

Critical Illness Protection

Key Features Document

United Arab Emirates



Helping you decide

This important document explains the main features of the Critical Illness Protection policy.

You should read this document carefully together with the Critical Illness Protection Policy Terms and Conditions and personalized illustration so that you understand what you are buying and keep them in a safe place for future reference.

In the event of any discrepancies between this document and the Policy Terms and Conditions, the Policy Terms and Conditions will prevail.

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What is Critical Illness Protection?

Critical Illness Protection is an insurance policy designed to pay a cash sum if you are diagnosed with a serious illness during the policy term.

The policy provides a choice between two types of cover:

1. Cancer cover

Cancer cover pays a cash sum if you are diagnosed with any type of cancer covered under this policy.

2. Comprehensive critical illness

Comprehensive critical illness pays a cash sum if you are diagnosed with any of the 34 critical illnesses (including cancer) covered under this policy. The list of illnesses covered under this policy can be viewed on pages 5-6.

Both types of cover include the following benefits at no additional cost:

1. Child's cancer cover or child's critical illness cover of USD 15,000 per child, for up to 3 children, based on the option of cover selected on the policy.
2. Funeral coverage of USD 5,000.

What can Critical Illness Protection do for you?

The process of diagnosis, treatment and recovery from a critical illness could take a long time. A serious illness like cancer or heart attack may result in prolonged treatment and recovery period. During your treatment you may be unable to work which may result in reduction or loss of income.

Critical Illness Protection pays you the sum assured if you are diagnosed with a critical illness during the term of the policy. This enables you to pay your living expenses so you can focus on your health and recovery.

You can also use the sum assured to cover any additional medical or treatment related expenses that are not covered by your health insurance and get the specialist treatment you need without being restricted only to hospitals, clinics or countries covered under the health insurance you may have.

The policy continues to provide protection if you move permanently to another country, subject to our business acceptance rules at the time.

What you need to do

- Provide us with all the information we ask for when applying for your policy and answer all the questions on your application fully, truthfully and accurately.
- Tell us about any changes to the information you give us on your application before your policy starts.
- Pay all your premiums outlined in your personalised illustration until the end of your policy term.
- Review your cover regularly with your relevant financial professional to make sure it continues to be right for your needs.
- Ensure you are satisfied that you understand the important aspects of your policy, especially the associated charges.

What you need to be aware of

- We will not pay a claim in the circumstances described in section 'When will the policy not pay out?' of this document.
- Apart from the standard exclusions within the Critical Illness Protection Policy Terms and Conditions, we may apply specific exclusions to your policy when we accept your application. If we do this we will advise you prior to commencing your policy and include these within your policy schedule.
- If you stop paying your premiums, your policy and all policy benefits will end. We won't refund any of your premiums.
- The policy has no cash-in value at any time.
- We may review the price of cancer cover or comprehensive critical illness cover every 5 years and your premium may increase as a result of this review.

What types of cover can Critical Illness Protection provide?

Critical Illness Protection provides you the option to choose between cancer cover or comprehensive critical illness cover.

Cancer cover

You can choose the required level of cancer cover, subject to the below minimum and maximum cover amounts. The sum assured will be paid on the diagnosis with one of the defined cancer conditions covered by your policy.

Currency	Minimum	Maximum
USD	150,000	2,000,000
AED	525,000	7,000,000
GBP	75,000	1,000,000
EUR	105,000	1,400,000

Cancer cover is subject to an initial qualifying period of 90 days from the start of the policy; or from the start of any increase in level of cover; or from the start of any reinstatement of the policy, although premiums for cancer cover are payable from the policy commencement.

This means that claims for any illness diagnosed within the qualifying period will not be paid. Claims made after the initial qualifying period are subject to a survival period of 30 days from the date of diagnosis of the illness.

Cancer cover includes the following:

1. Benign brain tumour – resulting in permanent symptoms
2. Cancer – excluding less advanced cases
3. Ductal carcinoma in situ of the breast – with specific treatment (partial payment)

Comprehensive critical illness cover

You can choose the required level of comprehensive critical illness cover, subject to the below minimum and maximum cover amounts. The sum assured will be paid on the diagnosis with one of the defined critical illnesses covered under this policy.

