

**Benefits and Conditions for Group Life Term Insurance for Citi Bank Customers
(Credit Shield Plus)**

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

SUMMARY OF THE BENEFITS

Insurance coverage provided to all insured is equivalent to the remaining balance of the individual's credit account at the date of the of monthly claim through Citibank and with a max amount of EGP 75,000 for each insured and with an aggregate limit for all cards of the same insured of EGP 75,000.

SUMMARIZING THE POLICY'S CONDITIONS

1- Coverage provided in case of the insured death:

In case an eligible member dies while insured under this policy (due to any cause) and subject to all provisions and conditions of this policy, the Insurance Company will, upon receipt of due proof in writing of the death of the Member, pay the amount for which the Member is insured under this policy as specified in the insurance policy's Schedule Of benefits.

2- Coverage provided in case of permanent total disability:

If, as the result of a covered Injury or sickness, an Insured becomes Totally Disabled, and such disability is Permanent and the insured is no more able to engage in any occupation or employment for compensation or profit for which the Insured is reasonably qualified by education, training or experience and is under the continuous care and treatment of a Physician and this disability:

A. Commenced before the insured attains age sixty five (65) or before terminating of his individual coverage as prescribed in "7- Termination of Individual Insurance".

B. Total irremediable loss of use which has continued uninterruptedly for a period of at least nine (9) calendar months and at the expiry of this period is beyond hope of improvement. As mutually agreed upon in case of an organ imputation the benefit amount will be paid one the disability has been proven.

The Company will pay the Principal Sum applicable to such Insured in accordance with the Schedule of Benefits after receipt of due and satisfactory written proof of such loss. To proof the Loss covered by this policy, the policy owner or the insured has to provide the company with all the detailed medical reports from respective attending physicians where the kind, duration and development of injury or sickness which caused the disability are clear. These medical reports will have to be sanctioned of the Company's appointed physician and the Company keeps the right of requesting due proof of the continuance of such Total Disability at reasonable intervals. The Company also at its own expense shall have the right and opportunity to examine the Insured through the Company's appointed physician.

To proof the continuance of such total disability and in case of failure to furnish such proof or in case the Company is not able to examine the insured with ninety (90) days from the Company's request date the insured's right of benefit will be waived .

The Insured shall at reasonable intervals on demand from the Company, furnish due proof of the continuance of such Disability. If the Insured shall fail to furnish such proof, or if the Insured shall cease to be disabled as herein defined, the Company's liability to pay the balance of the Monthly Benefit shall cease upon any of said events.

3- Exclusions:

A. Coverage is not valid if the insured's death was due to:

1. Suicide. If the Insured commits suicide, within two years from the date of issue or from the date of any reinstatement of the Policy, unless the beneficiary (ies) proves that the Insured's suicide is caused by a sickness that had deprived him from his sanity at the moment of suicide.

2. War risk: IF death was directly or indirectly related to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law, or state of siege; terrorism acts; or any of the events or causes which determine the proclamation of or enforcement of martial law or state of siege, except to the extent coverage is extended herein to include certain war risks; nor
3. Any claim caused by opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus); nor
4. Physical injury sustained while flying in any aircraft or device for aerial navigation except as a fare paying passenger on a certified passenger aircraft provided by a commercial airline and operated by a properly certified pilot flying between duly established and maintained airports.
5. Any critical illness, Sickness or other physical condition (for a period of twenty four (24) months), that was diagnosed, treated, or for which a Physician was consulted at any time prior to the effective date of this Policy.

B. The policy doesn't cover the total disability resulting from any of the above mentioned cases in addition to the following exclusions:

1. Any loss of which a contributing cause was the Insured's attempted commission of, or willful participation in an illegal act any violation or attempted violation of the law or resistance to arrest by the Insured; nor
2. For females; pregnancy and/or childbirth and/or abortion and/or miscarriage is not considered disability and no benefit shall be due by then.
3. Intentionally self-inflicted Injury, suicide or any intentionally attempting thereat while sane or insane; nor
4. Congenital anomalies and conditions arising out of or resulting there from, hernia or dental treatment except for sound natural teeth as occasioned by Injury; nor
5. Disease arising with the 1st thirty (30) days after the commencement of the insured's coverage.
6. Loss sustained or contracted in consequence of an Insured being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a physician; nor
7. Depression or any psychological disease.

4- Currency:

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

5- Non-Participation

The Policy shall not participate in the surplus earnings of the Insurance Company.

6- Eligibility conditions:

For Joining insurance in accordance with this policy the insured should be one of Policy owner's customers who has credit cards issued by the policy owner and who fulfill the cards' program conditions, and whose age shall not be less than eighteen (18) and not more than sixty four (64) years old. Determining the eligibility condition is based on any supplementary contract endorsed to the policy as clear in the special provisions of the contract.

7- Termination of Individual Insurance

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

- 1) Written request from the policy owner.
- 2) Settlement of the credit card balance or canceling the card.
- 3) The insured is no longer eligible for coverage.
- 4) The Insured attains sixty five (65) years of age.
- 5) The date the Policy is terminated.
- 6) The company reserves the right to terminate the individual insurance in-case the insured stops paying the due payments on his credit card to the bank.

7) Non payment of the due premium or within the grace period specified in the policy. As mutually agreed upon between the two parties, the insured has the right to automatically reinstate the insurance coverage once during the insurance period. Knowing that the new effective date of the insurance will be the date of reinstatement without the continuation of the insurance coverage.

8) The date the Principal Sum becomes paid or payable.

9) Insured requests the cancellation of his insurance.

