

Women Care -KFD

WOMEN CANCER COVER PLAN

Why Women Care?

The Orient Women Care Plan is a cancer cover policy for women's healthcare needs. Medical expenses can be a significant financial burden. The Orient Women Care Plan provides financial security by covering a substantial insurance cover, allowing women to focus on their recovery and well-being rather than worrying about expenses.



KEY FEATURES

- Covering 7 types of Cancer.
- A lump sum benefit will be paid out immediately after 28 days of diagnosis with any illnesses covered under this plan.
- Worldwide Coverage.
- Easy Enrollment.
- Peace of Mind.

Eligibility Conditions & Documents Required

- UAE Resident & national
- Emirates ID & Passport
- ID Proof of Nominee/Beneficiary

Signature of the Life Assured _____

Date _____

Signature of the Policy Holder _____
(if Other than Life Assured)

Place _____

Parameters	Features
Minimum Age at Entry	18 years
Maximum Age at Entry	59 years
Plan Term	5 years
Premium Payment Term	Equal to Plan Term
Minimum Sum Assured	AED 50,000
Maximum Sum Assured	AED 250,000
Sum Assured Payout	A lump sum benefit will be paid out 28 days after diagnosis with any illness covered under this plan.
Waiting Period	90 days from issuance date
Scope of coverage	Worldwide
Plan Currency	AED
Frequency	Annual

Details of Type of Cancer Covered under the plan

1. Ovarian Cancer	4. Lung Cancer
2. Cancer of the Fallopian Tubes	5. Colorectal Cancer
3. Cervical Cancer	6. Breast Cancer
7. Genito-Urinary Cancer (including Uterine, Bladder or Urethra and Kidneys Cancer)	

Risk Factors:

Customers may not receive benefits due to following key risks:

- Missed/delayed Premium Payments
- If Pre-Existing Medical Conditions are not disclosed.

Disclaimer:

- I/we understand that Bank /DSF/Brokers are is the distributor of this product, and the responsibility of the bank is to distribute the same to its customers.
- I/ we understand that Orient Insurance PJSC being the insurer has the responsibility to underwrite and provide all the related services, and the contract of the policy is between Orient and the Customer.
- I/we confirm that all fees and charges, commission to the distributor & expenses on product are explained to me by the distributor and I/we also confirm that the Product matches my/our current risk profile. I am aware of the product characteristics and the inherent risks.

Signature of the Life Assured _____

Signature of the Policy Holder _____
(if Other than Life Assured)

Date: _____

Place: _____