

Pioneer

Handbook (The details)

For plans starting on or after 1 July 2017

What's inside?

Before you join us

- 1 Introduction
- 2 Eligibility and material facts
- 3 Plan currencies, Takaful contributions and ways to pay
- 4 Your plan start date and cooling off period
- 5 Areas of cover
- 6 Clinical policy bulletins
- 7 Help us prevent fraud

While you're with us

- 8 Making changes to your plan
- 9 Adding and removing dependants
- 10 Transferring dependants onto your plan
- 11 Cancelling your plan
- 12 What happens if you die
- 13 Claims
- 14 Exclusions

Staying with us

- 15 How to renew your plan

The extra bits

- 16 Definitions
- 17 Governing law, jurisdiction and language
- 18 Complaints
- 19 Data protection

Before you join us

1 Introduction

This Handbook, and the relevant **Benefits Schedule**, details what we do and don't cover under our Pioneer plans, as well as giving you important information about managing your plan.

Please read this information carefully to make sure you're completely satisfied with the cover we're providing and that it meets your needs. If you have any questions, please contact us and we'll be more than happy to help.

We do not guarantee that your plan meets the visa and/or social health care requirements of the country you're moving to. It's your responsibility to ensure that any plan you choose meets your needs. Please ask us or your broker if you have any questions.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic trade sanctions, the coverage is immediately considered invalid. For example, Aetna and Al Khaleej companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

2 Eligibility material facts

Our plans and add-on plans are available to people of most nationalities, depending on where they reside. Our plans are not available to citizens of the United States (US) who reside in the US. Please contact us if you need further information. If you are a US citizen and your chosen area of cover is Area 1, only Pioneer 5000+ is available to you.

If you are not a US citizen and your chosen area of cover is Area 1:

- If you don't live in the US, Pioneer 5000 and 5000+ are available to you
- If you do live in the US, only Pioneer 5000+ is available

If you choose Area 2, 3 or 4, Pioneer 1750, 2500, 4000 and 5000 plans are available to you.

If you are a US taxpayer, please read the 'Cover in the US' section in this Handbook for more information, as this plan may not satisfy the requirements of the U.S. Patient Protection and Affordable Care Act and therefore you may be subject to tax penalties.

Age

To be eligible for our plans, you must be at least 18 and no more than 79 years old on your start date. If you add dependent children to your plan, they must be unmarried and either aged under 18 or aged 18 to 26 and in continuous full-time education at their start date. For the latter, we may ask you to send us proof from their educational facility.

Our add-on plans have additional eligibility criteria – you'll find more details in the applicable **Benefits Schedule**.

Material facts

You must tell us all material facts and check that they are correct before we accept an application, make changes to your plan or renew it. If you're not sure whether a fact is material, please ask us. Moratorium cover will still apply even if you tell us about any pre-existing medical conditions you might have.

You must let us know in writing immediately if any material facts change. For example, if you change your name, occupation or address. We may apply new terms to the plan, void or cancel it and/or reduce or reject any related claims, based on your new material facts.

Voiding your plan

We'll void your plan from its start date, renewal date or change date, if you:

- deliberately or recklessly give us inaccurate or incomplete material facts, or
- don't take reasonable care to give us accurate and complete material facts and we wouldn't have covered you had we known about the material facts.

If we void your plan, we can continue to offer your dependants cover if:

- a dependant who is 18 years old or more writes to us to appoint themselves as the new planholder, or
- you write to us to appoint a parent or legal guardian to act as the new planholder. The new planholder will manage the plan but we won't cover the person.

You must appoint a new planholder within seven days of us telling you that we've voided your plan, otherwise we'll cancel the entire plan from the void date.

Cover in the US

Your plan is a non-US Takaful cover product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). As such, your plan may not qualify as minimum essential coverage (MEC) and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure to you.

You may wish to consult with your legal, tax or other professional adviser for further information. This is only applicable to certain eligible US taxpayers.

Accordingly, we reserve the right to cancel your cover immediately if you have Area 1 cover and you are:

- a US citizen residing in the US for 36 days or more (consecutively or in aggregate) during any 12 month period; or
- not a US citizen and you spend more than 183 days (consecutively or in aggregate) in the US over three plan years.

3 Plan currencies, Takaful contributions and ways to pay

When you take out your plan, you can choose from the currencies available on your proposal form. You must pay all Takaful contribution in the same currency as your plan. Your cover won't be able to start until we've received your Takaful contribution (which must be on or before the Takaful contribution due date).

If more than one currency is shown on your Benefits Schedule, the benefit limits shown in the same currency as your plan will apply to you and your plan.

You can pay your Takaful contribution in a single annual payment or by quarterly or monthly instalments, depending on the plan you choose and the method you wish to pay by.

Paying by card

Pay annually

To pay annually by debit or credit card, contact us by email or telephone, or fill in the Card authority in your Pioneer plan proposal form.

Paying by bank transfer

Pay annually

To pay annually by bank transfer, you'll need your quotation number or plan number to hand. Follow the instructions on your proposal form.

Paying by cheque or banker's draft

Pay annually

Your invoice will show details of how much to pay. When paying by cheque or banker's draft, you must give your full name and the quotation number or plan number as the reference.

Unpaid or late Takaful contributions

We'll write to tell you if we haven't received or haven't been able to collect your Takaful contributions on time.

We'll cancel your plan if we don't receive payment within 30 days of the Takaful contributions due date. You'll then have to

apply for a new plan if you would still like us to cover you. Your Takaful contributions and terms may change and you'll lose any existing Healthy Behaviours Discount from your cancelled plan (see section 13 Claims).

4 Your plan start date and cooling off period

Your plan will start on the plan start date you request; this date will show on your Takaful certificate. Your plan will cover you for 12 months until your plan renewal date, unless you cancel your plan.

Cooling off period

You have the right to cancel your plan for any reason by writing to us or calling us within 15 days of receiving your plan documentation, or the plan start date, whichever's later.

We'll refund your Takaful contribution in full if you haven't (and any other participant hasn't) made a claim under the plan. If you've made a claim and we haven't paid you or a medical provider for it, we'll refund your Takaful contribution and cancel any unpaid claims.

However, if you have (or any other participant has) made a claim and we have paid for it, we won't refund your Takaful contribution and you must still pay us any unpaid Takaful contribution due for the remainder of the plan year.

We can only refund Takaful contribution to the bank account or card you originally paid from. You'll be responsible for any shortfall from exchange rate differences and any bank charges.

To cancel your plan after the 15 day cooling off period, see section 11 Cancelling your plan.

