

Group Protect Plus Insurance – Emirates NBD Credit Cards
Terms and Conditions

Provided By

Abu Dhabi National Insurance Company (ADNIC)

In association with

Emirates NBD PJSC

We welcome you as Emirates NBD Credit Cardholder to enjoy the benefits offered under the Group Credit Shield Insurance Policy vide Policy No. H1L16000010 (hereinafter referred to as “the Policy”) issued by Abu Dhabi National Insurance Company (hereinafter referred to as “the Company”) in favour of Emirates NBD PJSC (hereinafter referred to as “the Policyholder”). As a valued Emirates NBD Credit Cardholder, you have chosen an insurance cover that equals your Credit Card Outstanding Amount subject to a maximum amount of AED100,000 on your Primary Credit card and aggregate maximum amount of AED300,000 across all your Emirates NBD Credit Cards. The policy protects you in the event of Death due to any cause, Permanent Total Disability due to Sickness & Accident, diagnosis of Critical Illnesses and Involuntary Loss of Employment. In addition, the policy also offers enhanced protection to you in the event of your unfortunate hospitalization due to an Accident of AED100 per day up to a maximum amount of AED3000 and a lump sum benefit equal to the credit limit on your Emirates NBD Credit Cards up to a maximum of AED 200,000 in the event of an unfortunate Death due to an Accident. We request you to read through the cover details in order to understand the scope of the cover offered.

IMPORTANT NOTICE

- The Scheme is compulsory for all eligible primary credit cardholders, residing in UAE to whom the policyholder holds such scheme with an option for credit cardholders who do not want to participate to quit from the policy, on a negative option basis
- The cover includes protection for outstanding Credit Card amount in respect of Death due to any cause and/or Permanent Total Disability due to Sickness & Accident and/or diagnosis of Critical Illness and/or Hospital Cash Benefit due to Accidental Bodily Injury and / or Involuntary Loss of Employment of the Credit Cardholder subject to terms and conditions detailed herein

In the event of Death due to any cause or Permanent Total Disability due to Sickness & Accident or diagnosis of Critical Illness or Involuntary Loss of Employment; the Company would pay the compensation to the Bank. The above mentioned claims under the cover will be coordinated with / by the Bank and will be settled to/through the Bank. In addition, the company would pay to the Credit Cardholder to exceed a continuous 48 hours within the period of Insurance , a cash benefit of AED100 per day for the number of days of hospitalization of the credit cardholder due to an Accident up to a maximum amount of AED3000 and in the event of Death due to Accident of the Credit Cardholder, the company would pay to the legal heirs of the Credit Cardholder a Death benefit equal to the credit limit on your Emirates NBD Credit Cards subject to a maximum of AED200,000. All covers are subject to premiums being paid for under Protect Plus policy to the Bank from the date of entry in to the scheme until the month in which an unfortunate event covered under the policy, occurs.

The hospitalization cover and Accidental Death cover in particular will be subject to premium being paid for the respective month and also for months prior to the date of event due to which a claim occurs, by the Credit Cardholder

- Minimum age at entry should be at least 18 year old, while the Maximum age at entry should be less than 69 for Death and Permanent Total Disability Cover and 59 for Critical Illness Cover and Involuntary Loss of Employment/Hospital Cash Benefit /Top-up Accidental Death Cover.
- The maximum coverage age is 70 for Death and Permanent Total Disability Cover and 60 for Critical Illness Cover and Involuntary Loss of Employment /Hospital Cash Benefit /Top-up Accidental Death Covers
- The geographical limit of this policy is 'worldwide /24 hours basis' in respect of all benefits except for Involuntary Loss of Employment and Hospital Cash Benefit covers, for which the geographical limit is restricted to UAE. The state of Permanent Total Disability can only be recognized in the United Arab Emirates by a physician specially authorized by the Company.
- Only Primary Credit Cardholder will be considered for claiming the benefit under this insurance.
- All eligible Primary Credit Cardholder are covered under this Policy if he/she is holding a valid Credit Card issued by the Policyholder on or after the Commencement Date of this policy, unless he/she elects not to be insured and are within specified age and underwriting limits. Supplementary cardholders or Corporate Credit cards are not covered
- Irrespective of the number of credit cards held by the insured member, the maximum liability of the Company on any single Insured member would be subject to the benefit limits mentioned in the Scope of Cover.
- In case of re-entry or inclusion of Credit Cardholders who have opted out of the scheme it will be treated as new insurance for the insured member and applicable the waiting period will start again from the date of such re-entry.
- This policy shall be governed by and construed in accordance with the laws of the Emirate of Dubai and United Arab Emirates. Any claims and or dispute arising out of or relating to this policy shall be subject to the exclusive jurisdiction of the competent courts of the Emirate of Dubai.
- The Policyholder is not at any time considered as an agent of the Company.

DEFINITIONS

For the purpose of this policy, the following definitions shall apply unless the context otherwise requires:

Accident means a sudden, unintended, fortuitous, violent, visible and external event and does not include any naturally occurring condition or degenerative process, which occurs during the period of insurance at an identifiable time and place including exposure resulting from a mishap to a conveyance in which the Insured Cardholder is travelling.

Agreement means a credit card agreement made on or after the policy date, between the Bank, as Creditor, and an Insured Credit cardholder.

Appropriate Authority means those governmental or regulatory bodies set up by the state or Central Government from time to time that are solely responsible for registering, permitting and monitoring hospitals and other similar places where medical treatment is provided;

Bank means the financial institution granting the credit card facility to the Insured Cardholders.

Benefit means the indemnity payable under the scope of this cover in respect of Death or Permanent Total Disablement or Critical Illness or Accidental Death- Top up or Involuntary Loss of Employment or Accidental Hospital Cash Benefit for the Insured Primary Cardholder.

Bodily Injury means bodily injury which:

- (a) is sustained by an Insured Member during the Period of Insurance.
- (b) is caused by an accident, and
- (c) solely and independently of any other cause, except illness directly resulting from, or surgical or medical treatment rendered necessary by, such injury, occasions the disablement of the Insured Credit Cardholder within 120 days from the date of the accident by which such injury is caused.

Cardholder means a naturalised person and is a primary account holder of the credit card issued to the insured who has not been disqualified by the provisions of this policy to be eligible to receive the benefits under this policy

Credit Balance means amounts payable by the Cardholder arising from the use of the Card or the Card Number or the PIN or under the Terms and Conditions of the credit card agreement and includes without limitation all Card transactions, fees, finance charges, additional expenses, damages, legal costs, and disbursements, which will be debited to the Card Account and form part of Current Balance.

The applicable Credit Cards are Emirates NBD Credit Card Facility as issued from time to time to the Cardholder and subsequently issued, renewal and replacement Credit Cards if any, which has been nominated as the facility to which the coverage is to apply.

Commencement Date means the date the Cardholder is enrolled for this policy by the Policyholder or the date of inception of this policy whichever is later.

Credit means the credit card or other form of financial accommodation provided by the policyholder to the insured member/cardholder under the credit facility

Credit card Facility means the policyholder credit card facility including the supplementary cards, which have been nominated as the facilities to which the benefits under the cover are to apply.

Covered Critical Illness means any of the following:

Critical illness condition shall mean the insured cardholder having suffered or developed one of the following critical illnesses during the period of cover of this benefit:

Cancer

Cancer is a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer includes leukemia, lymphoma, sarcoma, and Hodgkin's disease. The cancer must require treatment by surgery, radiotherapy, or chemotherapy. The diagnosis must be confirmed with a valid pathology report and a report from an approved specialist.

The following cancers are excluded:

- All tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, or non-invasive;
- Any lesion described as carcinoma in-situ (Tis) or Ta by the AJCC Seventh Edition TNM Classification;
- All non-melanoma skin cancers;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least class T2N0M0 by the AJCC Seventh Edition TNM Classification;
- Any melanoma that is less than or equal to 1.0 mm in thickness and described as T1aN0M0 by the AJCC Seventh Edition TNM Classification;
- Early thyroid cancers that are less than 2 cm in diameter and histologically described as T1N0M0 by the AJCC Seventh Edition TNM Classification;
- Any form of cancer in the presence of HIV infection, including but not limited to, lymphoma or Kaposi's sarcoma.

Stroke

Stroke is defined as a cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or due to embolism or thrombosis in an intra-cranial vessel. This event must result in permanent neurological functional impairment with objective neurological abnormal signs on physical examination by a neurologist at least 3 months after the event. The diagnosis must also be supported by findings on brain imaging and must be consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks (TIA);
- Brain damage due to an accident or injury;
- Disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina;
- Ischaemic disorders of the vestibular system;
- Asymptomatic silent stroke found on imaging.

