



Customer Care:

IGI Life Insurance Limited

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IGI Life Hospitalization Plan

Your Health is our Priority



Many of us take good health for granted and assume nothing will happen, like an accident, a major illness or disability.

Health Insurance can help take away the worry of the cost of hospitalization. What should you know about IGI Life Hospitalization Plan? This guide provides you an overall view of the key elements of hospitalization coverage and selecting the plan appropriate for you needs.

What is IGI Life Hospitalization Plan?

An attractive Health Insurance Plan called IGI Life Hospitalization Plan, that provides you financial support and assistance in case you or your family members have had a medical emergency but also provides various additional built in benefits such as discount card in which you can avail up to 30% discount on different lab and hospital facilities in Pakistan.

Why IGI Life Hospitalization Plan should be your first choice?

IGI Life Hospitalization Plan comes with the following set of attractive benefits that are unmatched in nature & are true value for money.

Offers	Status	Limit Up to
In-Patient Hospitalization Benefit	YES	PKR 350,000
Pre-Existing Conditions Covered*	YES	100%

**Pre-existing conditions will be covered from 2nd year onwards up to a maximum of 100% from 5th year onwards. Year-wise allowed percentage is given in the coverage details.*

Product Packages:

IGI Life Hospitalization Plan comes in 7 attractive packages that you can choose from as per your need and convenience. The packages of IGI Life Hospitalization Plan have different Annual Benefit Limits as stated below:

Benefits	Coverage Details						
	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7
Hospitalization (per customer per annum)	PKR 50,000	PKR 100,000	PKR 150,000	PKR 200,000	PKR 250,000	PKR 300,000	PKR 350,000
Room & Board	Ward	Ward	Ward	Semi-Private	Semi-Private	Semi-Private	Private
Accidental Death	PKR 50,000	PKR 100,000	PKR 150,000	PKR 200,000	PKR 250,000	PKR 300,000	PKR 350,000
Accidental Medical Reimbursement (Per Event)	PKR 5,000	PKR 10,000	PKR 15,000	PKR 20,000	PKR 25,000	PKR 30,000	PKR 35,000
Discount Card	Available						
Pre-Existing condition*	Year1: 0%, Year2: 20%, Year3: 40%, Year4: 60%, Year5: 100%						
Gross Monthly Premium	PKR 800	PKR 1,600	PKR 2,400	PKR 3,200	PKR 4,000	PKR 4,800	PKR 5,600

Who can be covered under IGI Life Hospitalization Plan?

The customers have to be in a relationship with Silk Bank within an age bracket of 18 - 59 years at the time of enrolment and renewed up to 65th birthday.

Key Features of IGI Life Hospitalization Plan

- Flexible option – customer can select number of unit as per their coverage requirements
- Additional benefits in case death due to accident
- Pre-existing coverage up to the specified limit
- Affordable hospitalization coverage starts from PKR 800
- Discount on lab test through free discount card

Value added services

- Bills are settled directly with the participating hospitals. No Claims processing required
- Extensive network of participating hospitals 250 across Pakistan
- Staff Doctor available on call 24 hours for referrals
- Extensive reporting capabilities
- Medical Card is provided to each customer
- Pre-admission & post-hospitalization expenses covered up to 30 days
- Daycare procedures
- Claim settlement 7-10 working days upon receive of complete documents

Discount Card

IGI Life has introduced a very special discount card for the valuable clients of Silk Bank. Using this card, Silk Bank Customers will be able to avail up to 30% discounts on availing different lab and hospital facilities in Pakistan. The card will be offered free-of-charge and is a one-of-a-kind service.

How to Subscribe

You can subscribe to IGI Life Hospitalization Plan by calling Silk Bank helpline at 021-111-100-777. Upon giving the consent to subscribe, you will be required to provide the beneficiary details and will give consent to premium deduction from your account. As soon as the premium is deducted from your Silk Bank Account / Card, your coverage will start immediately subject to the applicable waiting period.

You will receive your coverage certificate along with detailed policy Terms and Conditions from IGI Life.

Key Exclusions

Claims will not be entertained in the following scenarios:

