
HEALTH GUARD
A COMPREHENSIVE HEALTH PLAN

Policy No.: UIC/D/P003/0000153791/0622/143

DECLARATION AND SCHEDULE OF BENEFITS

The information contained in the Policy Terms provides details about your Policy including who can be on the Policy, contribution rates and entitlement to Benefits. This Policy Terms together with the application form and brochure constitute the agreement between The Company and the Policyholder and include the obligations of the Policyholder and Insured Persons (But do not include the Policy Terms that relates to Non-Resident Cover). Many of the words / terms used in this Policy have a specific meaning. Except as otherwise stated, these meanings are explained in the Definitions section.

This Policy will only be in force if the Schedule is signed by a person, we have authorized by the Company.

THE SCHEDULE

1. **Name of Policyholder** : M/S Sindh Technical Education & Vocational Training Authority (STEVTA)
- Address** : ST-19, Block-6, Gulshan-e-Iqbal, Karachi.
- Phone No.** : 021-99244112-7
- Fax No.** : 021-99244118
2. **Policy Effective Date** : 01-07-2022
- Policy Expiry Date** : 30-06-2023
3. **Scope of Cover** : Hospitalization, Maternity & Corporate Pool Limit Only.

HEAD OFFICE:
1-Upper Mall,
Lahore-Pakistan.

TOLL FREE
0800-84275

UAN: (+92-42) 111-000-014
TEL: (+92-42) 35776475, 83, 85
FAX: (+92-42) 35776486, 87

EMAIL: uicp@theunitedinsurance.com
WEB: www.theunitedinsurance.com



NUMBER OF INSURED MEMBERS:

	CAT A	CAT B	CAT C	TOTAL
Employees	12	129	1,744	1,885
Spouse	10	107	1,758	1,875
Child	23	230	3,786	4,039
Parents	09	98	1,100	1,207
Total	54	564	8,388	9,006

COVERAGES

Room Rent & Hospitalization Limit

(Annual Limits)

Room Rent

Cat A

Cat B

Cat C

Private

Semi
Private

General
Ward

Hospitalization

(Per Family Per Annum)

700,000

700,000

700,000

Maternity Care Limit

Normal

C-Section

60,000

50,000

50,000

100,000

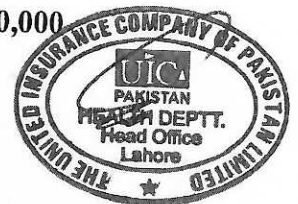
80,000

80,000

Corporate Medical Pool:

(For the whole group)

3,000,000



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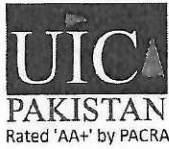
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Cert No. 13652-QMS
ISO 9001:2008



The
UNITED INSURANCE
Company of Pakistan Limited

A Member Company of United International Group

PREMIUM COMPUTATION

Gross Premium	:	Rs.	55,198,756
Admin. Surcharge	:	Rs.	2,000
F. I. F 1% & Stamp Duty	:	Rs.	552,028
Net Premium	:	Rs.	<u>55,752,784/-</u>

Date of Signature of Proposal and Declaration

Signed at _____, Lahore on _____

POLICY AT ISSUE:

The following forms constitute the entire Policy at issue:



Signature / Stamp of Company

Date

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Lahore-Pakistan.

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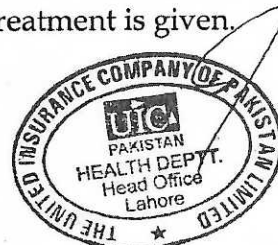
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GENERAL DEFINITIONS

We use certain words in this Policy and Policy Schedule, which has a specific meaning and are shown under the heading of General Definitions in the Policy. They have this meaning wherever they appear in the Policy or Policy Schedule and are shown with an initial capital letter. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice versa in both cases.

1. **Insured Persons** - means: -
 - a) A policyholder;
 - b) A Spouse registered on a Policy; and
 - c) A Dependant Child registered on a Policy.
2. **Family** - means employee (60 Years), spouse (60 Years), and dependent children Son (25 Years & Daughter till marriage or employed) & Parents (85 Years) only.
3. **Acute** - means a medical condition that can be cured by Treatment.
4. **Advice** - means any consultation from a Medical Practitioner or Specialist including the issue of any prescriptions or repeat prescriptions.
5. **Chronic** - means a Medical Condition that cannot be cured by Treatment.
6. **Limits** - means the maximum Benefit in a service category Per Family Per Year except in the case of the Life time limits.
7. **Calendar Year** - means the period from 1st January to 31st December.
8. **Policy** - means the Insurance contract, the Policy Schedule, and any attached enrolment forms, endorsements, papers or riders.
9. **Period of Cover** - means the period of cover set out in the Policy Schedule and any subsequent period for which the Policyholder pays a premium, which we accept. This will be a 12 month period starting from the commencement date or renewal date.
10. **Level Cover** - means one or more of the Levels of Cover as referred to in the section dealing with Level of Cover in these Policy terms.
11. **Policy Schedule** - means The Schedule giving details of the Policyholder and the Insured Persons, Policy details and endorsements (if applicable).
12. **Commencement Date** - means the date shown on the Policy Schedule on which cover under this Policy commences. For the purpose of this Policy the time of the start of cover will be on the date shown on the Policy Schedule.
13. **Premium Rates** - means the Premium or fees payable under a Policy in relation to the Levels of Cover held.
14. **Congenital Anomaly** - means Intrauterine development of an Organ or structure or position.
15. **Day Patient** - means Treatment in a Hospital where the Insured Person is admitted to a Hospital bed but does not state overnight.
16. **Dental Practitioner** - means a person who is licensed by the relevant licensing authority to practice dentistry in the country where the dental treatment is given.



