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Take hold of a healthier business

Summit

Plan sponsor guide

For plans with a start date on or after 1 January 2016



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Your plan is designed to put the power of health in your hands. This guide will help you learn how to manage it.

Introduction	3	Renewal	7
Taking out and managing the plan	3	How to renew the plan	7
Group eligibility	3	Cancelling the plan	7
Participant eligibility	4	Plan terms, conditions and exclusions	7
Plan currency	4	Plan terms	7
Plan start date	4	Conditions	8
Adding group participants	5	Exclusions	8
Adding newborn children	5	Data Protection	9
Removing group participants	5	Complaints	9
Transfers	6	Help us manage fraud	9
Continuing cover when leaving a group plan	6	Definitions	10
Making plan changes	6	Areas of cover guide	14
Takaful contributions	6		
Ways to pay	7		
Unpaid or late Takaful contributions	7		

Manage your plan with ease

Its time to take control of your plan. You'll find everything you need to know about how to manage and make changes to your plan here.

Introduction

This guide generally addresses the **plan administrator**, however, any responsibilities or actions are ultimately the responsibility of the **plan sponsor**.

This guide, together with the **Benefits schedule(s)**, explain what is, and is not, covered under the Summit **plan** and any of the following **add-on plans** that have been chosen:

- Travel
- Personal Accident

This guide is designed to give the **plan administrator** important information about managing these **plans**. To see all the terms and conditions that apply to a **participant's** cover, please refer to the Handbook. The Handbook must be given to all **participants**.

For information on how **participants** can make a claim please refer to the **Claims procedures**.

Please spend some time reading carefully through the **plan documentation** to make sure that the **plan sponsor** is completely satisfied with the cover **we** are providing and that it meets the **participant's** needs. If there are any questions about the information in the **plan documentation** please contact **us** and **we** will be more than happy to help.

Some words and phrases used in this guide, the Handbook, **Benefits schedule** and **Claims procedures** have specific meanings. **We** have highlighted them in bold print and defined them in the 'Definitions' section of this guide.

A **plan** is **our** contract of Takaful cover with the **plan sponsor**, providing cover as detailed in the **plan documentation**. In order to fully understand a **plan**, these documents must be read together.

We can change any of the following at the beginning of each **plan year**:

- **Plan** terms, conditions, exclusions and any other terms in this guide or in the Handbook
- Takaful contributions and any discounts or surcharges

We will tell the **plan administrator** about any changes before the **plan renewal date**.

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 Asset Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Taking out and managing the plan

Group eligibility

Summit **plans** and any **add-on plans** are provided on the basis of an employer-paid annual contract only. If **participants** are given a choice of whether to take up cover under any **plan we** will consider this to be voluntary and the group will not be eligible for cover under a standard arrangement. The **plan administrator** must notify **us** immediately if any part of this **plan** is offered on a voluntary basis, including cover for **dependants**.

Any **participants** that the **plan sponsor** wishes to add on a voluntary basis must be referred to us. The **plan administrator** must tell **us** the contribution made by the **participant** and all Takaful contributions must be centrally collected by the **plan sponsor**. If accepted by us, voluntary **dependants** may have an increased Takaful contribution.

There must be a minimum of three employees on a Summit **plan** at all times. If participation falls below this minimum number **we** may cancel the Summit **plan** and offer separate Pioneer **plans** for each employee. The **main participants** on a Summit **plan** must be contracted employees of the **plan sponsor**.

Each sub-group (category) of **participants** with a common **Benefits schedule** under the **plan sponsor's plan** must have a minimum of three **participants** unless previously agreed by **us**. The **participants** included in each category must be made up of eligible employees on the same **plan benefits**.

Where appropriate categories may be created for regional or regulatory-specific requirements.

Participants must have continuous participation under the Summit **plan** and any **add-on plans**.

A group of family **members** is not eligible to form a Summit **plan**. If a **plan sponsor's** employees are all from the same family, evidence of employment must be provided.

Employees from subsidiary companies of the **plan sponsor's** company may become **participants** of a **plan**. The subsidiary company will be subject to the same checks as for a **plan sponsor**. For instance, the company must not be subject to any United States (US), United Nations (UN) or European Union (EU) financial sanctions.

With **our** agreement, contracted employees may be eligible for cover. **We** will need written proof of contract in order to consider eligibility.

Participant eligibility

The Summit **plans** and **add-on plans** are available to people of most nationalities, depending on where they reside. **We** cannot cover people subject to sanctions. **Our plans** are not available to citizens of the United States (US) who reside in the US. Please contact **us** if further information is needed. **Plans** may not meet specific visa requirements. Cover may also be illegal under local laws. It is the **plan administrators'** responsibility to ensure that any **plans** chosen meet the **participant's** needs.