5 Areas of cover

Area 1

Includes all of the countries and territories in the world, including all countries and territories in Areas 2, 3, 4, 5, 6 and 7, plus the US

Area 2

Includes the countries and territories listed below and all countries and territories in Areas 3, 4, 5, 6 and 7

American Samoa	McDonald Islands	Saint Helena, Ascension & Tristan da Cunha
Antarctica	Hong Kong	Saint Pierre & Miquelon
Bouvet Island	Israel	Samoa
British Indian Ocean Territory	Kiribati	Solomon Islands
Canada	Macau	South Georgia & the South Sandwich Islands
Christmas Island	Marshall Islands	Tokelau
Cocos (Keeling) Islands	Micronesia, Federated States of Nauru	Tonga
Cook Islands	New Caledonia	Tuvalu
East Timor	Niue	United States Minor Outlying Islands
Fiji	Norfolk Island	Vanuatu
French Polynesia	Northern Mariana Islands	Wallis & Futuna
French Southern Territories	Pitcairn	
Guam	Russian Federation	
Heard Island &		

Area 3

Includes the country listed below and all countries and territories in Areas 4, 5, 6 and 7

China

Area 4

Includes the countries listed below and all countries and territories in Areas 5, 6 and 7

Australia	New Zealand	Singapore
Kuwait	Qatar	United Arab Emirates

Area 5

Includes the countries and territories listed below and all countries and territories in Areas 6 and 7

Åland Islands	Czech Republic	Kosovo
Albania	Denmark	Latvia
Andorra	Dominica	Liechtenstein
Anguilla	Dominican Republic	Lithuania
Antigua & Barbuda	Ecuador	Luxembourg
Argentina	El Salvador	Macedonia
Armenia	Estonia	Malta
Aruba	Falkland Islands (Malvinas)	Martinique
Austria	Faroe Islands	Mexico
Azerbaijan	Finland	Moldova, Republic of
Bahamas	France	Monaco
Barbados	French Guiana	Montenegro
Belarus	Georgia	Montserrat
Belgium	Germany	Netherlands
Belize	Gibraltar	Nicaragua
Bermuda	Greece	Norway
Bolivia	Greenland	Panama
Bonaire, Sint Eustatius & Saba	Grenada	Paraguay
Bosnia & Herzegovina	Guadeloupe	Peru
Brazil	Guatemala	Poland
Bulgaria	Guyana	Portugal
Cayman Islands	Haiti	Puerto Rico
Channel Islands	Honduras	Romania
Chile	Hungary	Saint Barthélemy
Colombia	Iceland	Saint Kitts & Nevis
Costa Rica	Ireland	Saint Lucia
Croatia	Isle of Man	Saint Martin
Curaçao	Italy	Saint Vincent & the Grenadines
Cyprus	Jamaica	San Marino

Serbia	Sweden	Uruguay
Sint Maarten	Switzerland	Vatican City
Slovakia	Trinidad & Tobago	Venezuela
Slovenia	Turkey	Virgin Islands, British
Spain	Turks & Caicos Islands	Virgin Islands, US
Suriname	Ukraine	
Svalbard & Jan Mayen	United Kingdom	

Area 6

Includes the countries and territories listed below and all countries and territories in Area 7

Afghanistan	Kyrgyzstan	Philippines
Bahrain	Laos	Saudi Arabia
Bangladesh	Lebanon	South Korea
Bhutan	Malaysia	Sri Lanka
Brunei	Maldives	Taiwan
Cambodia	Mongolia	Tajikistan
India	Myanmar	Thailand
Indonesia	Nepal	Turkmenistan
Iran	Oman	Uzbekistan
Iraq	Pakistan	Vietnam
Japan	Palau	Yemen
Jordan	Palestine, State of	
Kazakhstan	Papua New Guinea	

Area 7

Includes the countries and territories listed below only

Algeria	Gabon	Nigeria
Angola	Gambia	Réunion
Benin	Ghana	Rwanda
Botswana	Guinea	Sao Tome & Principe
Burkina Faso	Guinea Bissau	Senegal
Burundi	Kenya	Senegal
Cameroon	Lesotho	Seychelles
Cape Verde	Liberia	Sierra Leone
Central African Republic	Libya	Somalia
Chad	Madagascar	South Africa
Comoros	Malawi	South Sudan
Congo (DRC)	Mali	Sudan
Congo-Brazzaville	Mauritania	Swaziland
Côte D'Ivoire	Mauritius	Tanzania
Djibouti	Mayotte	Togo
Egypt	Morocco	Tunisia
Equatorial Guinea	Mozambique	Uganda
Eritrea	Namibia	Western Sahara
Ethiopia	Niger	Zambia
		Zimbabwe

If **you** and/or your **dependants** are working, residing or spending time in sanctioned countries or regions, please let **us** know immediately. Sanctioned countries and regions currently include Crimea (annexed region of Ukraine), Cuba, Iran, North Korea, Sudan (North) and Syria. This list is subject to change based on changes in financial sanctions regulations. In addition, there are other countries subject to less broad sanctions than the countries/regions listed here. For more information, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

We may modify **our** products, services, rates and fees, in response to legislation, regulation or requests of government authorities, these modifications may result in material changes to **plan benefits**. We may recoup any material fees, costs, assessments, or taxes due to changes in the law even if such changes require no **benefit** or **plan** changes.

6 Clinical policy bulletins

For information on how we classify certain **treatments** and services, visit [aetna.com/health-care-professionals/clinical-policy-bulletins.html](https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html). Our clinical policy bulletins (CPBs) are based on objective and credible sources, including scientific literature, guidelines, consensus statements and expert opinions.

They're not a description of cover or confirmation that we cover these **treatments**, services or costs under your **plan**. If there's a discrepancy between a CPB and your **plan**, your **plan** terms will apply.

7 Help us prevent fraud

Fraud is a crime and health care fraud increases **Takaful contributions** for our customers. With your help, we'll do our utmost to detect and eliminate it.

Health care fraud includes:

- giving false or misleading information to get Takaful cover or a **Takaful contribution** reduction
- claiming for **treatments** or services that **you** haven't received
- altering or amending invoices or bills
- giving a false diagnosis
- claiming from more than one Takaful operator for the same **treatment** or service
- using somebody else's Takaful cover to get **treatment** or services.

How you can help protect yourself and keep Takaful contributions down

There are simple steps **you** can take to protect yourself from health care fraud, including:

- comparing invoices with your records, checking dates are correct and that **you** received the **treatments** or services shown
- asking questions if there's anything **you're** unsure about, don't understand, expect or recognise
- keeping in touch with **us** when **you've** made a **claim**
- letting **us** know if **you're** concerned your doctor is giving **you** unsuitable **treatment**
- filling in claim forms carefully
- looking after your Takaful cover details and documents and keeping copies of any correspondence
- making sure **you** understand any documents before **you** sign them
- reporting suspected fraud to **us**.

We work closely with others to prevent fraud

We're committed to protecting **you** against fraud and also have statutory responsibilities to prevent **our** products from being used for financial crime. We work with other bodies such as international insurance bodies, international police, investigative agencies and government departments to do this.

If you suspect fraud

Contact **us** as soon as **you** can.

Call our confidential Fraud and Investigation line on +974-4404-1111, fax: +974-4443-0530 or email ktg@alkhaleej.com.