Coronary Artery Bypass Surgery

The actual undergoing of open-heart surgery with a thoracotomy and sternotomy to correct narrowing or blockage of one or more coronary arteries with insertion of bypass graft(s). Pre-operative angiographic evidence of more than 50% coronary artery obstruction must be provided and the procedure must be considered medically necessary by a consultant cardiologist. Balloon angioplasty (PTCA), heart catheterization, laser relief, rotablate, stenting and all other intra-arterial catheter based techniques are excluded. Key-hole coronary artery bypass surgery is also excluded.

Major Organ Transplant

The actual undergoing, as a recipient of, a transplant of a heart, lung, liver, pancreas, or kidney. Bone marrow transplant is also covered if the insured has undergone the transplant and a specialist confirms that the bone marrow transplant was medically necessary. This transplantation must have been deemed medically necessary to treat the irreversible end-stage failure of the relevant organ or bone marrow. Stem cell transplants and islet cell transplants are excluded.

Kidney Failure (End-stage Renal Failure)

The total and irreversible failure of both kidneys. Continuous renal dialysis must be instituted and the dialysis must be deemed medically necessary by a certified nephrologist. Acute reversible kidney failure that only needs temporary renal dialysis is not covered.

Multiple Sclerosis

A definite diagnosis by a Consultant Neurologist of multiple Sclerosis which satisfies all of the following criteria:

- i) There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.
- ii) The diagnosis must be confirmed diagnostic technique current at the time of the claim

Daily Benefit means the amount of hospital cash benefit payable per day under this Policy;

Date of Event means any one of the following:

- I. In respect of Death the date of death resulting from any cause except those expressly excluded, happening or manifesting after the date of entry into the scheme by the member to be covered and during the Period of Insurance.
- II. In respect of Permanent Total Disablement the date of recognition by a Competent Authority of Permanent Total Disablement resulting from an accident or sickness, happening or

manifesting after the date of entry into the scheme by the member to be covered and during the Period of Insurance.

- III. In respect of Critical Illness the date of diagnosis of any one of the Critical Illnesses by a Competent Authority, resulting from an accident or illness happening/ manifesting after the date of entry into the scheme by the member to be covered and during the Period of Insurance.
- IV. In respect of Hospitalization the date of admission in the hospital following an accident after the date of entry into the scheme by the member and during the Period of Insurance
- V. In respect of Involuntary Loss of Employment, the date of notice of termination served to the Cardholder after the date of entry into the scheme by the member and during the Period of Insurance, insured subject to the provision of Waiting Period.
- VI. In respect of Accidental Death the date of death resulting from accident except those expressly excluded, happening or manifesting after the date of entry into the scheme by the member and during the Period of Insurance.

Death means death any cause except as stated under the List of Exclusions mentioned under this policy.

Defaulted Cardholders are Cardholders having three unpaid instalments.

Enrollment Form shall mean, unless otherwise arranged by mutual agreement between the Policyholder and Company, the Credit Card application form with the necessary legal Insurance requirements & information included, as to make it valid as a single form for both credit card & insurance application.

Expatriate means a person temporarily or permanently residing in a country (in this context U.A.E), holding a valid permanent residential visa as per UAE Regulations and culture other than that of the person's upbringing or legal residence.

Free Cover Limit (FCL) means the maximum amount of insurance cover per Insured Cardholder and as per the defined maximum age of the Insured Cardholder that does not require any evidence of insurability from participating Credit card customer.

Geographical limits: The cover provided under this insurance is Worldwide basis/ 24 hours for Death due to any cause, Permanent Total Disablement (Acc/Sick), Critical Illness and Accidental death – Top up, however it is restricted to UAE in respect of Involuntary Loss of Employment benefit & Hospital Cash Benefit.

Hospital means an institution in U.A.E established for indoor care, offers allopathic treatment only for sickness and injuries which:

(a) Is registered as a hospital or nursing home with the **Appropriate Authorities** and is under the supervision of a registered and qualified **Physician**, and

(b) Provides all the following facilities:

(i) At least 10 inpatient beds, and

(ii) Fully equipped operation theatre of its own where surgical operations are carried out, and

(iii) Fully qualified nursing staff under its employment 24 hours per day, and

(iv) Fully qualified Physicians in supervision 24 hours per day, and,

(v) Maintains a daily medical record for each of its patients.

(c) For the purpose of this Policy, the terms Hospital shall not include any custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the Appropriate Authorities.

Hospitalization means the **Insured person** is required stay as an inpatient in a hospital within UAE for medically necessary treatment following and due to Accidental Bodily Injury.

Hospital Cash Benefit means the benefit as specified in the schedule of the policy.

Involuntary Loss of Employment Waiting Period means the 120 day period following the cover commencement date. No claim for Involuntary Loss of Employment is eligible where the Notification occurs during this period.

Indebtedness means the total amount outstanding in the Credit Card Facility as on the Date of Event but excluding any Credit facility availed after the Date of Event subject to a maximum of the Cardholder's credit limit

Indemnity Period means the Indemnity Period specified in the Schedule commencing from the date of actual Involuntary Loss of Employment.

Involuntary Loss of Employment (ILOE) means unemployment of the Insured Person arising out of the unilateral decision of the employers to terminate his employment contract without citing any reason or for any reason other than those mentioned under exclusions in the policy. Provided the notification is given to the Insured Person at least 120 days after the Policy Effective Date or Date of enrolment to the scheme, whichever is later

Notice of Termination means the first intimation given to the Insured Person either orally or in writing of his impending Involuntary Loss of Employment by his employer

Outstanding Credit balance means the total amount outstanding in the Credit Card Facility (that is, the amount outstanding in the primary card account alone, as on the Date of Event but excluding any Credit facility availed after the Date of Event subject to a maximum of the Cardholder's credit limit.

Permanent Total Disability (PTD) means in the opinion of the Company's medical officer the total and permanent inability of the insured, due to accident or sickness, occurred prior the 70th anniversary, and medically observed to perform any activity or occupation. If at the time of the loss, the Insured Cardholder is unemployed, PTD means the Permanent and Total inability to perform, without assistance of a third person, the Acts of Daily Living:

1. **Washing:** the ability to wash in the bath or in a shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing :** the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Transferring:** the ability to move from bed/chair to an upright position or wheelchair and vice versa;
4. **Mobility:** the ability to move indoors from room to room on level surface;
5. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. **Feeding:** the ability to feed oneself once food has been prepared and made available.

Assessment of PTD and subsequent potential payment of benefit is made after 6 months continuous disability following the event giving rise to the claim. However this time limit shall not apply to cases of physical severance or amputation of limbs. The Company reserves its right to seek a second opinion at own cost to satisfy their decision prior to invoking the appropriate clause.

In the event of disablement by accident the 6 months deferred period is waived, if the Company is satisfied based on detailed medical report from a UAE registered and recognized treating physician of a hospital or clinic which clearly and adequately proves beyond doubt that Insured Credit Cardholder will never recover/ recuperate from his/her injuries/sickness and status of insured falls under the scope and definition of the permanent and total disablement benefit.

Physician means a qualified allopathic medical practitioner holding a valid subsisting license, granted by the appropriated licensing authority, and practicing within the scope of his license. Nurse means a person who holds a certificate of a recognized Nursing Council;

Pre Existing Condition means illness, disease or sickness occurring or manifesting prior to the commencement date for which advice or treatment was sought or obtained from a medical practitioner, chiropractor, naturopath or any other practitioner of a similar kind within twelve months immediately prior to the commencement date.

Policy shall mean this agreement, any supplementary contracts or endorsements herein, amendments signed by the Company and the Bank, along with any insurance application, health declaration, medical questionnaire, medical evidences of the insured cardholders and summaries of cover, which together constitute entire contract between the Company and Bank.

Policy Year means any period of twelve months commencing on any Policy Anniversary Date

Period of Insurance means the period commencing from the Commencement date of insurance for which the Premium is fully paid, taking in to account the Grace Period applicable under the provisions of this Policy

Re-employment means accepting and starting work for a new employer or the same employer under a new employment contract with in the indemnity period from the date of actual unemployment

Self-employed means working for one's self. Self-employed people can also be referred to as a person who works for himself instead of an employer, but drawing income from a trade or business that they operate personally.

