the Company, with information sufficient to identify the Insured Person, shall be deemed as notice to the Company.

13) Proof of Loss: The Company, upon receipt of a notice of claim, will furnish to the claimant forms for filing proof of Covered Illness or surgery. Where a claim is based upon Cancer, the Company shall be entitled to require the Insured Person 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 Covered Illness.

14) Time for Filing Proof of Loss: Written proof of Covered Illness or surgery must be furnished to the Company within thirty (30) calendar days after the Diagnosis of such Covered 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 reduce 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 Insured Person.

17) Medical Examination: The Company, at its own expense, shall have the right and opportunity to require additional proof and to examine the Insured Person when and as often as it may reasonably require during the pendency of a claim hereunder, and to make an autopsy 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 sixtieth (60) birthday of the Insured Person;

c) The date this policy expires;

d) Death of the Insured Person;

e) The "Principal Sum" under Part 3 of this policy has been paid.

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

19) Assignment: The benefits under this policy shall be non-assignable. No assignment of interest under this policy shall be binding upon the Company.

20) 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.

21) 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 statutes of limitations.

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

23) Other Insurance with the Company: If a like policy or policies previously issued by the Company to the Insured Person be in force concurrently herewith, making the aggregate indemnity for the Principal Sum in excess of the amount of USD 500,000 (USD Five hundred thousand), the excess insurance shall be void and all premiums paid for such insurance concurrently herewith, making the aggregate indemnity for the Principal Sum in excess of the amount of USD 500,000 (USD Five hundred thousand), the excess insurance shall be void and all premiums paid for such insurance will be returned to the Insured Person or her estate.

24) 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.

25) 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 appropriate.

26) Data Transfer: The Insured Person hereby gives the Company unambiguous consent, to process, share, and transfer her personal data to any recipient whether inside or outside the country, including but not limited to the Company Headquarters in the USA, its branches, affiliates, Reinsurers, business partners, professional advisers, Insurance Brokers, Reinsurers, business partners, professional advisers.

15) وقت دفع المطالبة: أن التأمينات القابلة للدفع بموجب هذه الوثيقة عن أي خسارة. تدفع مقابل إستلام إثبات خطي صادق من الشركة.

16) من تدفيع التأمينات: تدفع كافة التأمينات بموجب هذه الوثيقة إلى المؤمن عليها.

17) الفحص الطبي الكامل: يكون للشركة الحق بأن تطلب على طرفها إثبات إرجاء الفحص الطبي الكامل لها طالما تم اظهاراً على ذكرها إيجابية معقولة أثناء وجود مطالبة متعلقة بموجب هذه الوثيقة. وكذلك يكون لها الحق بإجراء تشريح للجثة في حال وفاة عدم دفع القانون.

18) انتهاء هذه الوثيقة: تنتهي التغطية التأمينية بموجب هذه الوثيقة تلقائياً في أي من المناورات التالية أية الأسباب:

أ) إذا ذهب إلى الأبد، أو أي جزء منه، غير مدفوع بعد انتهاء فترة الأمثال.
ب) في تاريخ الذكرى السنوية الأولى التي يبلغ المؤمن عليها عليها السنين (1) من العمر.
ج) في تاريخ إنتهاء الوثيقة:
هد) دفع "المبلغ الأساسي" بموجب الجزء الثالث من هذه الوثيقة.
د) التوافقي للمؤمن عليها:

إذا وجدت وثيقة أو وثائق مماثلة صادرة سابقاً من أي جهة أخرى، فإن الصورة البديلة الصادرة في هذه الوثيقة، يعدل هنالك لتوافق مع المتطلبات الدنيا لنفس الوقائع.

20) التوافقي للمؤمن عليها: إذا وجدت وثيقة أو وثائق مماثلة صادرة في هذه الوثيقة، يعدل هنالك لتوافق مع المتطلبات الدنيا لنفس الوقائع.

23) التأمينات الأخرى لدى الشركة: إذا وجدت وثيقة أو وثائق مماثلة صادرة عن قبل الشركة إلى المؤمن عليها ولكن من صدارة في السوق مع هذه الوثيقة مما يجعل التحقق الإجباري من المبلغ الأساسي فوق الحد الأقصى المحدد بالبلد باختلاف دول.

24) التعديلات على القانون: في حالة طرد أو تعديلات على القوانين المحلية، أو تغيير أي قانون أو الوائح التي تحكم عمل شركات التأمين في الإمارات العربية المتحدة، يحق للشركة تعديل بنود وشروط هذه الوثيقة، بعد اتخاذ المواضيع المذكورة من جهة الにとっては، وفقاً لما تراه مناسباً.

26) تحويل البيانات: تمنح المؤمن عليها الشركة موافقة صورية تحويل ومعالجة مشاركتها بياناتها الشخصية إلى أي ملء سواء كان داخل أو خارج الدولة، بما في ذلك على سبيل المثال لا الحصر مصرف الشركة في الولايات المتحدة الأمريكية، فروعها، الشركات الشقيقة، شركات إعادة التأمين، شركات الشركة في الأعمال.
and/or service providers where the Company believes that the transfer or share, of such personal data 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 sufficient confidentiality obligations to procure the confidentiality of the personal information and provided that the Company complies 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 data. For clarity, personal data means any data/information related to the
to the.

Treaty, Office of Foreign Assets Control (OFAC) and the

Sanctions and other regulations applicable to the Company.

The latter shall prevail.

In case of discrepancy between English and Arabic policy wording, the latter shall prevail.

Part V - Discrepancy

In case of discrepancy between 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.

MetLife is a pioneer of life insurance with a presence of nearly 65 years in the Gulf. Through its branches, MetLife offers life, accident and health insurance along with retirement and savings products to individuals and corporations. For more information, visit www.metlife-gulf.com.