While you're with us

8 Making changes to your plan

Notifying us of changes

When **you** request to make a change to your **plan**, **you** must take reasonable care when answering any questions **we** ask – please read 'How to answer **our** questions' in section 2 Eligibility and material facts for more details.

You must tell **us** immediately in writing about changes to the following and when such changes will take (or have taken) place:

- name or gender of a **participant**
- occupation of a **participant**
- address of a **participant**, particularly if this is a change to the country in which a **participant** lives, or
- any information given to **us** by **you** in relation to your **proposal** and/or any changes since.

After **you** tell **us** about a change, depending on the nature of the change, **we** may:

- charge **you** additional **Takaful contribution** (including any applicable tax)
- change the relevant **participant's benefits**
- apply different terms to the relevant **participant's coverage** under the **plan**
- cancel the relevant **participant's coverage** under the **plan**
- send **you** a new **Takaful certificate** and a new **Participant ID card** (or cards, if there are other **participants**), or
- reassess or reject any related **claim** of the relevant **Participant**.

Note that **we** may charge **you** an administration fee to replace any **plan** documentation or **Participant ID card**.

You can't change the following during your **plan year**, but **you** can write to **us** to ask **us** to change these when your **plan** renews for the next year:

- your **plan level**
- your optional **benefits** including taking out an **add-on plan**
- your **excess** or **co-payment**
- your **plan terms**, or
- your **plan currency**.

9 Adding and removing dependants

Adding a dependant

With **our** agreement **you** may add a **dependant** to your **plan** after the **plan start date**. Please contact **us** and **we**'ll let **you** know the information **you**'ll need to provide **us**, which may include completing an proposal form for the **dependant**, and how **we** may change your **Takaful contribution** as a result. **We**'ll send **you** your revised **Takaful certificate** and the new **dependant's Participant ID Card** each time **we** add a **dependant** to your **plan**.

Start dates for added dependants

If, on the date **you** contact **us** to add a **dependant**, that **dependant** is less than 31 days old and **we** have covered one of the **dependant's** parents for a continuous period of at least 12 months, **we**'ll add the **dependant** to your **plan** regardless of the **dependant's** health with effect from the **dependant's** date of birth. There is no need to complete a proposal form.

To add any other **dependant** to your **plan**:

- if your **plan** has a **moratorium**, **we**'ll cover the **dependant** from the date on which **you** contact **us** or from a later date that **you** may request and a new **moratorium** will apply for that **dependant**. There is no need to complete an proposal form; or

- if your **plan** does not have a **moratorium**, **we**'ll (based on a completed proposal form for the **dependant**) either cover the **dependant** from the date on which **you** accept any terms **we** offer in relation to such **dependant** or decline to add the **dependant** to your **plan**. If **we** decline to add a **dependant**, **we**'ll explain to **you** the reason for this in writing.

The terms of your **plan** will apply to any **dependant** **you** add. Please note in particular exclusion 14.16 which excludes any **inpatient treatment** for an **acute medical condition** that begins before the **dependant** is eight days old if the pregnancy was achieved by assisted conception.

Removing a dependant

Please tell **us** in writing if **you**'d like to remove a **dependant** from your **plan** and **we**'ll do so. The **dependant's end date** will be the date that **we** receive the request, or a future date that **you** have given.

You'll also need to tell **us** if there are any outstanding **claims** for their **treatment** or services and if **you**'ve incurred any further costs in relation to your **plan**.

If there aren't any **claims** paid or pending for any **participant** on the **plan**, **we**'ll issue a pro-rated refund of the removed **dependant's Takaful contribution**.

If **you**'re waiting for **us** to approve or pay a **claim**, **we** can't approve it unless **we**'ve received all **Takaful contribution** for the entire **plan year**. If any **participant** on the **plan** has made any **claims** that **we** have approved and paid, no refund will be issued and all **Takaful contributions** must be paid for the entire **plan year**.

When **you** remove a **dependant**, **we**'ll send you a new **Takaful certificate** to reflect such removal.

10 Transferring dependants onto your plan

If **you**'d like to transfer someone from another Takaful operator to your **plan**, they'll need to complete a **Continuous Transfer Terms (CTT)** proposal form and send **us** the original Takaful certificate or other evidence from their previous Takaful operator which shows:

- their original start date with that Takaful operator,
- their underwriting terms, and
- any special terms that may have applied.

If there's a break between the end date of their previous Takaful cover plan and their **proposal**, **we** won't be able to offer a transfer on the same or similar terms as the previous plan.

If **we** accept the **proposal**, **we** may charge an increased **Takaful contribution**. Their cover will begin on the date **we** receive your acceptance of any special terms **we**'ve applied, or on a future date **you** request following **your** acceptance of those terms, and **we** have agreed.

11 Cancelling your plan

You must write to **us** if **you** decide to cancel your **plan**. Your last day of cover will be the date **we** receive your written decision to cancel or on a future date **you** give **us**.

If no **participant** has made any **claims**, or will make any **claims**, **we**'ll issue **you** a pro-rata refund of **Takaful contribution**.

If **we** have not paid **you** the costs for any **claims**, but any **participant** has made **claims** that **we** have not yet approved, or will make any **claims**, **we** won't approve or pay these costs unless **we** have received all **Takaful contribution** for the entire **plan year**. **We**'ll issue **you** a pro rata refund of **Takaful contribution** if **you** confirm to **us**, in writing, that **you** do not want **us** to approve any such **claim**.

If, before the cancellation date, a **participant** has made a **claim** and **we** have approved it, **we**'ll only pay **you** the costs for any **claim** before the cancellation date when **we** have received all **Takaful contribution** for the entire **plan year**. **We**'ll issue **you** a pro rata refund of **Takaful contribution** only if **you** pay any costs incurred before the cancellation date.

If **we** have approved and paid any **claim** before the cancellation date, **we** won't issue **you** a refund of **Takaful contribution** and **you** must pay **us** all **Takaful contribution** for the entire **plan year**.

We'll charge **you** a cancellation fee of 170 USD depending on your **plan** currency, and **we** may also charge **you** an additional fee if there are further or unexpected costs.

We'll pay **you** any refunds to the account **you** originally paid from, less any shortfall as a result of exchange rate differences and any associated bank charges.

You must return the **Takaful certificate** and all **Participant ID cards** to **us** on cancellation.

If **you** want to apply for a new **plan** after cancelling your existing **plan**, your **Takaful contribution** and terms may change and **you**'ll lose any existing Healthy Behaviours Discount from your previous **plan**.

12 What happens if you die

If **you** die, the other **participants** on the **plan** will be able to apply for continued cover under the **plan** by sending **us** a signed proposal form within four weeks of your date of death. **We** cannot guarantee cover, **we** may apply new terms and the **Takaful contribution** may change.

