DEFINITIONS

For the purpose of this policy, the following terms wherever used herein shall be held to mean:

**Accident** means a sudden, unexpected, unintentional, specific event, which occurs during the Taكافل Period at an identifiable time and place including exposure resulting from mishap to conveyance in which the Insured Person is involved.

**Benefit** means lump sum payment of the Sum Insured for Critical Illness on diagnosis of one of the covered Critical Illnesses subject to all conditions set out in the Policy being fulfilled. There can be no more than one payment of Sum Insured for each Insured Person under this cover.

**Takaful** means the schedule of Benefits duly signed by the Company which includes the Certificate number, the name of the Insured Person, limits as well as the Policy Commencement Date and Contribution.

**Commencement Date** means the date the Insured Person submitted the completed application form or given his consent over a recorded telephone line along with a unique signed Insured Person identification document (such as passport copy, identity card issued by local authorities) along with applicable Contribution and the date the cover starts under the Policy.

**Company/Insurer** means Al Madina Takaful Company.

**Critical Illness** means the Critical Illnesses covered under the policy and as defined in Annexure 1.

**He/She/His/Her** – where the context admits, words importing the masculine gender shall include the feminine gender and words importing singular member shall include the plural and vice versa.

**Insured Person** means the customer who has actively subscribed to this Policy and his name appears in the Takaful Certificate.

**Takaful Period** means the Period for which the Contribution is fully payable.

**Contribution** means the amount payable by the Insured Person to the Company, in consideration of the Takaful Cover provided by the Company.

**Pre-existing Illness** means a disease, surgery or condition covered under this Policy that was present, had occurred or was diagnosed in any grade of severity before the Insured Person enrolled into the Policy – regardless from any severity conditions set out for the covered Critical Illnesses. The list of underlying causes or symptoms for each condition is given in Appendix 2.

**Policy** means this Policy including any schedules, subsequent terms, conditions, tables, Exclusions, endorsements and application form (if any).

**Sum Insured** means the maximum amount of benefit and/or limit mentioned in the Takaful Certificate in relation to a Beneficiary hereunder.

**Waiting Period** means the period of 90 days during which the Insured Person cannot lodge a claim under the Plan from the Commencement Date.

**War** means, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
SCAPE OF COVER

CRITICAL ILLNESS
Subject to the terms and conditions provided in this policy the Company shall indemnify the Insured Person as hereinafter provided:

If in the event of the Insured Person being diagnosed for the first time with one or more of the Critical Illnesses covered hereunder and arising out of a cause not specifically excluded under this policy, after the Commencement Date and during the Takaful Period, the Company shall indemnify the Insured Person the Sum Insured as per the plan selected at the time of enrolment and as stated in the Takaful Certificate in accordance with the terms and conditions. No benefit will be payable if death occurs within 28 days of meeting a covered Critical Illness.

The covered Critical Illnesses are defined in Appendix 1.

SECOND MEDICAL OPINION
The international medical consultation service known as 'Second Medical Opinion', allows the Insured Person, to receive a second medical opinion directly from medical specialists working in world-class medical institutions, in case of suffering from any medical condition or grave illness deemed deserving of such an external evaluation based on the nature, severity, or complexity of the condition. The Insured Person can, at any time, request that his/her case be sent to Houston Inter Medical Consultants (HIMC) in the city of Houston for evaluation by a specialist, and/or request a consultation between his/her treating physician and the doctor(s) in Houston.

All pertinent data regarding the case is sent via electronic transmission to the specialist who in-turn provides his/her opinion on the case. This opinion is appropriate in order to provide a diagnosis, determine a diagnosis for a complex and unresolved case and/or work with the treating physician to determine that the prescribed treatment is the most appropriate option available locally and/or internationally for the specific medical condition.

This second medical opinion is provided to any individual covered by the service, on a remote basis without having to travel outside their country of residence. The medical professionals providing the service are located in the United States of America and are duly registered as such under the laws and regulations of that country.

No case may be submitted for review during the first sixty (60) days of coverage from the Commencement Date. This grace period begins to count on the same day that the person comes under coverage for this rider.

CONDITIONS

1. CONTRACT
This Policy, including the terms and conditions and any endorsements, if any, the proposal form, if any, the information provided by the Insured Person through recorded tele-marketing activity, if any and the Takaful Certificate shall constitute the entire contract between the parties. All statements made by the Insured Person shall, in the absence of fraud, be deemed representations and not warranties. No such statement shall void this Policy or be used in defence of a claim hereunder, unless such statement is contained in the said Takaful Certificate.

