

**Benefits and Conditions for the Personal Accident Group Insurance for Citibank N.A. Egypt
Customers**

Issued by

**Pharaonic American Life Insurance Company
(Herein called the Company)**

PART I – The Benefits

The coverage stated hereunder are valid only in respect of the Benefits specifically indicated in the Schedule of Benefits by the insertion of the Limits of Liability and the appropriate premiums.

Benefits:

SECTION 1: Death due to an accident:

When an injury results in the death of a Named Insured within three hundred sixty five (365) days from the date of the accident, the Company will pay the insurance amount in accordance with the selected plan, less any other amount paid or payable under Section 2 set forth in this Policy.

SECTION 2 – Dismemberment, loss of sight, hearing or speech due to an accident:

When an Injury doesn't result in death but results in any of the following losses within three hundred sixty five (365) days from the date of the accident, the Company will pay a percentage of the selected insurance amount for the respective loss as shown below:

“**Loss**” means the total loss of functional use or complete and permanent severance:

- With reference to hand or foot: at or above the wrist or ankle joint.
- With reference to Thumb and Index: at or above the metacarpi-phalangeal joints.
- With reference to the sight, hearing or speech: the entire and irrecoverable loss of sight, hearing or speech as certified by a licensed physician specializing in Ophthalmology or Otolaryngology.

Total, irremediable functional loss of use of use of an organ or member shall be considered as total loss thereof.

In case of occurrence of more than one of the losses specified under this section, the total indemnity payable hereunder is established by adding the indemnity corresponding to each single loss up to a maximum limit of 100% of the Principal Sum.

“Pre-existing Condition”: The Company does not cover and no payment shall be made in respect to any pre-existing partial dismemberment.

SECTION 3 – Accident medical expenses reimbursement

If, as a result of a covered Injury, and commencing within thirty (30) days after the date of the Injury, an Insured 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, Customary and Necessary 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 which is EGP 100 which is totally bared by the payer and not to exceed EGP 5000 per accident. For insured and spouse and 1250 for each child maximum 2 children.

PART II – Summary of the contract conditions

DEFINITIONS

“Injury” means accidental bodily injury occurring while this policy is in force as to the Named Insured whose injury is the basis of the claim, and resulting, directly and independently of all other causes in loss covered by this Policy.

“Pre-Existing Condition” means any Injury or other physical condition, that was diagnosed, treated, or for which a Physician was consulted at any time prior to the effective date of this Policy

“Totally and Permanently Disabled” means the Insured is unable to engage in any substantially gainful occupation or employment for compensation for the remainder of his life. Such disability should continue for a period of nine (9) consecutive months and is total, continuous and permanent at the end of this period.

PART III – General Exclusions:

1. Any period an Insured is serving in the Armed Forces of any country or international authority, whether in peace or war, and in such an event the Company, upon written notification by the Insured, shall return the pro rata premium for any such period of service; nor
2. This policy does not cover any loss or expense caused by or resulting intentionally or unintentionally from:
 - a. Intentionally self-inflicted Injury, suicide or any intentionally attempting thereat, murder or assault, while sane or insane; nor
 - b. War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law, or state of siege; terrorism acts; or any of the events or causes which determine the proclamation of or enforcement of martial law or state of siege, except to the extent coverage is extended herein to include certain war risks; nor
 - c. Congenital anomalies and conditions arising out of or resulting therefrom, hernia or dental treatment except for sound natural teeth as occasioned by Injury; nor
 - d. Hernia.
 - e. Loss sustained or contracted in consequence of an Insured being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a physician; nor

- f. Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease; nor
- g. Any claim caused by opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus); nor
- h. Coverage as respects flying is limited to Injury sustained during such trip while the Insured is riding as a fare paying passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:
 - i. A certified passenger aircraft provided by a commercial airline on any regular, scheduled or non-scheduled, special or chartered flight, and operated by a properly certified pilot flying between duly established and maintained airports; or
 - ii. Any transport type aircraft operated by air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world.

