



## LIFE INSURANCE CONTRACT (PLAN-24)

Issued by

### GUARDIAN LIFE INSURANCE LIMITED

(Hereinafter called “Company”)

In collaboration with Beemabox

This Contract (Hereinafter called “Contract”) is issued in conjunction with the agreement between Insured and Guardian Life Insurance Limited.

Benefits under this particular term policy are as follows: -

PARTICULARS	BENEFITS AMOUNT
Death Benefit	BDT 3,00,000
Accidental Death (AD) Benefit	BDT 3,00,000
PTD & PPD Benefit	As per clause 3.1 of the Schedule
Hospicash Benefits With Dependent (Spouse of below age 60 years & One Children of below age 18 years)	BDT 50,000 One can avail maximum 50% of the total benefits
Tele-doctor Consultation Service (24/7)	Unlimited coverage for 01 (One) Year
Age Limit	Minimum age at enrollment - 18 Years
	Maximum age at enrollment – 59 Years
	Exit/Retirement age - 60 Years
Policy Term	One (01) Year

If an insurance policy is purchased by an Insured, the maximum coverage shall not under any circumstances exceed the benefit amount mentioned herein above. Notwithstanding such, in the event an Insured purchases multiple policies through the Company's Partner Channels, the accumulated benefit amount shall not exceed BDT 5,00,000 in respect of Life Insurance and PPD & PTD, BDT 5,00,000 in respect of Accidental Death Benefit and BDT 50,000 in respect of Hospicash Benefits, irrespective of the number of policies purchased under this insurance scheme through any of the Company's partner channels. If the aggregate insurance coverage exceeds the maximum limits the amount in excess of the coverage shall not be covered by this insurance scheme and no premium shall be refunded for this part. No maturity/surrender/paid-up benefit shall be payable under this life insurance scheme.

**Guardian Life Insurance Limited**, a company registered under the Companies Act, 1994, having its Head Office at Police Plaza Concord (13<sup>th</sup> Floor), Tower # 2, Plot #2, Road # 144, Gulshan Avenue, Dhaka-1212 (hereinafter referred to as the “Company”). The Company hereby insures the Insured stated in the Policy Contract and agrees to pay the benefits provided herein subject to the terms and conditions hereof.

**This Contract** is made in consideration of the Proposal for this Policy and the payment in advance of premiums as herein provided. Subject to receipt of such premium, this Contract will become effective from the Risk Date.

**The Benefits**, general provisions and conditions set forth in the following pages are a part of this Contract.

### 1. DEFINITIONS

The following terms, when used in this Policy or in the Supplementary Contract(s) attached to this Policy and forming its part, shall have the following meanings unless otherwise stated:

**Accident:** shall mean an event or contiguous series of events, which are violent, unforeseen, involuntary, external and visible in nature, which causes Bodily Injury.

**Accidental Death or AD:** shall mean death caused directly from an Accident or an Illness caused by that Accident within 90 (Ninety) days from the occurrence of that Accident.

**Ancillary Services:** shall mean to include labor room services, post-operative care facility, intensive care facility, oxygen therapy, blood transfusions, ambulance services to hospitals, dressing, nebulization, procedural services etc.

**Assured Events:** shall mean the events which are covered by insurance.

**Bodily Injury:** shall mean an injury which can be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.

**Sum Assured:** shall mean the amount of insurance that the Policy provides as shown in the Policy Benefit Schedule and from which the Death Benefit will be determined.

**Commencement Date:** shall mean the date at which an insurance Policy commences.

**Confinement:** shall mean a Hospitalization for the treatment for a period of at least 24 (twenty-four) consecutive hours. However, hospital stay less than 24 hours due to technological advances for surgical interventions like Cholecystectomy, Tonsillectomy, Fracture-dislocation bone & joints, Lithotripsy etc. shall be considered as Confinement. Successive period of hospital Confinement within 90 days due to the same sickness shall be considered as a single Confinement. Nonetheless in no event shall the total benefit exceed the limit set forth in the Schedule of Benefits of this Policy.

**Consultant:** shall mean a Physician or a Surgeon who is registered with the Bangladesh Medical and Dental Council or as per Government rules of other countries and who is qualified to treat the type of injury or Illness requiring Hospitalization.

**Dependent:** Dependent: shall mean the a) wife or husband, below age 60 years; and/or b) where applicable, below 18 years' children, unmarried children, step-children and children legally adopted provided that such children are fully dependent on the Insured for financial support and recognized as such by the Insured.

**Eligible Expenses:** shall mean the expenses incurred by an Insured for necessary medical care and services offered by or ordered by a Physician which are reasonable and customary.

**Hospicash:** shall mean a benefit provision within the Health Insurance policy that provides a daily monetary allowance to an insured individual who is hospitalized due to a covered illness or injury.

**Hospital:** shall mean a hospital/clinic, which is registered as such with the Directorate General of Health Services, Bangladesh. It shall not include rehabilitation center, natural care clinic or nursing home for the addicted, sanatorium, day care services, physiotherapy center or private chamber of a doctor.