Cover is subject to legal or regulatory requirements depending on their **country of residence**.

To be eligible for this **plan**, **main participants** must be:

- an employee of the **plan sponsor**,
- at least 18 years old, and
- eligible due to their position within the **plan sponsor's** organisation.

Additional eligibility criteria apply to some **plans**. These are shown in the **Group formation proposal**, **Group participant proposal** and **Benefits schedule** where applicable.

Participants who will be aged over 65 at their **plan start date** will be subject to medical underwriting and must answer some medical questions for **us** to consider their eligibility for cover. Once accepted by **us**, no further medical underwriting will be applied whilst they remain a continuous, eligible, insured **participant**.

All **dependant** children on a **plan** must be unmarried. **Dependant** children aged 18 to 26 must be in continuous full-time education at their **plan start date**.

Main participants and their **dependants** must have the same **plan level**, **area of cover**, **benefits** and **deductibles**.

Add-on plans are only valid when the Summit **plan** is in force.

The maximum age at entry for the Travel **plan** is 79. This **plan** can cover any one or more **main participants**. Each **main participant** can be covered:

- without their **dependants**, or
- with all of their **dependants** who are also included on the Summit **plan**.

The minimum age at entry for the Personal Accident **plan** is 18. The maximum age at entry is 79. This **plan** can cover any one or more **main participants**. Each **main participant** can be covered:

- without their **dependants**, or
- with any of their **dependants**, aged 18 and over, who are also included on their Summit **plan**

The **main participant** and their **dependants** must have the same **plan level**. The Personal Accident **plan** provides cover for managerial, clerical and administrative occupations only. See condition CPA1 in the Handbook for more information.

We can refuse cover on any of **our plans** for any reason. **We** may provide cover under **our plans** with any special terms that **we** may set. Any special terms will be shown on the **Takaful certificates**.

Plan currency

The currency of the Summit **plan** and any **add-on plans** will be US dollars (USD). All Takaful contributions must be paid in the same currency as the **plans**.

If more than one currency is shown on the **Benefits schedule**, the **benefit** limit shown in the same currency as the **plan** will apply.

Plan start date

With **our** agreement cover under the Summit **plan** will begin immediately or on a future date the **plan administrator** has given and **we** have agreed, as long as **we** accept the proposal, and as soon as **we** have received the:

- **Group formation proposal(s)**,
- **Group participant proposals** if they apply,
- previous **Takaful certificates** if the underwriting terms are **Continuous Transfer Terms (CTT)**,
- acceptance of any or all special terms offered in the quotation,
- **Group participant** declarations if they apply, and
- **group participant** census.

Cover under any **add-on plans** will begin on the same day as the Summit **plan** or any future Summit **plan renewal date**.

We will not backdate cover under any circumstances. All **plans** will continue for 12 months until the next **plan renewal date** or until they are cancelled or extended for any reason.

We will send **Participant ID Cards** for all **participants**. Please note that if the pregnancy and childbirth cover is chosen then 'Maternity' will show on **Participant ID Cards** for all **participants** including children and men. Please note that if pregnancy and childbirth cover is chosen the **Participant ID Card** may show 'Maternity: N/A'. This means that there is a

waiting period in force at the time of issue. **Participants** will not be able to access **direct billing** for **outpatient maternity treatment** with these cards. Please see the **Benefits schedule** for more information on waiting periods.

Adding group participants

With our agreement the **plan administrator** may add **participants** to the Summit **plan** after the **plan start date**. **Main participants** and their **dependants** must be added within 30 days of the **main participant** becoming eligible for cover.

To add a new **participant**, the **plan administrator** must:

- Make the request in writing if the underwriting terms for the **plan** are **Medical History Disregarded (MHD)**
- Complete a **Group participant proposal** for each new **participant** if the underwriting terms are **moratorium** or **Full Medical Underwriting (FMU)**
- See the 'Transfers' section for information on how to apply for **Continuous Transfer Terms (CTT)**

With our agreement the **plan administrator** may also add **participants** to any **add-on plans** at the same time they are added to the Summit **plan**. The **plan administrator** must request this in writing.

If the **participant** is a newborn child and they are being added before they are 31 days old, see the 'Adding newborn children' section for more information.

When making a request to add **participants**, the **plan administrator** must tell us all **material facts**. See condition C1 for more information.

If a **main participant** has a **dependant** with a different **country of residence**, Takaful contributions will be based on the **main participant's country of residence**. The **dependants'** cover may be subject to legal or regulatory requirements depending on their **country of residence**.

If the **participant's** underwriting terms are **MHD** or **moratorium**, with our agreement cover on the Summit **plan** will begin:

- as soon as we receive the request, or
- on a future date the **plan administrator** has given and we have agreed.