1. Coverage will be effective after the waiting period of 30 days of enrollment
2. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane; nor
3. War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, civil war, rebellion, revolution, insurrections, conspiracy, shelling, sniping, ambushes, murder, assault, military or usurped power, martial law, or state of siege; or any period an Insured Person is serving in the Armed Forces of any country or international authority, whether in peace or war. Riots, strikes, civil commotion and Terrorist Acts if the Insured Person is an Active Participant in any of these activities;
4. Loss sustained or contracted in consequence of an Insured Person being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a Physician; nor
5. Any loss of which a contributing cause was the Insured Person's attempted commission of, or willful participation in an illegal act any violation or attempted violation of the law or resistance to arrest by the Insured Person; nor
6. Any loss sustained while flying in any aircraft or device for aerial navigation except as specifically provided herein; nor
7. Congenital anomalies and conditions arising out of or resulting therefrom; nor
8. Bacterial infections except pyogenic infections which are caused by an accidental wound; nor
9. Flying in any aircraft owned, leased or operated by or on behalf of: (a) the Policyholder or any subsidiary or affiliate of the Policyholder ; (b) an Insured Person or any member of an Insured Person's household; nor
10. Driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test or (b) any vehicle being used for acrobatic or stunt driving; nor
11. Travel to and/or stay in, or through Afghanistan, Cuba, Democratic Republic of Congo, Iraq, Iran, Liberia, and Sudan; nor
12. Any claim caused by opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured Person had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immunodeficiency Virus); nor
13. Any claim as a result of the Insured Person participating in professional sports, whether practicing or playing, competitions, races, matches in land, air or sea, hazardous sports/activities such as winter sports, rock climbing, mountaineering, bungee jumping, river rafting, pot-holing, parachuting, paragliding or scuba diving.

Frequently Asked Questions (FAQ's)

Is there any Free Look Period?

Yes, the plan offers a Free Look Period of fourteen (14) days after receiving the policy documents during which you can cancel the policy and get a full premium refund.

Is there any waiting period under the Plan?

Yes, the Plan has an initial waiting period of 30 days for Sickness, during which claims arising due to Sickness will not be payable. The Coverage for Sickness under the Plan takes effect thirty (30) days after the later of the Policy Issue Date and the Last Alteration Date for attachment of Benefit Assured under this Policy. There is no waiting period in case of Accidental Injuries.

What is Accident Medical Expense Reimbursement (AMR)?

AMR provides total blanket protection for reasonable, customary and necessary medical expenses in or out of hospital that are made necessary by accident.

What is Accidental Death Benefit?

Pays an additional benefit in case of death due to accident.

What is a Pre-Existing Condition?

Pre-Existing Conditions' means any injury, illness, condition or symptom:

* for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable prior to the Issue Date of the Policy for the Insured Person concerned, or

* which originated or was known or reasonably should be known to the Life Assured or the Insured Person to exist prior to the Issue Date of the Policy, whether or not treatment, or medication, or advice, or diagnosis was sought or received.

What does the "Inclusion of Pre-Existing Conditions" mean?

"Inclusion of Pre-Existing Condition" means that in case if a customer has been suffering from an ailment/medical condition prior to availing the IGI Life Hospitalization Plan, then in that case *expenses related to that particular ailment/medical conditions will also be covered.

Under IGI Life Hospitalization Plan, the Pre-Existing Conditions would be covered from the 13th month from the commencement of the cover up to specified limit given in the coverage details.

**As per Terms & Conditions.*

Would all Pre-Existing Conditions related expenses be covered from the 13th month from the commencement of the cover?

No, Pre-Existing Conditions will only be covered up to the percentage of the Annual Benefit Limit as mentioned in the below schedule:

Year	Pre-Existing Condition
1*	No
2	20%
3	40%
4	60%
5	100%

*Pre-existing conditions will be covered from 13th month i.e. (after 1st Year) onwards @ 20% addition every year up to maximum of 100% coverage.

Which Network Hospitals are available?

IGI Life has developed a network of around 250+ carefully selected hospitals spread across the country. A hospital panel list shall be provided to you along with the policy document at the time of purchase of this plan.

Can I be treated at a Non-Network Hospital?

Yes, in case of an emergency, the initial treat has to be borne by you. IGI Life will reimburse these expenses on submission of the original bills, subject to reasonable charges that would have been incurred at a comparable network hospital for a similar treatment.

How to Claim

Filing a Claim

Our claim settlement procedure is prompt and hassle-free. It is advisable to consult our Customer Services services.life@IGI.COM.PK team for detailed assistance while filing your policy claim.

Here is a simple step-by-step procedure to be followed when you make a claim.

STEP 1: INTIMATION

A claim can be lodged directly without any delay through visiting IGI Life Website Online Claim Intimation by filling given fields which shall be transmitted to Claims Department immediately.

<http://igilife.com.pk/claim-intimation/>

OR send intimation letter from the Policy Owner/ Claimant (as the case may be) under his / her signature giving particulars of loss (death, Disability or Sickness) with Cause, Date, Place and Name of Covered Person. Always remember to mention the current address and contact number of the claimant while submitting intimation.

Claim must be lodged within 30 days of date of loss.

STEP 2: COMPLETE THE CLAIM FORM ALONG WITH RELEVANT DOCUMENTS

Upon intimation of loss, IGI Life will provide relevant claim forms for filing along with evidence of loss i.e. Death Certificate, Original

Policy Document, CNIC of insured and nominee(s), Hospital Record, Police Report and Post Mortem Report (in case of accident only) or any other requirement as called by IGI Life based upon the nature of events. Forms can be directly downloaded from our website.