**Hospitalization:** shall mean an admission to a hospital for the treatment of sickness or illness or disability by the advice of Physician.

**Inpatient:** shall mean an Insured who stays in a hospital bed and is admitted for one or more nights solely to receive treatment under a registered physician.

**Insured:** shall mean the purchaser and owner of this Policy whose life and health are insured under this policy.

**Insurance Certificate:** shall mean a signed or electronically generated part of policy document that has been created and circulated by Beemabox. Insurance Certificate includes information relating to the identification of the owner, the Insured, the beneficiary, the Policy Commencement Date, Age, Sum Assured, Supplementary Benefits, and other Policy information. The Insurance Certificate is attached to the Policy and made a part thereof.

**Medical Investigations:** shall mean the investigations needed to be performed by the advice of a Registered Physician for diagnostic and prognostic purpose for the disease concerned with which an Insured is admitted in a Hospital. It will not cover the medical investigations, which are not directly related with the disease for which the Insured is admitted in the hospital or under the treatment as an outpatient.

**Medicine and Accessories:** shall mean necessary medicine and accessories utilized for treatment of the Insured E.g. Pharmacologically accepted as medicines, Catheter, syringe, Gypsona, Crepe bandage, Surgical implants, OT consumables etc. Any pharmacologically non acceptable medicine/item even advised by Physician is not covered.

**Medical Emergency:** shall mean a sudden onset of illness or accidental bodily injury that requires immediate Hospitalization, any delay of which would jeopardize the life or health of the Insured. The attending doctor shall diagnose the medical emergency cases.

**Nominee:** shall mean the person nominated by the Insured to receive the death and accidental death benefits payable under this Contract.

**Outpatient:** shall mean an Insured who receives treatment at a recognized medical facility but is not admitted to a hospital bed as an Inpatient.

**Policy:** shall mean the terms and conditions of this insurance scheme, the Policy Contract attached to the Policy and any Supplementary Contract attached to the Policy.

**Policyholder:** shall mean the entity that owns the insurance policy and is responsible for maintaining the contract with the insurance company.

**Proposal:** shall mean an application for insurance coverage.

**Pro Rata Payment of Hospicash Claim:** If any Insured is also covered for similar benefits under any other insurance contract, then payment of the claim shall be made on pro-rata basis after taking into account the coverages under all contracts.

**Physician:** shall mean a person legally licensed to practice western medicine and/or surgery other than the Insured or a member of the Insured's immediate family.

**Partial and Permanent Disability or "PPD" refers to a disability, which:**

- a) is caused by Bodily Injury resulting from an Accident; and
- b) occurs due to the said Bodily Injury solely, directly and independently of any other causes; and
- c) occurs within 180 (One Hundred and Eighty) days of the occurrence of such Accident but before the expiry/termination of the insurance coverage; and
- d) is defined as disability resulting in any of the occurrences listed under the List of PTD and PPD benefits provided in the aforementioned benefit schedule.

**Permanent and Total Disability or "PTD" refers to a disability, which:**

- a) Is caused by Bodily Injury resulting from an Accident; and
- b) Occurs due to the said Bodily Injury solely, directly and independently of any other causes; and
- c) Occurs within 180 (One Hundred and Eighty) days of the occurrence of such Accident but before the expiry of the cover; and
- d) Completely, continuously and permanently prevents the Insured from engaging in any work, occupation or profession to earn or obtain any wages, compensation or profit, such condition to persist for at least 06 (Six) months from the date of disability.
- e) the loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered permanent and total disability, without prejudice to other causes of permanent and total disability.

**Premium:** shall mean the Premium amount stated in the Agreement. The Premium is payable by the Policyholder to the Company in respect of the Policy and in respect of the Supplementary Contracts attached to the Policy.

**Pre-existing Condition:** shall mean a condition that was diagnosed, treated, or for which an Insured received consultation from a Physician at any time prior to this Contract's Effective Date; whether declared or not declared on the Proposal.

**Reasonable and Customary Expenses or Charges:** shall mean the usual and standard fee or charge of a physician/surgeon or Hospital/clinic for a specific service or supply, within that specific geographical area.

**Sickness:** shall mean an illness or a disease or a pathological condition leading to the impairment of normal physiological conditions which manifests itself while this Contract is in force and require medical treatment.

- i. **Acute Sickness** or acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his state of health immediately before suffering from the disease/illness/injury which leads to full recovery.
- ii. **Chronic Sickness** is defined as a disease, illness or injury that has one or more of the following characteristics:
  - a) It needs ongoing or long-term monitoring through consultations, medication and/or tests.
  - b) It needs ongoing or long-term control or relief of symptoms.
  - c) It requires your rehabilitation or for you to be specially trained to cope with it.
  - d) It continues indefinitely.
  - e) It comes back or is likely to comeback.