The covered Critical Illnesses are defined in Appendix 1.

CRITICAL ILLNESS

SCOPE OF COVER

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No agent but only a duly authorised Officer of the Company has the power on behalf of the Company to extend the time for the payment of Contribution or in any way to modify this Contract.

All benefits under this Policy are payable at the Head Office of the Company situated at Sultanate of Oman.

2. ELIGIBILITY

The Insured Person is eligible for the benefits under the policy if he meets the following criteria:

- Insured Person shall be within the age criteria mentioned herein
- The Insured Person should have a valid Oman Residence Visa for expatriates or National Identity Certificate (Nationals only)

3. AGE LIMITS

- Minimum age at entry – 18 completed years
- Maximum age at entry – 60 completed years.
- Maximum coverage age – 65 completed years.

4. SUFFICIENCY OF NOTICE

Such notice on behalf of the Insured Person given to the Company or to any authorized agent of the Company, with particulars sufficient to identify the Insured Person shall be deemed to be notice to the Company. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that was given as soon as was reasonably possible.

5. FRAUDULENT CLAIMS

If the claim is in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or his representatives or by anyone acting on his or their behalf to obtain any benefit under this Policy, all benefits hereunder shall be forfeited.

6. CONTRIBUTIONS

All Contributions and applicable taxes are payable in advance by the Insured Person on or before the date they become due; unless official notice of termination has been given, a Grace Period will be granted for the payment of any Contribution falling due after the first Contribution, subject to the terms of the provision entitled Grace Period.

7. CANCELLATION

The Company may cancel the policy at any time by written notice delivered to the Insured Person mailed to the last address as shown by the records of the Company stating when not less than thirty (30) days thereafter such cancellation shall be effective. Such cancellation shall be without prejudice to any valid claim originating prior thereto.

In the event the individual Takafol offered to an Insured Person under the policy for which the Annual Contribution has been paid in advance is cancelled by the Insured Person or the Company shall be entitled to return 50% of the unearned Contribution that shall be calculated on a pro-rata basis corresponding to the unexpired Takafol period.

لا يوجد وكيل ولكن فقط مسؤول مفوض من قبل الشركة

لديه العلامة التجارية بإيامى عن الشركة لتمديد الوقت لدفع الاستحقاق أو أي شك من الشك في تحديد العقد المالي.

تكون جميع الاستحقاقات بمحاسبة والجهة التحليل المالية

قابلة للدفع في المكتب الرئيسي للشركة في سلطنة عمان.

1. 20

يكون الشهادات المؤمن عليه مؤهلًا للحصول على الاستحقاقات بمحاسبة والجهة التحليل إذا كان يستوفي المتغيرات

التي تلي:

- يجب أن يكون الشخص المؤمن عليه ضمن معايير العمر
- المجموعة في الوقائع المالة.

يتعين أن يتحمل الشخص المؤمن عليه تكاليف (إمامة

حالية سارية المفعول للمتغريين أو شهادة الهيئة

المالية والمواقعين فقط).

2. الحدود العمر.

- الحد الأدنى للعمر عند التسجيل – 18 سنة كاملة.
- الحد الأقصى للعمر عند التسجيل – 60 سنة كاملة.
- الحد الأقصى العمر عن التغلب – 65 سنة كاملة.

3. المطالبات الاحتياجية

إذا كانت تلك الإشاعات بناء على الشخص المؤمن عليه

المكفوفة إلى الشريكة أو إلى أي وولي معهد للشركات مع

تخصيص خاصية للمكفوفة الشخص المؤمن عليه (_ascii)

الشريكة لكي يحقق ذلك الإشاعات في تقرير الإشاعات في

العوامل المؤثرات الموجهة في الوقائع المالة المالة أو

هيئة المطالبة إذا كان أنه لم يتصل من الممكن بشكل ممكن

تغطية ذلك الإشاعات ومع تقديم في أي وقت ممكن

بشكل ممكًّن.

4. كفاية الإشعار

يجب أن يعتبر ذلك الإشعار بناء على الشخص المؤمن عليه

المكفوفة إلى الشريكة أو إلى أي وولي معهد للشركات مع

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تغطية ذلك الإشاعات ومع تقديم في أي وقت ممكن

بشكل ممكًّن.