If the **participant's** underwriting terms are **CTT**, as long as there is no break in cover, with our agreement cover on the Summit **plan** will begin:

- as soon as we receive the **plan administrator's** acceptance of the special terms offered in the quotation, or
- on a future date the **plan administrator** has given and we have agreed.

If the **participant's** underwriting terms are **FMU**, cover on the Summit **plan** will begin as soon as we receive the **plan administrator's** acceptance of the special terms offered in the quotation.

Cover under any **add-ons plans** will begin on the same day as the Summit **plan**.

We will not backdate cover under any circumstances.

Takaful contributions may change in line with any agreed requests.

When adding **participants**, we will send a new **Participant ID Card** and a new or revised **Takaful certificate**.

Adding newborn children

With our agreement the **plan administrator** may add newborn children as **dependants** during the **plan year**. When making a request the **plan administrator** must tell us all **material facts**. See condition C1 for more information.

If the **plan administrator** applies in writing before the newborn child is 31 days old we will not exclude **pre-existing medical conditions** on the newborn child's cover under the Summit **plan** and their **date of joining** will be their date of birth. This means that no underwriting terms will be applied and exclusions E1 and E2 shown in the Handbook will not apply.

If the **plan administrator** applies after the newborn child is 30 days old, underwriting terms will apply and a **Group Participant declaration** may have to be completed. See the 'Adding group participants' section for more information.

We will not backdate cover for any requests received by us after the newborn child is 30 days old.

Takaful contributions may change in line with any agreed requests.

When adding newborn children, we will send a new **Participant ID Card** and a revised **Takaful certificate**.

Removing group participants

With our agreement the **plan administrator** may remove a **Participant** from a **plan** after the **plan start date**. The **plan administrator** must make the request in writing. The **Participant's end date** will be the date that we receive the request, or a future date the **plan administrator** has given. If a **main Participant** is removed from a **plan**, all of their **dependants** will also be removed.

If a **dependant** is removed from a Summit **plan** they will also be removed from any **add-on plans**. Their **end date** on any **add-on plans** will be the same as their **end date** on the Summit **plan**.

Requests to remove group **participants** during the **plan year** will be reviewed, any pro-rata Takaful contribution adjustments are not guaranteed and will be subject to our agreement.

When removing any **participants** from a **plan**, the **plan administrator** is responsible for collecting and destroying their **Takaful certificates** and **Participant ID Cards** on or by the **end date**. If the **plan administrator** does not collect and destroy the **Takaful certificates** and **Participant ID Cards** and a removed **Participant** uses these to obtain **treatment** at a **direct billing** facility, the **plan sponsor** will be responsible for paying any costs to the **treatment provider**. We will not be responsible for any costs after cover has ended.

We will send a revised Takaful certificate if a **dependant** has been removed.

Transfers

If a new person wants to transfer cover from another Takaful operator to apply for CTT underwriting terms with us, a **Group Participant proposal** for CTT must be filled in, and we will need an original Takaful certificate 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 is a break in cover between the **end date** of the previous Takaful cover **plan** and the proposal to us, we will not offer a transfer of previous underwriting terms.

If we accept the proposal we may charge an increased Takaful contributions. Cover will begin as soon as we receive the **plan administrator's** acceptance of any special terms offered in the quotation or on a future date they have given and we have agreed, as long as there is no break in cover.

Our **plan** and its terms, conditions and **benefits** may be different to those of the previous Takaful operator.

Continuing cover when leaving a group plan

The **plan sponsor** must choose the 'continuation option' at quotation stage in order for us to consider allowing **participants** to keep their existing underwriting terms when they leave the Summit **plan**. This option is only available to **participants** aged under 65. There must be no more than 30 days break in cover between leaving the Summit **plan** and the start of the individual **plan** or new underwriting terms will apply. The **Participant** must apply by completing a Group leaver proposal. An increased Takaful contributions may apply on the **Participant's** new **plan**.

All **participants** leaving a group **plan** may choose to apply for alternative underwriting terms.

Making plan changes

The following cannot be changed during the **plan year**:

- The **plan level** of any Summit **plan** or Personal Accident **plan**
- Optional **benefits** on any Summit **plan**
- **Deductibles** on any Summit **plan**
- How often the Takaful contributions are paid on any Summit **plan**
- The currency of any **plan**
- The terms contained in this guide or in the Handbook

When making any request for changes to a **plan**, including **add-on plans**, the **plan administrator** must tell us all **material facts**. See condition C1 for more information.

If a **Participant** changes their address the **plan administrator** must tell us in writing. If the new address is in a different country, we will consider this to be the **Participant's country of residence** unless the **plan administrator** tells us otherwise.

If a **main Participant** needs to change their **area of cover** on the Summit **plan** the **plan administrator** must tell us in writing giving the reason for the change in circumstances. With our agreement this change can be made at any time during the **plan year**. We will make this change from the date the **plan administrator** tells us or any future date they have given.