**Standard Rates or Charges:** shall mean the charges demanded for the various medical services offered to an Insured by the Company's Network Hospitals as listed in Company's official website) in the city and where there is no Network Hospitals by renowned and popular hospitals of that city registered under the legitimate authority of the country. Standard Rate shall be applicable for reimbursement of expenses in case of treatment at any non-Preferred Hospitals of the Company. In case of overseas treatment, treatment expenses of the renowned Network Hospitals of Bangladesh shall be taken in to account as Standard Cost for the same disease treated overseas.

**Supplementary Contract:** shall mean an optional insurance contract attached to the Policy and which provides additional insurance benefits.

**Surgical Operation:** shall mean any operative procedure required for cure of diseases, repair or injuries including correction of deformities and defects arising from the same for coverable disease.

## 2. GENERAL PROVISIONS

1. **The Contract, its Provisions and Limitations:** This Policy and the Proposal for it, a copy of which is attached hereto and made a part hereof, together with any Supplementary Contracts applied for which are attached hereto and stated to be a part hereof, constitute the entire contract. All statements made in applying for the Contract will be deemed, in the absence of fraud, representations and not warranties. No statement will be used to invalidate the Contract nor to defend against a claim under it unless contained in the written application.
2. **Consideration:** This Contract is issued on the basis of the declarations made in the Proposal, a copy of which is attached to the Policy, and in consideration of the payment in advance applicable to this Contract stated in the Policy Contract. Concealment of facts or false statement by the Insured, which affect the acceptance of the risk by the Company, shall invalidate this policy from its inception.
3. **Modifications:** Only the Chairman of the Board/CEO of the Company can make or modify this Contract, extend the time for payment of any premium, or waive any of the Company's rights or requirements at any time in any manner whatsoever.
4. **Benefits:** Claims are only payable by the Company upon delivery of this Policy together with satisfactory proof of (a) the happening of the Assured Event as stated in the Policy Contract (b) the age of Insured and (c) the title and identity of the claimant.
5. **Change in Plan:** This Policy is not allowed to be changed to another plan of insurance.
6. **Ownership and Rights Under This Policy:** Subject to any statutory restrictions, all rights, privileges and options provided under this Contract not specifically granted to any other person shall be reserved to the Insured alone and shall pass to the Nominee only upon the death of the Insured during the continuance of this Contract unless otherwise provided herein.
7. **Changes in Nominee:** Not Applicable.

8. **Assignment:** No assignment of this Policy or of any interest therein, shall be binding on the Company unless recorded by the Company. Any assignment shall be subject to any payment made or other action taken by the Company before the assignment is received and recorded by the Company. The Company assumes no responsibility for the validity, effect or sufficiency of any assignment.
9. **Non-Participation:** This Contract does not participate in the profits or surplus of the Company.
10. **Termination:** This Policy will immediately and automatically terminate on the earliest of:
- Occurrence of the death of the Insured and upon payment or repudiation of a claim;
  - Occurrence of the permanent and total disability of the Insured and upon payment or repudiation of a claim.
  - On the end of Coverage Period/anniversary date.
11. **Travel, Residence and Occupation:** The Insured is free from all restrictions as to travel, residence and occupation as permitted by law.
12. **Territorial Limits & Currency:** All premium, taxes, levies and benefits are payable only within Bangladesh and in Bangladesh Taka.
13. **Mailing Address:** All statements, advice, and other written communications to the Insured in connection with this Policy will be mailed to the Insured's address as indicated on the Proposal Form. The Insured shall be responsible for advising the Company promptly of any changes of the address.
14. **Notices by The Insured Under the Policy:** The Insured shall notify the Company in writing at its Registered Office in Bangladesh of any change in Nominee designation, exercise of any right or option or any notice under any clause of this Policy whatsoever relating to this Policy.
15. **Notice of Claim:** Written/Online notice of Claim must be given to the Company within thirty (30) days after the occurrence or commencement of any loss covered by this policy. Written/Online notice of claim given by on behalf of the Insured to the Company at its office specified on the face of the Policy or to any authorized official of the Company with information sufficient to identify the Insured shall be deemed as notice to the Company.
16. **Claim Forms:** The Company, upon receipt of a notice (Written/Online) of claim, will furnish to the claimant such forms as are usually required by the Company for filling proof of loss.
17. **Proof of Loss:** Affirmative proof of loss in such forms as the Company shall prescribe must be furnished to the Company at the Insured's /Nominee's expense within thirty (30) days after the date of such loss.
18. **Payment of Claims:** Indemnity for the loss of life of the Insured is payable to the Nominee (ies) named in Proposal Form.
19. **Sum Assured:** shall mean the amount of insurance that the Policy provides as shown in the Policy Contract and from which the Death Benefit will be determined.
20. **Physical Examination:** The Company at its own expense shall have the right and opportunity to examine the Insured when and as often as the Company may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.
21. **Governing Law and Dispute Resolution:** This Policy shall be governed by Bangladesh laws. Any disputes or differences arising out of or in relation to this Policy shall be settled, up to a small amount as fixed by rules, may at the option of the claimant, be referred to the Insurance Development and Regulatory Authority (IDRA) for settlement and the Authority may after hearing the parties and taking such evidence as it may in its absolute discretion, consider necessary, settle the dispute.
22. **Cancellation:** This Insurance Contract can be cancelled at any time by the Company. In the event it is