Sickness means sickness or disease of the insured Cardholder which commences and manifests itself after he/she meets the eligibility requirements, the date of endorsement or reinstatement of this benefits whichever is later.

Scheduled Airline means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for a civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, or regular or chartered flights operated by such carrier.

Terrorism means the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property or commission of an act that interferes with or disrupts an electronic communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, civilian population or any segment of the economy.

Travel means any transport conveyance which is deemed to include private motor vehicle as well as public aircraft, ships, trains and busses licensed by the appropriate governmental authority to carry passengers on a permitted route with scheduled ports, terminals or stations of embarkation and disembarkation.

UAE means United Arab Emirates

Waiting Period means the 90 day period with respect to Critical Illness benefit and 120 day period with respect to Involuntary Loss of Employment Benefit following the cover commencement date. No claim for Critical Illness and Involuntary Loss of Employment Benefit are permitted by the Insured Person where the Notification occurs during this period

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends

War like operations means hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power and martial law or state of siege.

In this policy unless the context otherwise requires words and phrases cognate to those defined herein shall be construed in accordance with those definitions and the singular includes the plural and the masculine the feminine and vice versa.

SCOPE OF COVER

Subject to the terms and conditions provided in this policy the Company shall indemnify the Insured as hereinafter provided:

BENEFIT 1.

Insured Event :- Death due to any cause

In the event of Death of any Insured Cardholder, the Company shall pay to the Policyholder an amount equal to the Outstanding Credit Balance as of the last calendar day of the previous month of the Insured event of claim, as declared by the Policyholder to the Company.

BENEFIT 2.

Insured Event :-Permanent Total Disablement (due to Accident or Sickness)

In the event of Permanent Total Disablement (due to Accident or Sickness) of any Insured Cardholder, the Company shall pay to the Policyholder an amount equal to the Outstanding Credit Balance as of the last calendar day of the previous month of the Insured event of claim, as declared by the Policyholder to the Company.

BENEFIT 3.

Insured Event :-Critical Illness Benefit

In the event of any Insured Cardholder being diagnosed with one or more of the Critical Illnesses covered hereunder and arising out of a cause not specifically excluded under this policy, the Company shall pay to the Policyholder an amount equal to the Outstanding Credit Balance as of the last calendar day of the previous month of the Insured event of claim, as declared by the Policyholder to the Company

Provided that:

The Company will not pay the Benefit Amount unless the Cardholder has survived for one month after a diagnosis of any of the Critical Illnesses defined.

- a. Waiting Period: No amount shall be payable under this Policy in respect of a critical illness condition diagnosed within a period of three months after the Commencement Date. This is the period of time from the date of commencement during which the insured is ineligible for the benefit. The waiting period is not applicable in cases whereby the covered condition is triggered due to an accidental cause.
- b. the insured also survives more than 30 days (the 'survival period') from the date of conclusive diagnosis
- c. A claim under this policy will only be considered if submitted within 12 months of the first diagnosis

Critical Illnesses Covered under this Section:

1. Stroke
2. Kidney Failure (End Stage Renal Disease)
3. Coronary Artery Bypass Surgery
4. Cancer
5. Major Organ Transplant
6. Multiple Sclerosis

BENEFIT 4

Insured Event – Involuntary Loss of Employment

In the event of Involuntary Loss of Employment of the Insured Cardholder occurring during the period of insurance and subject to provision of waiting period, the eligible insured member will be eligible for 10% of credit card account outstanding balance or credit limit whichever is lower but not exceeding a maximum amount payable of AED 4,000/- for each month of the Primary cardholders unemployment subject to the condition that such Indemnity Period shall not exceed 12 months from date of actual unemployment.

The total payment under any circumstance shall not exceed 100% of the Outstanding Balance as on the claim event date.

BENEFIT 5

Insured Event – Accidental Death Benefit – Top Up

In the event of Accidental Bodily Injury of the Insured Cardholder, first occurring or manifesting itself during the Period of Insurance and causing an Insured members death the company shall pay to the Policyholder or any named beneficiary of Insured Member the Credit Card limit ,subject to maximum of AED 200,000/-

BENEFIT 6

Insured Event – Accidental Hospital Cash Benefit

In the event of Accidental Bodily Injury of the Insured Cardholder, first occurring or manifesting itself during the Period of Insurance and causing an Insured Person Hospitalization to exceed a continuous period of 48 hours with in Period of Insurance, then, subject to the terms and conditions of the policy, the daily cash benefit of AED 100 is payable by the Company. The total number of days for which hospital cash would be payable in a Policy Year would be restricted to , a maximum of 30 days of Hospitalization.

CARDHOLDER COVERAGE EFFECTIVE DATE:

The individual insurance cover shall become effective on the latest of these two dates:

- ✓ The date the individual cardholder(s) application has been accepted by the Company
- ✓ The date the credit card agreement between the Cardholder and the Policyholder comes into effect and is legally binding on the Insured Cardholder.

MEDICAL UNDERWRITING

- The Cardholder/Insured shall furnish the Company with any information the Company may require (including details of the state of health) in respect of the Cardholder for the benefits hereunder. Prior to acceptance, the Company may, at its sole discretion, require the Cardholder to undergo a medical examination by a legally qualified medical practitioner in the manner the Company deems required or fit.
- Medical examination fees to be borne by Company
- Medical examination is only acceptable if conducted at Company appointed medical examiners. In case of any dispute in underwriting decision customer has right to get re-examination done in any recognized clinic at his own cost.

AGGREGATE AMOUNT COVERED

For Death, Permanent Total Disability, Critical Illness Benefit

A maximum aggregate amount of AED 300,000 per cardholder shall apply in respect of credit cards covered, with respect to each benefit

For Accidental death – Top-up

A maximum aggregate amount of AED 200,000 per cardholder shall apply in respect of credit cards covered

For Hospital Cash Benefit –

A maximum aggregate amount of AED 3,000 per cardholder shall apply in respect of credit cards covered

For Involuntary Loss of Employment

A maximum aggregate amount of AED 48,000 per cardholder shall apply in respect of credit cards covered

ELIGIBILITY CONDITIONS FOR ALL BENEFITS:

Eligible Insured Primary Credit Cardholders are individuals who are granted Credit Card Facility by the Policyholder and meet the following criteria at time of completing their Insurance Enrolment form/ medical questionnaire/medical evidences:

1. The Cardholder must meet the eligibility criteria stipulated by the Policyholder to become a Cardholder.
2. The Gross Salary of the Cardholder should not be less than AED 2,000 per month
3. The Cardholder should have been employed with the same employer for at least 6 months, other than those self-employed individuals
4. The Cardholder should have a full time permanent employment contract with his employer
5. The Cardholder should not be absent from work because of an accident, sickness or disability at time of enrolment
6. The Cardholder shall be within the age criteria specified in the schedule of this policy
7. Residing in the UAE,

ADDITIONAL ELIGIBILITY CONDITIONS UNDER INVOLUNTARY LOSS OF EMPLOYMENT BENEFIT

1. Cover is provided to an expatriate, primary credit cardholder only.
2. The Cardholder must meet the eligibility criteria stipulated by the Policyholder to become a Cardholder.
3. The Cardholder should have been employed with the same employer for at least 6 months
4. The Cardholder should have a full time permanent employment contract with his employer not less than 2 year.

5. The Cardholder shall be within the age criteria specified in the schedule of this policy.
6. The cardholder shall be Resident of UAE under a valid Employment Visa (tourist visa, students visa, spouse sponsorship, investor visa etc. are not eligible under the scope of this cover.)
7. No payment will be done during the notice period.
8. On a monthly basis, the claimant cardholder has to submit the passport in original showing the visa page to the bank as a proof of his continued unemployment. A photocopy of the same along with the bank's stamp and date shall be submitted with the necessary claim forms to establish that the member is unemployed

ADDITIONAL ELIGIBILITY CONDITIONS UNDER HOSPITAL CASH BENEFIT & TOP UP ACCIDENTAL DEATH BENEFIT

- I. The Cardholder must meet the eligibility criteria stipulated by the Policyholder to become a Cardholder.
- II. The Cardholder shall be within the age criteria specified in the schedule of this policy.
Resident of UAE

Free Cover Limit (FCL): AED300,000

Maximum Indemnity Limit: AED 100,000 per Primary card subject to a maximum of AED 300,000 per cardholder

Aggregate Sum Insured Limit (irrespective of number of cards)

Benefit	Aggregate Sum Insured Limit
Death due to any cause (DAC)	AED 300,000
Permanent total Disablement (Acc/sick)	AED 300,000
Critical Illness	AED 300,000
Accidental death- Top up	AED 200,000
Hospital Cash Benefit (Accident Only)	AED 3,000
Involuntary Loss of Employment	AED 48,000

All eligible Insured Credit Cardholders having an aggregate Outstanding Credit Balance less than or equal to FCL will be covered without any medical certificates/evidence.