We will send a revised Takaful certificate if the **Participant's** new address is in a different country or their **area of cover** changes. If a **Participant's area of cover** changes, we will also send a revised **Participant ID Card**.

Takaful contributions, taxes and **benefit** limits may change in line with any agreed requests.

With our agreement these changes can be made at the next **plan renewal date**. The **plan administrator** must request the changes in writing before the **plan renewal date**. The **plan administrator** must tell us all **material facts** when making a change. See condition C1 for more information. Takaful contributions, taxes and **benefit** limits may change in line with any agreed requests.

Add-on plans cannot be added during the **plan year**. With our agreement these can be included from the next **plan renewal date**. The **plan administrator** must apply in writing before the **plan renewal date**. The **plan administrator** must tell us all **material facts** when making an proposal. See condition C1 for more information.

Takaful contributions

Each **plan** is a yearly contract. Cover under the **plan** is subject to our receipt of all Takaful contributions (together with any applicable taxes) on or before the Takaful contributions due dates, as shown on the invoice or quotation.

The **plan administrator** must choose how often the Summit **plan** Takaful contributions are paid from the payment options available. They must choose this at proposal or renewal and it will apply throughout the entire **plan year**. Travel and Personal Accident **add-on plan** Takaful contributions can only be paid yearly.

The **plan administrator** is responsible for paying all Takaful contributions. Takaful contributions must be paid in the same currency as the **plans**. The Takaful contribution will be returned if payment is received in a different currency to the currency of the **plans**. The **plan administrator** will be responsible for:

- Any shortfall as a result of exchange rate differences
- Any associated bank charges

We must receive all Takaful contributions, including any taxes that apply, on or before the Takaful contribution due dates.

Takaful contributions may change as a result of adding or removing **participants**. The **plan sponsor** must pay any extra Takaful contributions when the next reconciliation statement is sent, in accordance with the credit terms. Any refund due to the **plan sponsor** will be carried forward to the next reconciliation statement.

If Takaful contributions are not paid by the **plan sponsor**, the **plan administrator** must send us a letter to authorise the payment before we will accept it. Please contact us for details.

Ways to pay

Takaful contributions must be paid in the same currency as the **plans**.

Takaful contributions can be paid by:

- Bank transfer
- Cheque or banker's draft

See the invoice or **Group formation proposal** for payment details. When making a payment, the **plan administrator** must give the **plan sponsor** name and the quotation number or Summit **plan** number as the reference.

Unpaid or late Takaful contributions

The **plan administrator** must make sure Takaful contributions are paid on or before the due date. We will tell the **plan administrator**, in writing, if payments are not made on time.

We will not approve or pay any claims until the payments are up-to-date.

We will cancel a **plan** if payment is not received within 30 days of the Takaful contribution due date. If we cancel a **plan**, the **plan administrator** will have to apply for a new **plan** if they want cover to recommence. Cover will be subject to **our** acceptance and may have new terms. We will charge the Takaful contributions in force at that time.

Renewal

With **our** agreement the **plan administrator** may renew the Summit **plan** and any **add-on plans** each year.

The **plan administrator** should confirm renewal terms in writing before the **plan renewal date**. If renewal terms are not confirmed we will not issue the **plan documentation** and any claims for **treatment** or services received on or after the **plan renewal date** will not be approved or paid. If written confirmation is received on or after the **plan renewal date** the **plan** may be subject to further underwriting, and renewal will be subject to **our** agreement.

We may change the **plan** terms, definitions, **benefits**, conditions and exclusions that apply to the Summit **plan** and any **add-on plans**. Any changes will be sent to the **plan administrator** together with the renewal quotation at least six weeks before the **plan renewal date**.

All **participants** must still be eligible for cover at the **plan renewal date**. See the 'Group eligibility' and 'Participant Eligibility' sections for more information.

If a child is no longer eligible as a **dependant** at the **plan renewal date**, with **our** agreement they can apply to have their own Pioneer **plan** and **add-on plans** by filling in a Pioneer proposal. As long as there is no break in their cover with us, their **date of joining** will stay the same.

Their proposal will be governed by the definitions, **benefits**, conditions and exclusions in force at their new **plan start date**.

How to renew the plan

The **plan sponsor** must tell us all **material facts** before the **plan renewal date**. See condition C1 for more information.

If the **plan sponsor** wants to renew, they must tell us in writing before the **plan renewal date**.

Renewal Takaful contributions must be paid on or before the **plan renewal date**. If Takaful contributions are paid by instalments, the first payment must be paid on or before the **plan renewal date**.

If there is a break in cover for any reason, the **plan sponsor** will have to apply for a new **plan** if they want cover to recommence. Cover will be subject to **our** acceptance and may have new terms. We will charge the Takaful contributions in force at that time.