cancelled by the Company, a written notice shall be delivered to the Insured or mailed to his last address shown by the records of the company stating when, not later than fifteen days thereafter, such cancellation shall be effective. In event of cancellation, the Company will return promptly the pro-rata unearned portion of the premium actually paid by the Insured. Cancellation shall be without prejudice to any claim originating prior thereto. This Contract may be cancelled by the Insured on the due date of any premium, by written request to the Company, together with the return of the paid Policy including the Supplementary (if any) Contract to the Company for endorsement of such cancellation hereon.

### 3. SCHEDULE

#### 1. DEATH BENEFITS

Life coverage will start immediately after the inception of this insurance policy. If an Insured dies then, subject to the provisions of this Contract, GLIL shall pay to the Insured the Sum Assured relating to Death Benefits in respect of the said Insured.

#### 2. ACCIDENTAL DEATH (AD) BENEFITS

ADB coverage will start immediately after the inception of this insurance policy. If, within 90 days from the date of the Accident during the coverage period stated in the Policy Benefit Schedule, an Insured dies directly due to such an Accident caused by an external, violent and visible nature, the Company shall pay to the Nominee the Sum Assured in addition to the death benefit in accordance with the benefits schedule under this Contract. If death occurs 90 days after the Accident, it will not be considered as Accidental Death.

#### 3. PPD AND PTD BENEFITS

In case of a PPD or PTD caused to an Insured directly by an Accident then, subject to the provisions of this Contract, the Sum Assured relating to PPD and PTD Benefits shall be disbursed by GLIL to the Insured in accordance with the list of PPD and PTD Benefits mentioned below and where applicable, only one sum namely the larger sum shall be paid for multiple injuries resulting from one Accident. Upon payment of PPD or PTD Benefits where the aggregate percentage of Sum Assured relating to Death Benefit as specified in the Lists of PPD & PTD Benefits against those disabilities amounts to 100 % (One Hundred Percent), the insurance coverage in respect to PPD and PTD Benefits of the concerned Insured shall terminate and no further PPD and PTD Benefits shall be provided to the said Insured.

##### 3.1. LIST OF PPD & PTD BENEFITS:

S/L NO.	DESCRIPTION OF INJURY	PERCENTAGE OF SUM ASSURED RELATING TO DEATH BENEFIT
1.	Loss of both hands or amputation from higher parts	100
2.	Loss of 1 (one) hand and one leg	100
3.	Loss of sight of both eyes to such an extent as to render the claimant unable to perform any work for which eye-sight is essential	100
4.	Amputation of both legs or thighs, or amputation of one leg or thigh and loss of any leg	100
5.	Severe facial disfigurement	100
6.	Absolute deafness of both ears	100
<b>Amputation cases-upper limbs (either arm)</b>		
7.	Amputation up to shoulder joint	80
8.	Amputation below shoulder with stump less than 20 centimeters from tip of acromion.	70
9.	Amputation from 20 centimeters from tip of acromion to less than 11 centimeters below tip of olecranon	60
10.	Loss of a hand or of the thumb and four fingers of one hand or amputation from 20 centimeters below tip of olecranon	60
11.	Loss of thumb	30

12.	Loss of thumb and its metacarpal bone	30
13.	Loss of 4 (four) fingers of 1 (one) hand	50
14.	Loss of 3 (three) fingers of 1 (one) hand	30
15.	Loss of 2 (two) fingers of 1 (one) hand	20
16.	Loss of terminal phalanx of thumb	10
<b>Amputation cases-lower limbs</b>		
17.	Amputation of both feet	90
18.	Amputation through both feet proximal to the metatarsophalangeal joint	80
19.	Loss of all toes of both feet through the metatarsophalangeal joint	40
20.	Loss of all toes of both feet from proximal to the proximal inter-phalangeal joint	30
21.	Loss of all toes of both feet from distal to the proximal inter-phalangeal joint	20
22.	Amputation from lower part of the hip	90
23.	Amputation from lower part of the hip with stump exceeding 12.5 centimeters measured from tip of great <i>trochanter</i> , but not beyond middle thigh	80
24.	Amputation from lower part of the hip with stump not exceeding 12.5 centimeters measured from tip of great <i>trochanter</i>	70
25.	Amputation from middle thigh to 9 centimeters below knee	60
26.	Amputation below knee with stump exceeding 9 centimeters but not exceeding 12.5 centimeters	50
27.	Amputation below knee with stump exceeding 12.5 centimeters	40
28.	Amputation of 1 (one) foot resulting in end-bearing	30
29.	Amputation of one foot from proximal to the metatarsophalangeal joint	30
30.	Loss of all toes of 1 (one) foot through the metatarsophalangeal joint	20
<b>Other injuries</b>		
31.	Loss of 1 (one) eye, without any complications, the other being normal	40
32.	Loss of vision of 1 (one) eye, without any complications or disfigurement of eye-ball, the other being normal	30
<b>Loss of fingers of right or left hand (Index finger)</b>		
33.	Whole	14
34.	2 (two) phalanges	11
35.	1 (one) phalanx of finger	9
36.	Guillotine amputation of tip without loss of bone	5
<b>(Middle finger)</b>		
37.	Whole	12
38.	2 (two) phalanges	9
39.	1 (one) phalanx	7
40.	Guillotine amputation of tip without loss of bone	5
<b>(Ring or little finger)</b>		
41.	Whole	7
42.	2 (two) phalanges	6
43.	1 (one) phalanx	5
44.	Guillotine amputation of tip without loss of bone	5
<b>(Toes of right or left foot (great toe))</b>		
45.	Through metatarsophalangeal joint	10
46.	Part, with some loss of bone	3
<b>(Any other toe)</b>		
47.	Through metatarsophalangeal joint	3

