

# Jazz Health Insurance

## Overview

Discover our exciting new product that offers great value for Jazz customers! Get financial protection for in-patient hospitalization, with cash relief to cover medical and out-of-pocket expenses.

## How to Subscribe

Subscribe to Jazz Car Insurance easily through the SIMOSA app or call our Insurance Helpline 7030 from your Jazz number.

## Charges and Coverage

| Plan     | Daily Price<br>(Including Tax) | Hospital Coverage<br>(30 days) | Accidental Coverage<br>(30 days) |
|----------|--------------------------------|--------------------------------|----------------------------------|
| Silver   | 3.5                            | PKR 90,000                     | PKR 150,000                      |
| Gold     | 7.0                            | PKR 180,000                    | PKR 300,000                      |
| Platinum | 11.0                           | PKR 270,000                    | PKR 450,000                      |

## How to Claim

Notify us about the occurrence of an insured claim by calling our Insurance Helpline 7030 or by contacting us on WhatsApp 0326 8120898 where our insurance team will assist you through the claims process. Please ensure you make your claim within **30 (thirty) days** from the date of discharge from the hospital.

## Terms of Service

- A 7-day waiting period applies after subscribing to the insurance before you can make a claim
- You can only subscribe to one Health Insurance plan per phone and per person

## Eligibility and Enrolment

To be eligible for a Health Insurance Plan, you must:

- Be an individual; corporations, partnerships, and businesses are not eligible to subscribe

- Be within the age bracket of 18-65 years
- Confirm that you've read and understood the Terms and Conditions

### **Mistake in Age**

The Company shall only pay Insurance Benefits based on the disclosed age of the Insured. With the onus on the customer for incorrect disclosure the Company shall not be liable to pay any benefit under this Policy in that particular case.

### **Exclusion**

Health Insurance Cover shall not cover

- Any pre-existing conditions and dental procedures
- OPD of all sorts and daycare surgeries (any admission less than 24 hours and no overnight stay is considered as OPD and daycare)
- Cosmetic or other surgical procedures
- Regular medications such as Insulin
- Any Special Investigations which are not due to the admission or being inpatient
- War, strikes, riots, civil commotion and any natural or man-made perils (including chemical, nuclear, biological, and radiological) that results in the declaration of a state of emergency on a local or national level

### **Terminations**

Insurance coverage will automatically end as soon as one of the following occurs:

- Successful payment of claim
- Cancellation or withdrawal of subscription

### **Partners**

This insurance product is offered by WebDoc in collaboration with underwriting partner TPL Insurance Company Limited.

### **Terms And Conditions**

| Term    | Definition |
|---------|------------|
| Company | WEBDOC     |

|                  |                                                                                                                                                                                 |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Insured          | Policy Holder                                                                                                                                                                   |
| Insurer          | TPL Insurance Company Limited                                                                                                                                                   |
| Accident         | Unexpected, unusual, and specific event that occurs during the period of insurance, at an identifiable time and place                                                           |
| Fraudulent Claim | Any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the employee or anyone acting on the employee's behalf to obtain a benefit. |

1. All premiums including taxes etc. shall be payable at the company's office. The premium is payable in advance for the full year or any short-term period. If any premium is not paid within the allowed grace period, this policy shall not remain in force, but the insured shall be liable to pay all the premiums due up to the termination date.
2. According to the Premium Payment Clause in Rule 58 of the Insurance Rules 2017;
  1. The insured confirms that the premium has been paid in full to the insurers at the issuance/inception of this policy.
  2. If the premium due under this policy has been mutually agreed between the Insurer and the Insured to be paid in installments, the insured confirms and agrees to the following:
    1. The first such premium installment as specified in the policy schedule has been paid in full to the insurers at issuance/inception of this policy.
    2. Subsequent installments as specified in the policy schedule shall be paid in full on or before the scheduled due dates and the cover under the policy shall be suspended, in case any installment is not received by the said scheduled due date thereof.
3. All notices required to be given by the insured to the company must be in writing addressed to the WEBDOC from which this policy was issued, and notice or knowledge of anything relating to this policy or any claim hereunder shall not be deemed to be noticed to or within the knowledge of the company unless so given; and no alteration in terms of this policy, nor any endorsement thereon, will be held valid unless the same is signed or initialed by an authorized representative of the company.
4. This policy can be terminated upon seven days' notice from either side by a recorded delivery letter/digital means at the insured's last known address/company's head

office/email/WhatsApp. The company shall refund unused premiums to the insured where appropriate.

5. In the event that any of the benefits under this policy are available or become available during the currency of this policy to the insured person under any other insurance scheme or plan or program or arrangement established pursuant to any law or regulation of any Government body, then this insurance shall pay only a ratable proportion of the expenses incurred are covered under the policy, which, when added to such duplicate benefits, shall not be more than 100% of the benefits are covered under this policy.
6. The schedule of insurance, provisions and exclusions, schedule of benefits, clauses and endorsements incorporated herein are made a part of this policy and shall be read as one contract.
7. This policy shall be governed by and interpreted according to the law of the Islamic Republic of Pakistan.
8. In case any dispute or difference arises between the company and the insured concerning any matter arising out of this policy, such matter shall be referred to the decision of two arbitrators (who shall be disinterested parties) one appointed by the company and one by the insured in writing unless the parties agree to appoint only one arbitrator, such agreement to be reached within four weeks of one of the parties receiving a written request to this effect from the other. In case either party shall refuse or fail to appoint an arbitrator within four weeks after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator. The award of such arbitrators or their umpire (who shall have been appointed by the parties in difference in writing before entering upon the reference and who shall be responsible for conducting the business of the arbitration) be final and binding upon all parties there to and such reference shall be a reference to arbitration within the meaning of the Arbitration Law of Pakistan or of any statutory modification or re-enactment thereof presently in force and the obtaining of an award shall be a condition precedent to any liability of the company or any right of action against the company.

### **General Conditions**

All claims till the expiry date of the said policy shall be submitted within fifteen days from the date of expiry and no claim shall be entertained thereafter.

The company also reserves the right at any time to terminate the insurance of any insured person giving notice to the insured in writing under intimation to the policyholder if he has at any time:

- misled the company by misstatement or concealment or
- agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the

company's detriment, or

- Failed to act with the utmost good faith.

### **Payment Of Claims**

In case where indemnity shall be on a reimbursement basis, the benefits payable under the terms of this policy will be paid to the Insured as agreed in writing. The company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device whether by the insured or by any insured person or by any other person on their behalf.

The company holds all the rights to withhold, inspect, investigate, make deductions, and reject part or whole claim that it finds inappropriate, suspicious or fraudulent.

In case any of the prescribed procedures is not followed, the company reserves the right to either negate or reduce the benefit amount to match the actual cost.

### **Claim Payment Procedure**

1. If any of the requisite documents/information is not provided payment, of the claim may be delayed, or rejected or a deduction will be made against not submitted documents.
2. The company reserves the right to investigate all claims submitted by the subscribers.