

## 1. What is MCB Ladies Account?

A specific deposit product offering for Females only; MCB Ladies Account currently will only be offered as a Current Account, Savings variant will be launched at a later date (all relevant terms will be updated accordingly)

## 2. Who can opt for this Account?

All females (individual or Joint) applying for a normal A/C, i.e. other than Business A/C, Smart business A/C, Salary Club and etc.

## 3. Are all MCB ladies Account owners, eligible for Free Insurance Cover?

Age: Females between the ages of **18-65 years**. The insurance coverage will automatically expire as soon as the customer crosses age of 65 even by 1 day.

**Account Balance:** Monthly average account balance in their MCB Ladies Account for the previous three months is **PKR. 75,000** or more the customer will be enjoy insurance coverage for 30 days In order to enjoy coverage throughout; the customer will have to maintain average balance of Rs.75,000 throughout. If **last 3 month's average balance** falls below Rs. 75,000 the customer will not get insurance benefit.

**Account Status:** Individuals conducting regular transactions via their MCB Ladies Current Account; their account status should be **"ACTIVE"** at the time of claim.

**Other Conditions:** Deposit Account Holder **MUST** have the **Debit Card** to avail the insurance benefits.

## 4. Is there any minimum balance requirement?

Yes, 25,000 for the current variant (LCA)

## 5. What is the Coverage for MCB Ladies accountholder?

Monthly Avg. Balance	Benefit	Coverage	Monthly Premium/Insured
≥75K<100K	AD	22,000	Rs. 7
	AMR	25,00	
	CI	25,00	
	IHI Accident & Sickness	500	
≥100K<200K	AD	45,000	Rs. 15
	AMR	45,00	
	CI	5,000	
	IHI Accident & Sickness	850	
≥200K<300K	AD	65,000	Rs. 20
	AMR	65,00	
	CI	7,000	
	IHI Accident & Sickness	1,200	
≥300K<400K	AD	95,000	Rs. 25
	AMR	95,00	
	CI	8,000	
	IHI Accident & Sickness	1,400	
≥400K<500K	AD	105,000	Rs. 28
	AMR	11,000	
	CI	10,000	
	IHI Accident & Sickness	1,500	

≥500K	AD	130,000	Rs. 30
	AMR	14,000	
	CI	12,000	
	IHI Accident & Sickness	1,700	

**AD:** Accidental Death

**AMR:** Accidental Medical Reimbursement is applicable in case of hospitalization due to accident only

**CI:** Critical Illness

**IHI:** In Hospital Income

## 6. What scenarios does this health insurance cover?

**AD: Accidental Death:** If a covered Injury results in the death of an Insured Person within three hundred and sixty five (365) days from the date of the Accident, the Company will pay the Principal Sum applicable to such Insured Person in accordance with the Schedule of Coverage and the Insurance Certificate.

### AMA: Accidental Medical Expense Reimbursement:

When, by reason of Injury, and commencing within thirty (30) days after the date of the Injury, an Insured Person shall require treatment by a Physician, use of Hospital facilities, or the employment of a licensed or graduate nurse while at the Hospital, the Company will pay the Reasonable and Customary medical expenses incurred within fifty two (52) weeks from the date of the accident for such Physician treatment, Hospital charges and nurses fees, which are in excess of the Deductible (if any) stated in the Schedule of Coverage, but not to exceed the amount prescribed for the Insured Person in accordance with the Schedule of Coverage, as the result of any one accident.

**IHI: In-Hospital Income** benefit is for a maximum of 30 days per hospitalization with no cap on the number of hospitalizations.

In case of hospitalization due to sickness , a waiting period of 07 days is applicable from the date of qualification to avail the benefit.

**CI: Critical Illness** benefit is paid upon diagnosis of any of the following conditions

1. Cancer
2. Heart attack
3. Sclerosis
4. Stroke
5. Kidney failure
6. Major organ transplant
7. Paralysis
8. Coronary Artery Bypass Surgery

Pre-existing conditions are not covered in case of Critical Illness

## 7. Who can file the claim request?

The customer herself should file the claim process, in case of death; the claim is to be filed by the beneficiary as mentioned Insurance Beneficiary (IBF).

## 8. What is the claim requisition process?

### Insurance Claim Process

In case of a claim of an insured customer, claims department of the insurance company should be notified as soon as possible at Adamjee Insurance Company Limited, 4th Floor, Tanveer Building, 27C-III, Gulberg III, M.M.Alam Road, Lahore, Pakistan. Notification should include the following information:

### Documents Required by the Insurance Company:

I-Original hospital bill with type of accommodation (room type) and breakup of total bill according to:

(a) Room charges (b) Lab tests and Radiology charges (c) Consultation charges (d) Anesthesia charges (if any) (e) Surgeon fee with details (if any) (f) Operation Theatre charges (if any) (g) Medicines (used during hospitalization) (h) Other miscellaneous medical expenses like oxygen & blood, etc.

II- Laboratory or Radiology reports along with doctor's advice.

III-Proper itemized bill(s) and payment receipt(s) of the hospitalization.

IV-Proper itemized bill of the medicines purchased supported by the physician's prescription. V- Hospital discharge/clinical summary (in case of hospitalization).

### A. For Accidental Death

- Claimant Statement form
- CNIC copies of the deceased and beneficiary
- Hospital and NADRA death certificate
- Bank Statement for the past 3 months
- Police Report
- Post Mortem Report ( If conducted)

### B. For Accidental Medical Re-imbursements & IHI:

- Claim Form to be completed by the insured and Attending/Treating Physician.
- Details of Accident
- Pharmacy bill with the physician's prescription.
- Official receipt for Lab test, X-ray films, and other examinations requested by your physician's.
- Attending Physician's Statement specifying the details of accident and resultant injuries.
- Hospital Bill together with hospitalization papers/Discharge Summary
- Attested copy of CNIC.

### C. Critical Illness Claim

- Critical Illness Claim Form to be filled and signed by the insured and the treating physician.
- All laboratory & radiology reports.
- Detailed medical summary/ summaries from the treating physician(s) (if more than one) along with original discharge summary of the hospital.
- Complete hospitalization papers.
- Copy of CNIC duly attested by a Gazetted officer.

Upon receipt of the required documents, Adamjee Insurance Company will process the claim within 10 working days.

Adamjee Insurance Company at all times reserves the right to ask for additional requirements if deemed necessary to validate the claim.

Claim payment will be done through a crossed cheque in the name of the beneficiary.

In case of any discrepancy in the documents, the same will be highlighted to the beneficiary.

## 9. What happens if the beneficiary information is not available?

In case of death of the customer and missing beneficiary information, Adamjee Insurance Company will issue the cheque in name of the deceased which will then be deposited in the respective MCB Ladies Account. The legal heirs of the customer can then claim the amount upon getting possession of the account. All the processing done in this regard would however be initiated upon successful completion of the documentation requirement mentioned above.

All account handling procedures for MCB Ladies Account upon demise of the Principle Account Holder will be handled as per MCB Branch Operation Manual section 3.17, 3.17.1, 3.17.2, 3.17.3, 3.17.4, 3.17.5.

## 10. What are the procedure for applying / registering for insurance?

Every Individual as per the eligibility criteria mentioned above will automatically qualify for insurance coverage