Cancelling the plan

If the **plan administrator** wants to cancel a **plan**, they must confirm this in writing. The last day of cover will be the date that we receive the written confirmation, or on a future date given to us.

If the Summit **plan** is cancelled, any **add-on plans** will also be cancelled. The last day of cover on any **add-on plans** will be the same as the last day of cover on the Summit **plan**.

All Takaful contributions must be paid for the entire **plan year**. No refund will be issued when any **plan** is cancelled.

No claims will be paid on a **plan** after it has been cancelled.

The **plan administrator** must destroy all Takaful certificates when they cancel a **plan**.

The **plan administrator** must also destroy all Participant ID Cards if the Summit **plan** is cancelled. If a Participant ID Card is used to obtain **treatment** at a **direct billing** facility after the **plan** has been cancelled, the **plan sponsor** will be responsible for paying any costs to the **treatment** provider. We will not be responsible for any costs after cover has been cancelled.

If the **plan sponsor** wants to apply for a new **plan** after cancelling the **plan**, cover will be subject to **our** acceptance and may have new terms. We will charge the Takaful contributions in force at that time.

Plan terms, conditions and exclusions

Plan terms

The Summit **plan** and the Travel **plan** are governed by the **plan** terms shown in the Handbook. Some of the **plan** terms are also shown below for ease of reference.

For information about **plan** terms that apply to Travel and Personal Accident **add-on plans**, please see the Handbook.

Claims will only be paid in line with the **plan** terms that apply.

Altered and amended documents

P1 We reserve the right to reject or disregard any invoice, Claim form, medical report or other document that has been altered or amended.

Replacing and reissuing plan documents

P2 We can charge you an administration fee to replace or reissue any plan documentation or Participant ID Card.

Waiver

P3 If we deviate from specific terms of the plan at any time, it will not constitute a waiver of our right to apply or insist upon compliance with those specific terms at any other time. This applies if the circumstances are the same or different. This includes, but is not limited to, the payment of Takaful contributions or benefits.

Plan governance and language

P4 The plan documentation, including add-on plans, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) are governed by and shall be construed in accordance with the laws of Qatar. The courts of Qatar shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with the plan documentation, including add-on plans, or its subject matter or formation (including non-contractual disputes and claims).

P5 If we issue translated versions of any of our documents, these are for information only. In the case of any dispute or discrepancy of wording or interpretation, the Arabic version will apply.

Third party negotiations

P6 We must be told about any negotiations or settlement discussions that you enter into, or are entered into on your behalf, with any other party about any action which leads to a claim under a plan. A settlement must not be agreed to with any party before we give our written agreement.

Conditions

The Summit plan and the Travel plan are governed by the conditions shown below. Some of these conditions also apply to the Personal Accident plan, see the 'Conditions for Personal Accident' section for details.

Extra conditions also apply to the Travel and Personal Accident add-on plans, see 'Extra plan terms, conditions and exclusions for Travel and Personal Accident add-on plans'.

Claims will only be paid if you meet all of the conditions that apply.

Material facts

C1 The plan administrator must tell us all material facts before we accept a proposal, make changes to a plan or renew a plan. The plan administrator must check that any material facts are correct. You must check that any material facts about you are correct. If there is any doubt about whether a fact is material, for your own protection,

the plan administrator should tell us. Where applicable the 24-month moratorium will still apply even if the plan administrator tells us about any pre-existing medical conditions you may have.

If we find out that the plan administrator has not told us about all material facts we can cancel the plan or apply different terms to the plan.

C2 The plan administrator must tell us immediately in writing about any change that affects information given in connection with the proposal for a plan, including information about you.

After we have been told about a change:

- We have the right to reassess your cover if it is a change to important information about you. We may apply new terms to you, or cancel your cover
- We have the right to reassess the plan if the change to important information is about the plan sponsor or affects all or part of the plan. We may apply new terms to the plan, or cancel the plan

If there is a change in risk that the plan administrator has not told us about, your cover may be cancelled, the plan may be cancelled, or any related claim may be reduced or rejected.

Exclusions

Exclusions relating to the Summit, Personal Accident and Travel plans can be found in the Handbook.

Data Protection

We are committed to protecting **your** personal data and privacy. Any personal information that **we** collect will be kept confidential and will be processed in accordance with the relevant legislation and guidelines, and **our** own strict internal policy.

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

Your information may also be used for fraud prevention and audit purposes. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** will record this. **We** may pass such information to law enforcement or other legal agencies, governmental or judicial bodies, or to regulators.

Your medical information will only be disclosed to those involved with **your treatment** or care, including **your medical practitioner**, or their agents. If **you** ask **us** to, **we** will also send **your** medical information to any person or organisation that may be responsible for meeting **your treatment** expenses, or their agents. **Your** information may be discussed with **your** agent or broker if **you** have requested the broker to assist **you** in handling **your claims** and **you** have authorised **us** to provide them with such medical information.