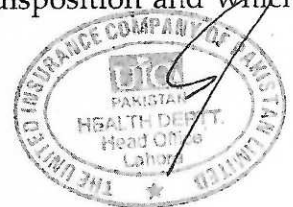
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17. **Date of Entry**- means the date shown on the Policy Schedule on which an Insured Person was included under this Policy.
18. **Drugs and Dressings** - means Drugs, medicines and dressings prescribed by a Medical Practitioner or Specialist.
19. **Benefit** - means an amount of money payable by the UIC in accordance with the policy terms.
20. **Medical Practitioner** - means a person who has attained primary degrees in medicine or surgery by attending a Medical School recognized by the World Health Organization and who is licensed by the relevant authority to practice medicine in the country where the Treatment is given.
21. **Policyholder** - means the person in whose name the Policy is registered and who is responsible for payment of the Premium Rates for the Policy.✓
22. **Pre-Existing Condition** - means a condition where the signs or symptoms of which, in the opinion of a practitioner appointed by UIC, existed at any time during the six (6) months preceding the day on which the Insured Person joined UIC or transferred to a higher level of cover.
23. **Date Paid through** - means the end of the Date Paid through Period in respect to which the Policyholder is required to pay Premium Rates.
24. **Dependent** - means Dependent Child and Student Dependant.
25. **Dependent Child** - means
- A child of the Policyholder or his or her spouse under 21 years who does not have a Spouse, including a legally adopted child, a step - child and who is dependent on the Policyholder or his or her spouse.
 - Such other person under 21 years that UIC may, in its absolute discretion, accept from time to time; and
 - A child of the Policyholder or his or her spouse who does not have a spouse, including a legally adopted child, a step - child who is over 21 years but under 25 years and who is a Student Dependent.
26. **Dependent Student** - means a child without a Spouse, including a legally adopted child, a step-child or a foster child of the Policyholder or his or her spouse who:
- Has attained the age of 21 but who is under 25 years of age; and
 - Who is undertaking full time or part time study at a school, college or university; and
 - Who is fully or partially maintained by the Policyholder or the Policyholder's Spouse and who is not:
 - In receipt of a taxable income from the school, college or university; or
 - In receipt of an invalid pension or a disability allowance
27. **Excess** - is a per year amount of Benefit a Policyholder agrees to forego in exchange for a lower Contribution Rate.



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28. **Excluded Service** - means a service or Treatment where no Benefits is payable by UIC under the Level of Cover for that service or Treatment.
29. **Policy Holder's Authority** - The Policy Holder is the only Insured person authorized to:
- i) Change any of the details of the Policy;
 - ii) Change the level of Cover or Level of Covers;
 - iii) Apply to register a person as an Insured Person;
 - iv) Removal/ Addition an Insured Person from the Policy;
 - v) Make a claim or receive a benefit for an Insured Person;
 - vi) Terminate the Policy;
 - vii) Access the personal information of all Insured Persons on the Policy.
30. **Enrollment/Declaration Form** - means the basis of this Policy and is deemed to be attached and which forms a part of this Policy.
31. **Hospital** - means an establishment which is legally licensed as a medical or surgical Hospital under the laws of the country in which it is situated.
32. **Private Hospital** - means: -
- a) A Hospital that is approved as such under a law of a Province or Country.
 - b) Any other Hospital recognized by UIC as a Private Hospital for the purpose of paying Benefits.
33. **Private Practice** - means: -
- a) In relation to an individual provider, where the provider is self-employed and solely responsible for his or her own operating costs, sick leave and annual leave and whose income is principally derives from the fees charged to patients or clients for services rendered at that practice; and
 - b) In relation to a group of providers, where the income of that group is principally derived from fees received from patients or clients attending that group practice; provided that the individual or group provider is not funded or contracted to any public or private entity except for the payment of rent to such entity.
34. **Public Hospital** - means a recognized Public Hospital approved by the Govt. for the Payment of Benefits.
35. **Professional Attention** - means: -
- a) Medical or surgical Treatment by or under the supervision of a Medical Practitioner; or
 - b) Obstetric related Treatment by or under the supervision of a Medical Practitioner; or
 - c) Dental Treatment by or under the supervision of a Dental Practitioner; or
 - d) Podiatric Treatment by or under the supervision of an Accredited Podiatrist.
36. **Disease** - means an illness or affliction of the body having a defined and recognized pattern of symptoms (s), which causes more than temporary indisposition and which illness or affliction first manifested itself.