Your **personal representative** can cancel the **plan** in writing. If **you** haven't made any **claims**, **we**'ll issue a pro-rata refund of the **Takaful contribution** once **we**'ve received a certified copy of your death certificate. **We**'re unable to issue **Takaful contribution** refunds if **we**'ve paid a **claim**.

13 Claims

Should **you** have any questions concerning your **claim**, please contact **our** Member Services Team:

Inside Qatar, call us on 800-0108. If you're calling from outside Qatar, then call collect on +971-4-438-7602.

By fax on +971-4-428-7101

Or by e-mail at MEAServices@aetna.com

We'll record all calls for monitoring and training purposes.

To call collect **you** must contact the telephone operator in the country **you** are calling from and ask to make a collect call to +971-4-438-7062. The operator should then connect **you** to **our** international helpline at no charge to **you**.

What can you claim for?

Only qualified **medical practitioners, specialists, nurses** or therapists with the aim of curing or substantially relieving your **medical condition** must treat **you**. Only psychiatrists or qualified and registered psychotherapists or psychoanalysts may give **you** psychiatric treatment, and only a **medical practitioner** or **specialist** can refer **you** for physiotherapy, podiatry, osteopathic and chiropractic treatment.

If the **medical practitioners, specialists, nurses** or therapists refer **you** for further **diagnostic tests and procedures** or **treatment**, **you** must start treatment within 90 days of the referral date for **us** to be able to pay your costs.

You must tell **us** about a **claim** within 180 days of receiving the **treatment** or services. If **you** leave it longer, **we** may not be able to reimburse **you**.

We'll only pay reasonable costs for **claims**. Reasonable costs are the average cost of **treatment**, expertise or services given by similar types of medical provider within the same country or geographical region, based on **our** knowledge and experience.

We'll pay for **hospital accommodation** (including meals) up to the cost of a standard single room with a private bathroom.

If **you** incur costs above the limits shown in your **Benefits Schedule** or **you** use a **visiting doctor** whose costs are higher than those of a medical facility's in-house doctor, **you**'ll have to pay the difference.

What you need to know when claiming

We'll email **you** a **Participant ID card** (or cards, if there are other **participants**) when your **plan** starts. **You** must show your **Participant ID card** to the medical provider when **you** go for **preauthorised inpatient treatment** or **daycare treatment** (please see the section called 'Requesting preauthorisation' below for more details). If **you**'re entitled to **direct settlement**, **you** must show this card when getting **outpatient treatment** at a **direct settlement facility**.

You'll need to quote your **plan** number and **Participant ID** in all correspondence with us relating to your **claim**.

Keep copies of the information about your **claim** for your own records. We won't be able to return any original **claim** documents to you after we've paid the **claim**.

We may ask you for more information to help us process your **claim**, and we may ask a **specialist** or **medical practitioner** of our choice to examine you.

We may also request further tests or evaluations if we decide that a **medical condition** may be directly or indirectly related to a **medical condition** we do not cover you for. We may decline your **claim** if we don't have sufficient information to assess it.

You must tell us about any negotiations or settlement discussions you enter into with any other party about any action or omission which leads to a **claim** under your **plan**. You mustn't agree to a settlement with any party without our prior written agreement.

Requesting preauthorisation

Before you make a **claim**, please read your **Benefits Schedule** to make sure your **plan** covers the **treatment** you need.

You need to request **preauthorisation** before you receive any **treatment** or services, or incur any costs, if you want us to meet such costs in accordance with your **plan** for any of the following:

- medical evacuation
- **inpatient treatment** or **daycare treatment** admission
- preparation or transportation of body or mortal remains
- **psychiatric treatment**
- prescription for more than three months' supply of drugs for the management of a **chronic medical condition**
- single **treatment** or service that costs more than 500 USD or its equivalent in another currency

If it's not possible to request **preauthorisation** in an **emergency**, you must notify us of the **treatment** or services within 24 hours. If you fail to notify us, we may pay only a portion of an eligible **claim**.

We'll liaise with your medical provider during your **claim**. If necessary we'll provide you with a 'Release of medical

information' form. You'll need to fill in this form to authorise your **medical practitioner** or **specialist** to release information to us about you under relevant data protection legislation.

If you have an eligible **claim** we'll issue a letter of guarantee of payment to your medical provider. We'll let you know as soon as possible if you have an ineligible **claim**.

When calling to request a **preauthorisation**, make sure you have your **Participant ID card** to hand, your **medical practitioner** or **specialist's** name and the medical provider's name and telephone number.

If we give you **preauthorisation**, we'll settle all eligible **claims** directly with your medical provider. If we are unable to settle your eligible **claims** directly, we will reimburse you instead.

Inpatient, daycare and outpatient direct settlement

If you're admitted to a **hospital** which is in our **medical provider network** or you receive **daycare treatment**, we'll take care of your eligible **claims** for such **hospital bills**. You don't have to worry about paying large bills upfront. All you have to do is pay the relevant **excess** or **co-payment**. If your **plan** benefits from **outpatient direct settlement** (which can be referred to as direct billing), we'll pay your eligible **outpatient** bills directly to any medical provider which is in our **medical provider network** so that you're not out of pocket. If the relevant medical provider is not in our **medical provider network**, we'll reimburse you for any eligible **claims** instead.

How to make a direct settlement claim on an outpatient basis

You must:

1. Check that we cover your **treatment** under your **plan**; if you're not sure, please contact us.
2. Visit a medical provider within our network for **outpatient treatment**.
3. Show your **Participant ID card** to the relevant medical provider. The provider should then treat you and liaise with us to settle your **claim** (subject to point 4).

4. Pay any **excess** or **co-payment** shown on your **Participant ID card** or in your **Benefits Schedule**.

How to make a claim for outpatient treatment

You must:

1. See your **medical practitioner**, therapist or **specialist** in the usual way.
2. Ask your medical provider to complete the relevant section of the **claim** form which you can download from [aetnainternational.com](https://www.aetna.com).
3. Pay your bill for the **treatment** you receive. Make sure you get an original itemised invoice and/or original receipt.

Complete one **claim** form for each **medical condition**. Send your **claim** form to us at MEAServices@aetna.com along with scanned copies of any supporting documents.

4. Or you can submit a **claim** online by completing the form and uploading scanned copies of any supporting documents to the 'Claims Centre' in the Health Hub.

You should send us these documents as soon as possible (and in any event no later than six months) after the first **treatment** date.

Ineligible claims

If you attend a **direct settlement hospital**, clinic or other medical facility in our **medical provider network** and we later determine that your **claim** is ineligible, we have the right to recover the full **claim** amount from you. If we pay a **claim**, it isn't an indication of our acceptance of liability for the **claim** or confirmation that we'll pay further costs for the same **medical condition** or **related medical condition**.

If we determine that a **claim** we've already approved is ineligible, we won't pay for the **claim**. If we've already paid any costs, you'll need to repay them to us within 14 days or we may withdraw any associated **preauthorisation**, cancel your **plan** and keep the **Takaful contribution**. If you'd like us to reassess a **claim** we've rejected, you'll have to prove that the **claim** is covered under the **plan**.