48.	Part, with some loss of bone	2
<b>2 (two) toes of one foot excluding great toe</b>		
49.	Through metatarsophalangeal joint	5
50.	Part, with some loss of bone	2
<b>3 (three) toes of 1 (one) foot, excluding great toe</b>		
51.	Through metatarsophalangeal joint	6
52.	Part, with some loss of bone	3
<b>4 (four) toes of 1 (one) foot, excluding great toe</b>		
53.	Through metatarsophalangeal joint	9
54.	Part, with some loss of bone	5

3.2. Permanent disabilities not mentioned above shall be compensated in accordance with their severity as compared to those listed. Permanent, partial or total loss of the use of a limb shall be deemed to be the same as permanent, partial or total loss of the said limb respectively.

3.3. No indemnity is payable for any pre-existing degree of disability and if further injury occurs, only the difference between the condition prior to and after current injury shall be considered.

#### 4. HOSPICASH BENEFIT

##### 4.1. EXTENT OF BENEFIT:

a) The Company will reimburse the Insured a benefit equal to the maximum Claim Limit but not more than the actual expenses incurred as stated in the Policy Benefit Schedule & in compliance with the terms and conditions of the Contract.

b) **Overseas Treatment:** Overseas treatment shall be covered and reimbursed with the equivalent Bangladeshi currency within the Claim Limit as per Benefit Schedule and Standard Cost of such treatment in Bangladesh. However, prior to availing overseas treatment, the patient should take recommendation from a relevant Specialist Physician of the native country.

##### 4.2. HOSPICASH BENEFIT SCHEDULE:

Any disease or accidental injury or Medical Emergency incurred (while the Policy is in force) by the Insured, which requires Hospitalization by the advice of a Registered Physician, following inpatient expenses (from the date of admission till discharge) shall be covered as per terms and conditions of the policy:

S.N.	Nature of Scope	Limits per Confinement
1	Maximum Hospital stay	05 (Four) days
2	Hospitalization Benefits per day (actual expenses incurred or maximum, whichever is lower)	BDT 4,000 (Three Thousand Taka)

4.3. All maternity, optical and dental related expenses are excluded from hospicash benefit.

##### 4.4. MINIMUM PERIOD OF CONFINEMENT:

Each Hospitalization must be at least for a period of twenty-four (24) consecutive hours before any benefits hereunder are payable.

##### 4.5. WAITING PERIOD (Will count from the date of inception of policy):

- 30 (Thirty) Days:** For Hospicash Claim for any illness except accidental injury.
- Continuation of a Policy:** For continuing a policy and avoiding another waiting period, an Insured shall purchase the policy again by the expiration date or the immediate next day of expiration of his ongoing policy. This is only applicable for the same policy.
- 180 (One Hundred Eighty) Days:** Following conditions and treatments thereof are covered only for **Hospicash** after 06 consecutive months of continuous coverage have elapsed since the



coverage effective date. In case of revival or reinstatement of the Policy, only the remaining part, if any, of the waiting period applies.