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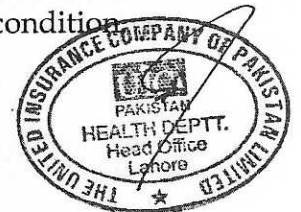
37. **In - Patient** - means an Insured Person who stays in a hospital bed and is admitted for one or more nights.
38. **Therapies** - means: -
- Physiotherapy;
 - Chiropractic;
 - Osteopathic services;
 - Antenatal;
 - Occupational therapy;
 - Podiatry;
 - Psychology;
 - Dietetics;
- And such other services as are specified in the relevant level of cover.
39. **Physician** - means a license's practitioner of the healing arts acting within the scope of his license. The attending Physician may not be
- An Insured Person
 - An Insured Person's spouse, or
 - A person who is related to an Insured Person or an Insured Person's spouse, in any of the following ways: child, parent, or sibling.
40. **Accident** - means a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means occurring during the Insured Period.
41. **Injury** - Accidentally bodily injury resulting directly and independently of all other causes, which is sustained by the Insured Person during the Period of Insurance. "For the avoidance of doubt, the definition of injury does not extend to the non-physical consequences (Such as mental, nervous or emotional disorders, depression or anxiety) of any Accident and these are specifically agreed to be excluded for the purpose of this Policy".
42. **Serious Injury** - means injury or Sickness certified as being dangerous to life by a legally qualified Physician.
43. **Pregnancy and Birth related Service** - means any type of Treatment related to the management of pregnancy, labour and childbirth, including ante and post-natal care and includes, but is not restricted to obstetrics related services.
44. **Professional Sports** - means a sport, which remunerates a player in excess of 50% of his or her income as a means of their livelihood.
45. **Suspension** - means the temporary discontinuation of a Policy in accordance with the Policy Terms. Suspension can be one of the following: -
- Policy Suspension, which applies to all Insured Persons on the Policy; or
 - Partial suspension, which applies to specified insured person (s) only.



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EXCLUSIONS

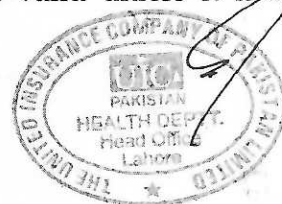
1. Rehabilitation unless it form an integral part of Treatment received as an in-patient and is under the control of supervision of a specialist and is undertaken in a recognized rehabilitation unit.
2. Mental illnesses, and any related sickness, or condition arising from drug abuse, alcoholism or an insured's criminal act.
3. Personal comfort items like charges for telephone and meal.
4. Cosmetic Treatment whether or not for psychological purposes.
5. Costs of providing or fitting any external prostheses or appliance.
6. Cost incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
7. Pregnancy terminations on non-medical grounds.
8. Treatment directly or indirectly arising from or required in connection with male and female birth control, infertility, contraception, sterilization (or its reversal) and any form of assisted reproduction.
9. Treatment directly or indirectly associated with a sex change.
10. Venereal disease or any other sexually transmitted disease.
11. Provision of visual aids, normal hearing tests & provision of hearing aids.
12. Routine or restorative dental treatment, whether or not performed by a medical or dental practitioner or a specialist or an oral and maxillofacial surgeon.
13. Removal of fat or other surplus tissue from any part of the body whether or not it is carried out for medical or psychological reasons.
14. Treatment for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or addiction.
15. Suicide or attempted suicide, willfully self inflicted bodily injury or illness or injury sustained as a result of a felony.
16. The fees of a religious practitioner.
17. Treatment directly or indirectly arising from or required as a consequence of:
War, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism, unless the Insured Person sustains bodily injury whilst an innocent bystander.
18. Treatment directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition.
19. Any treatment or procedure performed on un-born fetus.



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UNIFORM PROVISIONS

1. **Acceptance Clause:** We are entitled to refuse to accept an application from any person without giving a reason. We maintain the right to ask you to provide proof of age and / or state of health of any person included in your application.
2. **Compliance with Policy Terms:** We shall not be liable under this Policy in the event of any failure by an Insured Person to comply with its terms and conditions, except where the circumstances of any claim are unconnected with such failure and no fraud is involved.
3. **Change of Risk:** The Policyholder must inform Us as soon as reasonably possible of any material changes relating to any Insured Person, which affect information given in connection with the application for cover under this Policy. We reserve the right to alter the Policy terms or cancel cover for an insured person following a change of risk to the extent permissible by the laws of Your Country of Residence.
4. **Policy Duration and Premiums:**
 - a) The Policy is for one year and is renewable for successive one year periods, subject to the terms in force at the time of each renewal date and to payment of the premium.
 - b) The Premium payable may be changed by Us from time to time. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next renewal date.
 - c) 100% premiums will be payable in advance to any cover under this Policy being provided,
 - d) Your Policy is an annual contract and You are responsible for the whole year's premium even if We have agreed that Your may pay by installments.
5. **Government Taxes:** To reflect any change in Insurance Premium Tax or other Government levies, We may alter the terms and conditions of this Policy at any Renewal Date. A copy of the current Policy terms will be sent to You at such time.
6. **Break in Cover:** Where there is a break in cover, We reserve the right to reapply Exclusion in respect of Pre-Existing Medical Conditions.
7. **Children:** Children will be accepted for cover from birth, provided that their birth is notified to Us within 90 days from the date of birth. Notification received after this period will result in children being accepted for cover from the date of such notification.
8. **Alterations:**
 - a) We may alter the terms and conditions of this Policy at any Renewal Date. A copy of the current Policy terms will be sent to Your at such time. You may cancel Your Policy within 30 days following any Renewal Date. We will give you reasonable notice of such alterations. We will send details of such alterations to the address We have for you. However, the alterations will take effect even if Your do not receive them for any reason.
 - b) No alteration or amendment to the Policy terms will be valid unless it is in writing from Us.