5. الاستشارات

تكون جميع الاستشارات والتفاصيل المتعلقة بالدفع

معقم من قبل الشخص المؤمن عليه في أي قبل تاريخ

است무ها ما لم يتم تقديم إشعار رسمي للإنهاء، سيتم

منع الدفع أو المطالبة أو الشروط الاحتفال بالباشام بشكل

الشامل.

6. الإلغاء

بوج الشريكة الإعلان والجهة التحليل في أي وقت بوجب

إشعار خطا موجه إلى الشخص المؤمن عليه يتم إرساله

باليك إلى اتفاق الأحكام الذي هو موضوع بوجب الشروط

ال내جية وتنبيه إلى أنه يجب أن يكون مثل هذا الإلغاء سارية

بعد ما لا يقل عن ثلاثين (30) يومًا. ويجب بعد ذلك يجب أن يكون

مثل هذا الإلغاء دون أي متطلبات المفعول

تشمل ذلك.

في حالة قيام الشخص المؤمن عليه بإلغاء الشريكة الفردية المكفوفة

إلى شهادات المؤمن عليه ووجب الشروط الكامل الذي قد تم

دفع الاستمارة الأخرى مقدمًا لها أو إلغاء الشريكة إعداد

أ من الشروط عبر المجيب الذي يجب ترويع على أساس

التأسيسي وتفوق من الشركة التحليل غير المنتهية.
8. ASSIGNMENT
Neither party to this Policy shall directly or indirectly assign this Policy or any of its rights and obligations, without obtaining the prior written approval of the other party.

9. ARBITRATION
If any difference shall arise as to the amount to be paid under this policy (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with the relevant statutory provisions in force at the time. Where any difference is by this condition to be referred to arbitration the making of an award shall be a condition precedent to any right of action against the Company.

10. JURISDICTION
This Agreement is governed by Sultanate of Oman Law and all claims and/or disputes shall be subject to the Jurisdiction of the competent courts of Sultanate of Oman.

11. COMPLIANCE WITH POLICY PROVISIONS
Failure to comply with any of the provisions contained in the policy shall invalidate all claims hereunder.

12. TERMINATION OF TAKAFUL
Insurance of any Insured Person shall terminate immediately on the earliest of:

(1) The date the Policy is terminated; or not renewed by the Company
(2) The date the Insured Person is no longer eligible within the definition of Insured Person;
(3) The date the Insured Person is no longer a resident of Sultanate of Oman
(4) The date the benefit for any one of the covered Critical Illness is paid in respect of the Insured Person;
(5) The Contribution due date if the required Contribution is not paid within the Grace Period;
(6) The date the Insured Person has attained the age of 65 years.

Any such termination shall be without prejudice to any valid claim originating prior to the date of termination.

13. REVIEW / FREE-LOOK PERIOD
The Insured Person is entitled to a full refund of Contribution if coverage under the policy is cancelled upon written request of the Insured Person within thirty (30) days from the date the First Contribution is paid. The Company reserves the right to decline a second application following the cancellation of the first application under this policy, from the same Insured Person.

14. OBSERVANCE OF TERMS AND CONDITIONS
The observance by the Takaful Person of the terms of this Policy and the truth of the statements and answers by the Insured Person in the proposal or other material information provided by the Insured Person shall be condition precedent to any liability of the Company. If the circumstances in which the Policy was entered into are materially altered without the written consent of the Company, the Policy shall become null and void in respect of the particular Insured Person.
15. CONTRIBUTION PAYMENT AND COMMENCEMENT DATE

Coverage in respect of the Insured Person shall commence from the day the Insured Person has given his consent to the Company to enroll and purchase the Policy and paid the first Contribution. The Effective Date is mentioned in the Takaful Certificate.

16. GRACE PERIOD

A grace period of thirty (30) days will be granted for the payment of each Contribution falling due after the first Contribution, during which time the policy shall be continued in force, unless the policy has been cancelled in accordance with “Cancellation”.

The Insured Person shall be liable to the Company for the payment of the Contribution for the period the policy continues in force. If loss occurs within the Grace Period, any Contribution then due and unpaid will be deducted on settlement.

17. RENEWAL CONDITIONS

The Policy may be renewed with the consent of the Company from term to term by payment of the Contribution in advance at the Company’s rate in force at the time of renewal.

18. RESTATEMENT OF POLICY

When the policy terminates by reason of non-payment of Contribution, any subsequent acceptance of a Contribution and reinstatement of the policy by the Company shall solely be at the Company’s option. The Waiting Period of 90 days in respect of Critical illness and Waiting Period of 60 days in respect of SMO benefit will start again in respect of Reinstatement.