If **you** want **us** to disclose **your** medical information to another individual or next of kin, **you** must tell **us**. In exceptional emergency situations, and in accordance with medical confidentiality guidelines and relevant law, **we** may be required to disclose such information to relatives, family participants or other third parties.

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**. **You** will be given an opportunity to tell **us** if **you** do not wish to receive such information.

To help **us** make sure that **your** personal information remains accurate and up-to-date, please inform **us** of any changes.

Complaints

We strive to give **you** a first-class service. However, if there is an occasion when **you** feel **we** have not done this **we** want to know.

Please contact **us** at:
Al Khaleej Takaful Group
PO Box 4555
Doha
Qatar

Telephone: **+974-4404-1111**

Fax: **+974-4443-0530**

E-mail: **ktg@alkhaleej.com**

When **you** contact **us** it will help if **you** give **us** **your plan** number and claim number, if this applies. Please also provide as much information as **you** can about **your** complaint, as well as **your** full contact details.

We will 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. Sometimes this may not be possible. If this is the case, **we** will acknowledge the complaint within five business days and provide regular updates until the complaint is resolved. **We** will give **our** final response within eight weeks.

Full details of **our** complaints procedures are available on **our** website and other product documentation.

Help us manage fraud

Fraud, let's beat it together

Fraud is a crime and healthcare fraud increases Takaful contributions for **our** customers. This is why, with **your** help, **we** will do **our** utmost to detect and eliminate it.

Fraud is the dishonest intent to get financial gain from, or cause a financial loss to a person or party through false representation, failing to disclose information or abuse of position.

There are many examples of fraud, some of these are:

- Giving false or misleading information in order to obtain insurance or a reduction in Takaful contribution
- Claiming for **treatments** or services not received
- Altering or amending invoices or any other documents
- Deliberately failing to disclose previous medical history when required
- Giving a false diagnosis
- Claiming from more than one Takaful operator for the same **treatment** or service
- Using somebody else's Takaful cover to obtain **treatments** or services

We are committed to protecting **you** against fraud and **we** also have statutory responsibilities to prevent **our** products from being used as a vehicle for financial crime.

Maladministration, including innocent and careless overcharging for **treatments** and services, also raises the cost of medical Takaful cover.

Some examples of maladministration include:

- Billing twice for the same service
- Incorrect billing for **treatments** or services
- Providing unnecessary **treatments** or services

How you can help to protect yourself and keep Takaful contributions down

There are simple steps **you** can take to protect **yourself**. Some of these are:

- Compare invoices with **your** records. Check the dates are correct and the **treatments** or services were actually provided to **you**

- Ask questions if there is anything **you** are unsure of, do not understand, expect or recognise
- Keep in close contact with **us** if **you** have made a claim
- Let **us** know if **you** are concerned that **your medical practitioner** is providing **treatment** that is not necessary for **you**
- Carefully fill in any Claim forms. Ask **us** if there is anything **you** are unsure of or do not understand
- Look after **your** Takaful cover details and documentation
- Make sure **you** understand any documentation before **you** sign it
- Keep copies of any documentation and correspondence
- Report suspected fraud to **us**

We work closely with others to prevent fraud

We work with Aetna to prevent and detect fraud.

We are committed to protecting **you** against fraud and **we** also have statutory responsibilities to prevent **our** products from being used as a vehicle for financial crime. In addition to **our** strict controls to deter, prevent, detect and investigate fraud, **we** also work with other Takaful cover providers to give **you** the best service **we** can. Other providers **we** work with are:

- International Insurance bodies
- International Police and Investigative agencies
- Government departments

If you suspect fraud

Please contact **us** at:

Fraud and Investigation e-mail: **ktg@alkhaleej.com**

Fraud and Investigation Confidential telephone line:
+974-4404-1111 Fax: **+974-4443-0530**

Definitions

Accident – any involuntary or unexpected event resulting in a **bodily injury**.

Act of terrorism – an act by any 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 participants of the public, whatever the reason.

Acute – 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 a **Participant's chronic medical condition**, which responds to **treatment** that aims to return them to their state of health before the event occurred.

Add-on plan – a **plan** available in addition to the Summit **plan**, that must have the same **plan start date** as the Summit **plan**.

Advice – any consultation or information given by a **medical professional**.

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

Area of cover – the geographic area of the world in which a **Participant's plan** applies. This is shown on their **Takaful certificate**.

Benefit – cover provided by a **plan**, and any extensions or restrictions shown in the Handbook, **Takaful certificate** or **Benefits schedule**.

Benefits schedule – the document that details the **benefits** available under a **plan**.