<b>ENT (EAR, NOSE &amp; THROAT)</b>
1. Adenoid and Tonsillar Disorder, 2. Deviated Nasal Septum / Nasal &Paranasal Sinus Disorders, 3. Thyroid surgery for benign conditions, 4. Functional endoscopic sinus surgery.
<b>GYNECOLOGICAL</b>
1. Benign breast disorder, 2. Myomectomy, 3. Hysterectomy with or without Bilateral Salphingo- Ophorectomy excluding malignancy.
<b>ORTHOPEDIC</b>
1. Carpal tunnel syndrome, 2. PLID-Prolapsed Lumbar Intervertebral Disc (unless due to accident), 3. Osteoporosis, 4. Gout and Rheumatism, 5. Osteoarthritis and Degenerative joint disorders,6. Knee / Hip Replacement Surgery.
<b>GASTROINTESTINAL</b>
1. Surgery of gallbladder and bile duct stones, 2. Gastric/Duodenal Ulcer (Surgical), 3. All types of Hernia, Hydrocele, 4. Hemorrhoids 5. Anal Fissure / Fistula, 6. Rectal Prolapse, 7. Pilonidal sinus.
<b>UROGENITAL</b>
1. Surgery of Urinary Stones, 2. Benign Enlargement of Prostate gland (BEP), 3. Varicocele, 4. Spermatocoele, 5. Treatment for Chronic Renal Failure (CRF).
<b>OTHERS</b>
1. Skin conditions, 2. Varicose Veins/Ulcers, 3. Cataract and age related eye conditions, 4. Diabetes and related treatments.
Note: <b>After the waiting period, the Insured is eligible to get insurance coverage as per terms and conditions of the Contract.</b>

## 5. TELE DOCTOR CONSULTATION SERVICE

During the policy term (considering the active status of policy) an Insured can avail 24/7 Telemedicine Consultation Service at Dr. Guardian care line number 096-780-16622.

### Service Process:

- Only the Insured is eligible to avail this service during the policy active period.
- Call from registered number (number used at the time of enrollment/purchase).
- Insured will receive text prescription via SMS/WHATSAPP/VIBER/IMO number with a downloadable link for prescription.
- Insured shall share prescription/test report (if necessary) with Dr. Guardian through WhatsApp: +8801844237172 or email at doctorguardian@guardianlife.com.bd

## 6. EXCLUSIONS OF BENEFITS

- 6.1. **EXCLUSION FOR DEATH BENEFITS:** The Sum Assured relating to Death Benefits shall not be payable if death is caused due to any pre-existing disability, congenital infirmity, maternity, child birth, suicide, HIV/AIDS related diseases during the insurance coverage period of Insured.
- 6.2. **EXCLUSION FOR HOSPICASH BENEFITS:** Treatment expenses or losses resulting from or incurred in connection with or in consequence of the followings in case of Hospicash shall not covered by the Policy:
1. **Pre-existing Conditions:** Any pre-existing conditions shall mean any illness or disability of which the Insured is aware, or of which symptoms were evident, or for which the Insured received medical advice or treatment within last twenty-four months immediately prior to the date of his policy inception.
  2. **Non-Allopathic and Experimental Treatment:**
    - a. Any Non-Allopathic treatment
    - b. Treatment provided by a medical practitioner who is not recognized by the BMDC
    - c. Experimental, investigational or unproven treatment, devices and pharmacological regimens
  3. **Breach of Law:** Any Illness or Injury directly or indirectly resulting or arising from or occurring

during commission of any breach of any law of the land by the Insured.

4. **Conflicts and Disasters:** War, or any act of War, invasion, act of foreign enemy, war like operations (whether war be declared or not), civil war, usurped act, rebellion, revolution, insurrection, nuclear weapons / materials, chemical and biological weapons and radiation of any kind.
5. **Military Services:** Involvement in the naval, military, or air force operations
6. **Aviation:** A direct consequence of participation by the Insured in any flying activity other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member.
7. **Hazardous Activities:** Insured's participation or involvement in racing, diving, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
8. **Self-Inflicted injuries or attempted suicide:** Treatment for, or arising from, an injury that is intentionally self-inflicted, including attempted suicide.
9. **Substance Misuse and De-addiction:** The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs (not prescribed by Registered Medical Practitioner) and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
10. **Rehabilitation and Convalescence:** Convalescence, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care, general debility or exhaustion ("run-down condition").
11. **Cosmetic treatments**
  - a. Aesthetic treatment, cosmetic surgery or plastic surgery or related treatment of any description including any complications attributable to such treatments other than as may be necessitated due to an Accident, cancer or burns.
  - b. Any medical treatment related with beautification or luxury of patients like laser treatment for hair/skin, spot removal, alopecia, dandruff, skin protectors, skin softeners, skin moisturizers etc. even with valid advice by Physician.
12. **Sleep and Obesity:** Weight management services and treatment, vitamins and tonics related to weight reduction programs including treatment of obesity and any treatment related to sleep disorder or sleep apnea syndrome.
13. **Hormone Replacement Therapy:** Medical expenses incurred by Insured for any type of hormone replacement therapy.
14. **Dental treatments:** Any dental treatment or surgery unless necessitated due to an Accident.
15. **Routine Eye(s) and (Ear) ailments:** Cost of routine eye and ear examinations, cost of spectacles, laser surgery for correction of refractory errors, Lasik, contact lenses, hearing aids, dentures and artificial teeth.
16. **HIV/AIDS:** Any treatment for or treatment arising from Human Immunodeficiency Virus (HIV) or Acquired Immuno-Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.
17. **Sexually transmitted Disease and other Sexual problems**
  - a. Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic Lice, Trichomoniasis and Tuberculosis.
  - b. Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes/ gender reassignments or erectile dysfunction.
18. **Circumcision:** Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.
19. **Birth Control and Assisted Reproduction /Infertility:**
  - a. Any type of contraception, sterilization and family planning
  - b. Treatment to assist reproduction, including IVF treatment.
20. **Pre and post hospitalization expenses:** Pre and post Hospitalization expense is not payable.
21. **Psychological disorders:** Any expense incurred on Treatment of mental illness, stress, psychiatric or psychological disorder.
22. **Congenital Conditions/ Congenital infirmity:** Treatment of any Congenital Anomaly or illness or defects or anomalies or treatment related to birth defects.
23. **Preliminary Diagnostics Materials and Examination:**
  - a. Charges incurred primarily for diagnostic, X-ray or laboratory examination not consistent with or not incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which Inpatient hospitalization required.
  - b. Any Hospitalization primarily for investigation, evaluation and /or diagnosis purpose.
  - c. Routine Health Check-ups / Executive health check up
24. **Expenses of Life Insured as Donor or cost of Donor:** Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery, where