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9. **Waiver:** Waiver by Us in any instance of any term or condition of this Policy will not prevent Us from relying on such term or condition in other instances.
10. **Cancellation:** In the event of any non-payment of Premium, We shall be entitled to cancel this Policy following the procedures (if any) provided by the Laws. Where no such procedures apply, cancellation will be automatic. We may at our discretion reinstate the cover if the premium is subsequently paid.
Whilst We shall not cancel this Policy because of eligible claims made by any Insured Person, we may at any time terminate an Insured Person cover if he/she or the Policyholder has at any time:
- Misled Us by misstatements
 - Knowingly claimed benefits for any purpose other than as are provided for under this Policy.
 - Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to Our detriment.
 - Otherwise failed to observe the terms and conditions of this Policy or failed to act with utmost good faith.
- If the Policy is cancelled by the Policyholder at anytime other than following the Renewal Date there will be no return of premium.
11. **Pre - Existing Conditions:** In the event, Declared Pre - Existing Conditions will be covered.
12. **Applicable Law:** You are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary, this Insurance Policy shall be subject to Law of Islamic Republic Pakistan.
The law applicable to this Policy shall be that specified in the Policy Schedule. The choice of applicable law shall not affect any statutory rights you may have under the laws of your Country of Residence.
13. **Several Liability:** The various Underwriters of this Policy to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The Underwriters are not responsible for the subscription of any co-subscribing Underwriter who for any reason does not satisfy all or part of its obligations.
14. **Other Insurance:** If there is any other Insurance covering any of the same Benefits, You must disclose or ensure that the relevant Insured Person discloses the same to Us and We shall not be liable to pay or contribute more than rateable proportion.
15. **Renewal Conditions:** This Policy will terminate at the expiration of the period of which Premium has been paid or on the Expiration date shown in the Declaration Form and Schedule, whichever is earlier.
16. **No Entitlement to Claim -** You will not be entitled to make a claim for any services provided after the date to which your policy has been paid. If you make a payment that is less than the full amount due for the date paid through period, benefits will not be payable until the entire amount for the date paid through period have been received by



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UIC. If, for any reason, payments fail into Arrears, UIC may terminate the Policy with immediate effect by written notice to the Policyholder and subject to Termination of a Policy in Arrears.

17. *Medical Practitioner and Specialist Fees*

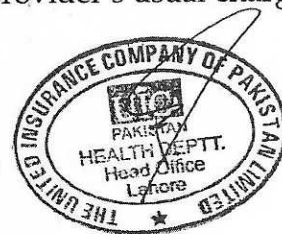
- i) Medical Practitioner fees including consultations.
 - i. Specialist fees as an In-patient, day-patient.
 - ii. Diagnostic and surgical procedures as an in-patient, day-patient.
 - iii. Physiotherapy on referral by a specialist. Physiotherapy on referral by a Medical Practitioner is restricted to 10 sessions per medical condition, after which it must be reviewed by a specialist. A medical report will be required for out-patient physiotherapy after 10 sessions.
 - iv. Treatment administered by registered Chiropractors, Osteopaths, Homeopaths and Acupuncturists when given under the direct control of and following referral by a specialist.

18. *Entitlement to Benefits* - UIC will pay benefits to a Policyholder in accordance with the Act and the Policy terms. In addition, benefits will only be payable where:

- i) The treatment is provided by a UIC recognized Provider or a Hospital; and
- ii) The service, appliance or treatment is provided in Pakistan; and
- iii) The treatment is Clinically relevant; and
- iv) In the case of Hospital treatment, the Insured Person is an admitted patient; and
- v) The service is a medical service, the treatment must be provided by a medical practitioner for a service in respect of which a Medicare Benefit is payable and in respect of Hospital Treatment for which the Insured person is entitled to receive Benefits under the Policy; and
- vi) In the case of General Treatment, a service or appliance is provided once per attendance and subject to the general Treatment Benefit Guidelines; and
- vii) The Treatment relates to services or appliances that were provided where the Insured person and provider were in the physical presence of each other; and
- viii) The Treatment meets the patient classification requirements set out in the Fund Rules.

19. *Reduction in Benefits* -

- a) Where the amount paid by an Insured Person for a service is lower than the Benefit that would otherwise have been payable, the Benefit shall be reduced to the amount paid.
- b) Where moneys are payable from more than one source for the same service, UIC may reduce its benefits by the amount payable from the other source (s).
- c) Where, in the opinion of UIC, the charge is higher than the provider's usual charge for the service, UIC may assess the claim as if the provider's usual charge has applied.