General Conditions

1. A Credit Cardholder is covered under this Policy if he/she is a naturalized person and holding a valid Credit Card issued by the Policyholder on or after the Commencement Date of this policy, on a compulsory basis.
2. In the event of an insured event happening to a Credit Cardholder while insured hereunder, as stated in the Schedule, the Company will pay the amount due subject to the provisions and conditions of the Policy
- 3.** No interest shall be payable by the Company in respect of the period between the date of death or loss date and the payment of the insured amount to the Bank.

4. All monies payable to or by the Company under this Policy shall be paid at the principal Office of the Company and the payment by the Company to the Bank of any sum due under the policy shall be a complete discharge to the Company in respect of that sum. All benefits on account of the cardholder/ claimant will only be made to the Bank

5. The cover is on a Loss-occurring and Clean Cut-off basis: This means any incident/event occurring beyond mutual termination of the contract or after the normal expiry of the policy shall not be considered eligible for payment.

6. The Policy would not be invalidated by the Company in case of an inadvertent error or omission by the Insured Cardholder or the Policyholder or the Company.

7. The company shall have the right to require satisfactory evidence of age before any benefit is paid in respect of any claimant under this policy. If it shall be established that at the time the Credit Cardholder first became insured hereunder his age was understated, the liability of the company shall be limited to a return of the premium paid in respect of that Cardholder. No benefits shall be paid in respect of a cardholder who attains the maximum coverage age specified in the schedule of this policy (at which time that Cardholder shall cease to be covered).

8. The due observance and fulfilment of the terms of this Insurance Policy in so far as they relate to anything to be done or complied with by the Insured Borrower and the truth of the statements and answers in the questionnaire and proposal made by the Insured Borrower shall be a condition precedent to any liability of the Company.

9. It is a condition of this insurance that the Insured Credit Cardholder has disclosed to the Insurance Company, before the contract was concluded, every material fact and/or circumstance which was known to the Insured, and the Insured is deemed to know every circumstance which, in the ordinary course of business, ought to be known by them. If the Insured has failed to make such disclosure, the Company may avoid the contract. Every circumstance is material which would influence the judgment of a prudent Company in fixing the premium, or determining whether they will take the risk. It is also a condition of this insurance that the Insured shall notify the Company during the validity of the contract, and before the renewal(s) are concluded and during the validity of each renewal, of any changes in the material fact and /or circumstances which may increase the risk to be borne by the Company.

10. If a claim upon this Insurance Policy be in any respect fraudulent or if any false declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under this Insurance Policy or if the loss, destruction or damage be occasioned by the wilful act or with the connivance of the Insured all benefits under this Policy shall be forfeited.

11. Every material representation and/or any information made by the Insured and/or his agent to the Company during the negotiations for the contract and/or renewal, before the contract and /or renewal(s) are concluded, and during the currency of the contract and/or renewals(s), shall be true. If the aforesaid material representation and/or be untrue the Company may avoid the contract. A representation is material which would influence the judgment of a prudent Company in fixing the premium, or determining whether they will take the risk.

12. The Policy benefits in relation to Sum Insured at the time of claim arising from Death due to any cause, Permanent Total Disability (accident/sickness) or Critical Illness or Involuntary Loss of Employment , shall be payable to the Bank *as the exclusive and irrevocable beneficiary*.

The Bank commits to recognise such benefits payments as payments made by the Insured Cardholdershimself to clear (or compensate for) his pending debt.

13. Any provision of the Policy which, on the, Policy Commencement Date, is in conflict with statutes of jurisdiction in which the policy is issued, is hereby amended to conform to the minimum requirements of such statutes.

14. In the event of a claim for Death due to any cause/Permanent Total Disability (Accident/Sickness)/Critical Illness the outstanding Credit Balance as per the last monthly declaration prior to the date of the insured event shall be used to determine the sum insured potentially payable including the accrued interest subject to the payment of premium.

15. A Cardholder's insurance under this Policy shall be non-assignable

16. Cover is provided on compulsory basis to all eligible retail individual cardholders with an option to quit ie negative option basis. Cover is not provided to corporate & /lodged cards

17. The first two months of the scheme is complimentary for new credit card acquisition and for those who have not enrolled /or de-enrolled on the existing card scheme with the Bank. However Insured Credit Cardholders switching from the earlier credit card scheme to this scheme will not get 2 months of free cover

18. All eligible Primary Credit Cardholder are covered under this Policy if he/she is holding a valid Credit Card issued by the Bank on or after the Commencement Date of this policy, unless he/she elects not to be insured and are within specified age and underwriting limits. Supplementary cardholders or Corporate Credit cards are not covered.

19. Irrespective of the number of credit cards held by the insured member, providing similar cover, the maximum liability of the Company on any single Insured member would be subject to the benefit limits mentioned in the schedule.

20. In case of re-entry or inclusion of Credit Cardholders who have opted out of the scheme it will be treated as new insurance for the insured member and applicable the waiting period will start again from the date of such re-entry.

21. All benefits offered under this cover is subject to

- a. insured members being declared as per the requirements stated above; and
- b. the insured member maintains an outstanding balance on the covered credit card; and

Premiums are received by ADNIC for the applicable period of cover. For avoidance of doubt if a credit card customer avails the benefit by simply activating credit shield and not using the card at all, thus nil premium being charged/given to ADNIC, no insurance benefits shall be attaching for such customers.

TERMINATION OF COVER

Cover in respect of any Insured cardholder, shall automatically terminate at the earliest of the following events :

- ✓ Premium is not paid when due,
- ✓ Insured member reaches the max age limit specified in the schedule of this policy
- ✓ Termination of credit card facility
- ✓ Payment of death/PTD/CI benefits
- ✓ Cancellation of the benefits under this policy by the Policyholder or the Cardholder at any time in accordance with the policy terms & conditions.
- ✓ Cancellation of the Cardholder's Credit Card Facility. However, the cancellation of cover shall be commencement only from the 90th day of cancellation of the respective Credit Card Facility
- ✓ The Cardholder becomes a defaulter for a period of 90 days. However, this policy will be automatically reinstated once the Cardholder has paid his dues;
- ✓ The expiry date of the policy
- ✓ Upon voluntary/involuntary unemployment of the cardholder

- ✓ The date this policy is terminated/cancelled; either by non payment of premium to the Company or any other reasons and the policy is subsequently not renewed with the Company;
- ✓ The Insured Member is unable to satisfy any other eligibility condition(s) relative to this policy;

Notwithstanding anything contained herein to the contrary the ILOE benefit under this policy in respect of the individual covered shall terminate upon the happening of any one or more of the following:

- The Insured Person Employment Visa is cancelled ;or,
- loses his UAE residency status or is no longer resident in UAE;
- The Insured Person returns to work in respect to Involuntary Loss of Employment; (even if it is only a part-time work).
- The Insured Person becoming unemployed voluntarily.
- 6 months prior to the Insured Person's normal retirement date depending upon the age of the Insured Person and the law of the UAE.
- When the maximum benefit has been reached for several ILOE claims during the period of coverage.
- When the Insured Person is not contactable for 15 days verification in case of claim.
- In case of Death/ Disability .
- When the Insured Member having attained the Maximum Coverage Age specified of 60 years.

SPECIAL CONDITIONS APPLICABLE FOR INVOLUNTARY LOSS OF EMPLOYMENT

1. In the event of a claim it must be notified to the company as soon as possible but in any event not more than 30 days after the occurrence of the incident giving rise to the claim, together with any supporting evidence required by the company.
2. The Notification falls after a Waiting Period of 120 days from the Cover commencement Date.
3. The Insured member remains unemployed during the period for which the Monthly Benefit under this policy is paid.
4. The Insured Person shall inform the Company as soon as he accepts an alternative job within the Indemnity Period but not later than 30days of the Re-Employment.
5. If it is found that the Insured Person has been Re-employed during the period he has been receiving Monthly Benefit, the entire claim will be void and the Company reserves the right to recover the full amount paid to the Insured Person as a Monthly Benefit since the beginning of his Involuntary Loss of Employment.
6. The Insured Member is eligible as per the eligibility conditions provided hereunder.
7. The ILOE Monthly benefit payment will start from after the date of event, subject to not being remunerated by his/her employer.
8. In case of change in employer /occupation by the insured member waiting period will start from the start date of the new employment/Occupation
9. The continuance of monthly indemnity payable under Involuntary Loss of Employment benefit ceases in the event that the Insured Person no longer holds a valid UAE Employee Residence Visa (Eg: holds a tourist visa, students visa, spouse sponsorship ,Property or investor visa etc.)

