

Key Facts Statement (KFS)

Himayati My Health Plus

Details							
Criteria	<ul style="list-style-type: none"> All customers of NBO residing in Oman between the ages of 18 to 64 years. 						
Document Required	1. ID copy of policy holder 2. Spouse ID copy /Passport						
Product Features	<ul style="list-style-type: none"> Sharia Compliant. 24 hours worldwide cover. Hassle free enrollment. Simple application form and supporting's required. Lump sum payout upon diagnosis of one or more of the listed women cancers- option of 6 plans to choose from. Lifestyle benefits following the death of the spouse (Husband). Premium can be paid monthly or annually. 						
Product Benefits	Coverage includes: The coverage inclusion and amount is based on the plan selected. Amounts in OMR.						
	Coverage for all the plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
	1. Women Cancers - Breast Cancer - Ovaries Cancer - Cancer in fallopian tubes - Cancer of Uterus - Cervix Cancer - Vagina Cancer - Vulva Cancer	6,000	12,000	6,000	12,000	15,000	50,000
	Optional Coverage: Based on the plan selected (OMR)						
	2. Accidental Death of the husband	20,000	50,000	NIL	NIL	200,000	200,000
	Death of husband due to Sickness/Natural causes	10,000	20,000	NIL	NIL	25,000	25,000
	Following the death of the Husband, the wife will be eligible for the following life support benefits paid as lump sum benefit						
	Skill Enhancement Allowance	2,000	3,000	NIL	NIL	4,000	4,000
	Children Education Fees Support	2,000	3,000	NIL	NIL	4,000	4,000
	Health Care Allowance	2,000	3,000	NIL	NIL	4,000	4,000
	Rent Allowance	2,000	3,000	NIL	NIL	4,000	4,000
	Relocation Allowance	2,000	3,000	NIL	NIL	4,000	4,000
Premium Frequency and	Frequency Choice	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6

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Amount	Monthly Premium (OMR)	13	26	5	9	50	80
	Annual Premium (OMR)	150	300	58	105	600	960
Major Exclusions	Please read the complete set of Exclusions and claims process available @ https://www.nbo.om/en/Pages/Personal-Banking/Protect/Himayati-My-Health-Plus.aspx						
	Exclusions in respect of death due to sickness benefit Exclusions applicable Accidental death benefit Exclusions applicable to Female Cancers General Exclusions						
Risk	The customer to ensure contribution for policy benefits. The benefits of any Insured Person shall terminate immediately on the earliest of: a) The date the policy is terminated/cancelled. b) Closure of Bank Account with the Bank by the Insured Person. c) The date the benefits are paid to the extent of the principal sum in respect of any Insured Person. d) The date the Insured Person or spouse has attained the age of 65 years. e) The date the Insured Person is no longer holds a valid Oman residency visa. f) If the customer fails to pay the premium on the premium due date and within the grace period thereafter. g) Exclusion to policy will result in claims rejection.						

Disclaimers

- All Fees and Charges mentioned above are mentioned on Bank's website www.nbo.om and are exclusive of Value Added Tax (VAT).
- The banks Consumer Rights and Responsibility Charter and the General Terms and Conditions are published on the Bank's website www.nbo.om
- My Health Plus is a contract between the customer and Takaful Oman Insurance company SAOG not the bank. National Bank of Oman shall not be responsible for the action or decisions of Takaful Oman Insurance Company SAOG, nor shall National Bank of Oman be liable regarding payment of claims or service under this plan.
- This product is sold independently & not as a condition to the customer to avail any other product, service or benefit from the bank.

Key Terms

Review Period: The insurance person is entitled to a full refund of premium paid if the above policy is cancelled upon request of the insured person within 30 days from the application date. The insured person can give cancellation notice by writing to his /her branch at National Bank of Oman.

Exclusions: This Policy does not cover Pre-existing disease or illness, loss resulting for intentionally self-inflicted injury, suicide within 1 year, state of intoxication, performing illegal acts, AIDS, HIV, professional or hazardous sports.

By signing the KFS, I hereby agree that I have read and understood the account features, benefits, and applicable charges.

Name of Consumer	Consumer Account Number	Branch Name	Branch Staff Name
Date & Signature of Consumer		Date & Signature of Staff	