Bodily injury – any physical harm to a **Participant**.

Chronic – 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 a **Participant** to cope with it
- Needs long-term monitoring, including consultations, checkups, examinations and tests

Claims procedures – the document that explains how to make a claim under a **plan**.

Close Family Participant – 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 (whether or not war is declared), mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege.

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 a previous Takaful operator. The underwriting terms with us can be CTT previously moratorium or CTT previously FMU. Participants 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. See the ‘Transfers’ or ‘Group Participant transfers’ section and the CTT previously moratorium and CTT previously FMU definitions for more information.

Co-payment – a percentage of costs a participant must pay towards a covered claim.

Country of nationality – any country for which a Participant holds a valid passport.

Country of residence – the country a Participant lives 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 a Participant’s full medical underwriting terms with a previous Takaful operator. They 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, including exclusion E2. Exclusion E1 will not apply.

CTT previously moratorium – continuation of a Participant’s moratorium start date if they had moratorium underwriting terms with a previous Takaful operator. They 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, including exclusion E1. Exclusion E2 will not apply.

Date of joining – the date when a Participant first enrolled or re-enrolled if there is a break in their cover.

Daycare – where **treatment** is received at a **hospital** or daycare unit, medical supervision is needed for four or more hours for recovery and the Participant does 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 – a main Participant’s:

- Spouse
- 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 a Participant’s signs or symptoms.

Direct billing – where we settle costs of **outpatient treatment** or services directly with a provider in the network.

Eligible – the costs for **treatment** or services that qualify under the **plan**, as described in the **plan documentation**.

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 day a Participant has cover under a **plan**.

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

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

Full Medical Underwriting (FMU) – the process that we use to assess a Participant’s medical history and decide the special terms we offer them. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with us except for exclusion E1.

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

Group formation proposal – the document entitled ‘Summit Group plan proposal’ which must be completed and signed by the **plan sponsor** to agree to the terms of the **plan** plus any supporting information given in connection with it.

Group Participant proposal – the document entitled ‘Summit Group Participant proposal’ which must be completed and signed by the **Participant** to agree to the terms of the **plan** plus any supporting information given in connection with it.

Home country – the country a Participant is from as given to us on their **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 is situated.

Ineligible – the costs for **treatment** or services that do not qualify under the **plan**, as described in the **plan documentation**.

In-house doctor – a doctor who is employed by the **hospital**, is considered a permanent member of staff and charges in line with **hospital tariffs**.

Inpatient – where **treatment** is received at a **hospital** and, based on **advice**, the **participant** needs to stay in a bed for one or more nights.

Intrinsic value – the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

Lifetime limit – the total amount that will be paid for any **eligible** claim for costs incurred during any time a **participant** is covered on any one or more **plans** with the same or equivalent **benefit**, even if there is a break in their cover. See **plan** term P9 for more information.

Main participant – a **participant** who is employed by the **plan sponsor**, or has an affiliation or similar legal relationship with them, which **we** agree meets the eligibility criteria.

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** participation 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 condition – any signs or symptoms, injury, illness or disease.

Medical History Disregarded (MHD) – we will cover a **Participant's** pre-existing medical conditions, subject to the **benefits**, terms and conditions of the **plan**. Exclusions E1 and E2 will not apply.

Medical necessity, medically necessary – treatment that is prescribed by a **participant's** medical practitioner or attending **specialist**, is in line with **general advice**, and in **our** reasonable opinion, is appropriate for their **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.

Moratorium – a waiting period of 24 months from a **Participant's** date of joining, or the date shown in the special terms on their **Takaful certificate**, that must have passed before claims for **pre-existing medical conditions** or **related medical conditions** may become **eligible**. See exclusion E1 for more information.

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

Network – all of the providers with whom there are healthcare arrangements for **our participants**.

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

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 the **Participant** is not admitted for **inpatient** or **daycare treatment**.

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

Participant – a person we have agreed to cover under a **plan** as named on the **Takaful certificate**.

Participant ID Card – a card we issue for each **Participant**, which provides basic **plan** details and contact information.

Personal effects – personal belongings, including clothing worn and baggage owned by a **Participant**, that they take with them on their **trip**.

Plan – **our** contract of **Takaful** cover (made up of all of the documents which form the **plan documentation**) with the **plan sponsor**, which takes effect on the **plan start date**.

Plan administrator – the person who acts as the **plan** coordinator on behalf of the **plan sponsor**, as chosen by the **plan sponsor**.

Plan documentation – Group formation proposal(s), **Takaful certificates**, **Plan sponsor** guide(s), **Handbook(s)**, **Benefits schedule(s)**, final participation census, **Group Participant proposals** (if these apply), **Group Participant declarations** (if these apply) and **Claims procedures**.

Plan level – the **plan sponsor's** choice of **Summit plan** or **Personal Accident plan** from the range available.