SPECIAL CONDITIONS APPLICABLE FOR HOSPITAL CASH BENEFIT:

1. For every hospitalization, no benefit would be paid for the **first 48 hours** (two days) of hospitalization, regardless of whether the life assured was admitted in a general or special ward or in an intensive care unit.
2. The total number of days for which hospital cash would be payable in a Policy Year would be restricted to a maximum of 30 days of Hospitalization.

3. Irrespective of the number of policies, providing similar cover, held by an Insured member with the Company the maximum liability of the Company on any single Insured member would be subject to the benefit limits mentioned in the schedule.
4. The Hospital Cash Benefit cover in respect of each Insured shall commence on the Date of Cover Commencement
5. Hospital Cash Benefit cover in respect of each Insured shall terminate at the earliest of the following
 - a. The Date of Cover Expiry mentioned in the master policy between the Policyholder and the Company unless renewed upon expiry by the Policyholder
 - b. On attaining the maximum Hospitalization limit per year of 30 days ;
 - c. The date of termination of the Policy due to any reason;
 - d. The date of death of the Insured.
6. It is a condition precedent to the Company liability under this **Policy** that in the event of any **Accidental Bodily Injury** that may give rise to a claim, the **Insured** shall immediately and in any event within 15 days from the date of discharge provide the Company with **written notification of a claim in** the forms prescribed by the Company **and along with** the supporting evidences as prescribed by the Company and shall take every other reasonable step and / or measure to minimize the consequences of the **Bodily Injury** in respect of their own lives and all other **Insureds**, and shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the claim and/or the Company's liability hereunder that may be requested, and submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.
7. The **Hospital Cash Benefit** shall be paid as a lump sum and is subject to providing proof of occurrence of **Hospitalization** or surgery as applicable to satisfaction of the Company and subject to **Hospitalization** or **Surgery** being covered under the terms of this Policy.
8. The Company shall only make payment under this Policy to the Primary Insured or in the event of death of the Primary Insured, to the Insured Spouse, if existent or to the nominee, in case Insured Spouse does not exist. In case of death of any of the Insured, the Primary Insured (or the Insured spouse, in case of death of the Primary Insured or the nominee/appointee in case of death of both the Primary Insured and Insured Spouse) can claim the Hospital Cash Benefit in respect of the Hospitalization or Surgery that occurred prior to the death of the said deceased Insured, within 15 days of such death and provided that the death occurred during Hospitalization
9. Any payment made in good faith to the Insured Spouse or the nominee by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under this Policy for such claim.
10. A written certification from the Physician who attended on the patient and from the hospital where the patient was warded for medical treatment, as to the treatment in the Hospital having actually occurred during hospitalization as to the exact date and time of admission to and discharge from the Hospital is necessary for the Company to consider a claim.
11. In processing of a claim, the Company reserves the right to call for any clinical, radiological, histological and laboratory evidence as may be required and the Primary Insured agrees to take on the responsibility of providing such evidence as required by the Company on his life and that of the other Insureds at his own expense. The Insured also agrees to submit himself and other Insureds and undergo at his own expense, any medical investigation (including physical examination) as may be required by the Company, by personnel/Doctors authorized by the Company and to comply and co-operate with such instructions of such investigation. No claim shall be considered in case of failure of the Primary Insured to provide such evidence or submit himself or any of the other Insureds to such medical investigations.

12. While the Company shall do its best to ensure that such investigation called for by the Company or by the TPAs at the Diagnostic Centres and / or by the Doctors authorized by the Company shall be carried out in a safe and professional manner, the Primary Insured shall not hold the Company and the Company shall not be responsible for any unprofessional conduct and unexpected effects of such investigation.
13. The Insured also agree to the Company or its personnel or its authorized agents in seeking any personal information affecting the health of the Assured life as may be required by the Company from any Doctor, Medical attendant, Hospital, medical institution, pharmacy or any organisation including but not limited to the employer of the Insured. The Insured hereby authorize any such person, institution or organisation to provide the Company with the information requested.
14. Fraud
If any of the **Insured** or the claimant shall make or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, this **Policy** shall immediately become void and all claims or payments in respect of all the **Insured** under this Policy shall be forfeited. Non-disclosure of any health event or ailment/condition/sickness/Surgery which occurred prior to the taking of this Policy, whether such condition is relevant or not to the ailment/disease/Surgery for which the Insured is admitted/treated, shall also constitute Fraud.

LIST OF EXCLUSIONS

This Insurance does not cover death/ disability/critical illness as consequences of:

1. SELF-INFLICTED BODILY INJURY REGARDLESS OF ITS DATE AND OF ITS CAUSE, OR
2. A SICKNESS DIRECTLY OR INDIRECTLY ATTRIBUTED TO HIV AND/OR ANY RELATED ILLNESS INCLUDING AIDS,OR
3. CHRONIC ALCOHOLISM OR, ABUSE OF ALCOHOL OR, ABUSE OR ADDICTION TO DRUGS;OR
4. CIVIL WAR, WAR, INVASION OR WARLIKE OPERATIONS, ACT OF FOREIGN ENEMY, HOSTILITIES, REVOLT, MUTINY, RIOTS, STRIKE, CIVIL COMMON, REBELLION, REVOLUTION, INSURRECTION, ACTS OF TERRORIST TO SUCH A DEGREE AND EXTENT OF THE INVOLVEMENT OR ENGAGEMENT OF THE INSURED IN THESE CONDITIONS WITHOUT ANY CAUSE; OR
5. EXPOSURE OF THE BODY VOLUNTARILY, OR NOT, TO NUCLEAR POWER OR RADIOACTIVITY IN WAR OR WARLIKE OPERATIONS OR IN PEACE; OR MILITARY SERVICE IN THE ARMED FORCES OR SECURITY FORCES OF ANY COUNTRY OR ANY AUTHORITY; HOWEVER IF A CARDHOLDER WHO IS A POLICEMAN OR ARMED FORCES PERSONNEL DIES OR BECOMES PERMANENTLY DISABLED WHILE PERFORMING DAY-TO DAY COURSE OF DUTY, THE LIFE BENEFIT UNDER THIS POLICY SHALL BE PAYABLE, NO BENEFIT WILL BE PAYABLE FOR MEMBERS OF THE POLICE OR ARMED FORCES IF THE CLAIM IS DUE TO ANY OF THE FOLLOWING EVENTS: CIVIL WAR, WAR, INVASION OR WARLIKE OPERATIONS, ACT OF FOREIGN ENEMY, HOSTILITIES, REVOLT, MUTINY, RIOTS, STRIKE, CIVIL COMMOTION, REBELLION, REVOLUTION, INSURRECTION, ACTS OF TERRORISM, ANY KIND OF TRAINING, EXERCISE OR ASSIGNMENT INVOLVING THE USE OF AMMUNITION OR EXPLOSIVES OF ANY KIND.
6. THE COMMISSION OF OR ATTEMPTED COMMISSION OF AN ASSAULT OR ANY UNLAWFUL ACT, OR BEING ENGAGED IN ANY ILLEGAL ACTIVITY OR FELONY, OR
7. FLIGHT OF THE INSURED IN ANY KIND OF AIRCRAFT EXCEPT AS A FARE-PAYING PASSENGER IN AN AIRCRAFT OPERATED ON A REGULAR SCHEDULE BY AN INCORPORATED COMMON CARRIER FOR PASSENGER SERVICE OVER ITS ESTABLISHED AIR ROUTE, OR HE IS TRANSPORTED AS A PATIENT OR INJURED OR ATTENDANT OR HOSTESS WITH AN AMBULANCE OR RESCUE – AIRCRAFT OR HELICOPTER.