3. Nature Death.

4. Participation of the insured in any kind of competitions, races, contests, matches in land, air or sea; or any hobbies related to the following sport activities: Hitch hiking, passing through caves, Parachuting, Jumping from high places, mountain climbing, pot holing, paragliding, bungee jumping, parachuting or scuba diving;

5. Practicing in different sports as professional and/or professional-like athletes.

6. Dental Care or Surgery except to sound natural teeth as occasioned by Injury

For females; pregnancy and/or childbirth and/or abortion and/or miscarriage is not considered disability and no benefit shall be due in this regard.

PART IV – Currency

All payable amounts by or to the Company in conformity with this policy and all related supplementary contracts are paid with the currency specified in the schedule of benefits.

PART V – Eligibility Conditions

For Joining insurance in accordance with this policy the insured should be a normal person and one of Citi Bank's clients' who has credit accounts of all sorts including deposits, saving and credit cards. This insurance might include insurance for the spouse and the insured's children according to selected plan, provided that the age of each insured should not be less than eighteen (18) and not more than sixty eight (68) years old and with full premium payment. Participating conditions is determined in conformity with any supplementary contract attached to the policy and as clear in the contract. And as mutually agreed upon, in case there is an account owned by a less than eighteen (18) year old owner the legal guardian will be the insured person as per the policy. It has also been mutually agreed upon that the main account owner should be insured in order to allow the rest of his family-fulfilling the conditions- to join the Insurance as pre-described.

PART VI – Enforcing the insurance coverage

The Insurance under this policy includes all the individuals who are eligible for the coverage under the pre-described insurance conditions and who will be precisely and strictly designated by the policy owner as being insureds under this policy. Information as to their names and details should be included in an original "List of covered individuals" or any additions subsequent to it. The coverage on each insured becomes effective once the premium is paid other wise the coverage will be effective for any individual as soon as he is eligible for the coverage based on the pre-mentioned conditions or whenever he applies for an insurance application, if any.

PART VII – Postponed of effective date

No insurance provided by this Policy shall become effective as to an Insured if such Insured is hospital confined, disabled, or receiving payment for a claim when such insurance would otherwise take effect. The coverage on such person shall take effect thirty-one (31) days after such hospital confinement or disability terminates, or payment of claim ceases, whichever is the latter.

PART VIII – Termination of Individual Insurance

Insurance of any Insured shall terminate in any of the following cases:

- 1) Written request from the policy owner.
- 2) The insured is no longer eligible for coverage.
- 3) The date the Policy is terminated.
- 4) Non payment of the due premium or within the grace period specified in the policy.
- 5) The Insured attains seventy (70) years of age.
- 6) For spouse:
 - i. Attains seventy (70) years of age. and/or
 - ii. Ceases to be the spouse of the insured.
- 7) For Dependants:
 - i. Attains nineteen (19) years old age (or if a full time student, attains twenty three (23) years of age).
 - ii. Becomes married or is no longer primary dependent on the insured for support.
- 8) The date the Principal Sum becomes paid or payable.
- 9) Insured requests the cancellation of his insurance.

PART IX – Beneficiaries

- In case of the insured's death, the proceeds shall be paid to the deceased's legal heirs or to the beneficiaries pre-specified in the insurance application (except in case of the accounts owned by a less than eighteen (18) year old where the owner of the account (minor) is the beneficiary(ies) except other wise sated). Payment of the proceeds to the beneficiary (ies) shall be against official receipt and a settlement signed by the beneficiary(ies) which will then be satisfactory to absolutely and completely discharge the Company from any obligations.
- In case of disability the Company will pay the due proceeds in all case to the insured against official receipt and a settlement signed by him which will then be satisfactory to absolutely and completely discharge the Company from any obligations.