19. AGE CORRECTION

If only the year of birth of an Insured Person is provided to the Company then the day of birth for this Policy shall be January 1st of such Insured Person’s year of birth unless it is mentioned & confirmed by passport or National ID.

20. MEDICAL EXAMINATION

The Company, at its own expense, shall have the right and opportunity to examine the Insured Person when and as often as the Company may reasonably require during the pendency of a claim hereunder

21. CHANGE IN CONTRIBUTION RATES AT POLICY ANNIVERSARY DATE

The Company may, at any time, change the Contribution rates by advance written notice delivered to the Insured person or mailed to his last address as shown on the records of the Company, no later than thirty (30) days prior to such anniversary of the Policy.

22. CONFORMITY WITH STATUTES

Any provision of the policy which, on the Policy Commencement Date, is in conflict with statutes of the jurisdiction in which the policy is issued, is hereby amended to conform to the minimum requirements of such statutes.

23. LEGAL ACTIONS

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

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No action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty (60) days after written proof of loss is required to be furnished in accordance with the requirements of the 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

24. UNDERWRITING

The Company may, at any time, change the Contribution, during which time the policy shall be continued in force. If loss occurs within the Grace Period, any Contribution then due and unpaid will be deducted on settlement.
24. TERRITORIAL LIMITS
24 hours Worldwide

25. OTHER TAKAFUL COVER

In the event of more than one Smart Critical Illness policy issued by the Company covering same Insured Person, the Contribution collected in other policies will be refunded by the Company. However, the claim under this policy will not be affected by any other policy taken in the name of the Insured Person from other Takaful provider.

26. EXCLUSIONS

No Benefits under these sections shall be payable in respect of an Insured Person where the event giving rise to a claim occurs as a result of:

1) symptoms first appearing, or the condition first occurs or is first diagnosed within 90 days after the Commencement Date or the date of any Reinstatement for all Critical Illnesses covered.

2) Flying in any form of aircraft, unless the Insured Person is travelling as a fare-paying passengers in a civilian aircraft which is certified for transporting passengers.

3) The Insured Person actively participates in war, rebellion, anarchy, sabotage and the intensity events defined as a crime or actively participates in illegal events causing illnesses/ Accidents which is covered by the policy.

4) Chronic alcohol abuse or the use of drugs (excluding at doctor’s orders).

5) Intentionally self-inflicted injury, regardless of whether or not the Insured Person is sound of mind and committing suicide.

6) Boxing, wrestling, or any kind of physical combat, skiing (water or on snow), gliding, parachuting, bungee jumping, mountaineering, professional sports activities, diving using equipment.

7) Illnesses or conditions which are mutations or variations of AIDS, HTLV and HIV.

8) Injury from non-conventional weapons (such as atomic, chemical or biological weapons) or from conventional ballistic missiles.

9) Nuclear fusion, nuclear fission, nuclear waste, where the illnesses and injuries stem from radioactive or ionizing radiation.

27. CLAIMS PROCEDURE

Claims Notification

All claims should be reported to the Company immediately but not later than 90 days from the date of diagnosis of critical illness.

Claims Document Submission

Claim documents shall be submitted as soon as possible but not later than 90 days from the date of diagnosis of critical illness.

Claim Documents Required

The following documents along with the claim form should be submitted by the Insured Person to the Company. All papers as indicated below may be required to be produced in original (other than those surrendered to the authorities) for verification before the final settlement of claim.

No Benefits under these sections shall be payable in respect of

- Smoking, drugs or alcohol.
- Excessive stress or strain.
- Participation in any sport or activity.
- Any act of war, rebellion, anarchy, sabotage.
- Self-inflicted injury.
- Flying in any form of aircraft, unless the Insured Person is travelling as a fare-paying passengers in a civilian aircraft which is certified for transporting passengers.
- Boxed, wrested or any kind of physical combat.
- Any crime or illegal events causing illnesses/ Accidents which is covered by the policy.
- Chronic alcohol abuse or the use of drugs.
- Intentionally self-inflicted injury.
- Any kind of physical combat, skiing (water or on snow), gliding, parachuting, bungee jumping, mountaineering, professional sports activities, diving using equipment.
- Illnesses or conditions which are mutations or variations of AIDS, HTLV and HIV.
- Injury from non-conventional weapons (such as atomic, chemical or biological weapons) or from conventional ballistic missiles.
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Claim Documents Required