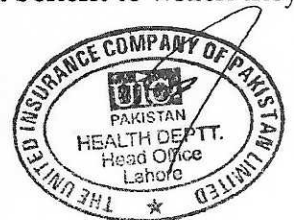
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20. **UIC Network Hospitals** - in a UIC Network Hospital, the Policyholder's entitlement to benefits for Hospital Treatment will be satisfied by UIC complying with the terms of the relevant Policy. UIC will make available to a Policyholder on request a list of the UIC network Hospitals in each State or Territory.
21. **Non Agreement Hospitals** - In a Non - Agreement Hospitals, the Policyholder must pay the difference between the amount, the Hospital charges and the benefit paid by UIC, which could be substantial. Claims shall be paid in comparison with the similar network hospitals.
22. **Hospital Charges** - Accommodation charges whilst an In-patient or Day-patient in a Hospital, including charges for nursing by a qualified nurse. Theatre fees and other charges incurred for Treatment of the Medical Condition.
23. **Prescribed Drugs and Dressings** - Drugs, medicines, dressings and appliances Prescribed by a Medical Practitioner or Specialist.
24. **Reconstructive Surgery** - Reconstructive surgery following an accident or following surgery for an eligible Medical Condition provided such surgery is carried out at a medically suitable stage after the accident or surgery has occurred.
25. **Medical Benefits for Admitted Patients** - Benefits are payable for medical service provided to an Insured Person by a medical practitioner only:
 - a) Where the service is a professional service in respect of which a Medicare Benefit is payable; and
 - b) While the Insured Person is an Admitted Patient; and
 - c) Provided it is related to the Hospital Treatment for which the Insured Person is entitled to receive Benefits under the Policy.
26. **Payment of Claims**
 - a) **Form of Claim** - Claims for Benefits must be made in a manner approved by UIC and supported by accounts and / or receipts and other information determined by UIC from time to time.
 - b) **Claims to be Lodged within** - Benefits are not payable where a claim is lodged more than one month after the date of service.
 - c) **Claims to be Paid Within Two Months** - Subject to the conditions of the Policy and all other reasonable conditions of UIC being met (Including the provision of an Acute Care Certificate), UIC will pay a valid claim for Benefits within one (1) month of receipts of all the required documentation. However, UIC may delay payments of claim in the event of an audit or provider investigation.
27. **Fraudulent or Incorrect Claims** - If any claim under this Policy in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable in addition all cover in respect of the Insured Person shall be cancelled void, without refund of premiums.



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28. **Electronic Date Recognition Exclusion (EDRE):** This Policy does not cover any loss, damage, cost, claim, or expense, whether preventative, remedial or otherwise, directly or indirectly arising out of or relating to: -
- a) The calculation, comparison, differentiation, sequencing or processing of data involving the date change to the year 2000, or any other data change, including leap year calculations, by any computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not; or
 - b) Any change, alteration, or modification involving the date change to the year 2000, or to any other date change, including leap year calculations, to any such computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not.
29. **Treatment Information** - UIC may ask you to provide information about your treatment, including confirmation that it relates to a diagnosed medical condition and that it is a course of treatment recognized by UIC. The policyholder authorizes UIC to obtain any information about any treatment received by any Insured Person under the Policy directly from the provider, including copies of clinical record.
30. **Changes to Policy Terms:** Policyholder is bound by any changes in the Policy Terms. You are bound by the new Policy Terms from the date UIC determines they are effective, whether or not you are Financial at that date. UIC may make any variation or cancellation of any of the Policy Terms at its discretion, subject to any relevant regulatory approval.
- Where practical, UIC will give you at least 14 days notice of a Contribution Rate change and notice of other changes that significantly reduce Benefits will be notified in accordance with the relevant provisions of the Private Health Insurance code of Conduct. In the instance where those provisions are not clear, UIC will provide at least 30 days notice.
- Notice of a change is effective if given by any of the following means:
- a) Letter sent to the Policyholder at the most recently advised postal address, fax number or email address;
 - b) By inclusion in any UIC publication generally made available to Policyholder;
 - c) Any other reasonable means.
- Where posted, the notice is deemed received on the day following posting.
31. **Termination:** UIC may terminate a Policy immediately if:
- a) In the reasonable opinion of UIC, the Insured Person has deliberately given false information or has falsely obtained or attempted to obtain a benefit to which they are not entitled;
 - b) The provision, Termination of a Policy in Arrears apply; or



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- c) Subject to legislation, UIC gives two months notice in writing and refunds any contribution rates paid by the member for the period after the effective date of termination of the Policy.
- d) This Policy can be terminated upon thirty (30) days written notice from either side by recorded delivery letter at Policy holder's last known address / UIC head office, as the case may be.
- e) The UIC shall give unused Premium to the Policy holder on following basis;
 - Where the Policy is terminated by UIC, it will give unused premium to the Participant on pro rata basis.
 - Where the Policy is terminated on the request of the Policy holder, the UIC will give the unused Premium on following Short-Period basis:

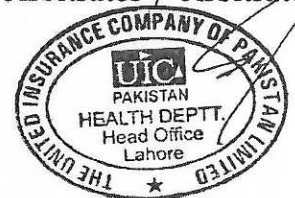
Period not exceeding	Deduction of Short period as Proportion of Annual Premium
1 week	1/8 or 12.5%
1 month	2/8 or 25%
2 months	3/8 or 37.5%
3 months	4/8 or 50%
4 months	5/8 or 62.5%
6 months	6/8 or 75%
8 months	7/8 or 87.5%
Over 8 months	Full Annual Premium.

- The Premium refund for both Pro rata & Short Period basis will be subject to No Loss for each Individual Covered.

32. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator, to be appointed in writing by the parties to or, if they cannot agree upon a single Arbitrator with 30 days of any part invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising two Arbitrators - one to be appointed by each of the parties to the dispute / difference, and the third Arbitrator to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Pakistan Arbitration and Conciliation Act.