Stay healthy to save

If **you're a member** of an Aetna Pioneer 4000, 5000, or 5000+ **plan**, **you** can take advantage **our** Healthy Behaviours Discount programme by logging in to the Health Hub. If your plan stays claim-free for one or more **plan year(s)**, **you'll** receive a discount of up to 25% over five years. However, if **you** submit an eligible **claim** for a previous **plan year** after **we've** given **you** a Healthy Behaviours Discount, the discount will be removed and **you'll** need to pay the full, undiscounted **premium** before **we** can pay your **claims**.

Exchange rate

If, acting reasonably, **we** determine that any central bank or relevant government or governmental authority imposes an artificial exchange rate (including without limitation an exchange rate which is inconsistent with the free market exchange rate) in relation to a relevant currency for any reason, **we** may in **our** sole discretion reimburse **you** for your valid **claims** incurred in that country in any manner **we** may reasonably decide. In making such determination **we** shall seek to ensure that **we** indemnify **you** for your loss (subject to the terms and conditions of your policy) but do not unjustly enrich **you** as may have been the case had **we** applied such artificial exchange rate to pay **you** in the **plan** currency. **We** will reimburse **you** in (i) the applicable local currency, or (ii) if **you** do not have a bank account in such local currency, in the **plan** currency in an amount equal to the applicable Reasonable and Customary Charges. In either case, the reimbursement will be subject to the principle of indemnity **we** mention above.

Other Takaful cover

If another Takaful operator covers an eligible **claim** under your **plan**, **we'll** deduct any payments **you've** received from the other Takaful operator (plus any **excess** or **co-payment** amounts under your other Takaful cover **plan**).

Claims against third parties

If **we** have paid money to **you** (or to a medical provider on your behalf) in accordance with this **plan**, and **you** are entitled to receive money from any other party (including another Takaful operator) for the same **claim**, **we** have the right to proceed against

such other party in your name and to recover from **you** the money **you** receive (or have received) from such other party, up to and including the amount that **we** have paid.

You must notify **us** immediately in writing if **you** pursue or intend to pursue another party for such **claim**. **We** shall then decide whether or not to exercise **our** right under this section.

You must cooperate with **us** if **we** exercise this right.

Unless **you** have **our** prior written consent, **you** must not admit liability or fault to, or agree to a settlement with, such other party.

14 Exclusions

Your **plan** doesn't cover **claims** for, arising from or connected to the exclusions in this section unless shown otherwise in your **Benefits Schedule** or **we've** agreed separately in writing, and **we'll** seek to recover from **you** any payments **we've** made if **we** determine an exclusion applies to a **claim we** have already paid.

14.1 Acting against medical advice

Any journey, activity, action or pursuit **you** carry out (or omit to carry out) against **medical advice**.

14.2 Addictions and abuse

Treatment for alcohol, drug or substance abuse or any kind of addictive condition and any injury or illness associated with it. **We** define drug abuse as the use of any drug:

- in a manner or in quantities other than directed or prescribed by a **medical professional**, or
- for any reason other than what it was prescribed for.

14.3 Administrative costs, fees and charges

- completing **claims** forms,
- completing or obtaining other documents,
- **hospital** administration fees,
- any registration fees, or
- overdue invoice charges.

14.4 Altered and amended documents

Any invoice, **claim** form, medical report or other document that anyone has altered or amended.

14.5 Brain and learning disorders, and speech and voice problems

Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

14.6 Cosmetic treatment

Cosmetic **treatment**.

14.7 Certain costs you've incurred

Costs **you've** incurred if:

- they exceed the relevant **Benefits Schedule** limit,
- **you** haven't completed the relevant waiting time shown in the **Benefits Schedule**, if applicable,
- they're less than your **excess** or **co-payment**,
- your **plan** doesn't cover them, including associated costs such as loss of earnings as a result of a **medical condition**,
- **you've** incurred them outside your **area of cover**,
- **you** received **treatment** or services before the **start date** or after the **end date** of your **plan**.

14.8 False or fraudulent claims

False or fraudulent **claims**.

14.9 Gender reassignment

Treatment directly or indirectly associated with gender reassignment.

14.10 Harvesting, storage and organ transplants

The harvesting or storage of umbilical cord blood stem cells, sperm, mature oocytes and embryos.

Costs of:

- locating a replacement organ,
- removing an organ from a donor,
- transporting an organ, or
- any associated administration.

14.11 Illegal activities

You acting illegally or committing or helping to commit a criminal offence.

14.12 Innocent bystanders

Conflict or civil unrest if, in our reasonable opinion,

- **you're** actively participating,
- **you're** a **member** of any armed force or security service, including personal protection,
- **you've** knowingly entered or remained in a location where there is **conflict or civil unrest**, or
- **you've** intentionally put yourself at risk of injury.

A natural disaster if, in our reasonable opinion:

- **you've** knowingly entered or remained in a location where there is a natural disaster, or
- **you've** intentionally put yourself at risk of injury.

Contamination or injury from any biological, chemical or nuclear materials, including combustion of nuclear fuel if, in our reasonable opinion:

- **you've** knowingly entered or remained in a location where there is contamination,
- **you're** a **member** of a biological, chemical or nuclear contamination cleaning crew of any kind, or
- **you've** intentionally put yourself as risk of contamination or injury.

14.13 Journeys and transportation

- any journey specifically made to receive **treatment**, unless **you've** requested **preauthorisation** and **we've** given our approval,
- non-**emergency** transportation, or
- costs for medical evacuations if a local situation makes it impossible, dangerous or not practical to enter a specific location or country.

14.14 Professional sports and hazardous activities

Playing professional sports (i.e. any sport or sports for which **you** are paid as your main source of income), or taking part in any of the hazardous activities below whether on a professional or recreational basis:

- Motor sports of any kind
- Using a weapon or firearm
- Mountaineering, potholing, spelunking or caving
- Trekking at an altitude of more than 2,500 metres
- Scuba or free diving, unless:
 - **you** are diving to a depth of less than 30 metres, and
 - **you** hold the appropriate PADI qualification or **you** are accompanied by a PADI qualified instructor
- Off-piste winter sports
- Arctic or Antarctic expeditions
- Being the driver or passenger of any motorised vehicle, including but not limited to a motorcycle, motorised tri-cycle or quad-cycle:
 - not on a public road, or
 - on a public road, unless **you** are wearing a seatbelt, if there is one, and the driver (whether **you** or somebody else) has the licence and insurance required by law to drive the motorised vehicle
- Being the driver or passenger of any motorcycle, motorised tri-cycle or quad-cycle, unless **you** are wearing a crash helmet.

14.15 Self-inflicted medical conditions

Suicide, attempted suicide or any deliberate self-inflicted **medical condition**.