the life Insured acts as a donor. This exclusion will not apply where life Insured is an organ recipient.

**25. Failure to Take Reasonable Medical Care:** The Company's not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured had taken reasonable care, or that is brought about or contributed to by the Insured failing to follow the directions, advice or guidance provided by a Registered Medical Physician.

**26. Expenses Other than Reasonable and Customary Medically Necessary:**

- a. Any treatment or part of a treatment that is not of a reasonable and customary charge, not medically necessary, drugs or treatments which are not supported by a prescription.
- b. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.

**27. Immunization & Nutritional Treatment:** All preventive care, vaccination including inoculation and prophylactic immunizations, any physical, psychiatric or psychological examinations or testing, enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Registered Medical Physician as a direct consequence of an otherwise covered claim.

**28. Nuclear Reaction:** Injury, destruction or damage caused by nuclear fission, nuclear fusion or irradiation.

**29. Nuclear Contamination:** Nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.

**30. Criminal or Unlawful Act:** any treatment for or treatment arising from due to participation in a criminal or unlawful act, making an arrest as an officer of the law.

**31. Others:** Including the conditions mentioned hereinabove, no Benefit shall be paid under this Contract for expenses resulting from or incurred in connection with or in consequence of the followings:

- a. Any treatment for or treatment arising from any maternity related expenses and child birth.
- b. Treatment or Hospital admission without Registered Physicians recommendation.
- c. Treatment or Hospital admission advice by a person or professional not registered under BMDC (Bangladesh Medical & Dental Council).
- d. Hospitalization other than registered private or government Hospital.
- e. No benefit shall be paid in Treatment or Hospitalization due to alcoholism or any other narcotic addiction.
- f. Attempted suicide, violation or attempted violation of the law, injuries willfully or intentionally self-inflicted or due to insanity or under the influence of drug.
- g. Treatment or Injury arising due to Accident while participating in any unlawful activities (e.g. Driving a car without a license)
- h. Injury directly or indirectly attributed to or caused by war, declared or undeclared, or war like operations or as a result of direct involvement in civil commotion.
- i. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.
- j. For Hospitalization where care would otherwise be provided to the Insured without charge.
- k. For that part of Hospitalization which has not been recommended and approved by a physician.
- l. For expenses incurred after termination of this Contract.
- m. Any procedures which is experimental or not generally accepted by the medical profession viz. Acupuncture, Alternative Medical Care (Homeopathic, Herbal, Ayurvedic) etc.
- n. Health screening including Routine Examinations (health check-ups, investigations done by self), radiotherapy, X-ray radium or radioactive isotopes treatment (except Hospitalization), chemotherapy or hospitalization due to complication of chemotherapy (except Hospitalization) or any form of treatment when not incidental injury which caused the Hospitalization.
- o. Any charge for food or dietary supplements (Horlicks, Viva, Milk or milk products Bournvita, Vitamins & Calcium etc.) Antiseptics (Savlon, Dettol, Boroline, Povisep), cosmetic creams or oils of any nature, shampoo, sun/weather care lotion or medicated any of items, water purifiers, admission charges, Telephone charges, Rental car services, VAT are not included.

6.3. **EXCLUSION FOR AD, PPD & PTD BENEFITS:** The Sum Assured relating to Accidental Death (AD), Permanent Partial Disability (PPD) and Permanent Total Disability (PTD) Benefits shall not be payable if Accidental Death or disability is caused by:

- a. Death or Disability resulting from Accident outside the insurance coverage period.
- b. Attempted suicide or intentionally self-inflicted injury, while sane or insane;
- c. War, invasion, act of foreign enemy, hostilities (where war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riots, civil commotion, assault, terrorist act, homicide or any war like operations;
- d. Failure to seek or follow medical advice provided by a physician;
- e. Service (including peace time training) in any military, naval, police air force or similar service, in time of declared or undeclared war or while under orders for war like operations or restoration of public order;
- f. Making an arrest as an officer of the law;
- g. Participation in a criminal or unlawful act;
- h. Any injury incurred before the Individual Effective Date of the insurance coverage;
- i. Injury arising due to Accident while participating in any unlawful activities (e.g. Driving a car without a license)
- j. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race, underwater activities with or without the use of breathing apparatus, martial arts, hunting, mountaineering, parachuting, bungee-jumping;
- k. Accident occurring while or because the Insured is affected by alcohol or any drugs, narcotics or psychotropic substances;
- l. Nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.