Currency	Minimum	Maximum
USD	150,000	2,000,000
AED	525,000	7,000,000
GBP	75,000	1,000,000
EUR	105,000	1,400,000

Comprehensive critical illness cover is subject to an initial qualifying period of 90 days from the start of the policy; or from the start of any increase in level of cover; or from the start of any reinstatement of the policy, although premiums for comprehensive critical illness cover are payable from the policy commencement.

This means that claims for any illness diagnosed within the qualifying period will not be paid. Claims made after the initial qualifying period are subject to a survival period of 30 days from the date of diagnosis of the illness.

Comprehensive critical illness cover includes the following:

1. Aorta graft surgery – for disease and trauma
2. Aplastic anaemia – resulting in permanent symptoms
3. Bacterial meningitis – resulting in permanent symptoms
4. Benign brain tumour – resulting in permanent symptoms
5. Blindness – permanent and irreversible
6. Cancer – excluding less advanced cases
7. Coma – with permanent symptoms
8. Coronary artery by-pass grafts – with surgery to divide the breastbone*
9. Creutzfeldt-Jakob disease – requiring continuous assistance
10. Deafness – permanent and irreversible
11. Dementia (including Alzheimer's disease) before age 65 – resulting in permanent symptoms
12. Ductal carcinoma in situ of the breast – with specific treatment (partial payment)
13. Encephalitis
14. Heart attack – of specified severity
15. Heart valve replacement or repair – with surgery to divide the breastbone
16. HIV infection – caught in a specified country* from a blood transfusion, a physical assault or work in an eligible occupation
17. Kidney failure – requiring dialysis
18. Liver failure – end stage
19. Loss of hands or feet – permanent physical severance
20. Loss of independent existence – resulting in permanent symptoms
21. Loss of speech – total, permanent and irreversible
22. Lung disease – end stage/respiratory failure – of specified severity
23. Major organ transplant*
24. Motor neurone disease – resulting in permanent symptoms
25. Multiple sclerosis – with persisting symptoms
26. Open heart surgery – with surgery to divide the breastbone

27. Paralysis of limbs – total, permanent and irreversible
28. Parkinson’s disease before age 65 – resulting in permanent symptoms
29. Primary pulmonary arterial hypertension – resulting in permanent symptoms
30. Stroke – with permanent symptoms
31. Systemic lupus erythematosus – of specified severity
32. Terminal illness
33. Third-degree burns – covering 20% of the body’s surface area or 50% of the face’s surface area
34. Traumatic head injury – with permanent symptoms

*Conditions where claims must originate or may be conditional on inclusion on a surgical waiting list within a specific list of countries, which is currently as follows, but may be subject to change in the future:

***Specified country list:**

Andorra, Australia, Austria, Bahrain, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Isle of Man, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, New Zealand, North Macedonia, Norway, Oman, Poland, Portugal, Qatar, Republic of Ireland, Romania, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Arab Emirates, United Kingdom, United States of America.

Child’s cancer or critical illness cover

Based on the type of cover selected, the policy will include either a child’s cancer or critical illness cover. The cover starts on the child’s 1st birthday and ends on the day before the child’s 19th birthday. The level of cover is fixed at USD 15,000 (or relevant currency equivalent) per child for up to 3 children and one claim per child.

The payment of a valid child’s cancer or critical illness cover claim does not reduce the cancer cover or comprehensive critical illness cover amount.

Funeral coverage

In the unfortunate event of death, we will pay USD 5,000 (or relevant currency equivalent) to the chosen beneficiary to cover the funeral costs/repatriation expenses. This benefit is included with both types of cover.

Please read the Critical Illness Protection Policy Terms and Conditions for full details and definitions of the benefits and conditions covered.

Who does the policy cover?

Critical Illness Protection is available on a single or joint ownership basis.

Your policy can be written on one of the following insurance basis:

- Own life – the policy owner is the insured.
- Joint lives, first illness claim – there are two lives insured and both are the policy owners.