14.16 Reproduction and newborns

Costs of:

- contraception or sterilisation,
- **treatment** for sexual problems including impotence,
- fertility or infertility tests or **treatment**,

- assisted reproduction,
- surrogacy,
- pregnancy, childbirth and postnatal costs whether complicated or not, including termination of pregnancy, or
- any **inpatient treatment** for an **acute medical condition** that begins before the **participant** is eight days old if the pregnancy was achieved by assisted conception.

14.17 Sight, hearing and dental

Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight or hearing disorders, aids to help with sight or hearing, contact lens solutions, eye drops, sunglasses and prescription sunglasses.

Orthodontic treatment which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity and dental implants.

14.18 Sleep

Sleep apnoea, sleep-related breathing disorders, snoring or insomnia.

14.19 Treatment provision and referral

- **Treatment** **you** receive before your **start date** or that is ongoing at your **start date**.
- **Treatment** that **we** determine on **general advice** is unproven, experimental or investigational.
- Drugs or dressings that:
 - the pharmaceutical regulator in your country of **treatment** doesn't recognise,
 - **you** obtain without prescription, or
 - a **medical practitioner** prescribes for a **medical condition** that's different to the one **you're** claiming for.
- Substances, personal products and dietary supplements including vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, children's food, baby supplies and infant formula given orally.
- Home visits by a medical professional.
- **Treatment** in a spa, hydro spa, health farm or similar facility.

- **Treatment** at a nursing home or **hospital** that's become your permanent residence or where **you've** been admitted for domestic reasons.
- **Treatment** given, or referrals made, by a **medical professional** who is your spouse, **partner**, child, parent or sibling, or self-prescribed **treatments** or referrals if **you're** a **medical professional**.
- Health education programmes and services including, but not limited to, family planning, antenatal classes and parenting classes.

14.20 Underwriting terms

Moratorium

If your **Takaful certificate** shows that your **underwriting** terms are **moratorium**, this means your **claim** will not be paid if it's relating to a **pre-existing medical condition** should one or more of the following have applied within the 24-month period before your **date of joining** (or the date shown in the special terms section of your **Takaful certificate**):

- it could be reasonably foreseen that the **medical condition** would occur after your **start date**,
- the condition clearly showed itself,
- **you** had signs or symptoms of the condition,
- **you** asked for advice about the condition,
- **you** received **treatment** for the condition, or
- to the best of your knowledge, **you** were aware **you** had the condition.

Once **you've** completed a continuous 24-month period after your **date of joining** your **pre-existing medical condition** may be covered provided **you've** not had symptoms, needed or received **treatment**, medication, a special diet or advice, or had any other indications of the condition.

Full Medical Underwriting

If your **Takaful certificate** shows that your **underwriting** terms are **full medical underwriting**, **we** will not pay a **claim** relating to a **medical condition** or symptom that **you** were aware of before your **date of joining** unless **you** told **us** about it on your **proposal** and your **Takaful certificate** doesn't show an exclusion for that **medical condition**.

Staying with us

14.21 Weight management

Any **treatment** for weight loss or weight problems including bariatric procedures, diet pills or supplements, health club memberships, diet programmes or residential eating disorder programmes.

14.22 Durable medical equipment

Sight or hearing aids, furniture or any modifications to your personal or work environment.

14.23 Medical evacuation and local ambulance

Air-sea rescue, or any mountain rescue unless it's for a **medical condition** you suffer at a recognised ski resort or similar winter sports resort.

14.24 Mortal remains

The purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.

15 How to renew your plan

If **you're** eligible to renew, **we'll** send **you** a renewal communication at least six weeks before the **plan renewal date**, which will include a renewal quotation, new **plan documents** and instructions on what to do next. The renewal quotation will show any changes to your **plan** and **Takaful contribution** and explain how **you** can request changes to your **plan**.

Automatic renewal

If **you** pay your **Takaful contribution** for your current **plan** by **card** or direct debit, **we'll** automatically renew your **plan** unless **you** tell **us** in writing before your **plan renewal date** that **you** either want to make changes to your **plan** or **you** do not want to renew your **plan**. If the **card** or account details are no longer valid, **we'll** ask **you** to provide new details so **we** can collect your **Takaful contribution**.

Non-automatic renewal

Follow the instructions in your renewal communication to renew or request changes to your **plan**. If **you** do not want to renew, **you** don't have to do anything, but that means your **plan** with **us** will end on the last day of your current **plan year**.

The extra bits

16 Definitions

Wherever **we** use the words 'including', 'include', 'in particular', 'for example' or any similar expression, any following information is given as an example only, not a full list, and will not limit the sense of the words, description, definition, phrase or term before those words.

Accident: any involuntary or unexpected event resulting in a physical injury.

Acute medical condition: a **medical condition** that is brief, has a definite end point, and, in **our** reasonable opinion, based on advice or **general advice** can be cured by **treatment**.

Acute episode: an unexpected adverse change to the usual state of your **chronic medical condition**, which may respond to **treatment** that aims to return **you** to your state of health before the event occurred.

Add-on plan: a **plan** available in addition to your Pioneer **plan** that must have the same **plan start date** as your Pioneer **plan**.

Appliances: prostheses surgically implanted to form permanent parts of the body.

Area of cover: the geographic area or areas of the world in which **you** must receive **treatment** or services for your **plan** to apply. Your **area of cover** is shown on your **Takaful certificate**.

Benefit: the cover provided by your **plan** and shown in your **Benefits Schedule**, subject to any conditions or exclusions in your Handbook or shown on your **Takaful certificate**.

Benefits Schedule: the document that details the **benefits** available under your **plan**.

Bodily injury: any physical harm to a participant.

Card: Visa, MasterCard or American Express.

Chronic medical condition: a medical condition that has at least one of the following characteristics:

- continues indefinitely and has no known cure,
- comes back or is likely to come back,
- is permanent,
- needs rehabilitation or special training for you to cope with it, or
- needs long-term monitoring including consultations, check-ups, examinations and tests.

Claim: your request for us to cover the costs of treatment or services under your plan.

Close family member: a son, daughter, stepson, stepdaughter, legally adopted son, legally adopted daughter, spouse, partner, parent, step-parent, legally adoptive parent, parent-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law or legal guardian.

Conflict or civil unrest: Any act of terrorism, war, invasion, foreign enemy hostility, mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege. An act of terrorism is considered to be any act by a person, group or groups of people, including, but not limited to, the use or threat of force or violence, whether acting alone, on behalf of, or in conjunction with, any organisation or government. This includes, but is not limited to, acts intended to influence any government or cause fear to members of the public, whatever the reason.

Congenital abnormality: any genetic, physical, biochemical or metabolic defect, disease or malformation, which may be hereditary or due to an influence during gestation, and which may or may not be obvious at birth.