8- Beneficiaries:

In case of the insured's death or disability, the proceeds shall be paid to the policy owner deceased's legal heirs or to the beneficiaries pre-specified in the insurance application (except in case of the accounts owned by. Payment of the proceeds to the policy owner shall be against official receipt and a settlement signed by the policy owner which will then be satisfactory to absolutely and completely discharge the Company from any obligations.

9- Proof of age:

If it has been proven by the Company that the age of an eligible Insured Member covered under this Policy is misstated, there shall be an equitable adjustment of premiums under the Policy and all supplementary contracts. The Insured Member insurance hereunder shall remain unchanged if the insurance coverage applicable to the individual Insured Member's under any supplementary contracts to this Policy do not depend upon age, but if the change in age affects the Insured Members insurance coverage, they shall be corrected accordingly and the premium adjustment shall take such correction into account with continuation of coverage.

10- Termination of policy:

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

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

11- Claims:

Notice of claim:

The policy owner is assumed to inform the Insurance Company of any loss that might institute a claim.

Proof of loss:

The Insurance Company, upon receipt of such notice, will furnish forms for filling proof of loss within seven (7) working days of the Insurance Company's notification of loss. The forms must be completed and returned to the Insurance Company within ninety (90) days after the date of informing the policy owner of such a loss.

Failure to furnish notice or proof of loss within the time limits required above shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice or proof and that notice and proof were given as soon as was reasonably possible.

Medical Examinations

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

Legal Actions:

No action at law or in equity shall be brought to recover on this Policy if not requested by the beneficiary or if no full documentation and written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished except otherwise proven that the beneficiaries in case

of the insured's death had no knowledge of such loss., the three (3) years will then commence from the knowledge date.

No action at law shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy

12- Disputes

Any disputes arising from this Policy are settled in the court where the Head Office of the Company is located in Cairo.

Summary to the Critical Illness supplementary contract condition

Benefits:

In case of the Insured's injury of one of the below specified illnesses and within the validation of the coverage in accordance with the supplementary contract and before the Insured attain age sixty five (65), the company shall be obligated in conformity with the provisions set forth in this supplementary contract to pay the credit card balance at the date of diagnosing the illness. This will be paid as a lump sum based on the conditions and provisions set forth in this policy and with a maximum amount of EGP 40,000 (forty thousand) for each insured.

As mutually agreed upon, this benefit is not an additive benefit to the already mentioned benefits in the policy and in case of the settlement of the credit card balance according to any of the benefits mentioned in this policy benefits under supplementary contract ceases.

Insurance Coverage under these supplementary riders:

The Insurance coverage as per the Additional rider involves any loss caused due to any of the following critical illnesses:

1. **Major Cancers:** In case the insured suffers from a malignant tumor characterized by the uncontrolled growth and cannot be cured; at its latest period (Forth Period), this excludes skin cancers, non-invasive cancers, Chronic Lymphocytic Leukemia.

2. **Heart Attack (Angina):** Death of a portion of the heart muscle as a result of inadequate cardiac blood supply to the relevant area, the unstable heart attack is excluded.

3. **Kidney Failure:** Chronic irreversible failure of both kidneys, requiring either permanent renal dialysis or renal transplantation.

4. **Stroke:** A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis, it shall continuously lasts for a period greater than 48 hours , excluding

5. **Coronary Artery Disease:** In case of CAD which need Coronary Artery by pass grafe for three weeks or more by the use of Internal Mammary Artery or Internal mammary vein or Saphenous vein. Percutaneous Tran luminal angioplasty are excluded whether diagnostic or balloon catheter used for PTCA.

Critical Illnesses exclusions:

- Critical Illnesses diagnosed within the first ninety (90) days of the commencement of the individual insurance coverage.
- Intoxication and inhalation toxic gases and vapors.
- Critical Illnesses before issuing the insurance policy like suffering from heart attack, coronary atherosclerosis, or thrombus that need surgical interference or in case of heart transplantation.
- Any Critical Illness resulted directly or indirectly, or that was Diagnosed, treated, or for which a physician was consulted, or the existence of symptoms of any illness or disease at any time prior to the Coverage Commencement Date; whether declared or undeclared on the Application or in the health statement.
- Un-submissiveness of the insured to medical examination or treatment sanctioned by an authorized medical facility.

Premium Calculation:

The company retains its right to adjust the basis of the Insurance Premiums due for this supplementary rider as per the conditions & Provisions stated in the policy.

Grace Period:

It has been mutually agreed upon between both parties that no benefits will be due as per the supplementary contract during the first 90 days from the date of the insurance coverage, and it shall be as a result of an illness resulting during this period or a medical advice for a surgery during this period.

Claims Payment:

It has been agreed upon that no claims will be due during the first 30 days from the date of the claim request, in case of the insured's death during this 30 mentioned days.

Arbitration:

In case of any disagreement between the owner and the company, the final report related to the degree of the insured's illness and disability is handled by a health committee composed of three Doctors, one is hired by the company and another by the policy owner, both hired members hire a third Doctor in order to be the head of the committee; the Physicians' syndicate might handle the hiring of the committee head in case of disagreement between the two members.

The medical committee's decision is considered final and obligatory to all parties involved; it could be used as decisive evidence when needed. The party against whom the committee decision was issued shall bear all the expenses.

Pricing for all the above coverage (Death/ Disability/ Critical Illnesses)

1. 0.65% per month of the outstanding balance.
2. In-case no outstanding balance; NO CHARGES are paid.

Other Important Information

This policy does not have any cash value

The coverage is optional

You have a free-look period of 30 days from the enrollment day through which you can cancel the coverage and get full refund of the first premium.

For any complaints or queries, please call Citiphone 16644

*Credit shield group policy number 40909