8. ESPECIALLY FOR THE CASE OF DEATH, SUICIDE WHILE SANE OR INSANE SHALL BE EXCLUDED DURING THE FIRST YEAR OF THE INSURANCE COVERAGE
9. NUCLEAR RADIATION, NUCLEAR FISSION, NUCLEAR FUSION AND/OR RADIOACTIVE CONTAMINATION. HOWEVER, MEDICAL PROFESSIONALS IN THE FIELD OF RADIOLOGY ARE COVERED
10. INSURED CARDHOLDER ENGAGING OR TAKING PART IN ANY HAZARDOUS SPORTS OR ACTIVITIES INVOLVING A MOTOR ENGINE (INCLUDING RALLIES), BOXING, SCUBA / SKY DIVING, PARACHUTING OR HANG-GLIDING
11. PRE-EXISTING CONDITIONS FOR DEATH AND DISABILITY BENEFITS ARE EXCLUDED FOR A PERIOD OF ONE YEAR FROM THE DATE OF ENTRY INTO THE SCHEME BY INDIVIDUAL MEMBER.
12. ESPECIALLY FOR THE CASE OF PERMANENT TOTAL DISABILITY, THE FOLLOWING FACTS AND EVENTS WILL NOT BE COVERED:
 - a. ANY PSYCHIATRIC, MENTAL OR NERVOUS DISORDER, OR
 - b. NORMAL PREGNANCY, CHILDBIRTH, ABORTION OR MISCARRIAGE, OR ANY COMPLICATIONS THEREOF; OR
13. DISABILITY ATTRIBUTED BY THE INSURED TO SUBJECTIVE COMPLAINTS NOT DETECTABLE WITH LABORATORY MEASUREMENT, MICROBIOLOGICAL, BIOCHEMICAL MEANS AND /OR IMAGING; CRITICAL ILLNESS DUE TO CHRONIC ILLNESSES / CONDITIONS.
14. CRITICAL ILLNESS DUE TO ANY PRE-EXISTING CONDITION IS EXCLUDED.
15. CRITICAL ILLNESSES OCCURRING WITHIN 90 DAYS OF THE DATE OF ENROLLMENT OF THE INSURED CARDHOLDER INTO THE POLICY.
16. CONGENITAL OR HEREDITARY CONDITIONS FOR CRITICAL ILLNESS
17. FOR CRITICAL ILLNESS, EPIDEMICS, DEFINED AS THE WIDESPREAD OCCURRENCE OF AN INFECTIOUS DISEASE IN A COMMUNITY OR REGION WHICH IS IN EXCESS OF THE NUMBER OF INSTANCES NORMALLY EXPECTED IN THAT COMMUNITY OR REGION AND CLASSIFIED AS AN EPIDEMIC BY THE WORLD HEALTH ORGANIZATION.

ADDITIONAL LIST OF EXCLUSIONS APPLICABLE TO CRITICAL ILLNESS BENEFIT ONLY

The company shall not be liable and shall not pay claim under this policy connected directly or indirectly with or arising from:

1. Pre-existing conditions exclusion
 - a. No benefit will be payable for any Covered Condition which was diagnosed in any severity prior to the insured person joining this scheme.
 - b. No benefit will be paid for any Covered Condition that resulted from a Related Condition for which the insured person has received treatment, or suffered symptoms of, or asked advice on or was aware of at the time of, or prior to, joining the scheme,
2. Drug abuse including alcohol or taking an overdose of drugs whether lawfully prescribed or otherwise
3. Failure to follow medical advice, intentional self-inflicted injury or attempt;
4. HIV or AIDS;
5. Mental problems or nervous system disease ;
6. Congenital or hereditary conditions ;
7. Any claim arising directly or indirectly from attempted suicide ;
8. Nuclear, chemical or biological contamination ;
9. Hazardous sports and pastimes
10. Any claim directly or indirectly attributable to any form of war or civil war or as a consequence of acts of violence, including riot, civil commotion, insurrection, terrorism, or usurpation of power or any act identical to such participation ;
11. Epidemics, defined as the widespread occurrence of an infectious disease in a community or region which is in excess of the number of instances normally expected in that community or region and classified as an epidemic by the World Health Organization.

LIST OF EXCLUSIONS : INVOLUNTARY LOSS OF EMPLOYMENT

THIS INSURANCE DOES NOT COVER INVOLUNTARY LOSS OF EMPLOYMENT DIRECTLY OR INDIRECTLY RESULTING FROM OR CONSEQUENT UPON

1. INVOLUNTARY LOSS OF EMPLOYMENT WHICH STARTS WITHIN 120 DAYS OF THE COMMENCEMENT DATE.

2. EMPLOYEES OF FIRMS NOT APPROVED BY THE POLICYHOLDER FOR ISSUANCE A PERSONAL LOAN.

3. INSURED PERSON'S WHO HAVE NOT BEEN CONTINUOUSLY EMPLOYED WITH THE SAME EMPLOYER FOR MINIMUM 6 MONTHS.

4. INSURED PERSON'S WHO ARE ON PROBATION.

5. EMPLOYMENT ON A FIXED TERM CONTRACT OR PART TIME OR TEMPORARY, CASUAL OR CONTINGENT EMPLOYMENT.

6. RESIGNATION OR LEAVING BY MUTUAL AGREEMENT OR VOLUNTARY UNEMPLOYMENT OR REDUNDANCY AFTER VOLUNTARY BREAKS FROM

7. DISABILITY, SICKNESS OR ACCIDENT OR ANY OTHER MEDICAL REASONS (MENTAL AND/OR PHYSICAL)

8. WHERE THE INSURED PERSON WAS AWARE OF PENDING UNEMPLOYMENT ON OR BEFORE THE COMMENCEMENT DATE.

9. WHERE THE UNEMPLOYMENT IS A NORMAL SEASONAL PART OF THE EMPLOYMENT OR DUE TO NON-RENEWAL OF EMPLOYMENT

10. WHERE THE INSURED PERSON HAS LEFT UAE.

11. WHERE THE INSURED PERSON HAS NEITHER BEEN TERMINATED NOR BECOME REDUNDANT BUT HIS/HER SALARY OR ALLOWANCES ARE BEING WITHHELD IN PART OR IN FULL FOR ANY REASON OF THE EMPLOYMENT CONTRACT.

12. UNEMPLOYMENT DUE TO ANY OF THE FOLLOWING

I. MISCONDUCT

II. REFUSAL TO ACCEPT ORDERS FROM SUPERIORS

III. CRIMINAL CONVICTION

IV. DISHONESTY OR FRAUDULENT ACT

V. NON PERFORMANCE OR UNDERPERFORMANCE

VI. THE EMPLOYERS RIGHTS TO DO SO UNDER ARTICLE 120 OF THE UAE LABOR LAW.

12. PAYMENT AFTER THE INSURED PERSON REACHES THE MAXIMUM COVERAGE AGE SPECIFIED IN THE SCHEDULE OF THIS POLICY.

13. TERMINATION DUE TO VOLUNTARY RETIREMENT BY THE INSURED PERSON.

14. TERMINATION OF EMPLOYMENT DURING PROBATIONARY PERIOD.

15. THE PERIOD FOR WHICH PAYMENT FROM THE EMPLOYER IS RECEIVED INSTEAD OF WORKING NOTICE.

16. COMPANY FAILURE WHERE A CONTRIBUTING CAUSE WAS A NATURAL CATASTROPHIC PERIL, WAR OR WARLIKE EVENT; NUCLEAR RADIATION

17. THE NATURAL EXPIRY OF FIXED TERM CONTRACT OF EMPLOYMENT OR OF AN INTERIM CONTRACT;

18. NON RENEWAL OF EMPLOYMENT CONTRACT DUE TO CESSATION OR EXPIRY OF VISA;

19. RETIREMENT INCLUDING VOLUNTARY, EARLY, TEMPORARY OR PERMANENT RETIREMENT;

20. INVOLUNTARY LOSS OF EMPLOYMENT DUE TO BREACH OF EMPLOYMENT CONTRACT OR TERMS;

21. IF THE INVOLUNTARY LOSS OF EMPLOYMENT IS IN ANY WAY VOLUNTARY OR RESULTS DIRECTLY OR INDIRECTLY FROM THE INSURED

22. INSURED PERSON WAS EITHER WORKING OR EMPLOYED OR RESIDING OR IS OUTSIDE UAE.

23. ANY INVOLUNTARY LOSS OF EMPLOYMENT WHERE THE INSURED PERSON CANNOT PROVE IT WAS INVOLUNTARY AND THAT NONE OF THE EXCLUSIONS IN THIS SECTION APPLY.