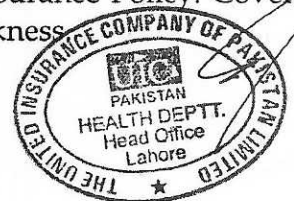
It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator / Arbitrators of the amount of the loss or damage shall be first obtained.



The United Insurance Company Of Pakistan Ltd.

33. **Assignment of Indemnities:** All indemnities, if any, of this Policy are payable to you, any payment. We make in good faith pursuant to this provision shall fully discharge us to the extent of the payment.
34. **Medical Examination:** We, at our own expense, shall have the right and opportunity to examine you through our appointed agents whose details will be notified to you when and as often as we may reasonably required during the pendency of a claim hereunder, and also the right and opportunity to make a post mortem examination of your body as permitted by Law. Your or your estate's compliance with the need for such examination is a condition precedent to establishing liability under the Policy.
35. **Legal Actions:** No action at law or in equity shall be brought to recover in this Policy prior to the expiration of sixty (60) days after written evidence has been furnished in accordance with the requirements of this Policy. If no evidence has been furnished within one (1) year of the date upon which it should have been furnished then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
- If we disclaim liability to you or any Insured Person for any claim, and if you do not notify us in writing within one (1) year from the date of receipt of the notice of such disclaimer that you do not accept such disclaimer and intend to recover this claim from us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
36. **Compliance with the Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
37. **Limitations:** If an Insured Person incurs a covered accident or Injury, for which benefits are payable under more than one like Policy issued by us, the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy, which pays the largest benefit. If benefits are determined on a daily or weekly basis, the largest benefit as used herein will mean the largest Daily benefit.
38. **Other Interest:** Your personal representatives cannot claim from or sue us. If more than one person or company has an interest in you, we will pay a benefit only once.
39. **Reasonable Care and Assistance:** In the event of any payment under this Policy, we shall be subrogated to all your rights of recovery thereof against any person or organization and you shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and provide whatever assistance we might reasonably require of you in pursuance of our Subrogation rights. You shall take no action after the loss to prejudice such rights.
40. **Dispute Resolution Clause and Procedure:** This contract of Insured includes the following disputes resolution procedure, which is exclusive and a material part of this Policy:
- **Nature of Coverage:** This Policy is a General Health Insurance Policy. Coverage of this Policy is intended for your use in the event of sickness



The United Insurance Company Of Pakistan Ltd.

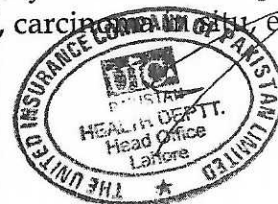
- **Choice of Law:** This Policy will be governed by the Law of Islamic Republic of Pakistan.
41. **Dreaded Disease:** This clause can only become operational only after formal approval of the Company.
- "Dreaded Disease" means reasonable and customary charges for all medically necessary treatment and services provided by or on the order of a Physician to the Insured Person, on acquiring a Dreaded Disease, as defined herein, during the Policy Period and diagnosed during the same period.
- The Dreaded Disease cover under this clause is available only to persons for whom a benefit limit is defined in the schedule of compensation under the Dreaded Disease benefits section.
 - Dreaded Disease cover is not valid for any particular Dread Disease or diseases pre-existing at the time of Policy commencement (either declared or not in "Declaration / Enrollment Form").
 - The cover provided in this clause will automatically be unaffected in case if the Insured passes the age of 60 years.
 - The prescribed limit of this cover is valid for one Policy Year, each expense to be debited to the respective account.
 - Once the Insured contracts a Dreaded Disease as defined herein, payment under this clause will continue until the Dreaded Disease benefit limit. However, the Insured will not be covered under this clause at any subsequent renewal. The Dreaded Disease benefit limit shall apply to all expenses arising from any one or a combination of Dread Disease that the Insured may acquire during the period whilst the Insured person is covered under this clause.
 - It is required under the clause that the Insured be in good health at the commencement of coverage. Any condition, which is diagnosed in the first 30 days from the date of commencement of cover of an Insured person, is not covered under this clause.
 - Written notice of claim will be submitted at our office within fifteen days of the Dreaded Disease being diagnosed together with sufficient evidence.
 - Any Hospital confinement for this purpose would be subject to approval by the Company. If approved, the Company would then make arrangements for providing credit facility with any approved Hospital that provides facilities for care of such illness.

Subject to the Dreaded Disease limits and any cost containment features indicated in the schedule of compensation, and the Policy conditions and provisions contained therein, the company will pay for expenses of Hospitalization and Post Hospitalization of an Insured person, in connection with treatment of a Dreaded Disease named and defined as under.



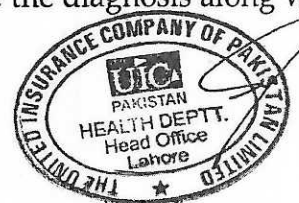
The United Insurance Company Of Pakistan Ltd.