<http://igilife.com.pk/investor-relations/claim-forms/>

Arrange for medical bills/reports for medical related claims: In case of hospitalization or medical related claims, produce all medical bills (original) and medical report (photocopies) issued by the attending provider.

Attestation: Documents can be submitted in original or photocopies, attested by a Gazetted Government Official/Issuing authority. Original copies of documents may be called for inspection.

STEP 3: SUBMIT REQUIRED DOCUMENTS ALONG WITH THE CLAIM FORM

The Original documents & forms (hard copy) properly completed, signed and witnessed must be submitted with IGI Life Head Office within 90 days after the loss for which the claim is made.

STEP 4: SETTLEMENT

A claim is settled as soon as requirements to the satisfaction of IGI Life are submitted at its Head Office.

NOTE:

Kindly ensure that in case of claim by Policy Owner, all documents and forms are signed by you as per signature affixed by you on your Policy's original Proposal Form/CNIC.

HOSPITALIZATION CLAIM

INSIDE THE NETWORK	OUTSIDE THE NETWORK
<p>All eligible expenses up to specified limits incurred at IGI LIFE's Network Hospitals will be settled directly. However in case of limit exhaustion, the amount in excess of the available limit has to be settled directly by the insured with the hospital.</p>	<p>For prompt settlement, all claims must be submitted to IGI LIFE within 60 days after being incurred. Any requirements requested by IGI LIFE must be submitted within 30 days from the date of the request made by IGI LIFE. At the time of treatment, you should settle the expenses yourself, but keep the original receipts and other documents as proof of payment. When treatment is complete, you should attach all receipts to the Claim Form and return it to the Plan Administrator.</p>
<p>IN-PATIENT</p> <p>For inpatient visits, follow this procedure.</p> <ol style="list-style-type: none"> 1. Make sure you visit a provider who is part of our network along with the referral letter for admission; 	<p>IN-PATIENT</p> <p>For inpatient visits, follow this procedure.</p> <ol style="list-style-type: none"> 1. Itemized original hospital bill supported by the official hospital receipt for the total amount paid.

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| <ol style="list-style-type: none"> 2. Present your IGI LIFE Card along with any other Photo ID e.g. CNIC, Driving License, Passport, Student ID etc. at the time of admission. 3. Certain planned Hospitalizations or Day care procedures like MRI/CT scan, or heart scan tests require IGI LIFE prior notification and approval. The medical provider will directly handle this with IGI LIFE. | <ol style="list-style-type: none"> 2. Official original receipt showing attending physician's or surgeon's charges along with the stamp and signature. 3. Detailed original hospital discharge report/ summary. 4. All original reports (lab, ECG, ultrasound, x-ray, echo, ETT, etc) 5. Prescription of medicines 6. Receipts of medicines |
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- In addition, the Bank shall not be either directly or indirectly liable for any obligation of the Insured Customer towards the Insurance Company in respect of the business or any policy offered to the Insured Customer. These policies shall constitute as independent contracts between the Insurance Company and the Insured Customer
- This product brochure only gives a general outline and introduction of the benefits available under the policy. For exact Terms and Conditions, please refer to the policy document
- If you have any grievance regarding your Insurance Policy, you may contact IGI Life Insurance on (+92) 021 – 111-111-711 or for any service related complaints, you may call our Customer Interaction Centre at 021-111-100-777 or contact your nearest branch

Who is IGI Life Insurance?

The IGI brand has been associated with insurance industry since 1953 making it one of the earliest and most respected insurance providers in the Pakistani market. It falls under the umbrella of IGI Holdings which is owned by the Packages Group.

The Packages Group is one of the most well reputed and diversified business conglomerates with investments in packaging, FMCGs, pharmaceutical and financial services sector. The group is also actively involved in and supports the development and nurturing of social, environmental and educational causes.

IGI Life is one of the acquisitions of the group adding further diversity to its financial services portfolio. It was formed with the acquisition of American Life Insurance Company (Pakistan) Limited (Metlife Alico) in 2014. Recognized amongst the leading life insurance companies in the private sector, IGI Life is focused on providing innovative products and comprehensive protection solutions.

DISCLAIMER:

- Silk Bank Limited (“Bank”) is acting as a distributor of the Insurance Policy on behalf of the IGI Life Insurance Ltd. (“Insurance Company”) and shall not be held responsible in any manner whatsoever, to any person, including, but not limited to the Insured Customer or any third party
- The Insured Customer statement of account/application form or recorded verbal statement and declarations will act as his / her enrolment under the program (if his / her account is charged under the program) and will govern the determination of the rightful beneficiary under this Insurance Coverage
- It is clarified that the Bank shall not, under any circumstances, be liable either directly or indirectly for any obligation of the Insurance Company as the Insurer
- Furthermore, the Bank shall not be construed or deemed in any manner to be the agent or broker of the Insurance Company in respect of any other policy