24. IF THE INSURED PERSON IS NOT ABLE TO CLAIM UNDER THE TANMIA UNEMPLOYMENT BENEFIT (FOR UAE NATIONALS ONLY);

25. DISMISSAL OR REDUNDANCY WHEN EMPLOYER IS A FAMILY MEMBER OR SCHEME MEMBER IS A SHAREHOLDER

LIST OF EXCLUSIONS APPLICABLE TO FOR HOSPITAL CASH BENEFIT

NO BENEFITS ARE AVAILABLE HEREUNDER AND NO PAYMENT WILL BE MADE BY THE COMPANY FOR ANY CLAIM FOR HOSPITAL CASH BENEFIT UNDER THIS POLICY ON ACCOUNT

OF HOSPITALIZATION DIRECTLY OR INDIRECTLY CAUSED BY, BASED ON, ARISING OUT OF OR HOWSOEVER ATTRIBUTABLE TO ANY OF THE FOLLOWING:

1. HOSPITALIZATION DUE TO SICKNESS OR ILLNESS.
2. ANY TREATMENT NOT PERFORMED BY A **PHYSICIAN** OR ANY TREATMENT OF A PURELY EXPERIMENTAL NATURE.
3. ANY ROUTINE OR PRESCRIBED MEDICAL CHECK UP OR EXAMINATION.
4. *MEDICAL EXPENSES* RELATING TO ANY HOSPITALIZATION PRIMARILY FOR DIAGNOSTIC, X-RAY OR LABORATORY EXAMINATIONS.
5. CIRCUMCISION, COSMETIC OR AESTHETIC TREATMENTS OF ANY DESCRIPTION, CHANGE OF GENDER SURGERY , PLASTIC SURGERY (UNLESS SUCH PLASTIC SURGERY IS NECESSARY FOR THE TREATMENT OF ILLNESS OR ACCIDENTAL BODILY INJURY AS A DIRECT RESULT OF THE INSURED EVENT AND PERFORMED WITH IN 6 MONTHS OF THE SAME).
6. DENTAL TREATMENT OR SURGERY OF ANY KIND UNLESS NECESSITATED BY **ACCIDENTAL BODILY INJURY**.
7. SELF AFFLICTED INJURIES OR CONDITIONS (ATTEMPTED SUICIDE), AND/OR THE USE OR MISUSE OF ANY DRUGS OR ALCOHOL.
8. ANY SEXUALLY TRANSMITTED DISEASES OR ANY CONDITION DIRECTLY OR INDIRECTLY CAUSED TO OR ASSOCIATED WITH HUMAN IMMUNO DEFICIENCY (HIV) VIRUS OR ANY SYNDROME OR CONDITION OF A SIMILAR KIND COMMONLY REFERRED TO AS AIDS.
9. REMOVAL OF ANY MATERIAL THAT WAS IMPLANTED IN A FORMER SURGERY BEFORE DATE OF COVER COMMENCEMENT.
10. HOSPITALIZATION FOR THE SOLE PURPOSE OF PHYSIOTHERAPY OR ANY AILMENT FOR WHICH HOSPITALIZATION IS NOT WARRANTED DUE TO ADVANCEMENT IN MEDICAL TECHNOLOGY.
11. NAVAL OR MILITARY OPERATIONS(INCLUDING DUTIES OF PEACE TIME) OF THE ARMED FORCES OR AIR FORCE AND PARTICIPATION IN OPERATIONS REQUIRING THE USE OF ARMS OR WHICH ARE ORDERED BY MILITARY AUTHORITIES FOR COMBATING TERRORISTS, REBELS AND THE LIKE.
12. ANY NATURAL PERIL (INCLUDING BUT NOT LIMITED TO AVALANCHE, EARTHQUAKE, VOLCANIC ERUPTIONS OR ANY KIND OF NATURAL HAZARD).
13. PARTICIPATION IN ANY HAZARDOUS ACTIVITY OR SPORTS INCLUDING BUT NOT LIMITED TO RACING, SCUBA DIVING, AERIAL SPORTS, BUNGEE JUMPING AND MOUNTAINEERING OR IN ANY CRIMINAL OR ILLEGAL ACTIVITIES.
14. RADIOACTIVE CONTAMINATION.
15. NON-ALLOPATHIC METHODS OF TREATMENT.
16. RESULTING FROM WAR, INVASION, ACT OF FOREIGN ENEMY, HOSTILITIES OR WAR LIKE OPERATIONS (WHETHER WAR BE DECLARED OR NOT),CIVIL WAR, REBELLION, MUTINY, REVOLUTION, CONFISCATION OR NATIONALIZATION BY OR UNDER THE ORDER OF ANY GOVERNMENT OR PUBLIC OR LOCAL AUTHORITY OR ANY ACT OF ANY PERSON ACTING ON BEHALF OF OR IN CONNECTION WITH ANY ORGANIZATION WITH ACTIVITIES DIRECTED TOWARDS THE OVERTHROW BY FORCE OF ITS GOVERNMENT “DE JURE” OR “DE FACTO” OR TO THE INFLUENCING OF IT BY TERRORISM OR VIOLENCE. WAR ZONE AS RECOGNIZED BY THE UNITED NATIONS OR WHERE THERE ARE WARLIKE OPERATIONS ARE EXCLUDED

Claims Notification, forms & Proof of loss

Upon happening of an event giving rise to a claim under this policy, the insured member/insured member’s legal representative(s) and/or the Bank shall give immediate written notice to the company but not later than 365 days from the date

of event for Death/Accidental Death/Disability Claims. The claim notification period shall be 30 days from the date of event for ILOE and Hospital Cash Benefit.

The claims reported after the above dates from the date of event shall not be payable.

The company shall have the right and opportunity to examine the insured person following a claim having been made when and so often as it may reasonably require prior to and during the payment of any benefits hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

The company shall make payment of the benefit insured under this policy on receiving proof satisfactory to the company of the happening of the event upon which the sum insured is expressed to be payable, evidence of the age of the insured person and subject to full payment of premiums and inclusion under the policy of the insured person as at the time that the event took place.

No benefit shall be payable for any claim for which the necessary substantiating proof is not furnished.

HOW TO CLAIM

Any and all communications related to a claim should be addressed to the following address, marked to the attention of Company's claims department:

Abu Dhabi National Insurance Company

P. O. Box: 839, Abu Dhabi, United Arab Emirates.

Telephone : 02 4080100/fax no: 02 2 6268600

You may contact Abu Dhabi National Insurance Company (ADNIC) at the toll free no. 8008040/,or send an email to consumerlinesclaims@ADNIC.ae**Unexpected End of Formula**

Insured Cardholder or insured Cardholder's representative will contact Company and submit all the applicable claim documents as advised by Company's claim department.

GENERAL CLAIMS PROCEDURE

The claims handling procedure for the insurance effected with Company, as below:

1. Written notice of accident/ death/ injury/illness which could result in a claim being made under the policy must be given to Company immediately.
2. Such notification, apart from stating name of the employee in respect of whom the claim is reported, should provide basic details including date of death/ accident/sickness and the type of benefit claimed.
 - a. Upon receipt of claim notification, Company shall:
 - (i) Register the claim and allocate a claim number, to be quoted in all subsequent communications relating to that claim.
 - (ii) Advise the claim number to the insured and request documentation considered necessary and reasonable for processing of the claim.
 - b. Upon receipt of the above, the corresponding claim form complete in all respects shall be submitted to Company together with all supporting documents requested.
 - c. Upon receipt of the documented claim from the insured, Company shall advise any further documentation required to substantiate the claim or process the claim for settlement.
 - d. For all valid claims payable in accordance with the terms and conditions of the policy, the discharge receipt would be issued within fourteen (14) working days of receipt by Company of all necessary supporting documents.

Settlement of the claim would be effected to within twenty one (21) working days of receipt by the Company of the duly signed and stamped discharge receipt

PROOF OF LOSS

All claims documents shall be submitted to the Company as soon as possible but in any case not later than 365 days from the date of insured event. Additionally, the company is entitled to obtain any further information/documents as it may reasonably require. The company may also, at its discretion, require the documents to be authenticated by the concerned authorities.