Continuous Transfer Terms (CTT): continuation of the same underwriting terms, including any special exclusions, that applied with your previous Takaful operator. You will not be subject to any new personal underwriting terms. Cover will still be governed by the benefits, terms and conditions of the plan with us. The underwriting terms with us can be CTT previously MORI or CTT previously FMU. See the 'Transferring dependants' section and the CTT previously MORI and CTT previously FMU definitions for more information.

Co-payment: the percentage of costs shown in your Benefits Schedule that you have to pay towards an eligible claim.

Country(ies) of citizenship/nationality: any country where you are a citizen or a national and entitled to hold a passport.

Country of residence: the country you live in for most of the time, usually for a period of at least six months during a plan year.

Critical: a medical condition that is, in our reasonable opinion, unstable and serious, where the outcome cannot be medically predicted, the prognosis is uncertain and the person may die.

CTT previously FMU: continuation of your full medical underwriting terms with a previous Takaful operator. Cover will still be governed by the benefits, terms and conditions of the plan with us.

CTT previously MORI: continuation of your moratorium start date if you had moratorium underwriting terms with a previous Takaful operator. Cover will still be governed by the benefits, terms and conditions of the plan with us.

Date of joining: the date when you first enrolled, or re-enrolled if there is a break in your cover.

Daycare: treatment you receive when you are admitted to a hospital or daycare unit, and you do not stay overnight.

Deductible: any co-payment, excess or reasonable and customary deduction that applies to a plan.

Dental: that which affects the teeth and gums.

Dependant: the planholder's:

- Spouse or partner
- Unmarried child, stepchild or legally adopted child under the age of 18
- Unmarried child, stepchild or legally adopted child aged 18 to 26 who is in continuous full-time education. We may need written proof from the educational facility where they are enrolled.

Diagnostic tests and procedures: any medically necessary test or examination to investigate the cause of your signs or symptoms.

Direct settlement: where we settle costs of outpatient treatment or services directly with a medical provider in the medical provider network.

Emergency: a sudden, unexpected acute medical condition or an unexpected acute episode of a chronic medical condition that, in our reasonable opinion and based on advice if available, presents a clear and significant risk of death or imminent serious damage to bodily function.

End date: the last date we cover you under your plan.

Excess: an amount you must pay towards the cost of part, or all, of a covered claim or claims.

Full Medical Underwriting: underwriting based on your medical history before your date of joining. Cover will still be governed by the benefits, terms and conditions of your plan with us. This includes the underwriting term CTT previously FMU.

Foreseeable: a medical condition that, in our reasonable opinion, could be reasonably anticipated

General advice: any medical opinion or medical recommendation from a relevant accredited professional body in relation to a medical condition or treatment which confirms, in our reasonable opinion, an established medical practice or opinion.

Home country: the country you're from, as given on your proposal.

Hospital: an establishment that is licensed to provide inpatient, daycare and outpatient medical and surgical treatment in accordance with the laws of the country in which it's situated.

In-house doctor: a medical practitioner who is employed by the hospital as a permanent member of staff and charges in line with that hospital's tariffs.

Inpatient: when treatment is received at a hospital and you need to stay in the hospital for one night or more.

Intrinsic value: the cash value of an item at the time of loss or damage as reasonably calculated by us, including appropriate deductions for wear and tear.

Lifetime limit: the total amount we'll pay for any eligible costs you incur during any time we cover you on any one or more plans with the same or equivalent benefits, even if there's a break in your cover.

Material fact: information which **you** have given **us** which is, in **our** reasonable opinion, likely to influence **us** in **our** assessment, acceptance or renewal of your membership of the **plan**, or in making any changes to the **plan**. This includes but is not limited to your responses to **our** questions about yourself, your lifestyle, your health or your medical conditions.

Medical advice: any medical opinion, medical recommendation or information given by a **medical professional**.

Medical condition: any injury, illness or disease or signs or symptoms of injury, illness or disease.

Medically necessary: treatment that is prescribed by your **medical practitioner**, is in line with **general advice**, and in **our** reasonable opinion, is appropriate for your **medical condition**.

Medical practitioner: a person who:

- has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation, and
 - is licensed by the relevant authority to practice medicine in the country where the **treatment** is given.
-

Medical professional: any **medical practitioner**, **specialist**, **nurse**, therapist, psychiatrist or qualified and registered psychotherapist or psychoanalyst.

Medical provider network: all of the medical providers with whom **we** have contracted healthcare arrangements for **participants**.

Medical History Disregarded (MHD): **we** will cover your **pre-existing medical conditions**, subject to the **benefits**, terms and conditions of your **plan**.

Moratorium: a waiting period of 24 months from either your **date of joining** or the date shown in the special terms section of your **Takaful certificate** that must have passed before **claims** for any **pre-existing medical conditions** may become eligible under the **plan**. This includes the **underwriting** term CTT previously **Moratorium**.

Natural teeth: any teeth that are original, not artificial implants or replacements.

Nurse: a person who is qualified in nursing, currently practising and on the professional register of nursing in the country where **you** receive **treatment**.

Orthodontic: that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

Outpatient: where **treatment** is received at a medical facility that is recognised by the relevant authority in the country where the **treatment** is given, and **you** are not admitted for **inpatient** or **daycare treatment**.

Palliative treatment: any medical or surgical services aimed to relieve symptoms rather than to cure, stop, reverse or delay the progression of the **medical condition** causing them.

Participant: a person **we** agree to cover under the **plan** and who is named on the **Takaful certificate**.

Participant ID card: a physical or virtual card **we** issue for each **participant**, which provides basic **plan** details and contact information.

Partner: a person who is in an established personal relationship with **you** and who lives with **you**, but is not married to **you**.

Personal effects: personal belongings, including clothing worn and baggage owned by **you**, that you take with **you** on your trip.

Personal representative: an individual who has authority to act on your behalf in relation to your **plan**, as a result of an authorisation from **you** in writing, a power of attorney or a document evidencing that he or she is the executor of your estate.

Plan: **our** contract of Takaful cover with **you** as contained in your **plan documents**.

Plan documents: the proposal, the **Takaful certificate**, this document and the **Benefits Schedule**.

Planholder: the person **we** have issued a plan to, named as **planholder** on the **Takaful certificate**.

Plan level: your Pioneer **plan** or **add-on plan** from the range available as shown on the relevant **Takaful certificate**.

Plan renewal date: the date when a new **plan year** is due to begin, as shown on your **Takaful certificate**.

Plan start date: the first day of the **plan year**, as shown on your **Takaful certificate**.

Plan year: the period of cover from the **plan start date** to the day before the **plan renewal date**, as shown on your **Takaful certificate**.

Preauthorisation: **our** assessment of **treatment**, services or costs before they are received or incurred.

Preauthorised: any **treatment**, services or costs that **we** approve in writing following **preauthorisation**.

Pre-existing medical condition: any **medical condition** or **related medical condition** **you** have before the **date of joining** that has any one or more of the following characteristics:

- was foreseeable,
 - clearly showed itself,
 - **you** had signs or symptoms of,
 - **you** asked for advice on,
 - **you** received **treatment** for, or
 - to the best of your knowledge, **you** were aware **you** had.
-

Preventative services: medical services received when no signs or symptoms are present, and they are not received in relation to a diagnosed **medical condition**.