42. **Heart Attack:** It is also called as Myocardial Infarction (MI), coronary thrombus or coronary occlusion. Heart attack is defined as the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be unequivocal and must be based on all of:
- A history of typical chest pain
 - Electrocardiography (ECG) changes
 - Elevation of Cardiac Enzymes
- a) **Heart Bypass Surgery:** The actual undergoing of open chest surgery for the correction of blocked or narrowed one, two or more coronary arteries by Coronary Artery Bypass Graft (CABG). The surgery must have been proven to necessary by means of Coronary angiography.
- b) **Coronary Angioplasty:** Coronary Angioplasty or percutaneous Transluminal Coronary Angioplasty (PTCA) is a specialized form of Coronary Angiography, which is an alternate to Coronary Bypass Surgery. This procedure is used to widen (dilate) the narrowing in Coronary Artery without open Heart Surgery, through insertion of special balloon / catheter with or without stent.
- c) **Aortic Aneurysms:** Aortic Aneurysms refers to a permanent localized dilation of the aorta with a diameter of at least 1.5 time that of the expected diameter. The commonest site is the abdominal aorta between renal and iliac arteries, but the thoracic may also be affected.
- d) **Rheumatic Heart Disease:** This covers the involvement of Heart valves like mitral, tricuspid aortic and pulmonic valves there is a progressive fibrosis and may produce distortion and rigidity of the cups, and in consequence, stenosis and incompetence of these heart valves.
- e) **Organ Failure (Without Transplantation):** Blood purification process like peritoneal dialysis or hemo-dialysis hemothorax and radiotherapy is also covered.
- f) **Organ Transplantation:** The actual or undergoing completion of surgery carried out on the life assured as recipient, involving the transplantation of either a liver, heart, lungs, pancreas or kidneys either in isolation both such organs where relevant, or a combination of organs. The donor organ must have been provided from live or cadaver human resources. In this connection Bone Marrow Transplantation is also covered.
43. **Cancer:** A disease manifested by the presence of malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term cancer also includes leukemia (other than chronic lymphocyte leukemia) and malignant disease of the lymphatic system such as Hodgkin's disease and the invasive malignant melanoma.
- Exclusions:** Any skin cancer or tumors, which are histologically described as pre-malignant or early malignant changes, Hodgkin's disease, stage I, carcinoma of the cervix or other.



The United Insurance Company Of Pakistan Ltd.

44. **Hepatitis:** Liver cell necrosis and inflammatory cell infiltration only caused by Hepatitis B or C Virus. This should be confirmed through reliable laboratory data source.
Exclusions: This does not cover Hepatitis caused by drugs or other viruses like Hepatitis A virus, Epstein Barr Virus, Herpes Simplex Virus or Cytomegalovirus.
45. **Liver Cirrhosis:** Cirrhosis is defined as gradually progressive widespread death of liver cells associated with inflammation and fibrosis leading to loss of the normal lobular liver architecture.
Destruction of the liver architecture causes of distortion and loss or portal systemic vascular shunts, and in the formation of nodules rather than lobules. An ultrasound report, laboratory data and physician opinion is required.
46. **AIDS / HIV COMPLEXITY:** The life assured being infected by human immune deficiency (HIV) leading to the symptoms of acquired immune Deficiency Syndrome (AIDS), proven through the laboratory positive results.
47. **Meningitis:** It means inflammation of the meninges of brain Bacteria, Viruses, Fungi other organism drugs and contract and media may cause it. It should be confirmed through positive CSF report.
48. **CVS/ Stroke:** It is also described as cerebral embolism, and cerebral hemorrhage and cerebrovascular accident. It is defined as any cerebrovascular incident producing infraction neurological sequel lasting more than 24 hours and of permanent nature. This included infraction or brain tissue, hemorrhage and embolism from an extra cranial sources. An appropriate consultant Neuro-physician or Surgeon must make the diagnosis along with CUT scan MRI report.
49. **Paralysis:** Paralysis is characterized by the complete and permanent loss of use of two or more limbs (alternatively arms and legs) through paralysis resulting from an accident or a sickness an appropriate consultant Neuro-physician or surgeon must make the diagnosis along with CT Scan or MRI report.
50. **Parkinson Disease:** Parkinson's disease comprises of the symptoms like tremor, muscular rigidity and hypo kinesis. Pathologically there is depletion of pigmented neuron and atrophic changes in substantial nigra, hyaline material (Lewy bodies) in nigral cells. An appropriate consultant Neuro-physician or surgeon must make the diagnosis along with CT Scan or MRI report.
51. **Muscular Dystrophy:** Muscular Dystrophy is a group of hereditary disorders characterized by progressive degeneration of group of muscles without involvement of nervous system. The wasting and weakness are symmetrical.
52. **Multiple Sclerosis:** It is defined as unequivocal more than one episode of well defined neurological abnormalities, with persisting signs of involvement of the optic nerves, brain and spinal cord together with impairment of coordination and motor and sensory function.
It is to be noted that life assured not necessarily confined to a wheel chair. An appropriate consultant Neuro-physician or surgeon must make the diagnosis along with CT Scan or MRI report.



The United Insurance Company Of Pakistan Ltd.