The policy owner and life insured must be at least 18 years old when the policy starts.

The maximum age of the life insured at entry or at the time of an increase of the sum assured is 59 years old.

How long is the policy term?

The term of your policy must be chosen between 5 and 35 years and any life insured must be 69 years or younger at the end of the policy. If you pay all your premiums, you will be protected under the policy until the end of your chosen policy term.

Your policy will stop earlier in the event of any claim except for child’s cancer or critical illness cover claim; or funeral coverage in case of a joint life policy; or if you stop paying your premiums.

How much does the policy cost?

Your adviser will provide you with a personalised illustration showing details of the cost of your cover, which depends on:

- your personal circumstances – for example your age, gender, health and whether you smoke
- the type and level of cover you select
- the term of your cover.

You can pay your policy premiums monthly or yearly, subject to the below minimum premiums.

Currency	Monthly	Yearly
USD	25	250
AED	88	875
GBP	13	125
EUR	16	165

Can I make changes to my policy once it has started?

You can increase the level of cover at each policy anniversary, subject to acceptance by us and the maximum cover limits applicable at the time. The premium will increase if you choose to increase the level of cover.

You cannot reduce the level of your cancer or comprehensive critical illness cover once your policy has started, except in the following circumstance. At each fifth policy anniversary, we will review your policy and if the premiums you are paying at that time are not enough to maintain the current level of cover, you can either:

- continue paying the same premiums and reduce the level of cover, or
- increase your premium to maintain the same level of cover.

When will the policy not pay out?

Please refer to the Policy Terms and Conditions for a full list of reasons why a claim may not be paid, there are specific exclusions for the benefits covered. The following is not an exhaustive list of all exclusions but it's important that you should understand that we will not pay a claim if:

- You did not complete the application form fully, truthfully and accurately; or
- You or the person making the claim does not give us all the information we ask for when the claim is made; or
- The policy or the benefit lapsed or ended before the claim event took place.
- The claim event does not meet the definition of benefit given in the Policy Terms and Conditions or occurred before the risk commencement date, or before the policy was reinstated, or before the completion of a qualifying period and survival period relevant to the benefit being claimed.
- You knowingly or unintentionally failed to disclose or deliberately misrepresented any fact in relation to the policy and the non-disclosure or misrepresentation is such that it would cause us either to decline any benefits in part or in full.
- The claim is attributable to the addiction or misuse of alcohol or prescribed or non-prescribed drugs.
- The claim is attributable to a criminal act perpetrated by the life insured or beneficiary against the life insured.

Can I change my mind?

Yes, you can change your mind within 30 days of receipt of the policy documents and all premiums paid will be returned to you. You can send your cancellation request to your financial professional or to us by using our contact details given in the 'How to contact us' section.

How to make a claim

- Zurich should be your first point of contact if you want to make a claim. Your relevant financial professional will also be able to assist you.
- You or the person making the claim should notify us as soon as possible at benefit.claims@zurich.com.

In the event of a claim under the policy we may need to see the relevant life insured's medical records. You will be required to supply this information at your own expense.

Full details on how to make a claim can be found in the Critical Illness Protection Policy Terms and Conditions.

How to make a complaint

If you have any issues with your policy, please contact us in the first instance using the address or the contact numbers in the 'How to contact us' section.

Details of our complaint handling process are available in the Critical Illness Protection Policy Terms and Conditions and on our website www.zurich.ae.

How to contact us

Your financial professional will normally be your first point of contact for any advice related to your policy. If you wish to contact us for any queries, you can call us, email or write to us.



Phone: +971 4 363 4567

We're available Monday to Friday between 8am and 5pm.



Email: helppoint.uae@zurich.com or benefit.claims@zurich.com for benefit claims.



Write to:

Zurich International Life,
Zurich HelpPoint,
P.O. Box 50389,
Unit 601,
Level 6,
Building 6,
Emaar Square,
Dubai, United Arab Emirates.



Website: www.zurich.ae

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Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles.
Telephone +44 1624 662266 Telefax +44 1624 662038 www.zurichinternational.com