

Key Facts Statement (KFS)

Himayati Life Insurance

Details								
Criteria	<ul style="list-style-type: none"> All customers of NBO residing in Oman between the ages of 18 to 64 years and their spouses. 							
Document Required	1. ID copy of policy holder 2. Spouse ID copy /Passport							
Product Features	<ul style="list-style-type: none"> Life coverage and critical illness without any medical tests or medical Questionnaire 24 hours worldwide cover. Simple term protection plan Hospital cash benefit with critical illness Premium can be paid monthly or annually. Spouses can also covered for 100% sum insured 							
Product Benefits	Benefits		Sum Assured (OMR)		Sum Assured (OMR)			
	Life Protector Plan		Basic Plan		Premium Plan			
	Natural Death		5,000		10,000			
	Accidental Death		10,000		20,000			
	Accidental Permanent Total Disability		10,000		20,000			
	Critical Illness Plan		5,000		5,000			
	A. Critical Illness *							
	B. Hospital Cash Benefit (For maximum 30 days)		50 per day		50 per day			
	Comprehensive Plan		Life Protector Basic Plan + Critical Illness Plan		Life Protector Premium Plan + Critical Illness Plan			
	*Critical illness protector plan covers the following: - Heart attack, Cancer. Kidney failure, Major organ transplant, Multiple sclerosis, Stroke, coronary artery by-pass Surgery, Blindness							
Premium Frequency and Amount	Basic Plan		Life Protector Plan		Critical Illness Plan		Comprehensive Protector Plan	
	Premium (OMR)		Self	Self + Spouse	Self	Self + Spouse	Self	Self + Spouse
	Monthly		4	7	7	13	10	19
	Annual		40	70	77	140	100	190
	Premium Plan		Life Protector Plan		Critical Illness Plan		Comprehensive Protector Plan	
	Premium (OMR)		Self	Self + Spouse	Self	Self + Spouse	Self	Self + Spouse
	Monthly		8	14	7	13	14	26
	Annual		80	140	77	140	140	260
Major Exclusions	Please read the complete set of Exclusions and information on the claim process available https://www.nbo.om/en/Pages/Personal-Banking/Protect/Himayati-Life-Insurance.aspx Exclusions applicable for life protector plan Exclusions applicable for Critical illness General Exclusions							

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Risk	<p>The customer to ensure contribution for policy benefits. The benefits of any Insured Person shall terminate immediately on the earliest of:</p> <p>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.</p>
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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
- Himayati Life Plan is a contract between the customer and Gulf Insurance Group not the bank. National Bank of Oman shall not be responsible for the action or decisions of Gulf Insurance Group, 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	