53. **Alzheimer Disease:** Alzheimer disease is a primary degenerative cerebral disorder with a characteristic neuro-pathology. The pathological changes results in widespread cerebral atrophy, particularly involving the cortex and hippocampus.
An appropriate consultant Negro-physician or surgeon must make the diagnosis along with CT Scan or MRI report.
54. **Myasthenia Gravis:** This condition is characterized by progressive failure to sustain a maintained or repeated contraction of striated muscles. This acquired condition is characterized by weakness and fatigability of proximal limbs, ocular and bulbar muscles. This involves the thymic abnormalities. The most characterized being germinal centers in the medula of the gland.
An appropriate consultant Negro-physician or surgeon must make the diagnosis along with CT Scan, MRI or electro - mylography.
55. **Syringomyelia:** In this condition cavities filled with fluid and surrounded by uglial cells develop near the center of the spinal cord and may communicate with the central canal. The expanding cavity disrupts second-order spinothelamic neurons may extend laterally to damage the interior horn cells and may compress the long fiber tracts.
An appropriate consultant Negro-physician or surgeon must make the diagnosis along with CT scan or MRI report.
56. **Total Blindness:** Blindness is defined as permanent irrecoverable loss of all sight in one or both eyes due to a disease or accident.
57. **Knee Replacement:** Knee replacement and Hip Bone Replacement (Without the cost of Prosthesis).
58. **Kidney Failure:** This clause means end stage of renal presenting as chronic irreversible failure of both kidneys to function as resulting of which dialysis is instituted or renal transplant is indicated.
59. **Major Accident, Multiple Fracture and Head Injury**
60. **Aplastic Anaemia**
61. **End Stage of Liver Failure Chronic**
62. **Major Burns:** A burn may be defined as dissolution is tissue continuity resulting from an accident, thermal damage. The burn injury should be at least 20% of the body surface area as measured by the Rule nine (09) of the body surface chart. The depth of burn should be at least second degree.
63. **Brain Tumor:** This comprises of the treatment either though chemotherapy radiotherapy or open surgery for all brain tumors. Tumor may be benign or malignant.
64. **Motor Neuron Disease:** this disease is characterized by the progressive degeneration of lower and upper motor neuron (LMNS-UPMNS) in the spinal cord, in the somatic motor nuelei of the cranial nerves and with in the cortex. Three patterns have been noted:
- Progressive muscular dystrophy
 - Amyotrophic lateral sclerosis
 - Progressive bulbar palsy.



The United Insurance Company Of Pakistan Ltd.

65. **Pulmonary Embolism:** Pulmonary emboli may occur singly or multiply and vary in size that completely blocks the major branches of the pulmonary artery.
66. **Intimation and prior Approvals:** Where indemnity is on re-imburement basis in case of a scheduled hospital confinement (i.e. other than an emergency) in a hospital, which is not an approved hospital, the employee must first seek prior approval from the company by submitting a cost estimate from the physician for the hospital confinement and procedures to be carried out. The company would then issue an approval letter, a copy of which should be sent along with the claim papers for settlement of claim within four weeks of discharge from the hospital. Settlement of such claims shall be on reimbursement basis.

The policyholder or primary insured person shall inform the company in writing when hospitalization confinement is required and before such treatment is undertaken except in case of medical emergencies. In case of medical emergencies' intimation shall be given within forty eight hours of such hospitalization but before discharge from the hospital (whichever is earlier). Intimation shall mean intimation given by or on behalf of the insured to the company at its Head Office or respective branch, with information sufficient to identify the Insured, the hospital and the physician.

67. **Maternity:** Declaration of 'Pregnancy' in prescribed declaration / enrolment form with period of existing pregnancy and expected time of delivery is mandatory for execution of this clause.

The maternity limit / package (as per Policy Schedule) consist of antenatal expenses (Expenses on consultation, lab test, medication etc. before delivery).

Delivery Expenses (Expenses on delivery, normal or otherwise) and post-natal expenses (Expenses occurring up to 21 days after and related to the pregnancy).

Following expenses on account of maternity / childbirth are payable under maternity clause:

- Pre-existing Condition will be covered.
- Antenatal and Postnatal expenses are included in the maternity limit as stated in the Policy Schedule.
- Charges made by a physician or licensed midwife for delivery.
- Hospital charges including nursery care for the baby, while the mother is confined in the Hospital.

Subject to the maternity expense limits and any cost containment features indicated in the schedule, the following conditions shall apply:

- The benefit limit under this clause shall apply to only one pregnancies, including any and all complication in connections with the pregnancy.
- All legal therapeutic miscarriages / abortions are considered maternity claims and are payable as per normal maternity limits of the Policy.



The United Insurance Company Of Pakistan Ltd.

- Hospitalization in regard to investigation and treatment of primary and secondary infertility is not payable under maternity or under Hospitalization cover.
 - In the case of 'multiple births' (i.e. more than one child in a single pregnancy) payable under this clause, the limit will not be increased in given class.
 - Circumcision will be covered upto Rs. 5,000/- from Maternity Limit (Normal/C-section), subject to the available limit.
68. **Complications of Pregnancy** - Treatment of a Medical condition, which arises during the antenatal stages of pregnancy, or a medical condition, which arises during childbirth and requires a recognized obstetric procedure.
69. **New-born Accommodation** - Hospital accommodation in respect of Parent or Legal Guardian staying with an Insured Person who is under 12 years of age and is admitted as an in-patient in a hospital.
70. **Corporate Medical POOL**- Corporate Pool amounting to Rs. 1,500,000/- which should be used when the prescribed limit FIXED Rs. 700,000/- for Hospital Care exceeded in case of life threatening condition reimbursement, subject to the approval of Authority.
71. **Covid-19:-** Covid-19 Test will be covered as Hospital's admission Pre-requisite Process.
- Isolation/Quarantine at Home/Hospital/Hotels will not be covered, under this policy.