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

Plan sponsor – the entity that purchases a **plan** for **eligible main participants**, and their **eligible dependants** where agreed.

Plan start date – the first day of each **plan year**, as shown on a **Takaful certificate**.

Plan year – the period of cover from the **plan start date** to the day before the **plan renewal date**, as shown on a **Takaful certificate**. This is usually a period of 12 months.

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

Preauthorised – any **treatment**, services or costs that **we** approve as a result of **preauthorisation**.

Pre-existing – any medical condition or related medical condition that, in our reasonable opinion, has any one or more of the following characteristics:

- Was foreseeable
- Clearly showed itself
- A Participant had signs or symptoms of
- A Participant asked for advice about
- A Participant received treatment for
- To the best of a Participant's knowledge, they were aware they 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.

Public transport – any paid and licensed type of transport.

Related medical condition – any injury, illness or disease that, based on 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 a Participant receives after they 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 a Participant has cover under a plan during a plan year, as shown on their Takaful certificate.

Takaful certificate – a document that provides plan details, including dates of cover, Participant information and any special terms that may apply.

Terminal – the end stages of a medical condition where 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 is qualified and licensed in the country where the treatment is given.

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 a Participant's Travel plan Benefits schedule. This includes the dates of departure from, and return to, a Participant's country of residence.

Visiting doctor – a medical practitioner or specialist who is 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 – Al Khaleej Takaful Group.

You/your/yourself – you as a Participant.

Areas of cover guide

Area 1

Includes all countries in Areas 2, 3, 4, 5, 6 and 7 plus the United States of America (US).

Area 2

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

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

Area 3

Includes China and all countries shown in Areas 4, 5, 6 and 7.

Area 4

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

Australia	New Zealand	Singapore
Kuwait	Qatar	United Arab Emirates (UAE)

Area 5

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

Åland Islands	Belize	Curaçao
Albania	Bermuda	Cyprus
Andorra	Bolivia	Czech Republic
Anguilla	Bonaire, Sint Eustatius and Saba	Denmark
Antigua and Barbuda	Bosnia and Herzegovina	Dominica
Argentina	Brazil	Dominican Republic
Armenia	Bulgaria	Ecuador
Aruba	Cayman Islands	El Salvador
Austria	Channel Islands (Jersey, Guernsey, Alderney, Herm, Jethou, Lihou and Sark)	Estonia
Azerbaijan	Chile	Falkland Islands (Malvinas)
Bahamas	Colombia	Faroe Islands
Barbados	Costa Rica	Finland
Belarus	Croatia	France
Belgium		French Guiana

Georgia	Macedonia	Saint Vincent and the Grenadines
Germany	Malta	San Marino
Gibraltar	Martinique	Serbia
Greece	Mexico	Sint Maarten
Greenland	Moldova, Republic of	Slovakia
Grenada	Monaco	Slovenia
Guadeloupe	Montenegro	Spain
Guatemala	Montserrat	Suriname
Guyana	Netherlands	Svalbard and Jan Mayen
Haiti	Nicaragua	Sweden
Honduras	Norway	Switzerland
Hungary	Panama	Trinidad and Tobago
Iceland	Paraguay	Turkey
Ireland	Peru	Turks and Caicos Islands
Isle of Man	Poland	Ukraine*
Italy	Portugal	United Kingdom
Jamaica	Puerto Rico	Uruguay
Kosovo	Romania	Vatican City
Latvia	Saint Barthélemy	Venezuela
Liechtenstein	Saint Kitts and Nevis	Virgin Islands, British
Lithuania	Saint Lucia	Virgin Islands, U.S.
Luxembourg	Saint Martin	

Area 6

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

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

Area 7

Africa: includes only the countries listed below.

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

We request all clients provide a disclosure or updated disclosure of any **participants** or **dependants** located in sanctioned countries. Sanctioned countries include Crimea (Annexed Region of Ukraine), Cuba, Iran, North Korea, Sudan (North) and Syria*. If **you** and/or **your dependants** are working, residing or spending time in sanctioned countries or regions, please let us know immediately.

* The above 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/region listed here. For more information, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

We reserve the right to modify our products, services, rates and fees, in response to legislation, regulation or requests of government authorities resulting in material changes to **plan benefits** and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no **benefit** or **plan** changes are mandated.

Please see the 'Introduction' section of this Handbook for more information about financial sanctions.

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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.

Policies issued in Qatar are insured by Al Khaleej Takaful Group and reinsured by Aetna Life and Casualty (Bermuda) Limited and administered by Aetna Global Benefits Limited - a company regulated by the DFSA. Registered address: Emirates Financial Tower, 1701 - F, 17th Floor, North Tower, DIFC, P.O. Box 6380, Dubai, UAE.

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.

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