PART X – Proof of Age

If it has been proven by the Company that the age of any Insured has been misstated, and it has been revealed that the actual age is less than the minimum limit or more than the maximum limit as mentioned in provision found in "Part V – eligibility Conditions" set forth in this policy then the insurance shall be considered void and the Company is no more obligated but to refund the premiums paid.

PART XI – Termination of the policy

1. After the first Policy Anniversary the Insurance Company may terminate the policy or any supplementary contract attached to the policy provided written notice of the Insurance Company's intention to effect such termination has been given to the Policy owner at least ninety (90) days in advance.
2. After the first Policy Anniversary the policy owner may terminate the policy or any supplementary contract attached to the policy provided written notice of the Policy owner's intention to effect such termination has been given to the Policy owner at least ninety (90) days in advance.

PART XII – Claims

Notice of Claim:

Written notice of an occurrence upon which a claim under this Policy may be based must be given to the Insurance Company within thirty (30) days of such occurrence. Notice given by or behalf of the claimant to the Insurance Company with particulars sufficient to identify the Insured Member, shall be deemed to be notice to the Insurance Company.

Proof of Loss

The Insurance Company, upon receipt of such notice, will furnish forms for filling proof of loss. The forms must be completed and returned to the Insurance Company within ninety (90) days after the date of the loss for which claim is made. Failure to furnish notice or proof of loss within the time limits required above shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice or proof and that notice and proof were given as soon as was reasonably possible.

Medical Examinations

The Insurance Company shall have the right and opportunity through its medical representative to examine the insured member when and so often as it may reasonably require during the process of a claim.

PART XIII – Legal Actions

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished. Unless the beneficiaries did not know about the death occasion, so in this case the three years start from the date of knowledge

PART XIV – Disputes

As mutually agreed that:

- 1) Any provision of this policy which, on the Policy Date, is in conflict with statutes of the jurisdiction in which this policy is issued is hereby amended to conform to the minimum requirements of such statutes.
- 2) Any disputes arising from this Policy are settled in the court where the Head Office of the Company is located.
- 3) Arab Republic Of Egypt shall be the only place to submit and/or settle any claim arising from a covered benefit under this policy.

PART XV – Benefits Summary

Indemnity in case of accidental death, Dismemberment, and Permanent Total Disability in addition to Accidental Medical Expenses reimbursement. (Optional)

- A. Payment of the principal Sum in case of accidental death of the following insured:
 - 1. Citi Bank customer.
 - 2. Citi Bank customer's family
 - Spouse.
 - Children with a maximum of two (if any).
- B. Dismemberment, Loss of sight , hearing or speech indemnity due to Accident based on the following table:
 - Both Hands or Both Feet or Sight of Both Eyes 100% of Principal Sum
 - One Hand and One Foot 100% of Principal Sum
 - Either Hand or Foot and Sight of One Eye 100% of Principal Sum
 - Hearing of Both Ears 100% of Principal Sum
 - Speech 100% of Principal Sum
 - Either Hand or Foot 50% of Principal Sum
 - Sight of One Eye 50% of Principal Sum
 - Thumb & Index Fingers 25% of Principal Sum

Pricing

Plan.	Accidental Death & Disability	Accidental Medical expenses (max)	Cost/ month
A	50,000 self	N/A	12.99
B	100,000 self	N/A	19.99
C	50,000 insured 50,000 spouse 12,500 children (max 2)	N/A	24.99
D	100,000 insured 100,000 spouse 25,000 children (max 2)	N/A	39.99
E	50,000 self	5000	19.99
F	50,000 insured 50,000 spouse 12,500 children (max 2)	5000 insured 5000 spouse 2500 children	39.99

Other Important Information

This policy does not have any cash value
The coverage is optional
You have a free-look period of 30 days from receiving the welcome pack through which you can cancel the coverage and get full refund of the first premium.
For any complaints or queries, please call Citiphone 16644

*PAI group policy number 340000137