Proposal: either:

- the document entitled 'Pioneer plan proposal' which **you** must complete and sign to agree to the terms of the **plan** plus any supporting information given in connection with it, or
 - the information **you** supplied online and signed electronically to agree to the terms of the **plan** plus any supporting information given.
-

Public transport: any paid and licensed type of transport.

Related medical condition: any injury, illness or disease that, based on **medical advice** or **general advice**, **we** determine is the result of any one or more other **medical conditions**.

Routine health check: **diagnostic tests** or **procedures** where no signs or symptoms are present, and they are not received in relation to a diagnosed **medical condition**. This includes any cancer screening **you** receive after **you** have been in remission for more than five years.

Specialist: a medical practitioner who, in the country where the treatment is given:

- has a recognised certificate of higher specialist training in the relevant field of medicine, and
- has a consultant appointment or equivalent.

Start date: the first day we cover you under the plan during the plan year, as shown on your Takaful certificate.

Takaful certificate: a document that contains a summary of plan details, including dates of cover, participant information and any special terms that may apply.

Takaful contribution: The amount you have to pay for your Pioneer plan.

Takaful operator: one of: Aetna Insurance Company Limited; Aetna Insurance Company Limited (Singapore branch); Aetna Insurance (Singapore) Pte. Ltd; Aetna Life & Casualty (Bermuda) Limited; Al Ain Ahlia Insurance Company; Al Khaleej Takaful Insurance; Archipelago Insurance Limited; Bahrain National Life Assurance BSC; BaoViet Insurance Corporation; Muscat Life Assurance Company S.A.O.C.; Safety Insurance Public Company Limited; the Company for Cooperative Insurance (Tawuniya); or Warba Insurance Company (K.S.C).

Terminal: the end stages of a medical condition where in our reasonable opinion life expectancy is considered to be days or weeks and only palliative treatment and care is given.

Therapist: a physiotherapist, podiatrist, osteopath, chiropractor, Chinese herbalist, ayurvedic practitioner, acupuncturist or homeopath who's qualified and licensed in the country they provide treatment in.

Treatment: any medical or surgical service, including diagnostic tests and procedures needed to diagnose, relieve or cure a medical condition.

Trip: any journey or period of travel that does not exceed the duration shown on your Travel plan Benefits Schedule. This includes the dates of departure from, and return to, your country of residence.

Underwriting: the process by which we assess risk and determine the appropriate cost of cover.

Visiting doctor: a medical practitioner or specialist who's not employed by the hospital, but has a contract to use the hospital facilities and may have different charges to the hospital tariffs.

We/our/us: the relevant Takaful operator (acting through its administrator agent, details of which are available at www.aetnainternational.com/ai/en/about-us/legal/regional-entities), such Takaful operator being the Takaful operator which is permitted to carry on Takaful cover business in your location under legal and regulatory requirements applicable to us, you and/or the plan at any given time (referred to as the relevant time for the purposes of this definition). This excludes, at any relevant time, any Takaful operator which is not permitted to carry out Takaful cover business in your location at that relevant time.

You: You as a participant, or your personal representative.

17 Governing law, jurisdiction and language

The laws of Qatar govern your plan and any disputes or claims arising from or connected to them. The courts of Qatar shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with the plan, its subject matter or formation.

Translated versions of your plan documents are for information only. If there are any wording or interpretation disputes or discrepancies, the Arabic versions will apply.

If you want to take legal action against us in relation to a plan, you must do so within six years from the date the relevant event took place, subject to applicable laws.

If we deviate from specific plan terms at any time, it won't constitute a waiver of our right to comply with or enforce those terms at any other time. This includes the payment of Takaful contribution or benefits.

18 Complaints

We strive to give you a first class service. If there's an occasion when you feel we haven't done this, we want to know.

Please contact us with your plan number, claim number (if applicable), contact details and as much detail as possible at:

Al Khaleej Takaful Insurance
PO Box 4555
Doha
Qatar

Telephone: +974-4404-1111
Fax: +974-4443-0530
Email: ktg@alkhaleej.com

We'll deal with your complaint fairly, promptly and in accordance with relevant regulation. When we receive a complaint, we aim to resolve it by the end of the next business day. But if this isn't possible, we'll acknowledge your complaint by the end of the next business day and give you regular updates until we resolve the complaint. We'll give our final response within eight weeks.

19 Data protection

We're committed to protecting your personal data and privacy. We'll keep any personal information confidential and process it in accordance with the relevant legislations and guidelines and, other related legislation and our own strict internal policy.

We'll use any personal data to process your claims, administer your plan, better service our relationship with you, provide you with products and services and evaluate their effectiveness, as well as for statistical analysis.

Fraud

We may also use your information to detect and prevent fraud and will pass any false or inaccurate information on to other Aetna entities, agents or others so that they may do the same. They may pass information they hold about you to us so that we can do the same. We may also disclose your information if we're required to do so by law enforcement or other legal agencies, governmental or judicial bodies, or to our regulators under proper authority.

Medical information

We'll only disclose your medical information to those involved with your treatment or care, including your **medical practitioner**. If **you** ask **us** to, **we**'ll also send your medical information to any person or organisation responsible for meeting your **treatment** expenses, or their agents. **We** may discuss your information with your agent or broker if **you**'ve asked your broker to help handle your **claims** and **you**'ve authorised **us** to provide them with such medical information.

We won't disclose your medical information to any other individual without your explicit consent. If **you** want **us** to disclose your medical information to another individual or next of kin, **you** must tell **us** in writing. In exceptional **emergency** situations, and in accordance with medical confidentiality guidelines and relevant law, **we** may be required to disclose information to relatives, family members or other third parties.

Marketing

We may, from time to time, provide **you** with marketing information about **our** products and services and those of any associated companies which may be of interest to **you**. **We**'ll give **you** an opportunity to tell **us** if **you** don't want to receive this information.

To help **us** make sure that your personal information remains accurate and up-to-date, please tell **us** about any changes when they happen.

You can ask to see the personal information **we** hold about **you**. There may be a charge for this.

Please write to:

Al Khaleej Takaful Insurance
PO Box 4555
Doha
Qatar

Stay connected



Visit us

aetnainternational.com



Follow us

twitter.com/AetnaIntl



Like us

facebook.com/AetnaInternational

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Aetna and Al Khaleej do not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.AetnaInternational.com.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna and Al Khaleej companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Notice to United Kingdom residents: In the UK, Aetna Insurance Company Limited (FRN 458505) has issued and approved this communication.

Notice to all: Please visit www.aetnainternational.com/ai/en/about-us/legal/regional-entities for more information, including a list of relevant entities permitted to carry on or administer insurance business in their respective jurisdictions.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.