## 7. CLAIM SETTLEMENT PROCESS

7.1 **Online Method:** Browse claim portal from the Easylife Apps/Easylife/Guardianlife website for online claim submission and then select the claim button with the following information: -

1. Policy ID/Member ID.
2. Insert 6 digit OTP to verify mobile number (which is given in policy inception time).
3. Select the Claim Type.
4. Insert the Date of Admission and Discharge.
5. Input the amount of claim as per the contract paper.
6. Upload the required documents.
7. Place the claim.

7.2 **Offline Method:** Call to the Company's hotline number: 16622, to notify regarding the claim by the Insured or his/her nominee. An executive will call back to that number and will verify some information's, in-line with online claim request. Guardian Life Insurance Executive shall then guide the Insured/Nominee to send necessary documents. It can be soft copy by email/portal upload or hard copy of required documents by post/courier depending on the claim type.

## 8. DOCUMENTS REQUIRED FOR SUBMITTING CLAIM

8.1 **For Death/Accidental Death (AD) Benefits Claim:**

1. Death Claim Application Form duly fill-up by Nominee/ Guardian of Nominee.
2. Bank details and a photocopy of the Nominee/ Guardian of Nominee.
3. Copy of Death Certificate from Union Parishad/Paurashava/City Corporation/Cantonment Board/Hospital
4. Copy of NID of Insured and Nominee/ Guardian of Nominee.
5. In case of Accidental Death FIR, Post Mortem Report, Inquest Report, (if post mortem report is unavailable, Magistrate or Officer In-charge permission to conduct burial without post mortem)
6. Copy of other supporting medical documents (If Applicable)
7. Any supporting documents as may be required by the Company.

## 8.2 For Hospicash Claim:

1. Claim Application Form
2. Copy of doctor's prescription
3. Copy of diagnostic reports with X-Ray film (When applicable)
4. Original bills/money receipt (Copy/ Scan copy)
5. Discharge Certificate from Hospital / Clinic.
6. Physician's written advice / prescription for hospital admission except in case of emergency situation.
7. Any supporting documents as per merit of the disease /condition.

## 8.3 For PPD & PTD Claim:

1. Claim Application Form
2. Copy of medical record with details of the PPD or PTD by the concerned specialist physician;
3. Copy of medical investigations report to support or proof the PPD or PTD;
4. Where applicable, proof documents reflecting that the said PPD or PTD which prevents the Insured from engaging in any business, occupation or work whatsoever for remuneration or profit has continued uninterruptedly for a period of at least 6 (Six) months;
5. Where applicable, Original Certificate from respective specialist physician as a proof of irrecoverable condition, dated after initial 6 (Six) month.

After examining the documents Insured/Nominee shall be informed if need any clarifications or supporting documents. All submitted documents shall be verified by contacting with Insured, nominee and/ or other concern persons/organizations if required.

If all the submitted documents comply with the contract benefit coverage, a claim shall be settled, disbursed and communicated accordingly with the Insured or his/her nominee otherwise If any concealment of material fact or misstatement is proved in future or at the time of settlement of claims, this contract shall be cancelled from the beginning of this policy, deposited premiums will be forfeited and the claim shall be repudiated.

## ☒ INSURED SELF-DECLARATION & CONSENT

I hereby declare that I am in \*Good Health and sound mind. I also hereby agree to the Terms & Conditions (As per the Policy Document) of this policy and confirm that all the information and documents provided are true and correct. I also hereby authorize Guardian Life Insurance Limited and its representatives to contact me and to share my information on a confidential basis with third parties for evaluating & processing this proposal and future investigation(s) that may arise.

\*Good Health: I am currently not receiving any treatment, have not been treated or have not been told to have any treatment for Cancer/AIDS/Kidney, Liver or Lung Disorder/Brain Diseases/Heart or Blood Diseases and I am not currently totally or partially disabled to work due to sickness or an accident and I do not have any physical impairment or psychiatric illness or any mental or nervous disorder. I also declare that I have not been (1) totally disabled to work due to a sickness or accident for 15 days or more continuously during the past five years; (2) hospitalized for 5 or more days continuously during the past five years; (3) treated for alcohol or drug abuse.

I hereby also declare that I have not furnished any false information or concealed any material fact in my application. If any concealment of material fact or misstatement is proved in future or at the time of settlement of claims, this contract shall be cancelled from the beginning of this policy, deposited premiums will be forfeited and the claim shall be repudiated.