DOCUMENTATION CHECKLIST

A. Death Claims:

- i. Claim Form duly completed and signed by authorized signatory
- ii. Accident Report (in case of Accident)
- iii. Death Certificate (in original). In case of death taking place outside U.A.E., such original Death certificate issued abroad should be attested by U.A.E Embassy
- iv. Post Mortem Report (wherever required)
- v. Police Report – if death due to accident/Road Traffic Accident
- vi. Medical Report from a hospital with a detailed diagnosis, history of illness (if natural death) and cause of death, if the same is not clearly mentioned in death certificate.
- vii. Copy of Passport including visa page (for expatriates)
- viii. Credit Card Application Form
- ix. Credit Card Statement for the last three months
- x. Any other document found necessary

B. Permanent Total Disability Claims (due to Accident/Sickness)

- i. Claim Form duly completed and signed by authorized signatory
- ii. Accident Report (in case of Accident)
- iii. Medical Report (in original) confirming exact degree of permanent disability issued by the Medical Board
- iv. Police Report – if disability is as a result of accident/Road Traffic Accident
- v. Medical Report from a Hospital with a detailed diagnosis, history of illness (if disability due to sickness) and cause of disability
- vi. Copy of Passport including visa page. (for expatriates)
- vii. Credit Card Application Form
- viii. Credit Card Statement for the last 3 months
- ix. Any other document found necessary

C. Critical Illness Benefit

- i. Claim Form duly completed and signed by authorized signatory
- ii. Medical Report confirming the disease and detailed Medical Reports.
- iii. Credit Card Application Form
- iv. Credit Card Statement for the last 3 months
- v. Copy of Passport of the employee including visa page
- vi. Any other document found necessary
- vii. In the event of a claim, ADNOC reserves the right to call for appropriate clinical documentation and / or if necessary medical examination or further reasonable tests to validate the occurrence of an insured event

D. Involuntary Loss of Employment

Notice of Termination from the Employer (Original should be submitted for verification); Claim Form duly completed and signed by authorized signatory

- i. Copy of Passport with valid Visa Page
- ii. Copy of the Labour Contract from the Employer;
- iii. Credit Card Application Form
- iv. Complete Loan Statement (from the date of loan)

- v. If the Insured is eligible for the benefit, insured need to submit the original passport for verification at ADNIC office along with a self-declaration of employment status one month after the Notice Period to start with monthly payout.
- vi. Any other documents as may be required by the Company to validate the claim including further information that it may require to determine the cause of involuntary unemployment.
- vii. If the claim is accepted the Insured Person shall report in person to the Company's offices each month as a pre-condition of future to confirm whilst the Monthly Benefit in respect of the ILOE Benefit.
- viii. Claims amounts with respect to ILOE are paid directly to the customer in the event of an admissible claim.

E. Hospital Cash Benefit

- i. Claim Form duly completed and signed by authorized signatory
 - ii. Medical Report.
 - iii. Credit Card Application Form
 - v. Credit Card Statement for the last 3 months
 - viii. Copy of Passport of the employee including visa page
 - ix. Any other document found necessary Claim notification to ADNIC has to be within 15 days from the date of discharge
 - x. Original copy of the following documents:
 - a. Discharge card with details of treatment received, diagnosis
 - b. Surgical summary (in case the claimant has undergone a surgery)
 - c. Certificate from Physician
 - d. Any other document that may be called for in the course of claim evaluation
- I. Upon receipt of the above, the corresponding Claim Form complete in all respects shall be submitted to ADNIC together with all supporting documents requested.
- II. For all valid claims payable in accordance with the terms and conditions of the Policy, the Discharge Receipt would be issued within fourteen (14) working days of receipt by ADNIC of all necessary supporting documents.
- Settlement of the claim would be effected to within twenty one (21) working days of receipt by ADNIC of the duly signed and stamped Discharge Receipt

ILOE CLAIMS PROCEDURE:

Claims Procedure

Upon happening of an event giving rise to a claim under this policy, the Cardholder/Cardholder's Representatives/Insured shall follow the following procedure:

If the Involuntary Loss of Employment claim is accepted the Scheme Member shall report in person to the Company's Head Office each month as a pre-condition of future to confirm whilst the Monthly Benefit in respect of the Involuntary Loss of Employment.

- a) Give immediate written notice to the Company but not later than **30 days** from the Date of Event.
- b) The Insured Cardholder or the Cardholder's representative shall complete the standard claim form issued by the Company and produced at no cost to the Company with such evidence to substantiate the claim to the satisfaction of the Company as the Company may reasonably require;
- c) The Cardholder or the Cardholder's representative or the Insured shall submit the following documents within 30 days from the Date of Event.
 - i. Letter of termination confirming that employee's (individual covered) contract was terminated indicating clearly the reason of termination.
 - ii. Letter from the bank stating the outstanding amount on individual covered's Credit card account at the time of termination.
 - iii. Copy of employment contract and passport copy showing visa page.
 - iv. Copies of statement / history showing transactions, amount of instalments, instalment in arrears and the outstanding amount.
 - v. Copy of the personal Credit card application
 - vi. Salary slips for the 3 months preceding date of notice of termination.
 - vii. The Company may also request for a copy of the labor contract from the Employer if it is required to verify the period of employment contract.
 - viii. Monthly submission of passport copy showing visa page along with bank's stamp and date.
 - ix. Any other documents as may be required as per the prevailing Company policies.
 - x. Proof of fulltime employment on the employer's letterhead paper, including copy of the employment agreement between employer and employee, clearly stating that the employee was employed on a fulltime basis

All papers as indicated above may be required to be produced in original (other than those surrendered to the authorities or Employer) for verification before the final settlement of claim.

The Company reserves the right to request for additional and/or detailed documents, beyond as stated above, which may additionally be necessary

- (i) to establish circumstances surrounding the Involuntary Loss of Employment of the Insured Person should the said circumstances warrant it;
- (ii) to investigate any suspected fraud or misuse of Policy including when
 - a) the Indebtedness as on the Date of Event is not within the average preceding 6 months Indebtedness history of the Insured Person from the Date of Event,
 - b) there is a sudden increased Indebtedness within last 2 month preceding the Date of Event,
 - c) there are any additional circumstances in sole discretion of the Company which may lead the Company to suspect fraud or misuse of the Policy,

If the claim is accepted the Scheme Member shall report in person to the Company's Head Office each month as a pre-condition of future to confirm whilst the Monthly Benefit in respect of the Involuntary Loss of Employment.

If any claim under this Policy is in any way fraudulent or unfounded, the Benefit under this Policy shall be forfeited in respect of the particular Scheme Member.

Internal Investigation Stage:

1. On receipt of all the documents, if the documents are in order, the Company will forward the file for internal investigation or else the Scheme Member will be requested for additional documents as may be required. At all times the Scheme Member is required to cooperate with the Company where ever necessary to substantiate and justify their claim. If the claim is not admissible then the Scheme Member will be notified accordingly.
2. Based on the internal investigation report, the company will process the claim in accordance with the terms and conditions of the policy, and communicate the decision to the Scheme Member.

First Settlement (if valid):

1. If the claim is valid a Monthly Benefit will be paid into the Scheme Member's account with the Policyholder.
2. Settlement for all claims submitted on or before 15th of the previous month, and once validated, will be made on 1st of the following month and settlement for all claims submitted on or after 16th of the previous month, once validated, will be made on 16th of the following month.

Subsequent Settlements:

1. The Company will conduct the internal investigation every month and the subsequent Monthly Benefit will be settled based on the internal investigation report. In case the Scheme Member is not eligible for the next Monthly Benefit, the Company will advise the Scheme Member accordingly.
2. The Scheme Member has to visit the Bank or every month with his original passport and declare his employment status. Subsequently, the Monthly Benefit will be paid to the Bank. The verification/attestation of documents are being done by Bank authority not less than the Branch Head.

If the claim is accepted the Scheme Member shall report in person to the Company's Head Office each month as a pre-condition of future to confirm whilst the Monthly Benefit in respect of the Involuntary Loss of Employment.

If any claim under this Policy is in any way fraudulent or unfounded, the Benefit under this Policy shall be forfeited in respect of the particular Scheme Member.

On receipt of all the documents, if the documents are in order, the Company will forward the file for internal investigation or else the Scheme Member will be requested for additional documents as may be required. At all times the Scheme Member is required to cooperate with the Company where ever necessary to substantiate and justify their claim. If the claim is not admissible then the Scheme Member will be notified accordingly.

Abu Dhabi National Insurance Company (herein after called the Company) certifies that they have issued a Master policy To Emirates NBD PJSC under which the Emirates NBD Credit Cardholder who is a resident of the UAE and meeting the eligibility criteria for this cover will be insured under the said master policy.

Note: The above is only an outline of the terms under this master policy. Full terms and exclusions of the master policy will apply to all Emirates NBD Credit Cardholders.