The following documents along with the claim form should be submitted by the Insured Person to the Company. All papers as indicated below may be required to be produced in original (other than those surrendered to the authorities) for verification before the final settlement of claim.
• Takaful Certificate
• Medical report from an authorised medical practitioner recognized by relevant authorities diagnosing critical illness
• Police Report (where legally required)
• Copy of Passport (with residence visa page for expatriates) or National Identity Certificate (Nationals only)
• Any other documents as may be required to substantiate the claim

Claim Payment: Indemnity, if any, of the primary insured person will be paid to the Insured Person. In case the primary insured person is unable to claim under the policy then the indemnity if any of the primary insured person is payable to the Beneficiary as evidenced in the Takaful Certificate, who shall be the legal Beneficiary designated in writing. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

Appendix 1 Critical Illnesses covered under the policy

1. Major Cancer
Any malignant disease characterised by uncontrolled growth and spread of malignant cells invading tissue of different histological type. The diagnosis must be supported by histological or – in case of systemic cancers – cytological evidence.

For the above definition, the following are not covered:

2. Malignant diseases of the skin other than malignant melanoma that has caused invasion beyond the epidermis or has progressed to at least clinical Stage T2N0M0.
3. Malignant diseases of the prostate unless having progressed to at least TNM classification T2N0M0.
4. Any papillary carcinoma of the thyroid unless having progressed to at least TNM classification T2N0M0.
6. Any leukaemia that has not caused anaemia.
7. Any gastrointestinal stromal tumour unless having progressed to at least TNM classification stage T2N0M0 or having a mitotic rate > 5 per 50 hpf.

For the sake of clarification any disease or condition described or classified as one of the following is not deemed to be cancer for the above definition:

- pre-malignant;
- non-invasive;
- having borderline malignancy or low malignant potential;
- cervical dysplasia CIN-1, CIN-2 or CIN-3

No Benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the Commencement Date or the date of any Reinstatement.

- Multiple myeloma
- Carcinoma of the oesophagus or stomach
- Carcinoma of the liver
- Lung cancer
- Carcinoma of the breast
- Carcinoma of the ovaries
- Carcinoma of the uterus (excluding cervical dysplasia CIN-1, CIN-2 or CIN-3)

No Benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the Commencement Date or the date of any Reinstatement.

• Takaful Certificate
• Medical report from an authorised medical practitioner recognized by relevant authorities diagnosing critical illness
• Police Report (where legally required)
• Copy of Passport (with residence visa page for expatriates) or National Identity Certificate (Nationals only)
• Any other documents as may be required to substantiate the claim

Claim Payment: Indemnity, if any, of the primary insured person will be paid to the Insured Person. In case the primary insured person is unable to claim under the policy then the indemnity if any of the primary insured person is payable to the Beneficiary as evidenced in the Takaful Certificate, who shall be the legal Beneficiary designated in writing. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

Appendix 1 Critical Illnesses covered under the policy

1. Major Cancer
Any malignant disease characterised by uncontrolled growth and spread of malignant cells invading tissue of different histological type. The diagnosis must be supported by histological or – in case of systemic cancers – cytological evidence.

For the above definition, the following are not covered:

2. Malignant diseases of the skin other than malignant melanoma that has caused invasion beyond the epidermis or has progressed to at least clinical Stage T2N0M0.
3. Malignant diseases of the prostate unless having progressed to at least TNM classification T2N0M0.
4. Any papillary carcinoma of the thyroid unless having progressed to at least TNM classification T2N0M0.
6. Any leukaemia that has not caused anaemia.
7. Any gastrointestinal stromal tumour unless having progressed to at least TNM classification stage T2N0M0 or having a mitotic rate > 5 per 50 hpf.

For the sake of clarification any disease or condition described or classified as one of the following is not deemed to be cancer for the above definition:

- pre-malignant;
- non-invasive;
- having borderline malignancy or low malignant potential;
- cervical dysplasia CIN-1, CIN-2 or CIN-3

No Benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the Commencement Date or the date of any Reinstatement.

- Multiple myeloma
- Carcinoma of the oesophagus or stomach
- Carcinoma of the liver
- Lung cancer
- Carcinoma of the breast
- Carcinoma of the ovaries
- Carcinoma of the uterus (excluding cervical dysplasia CIN-1, CIN-2 or CIN-3)

No Benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the Commencement Date or the date of any Reinstatement.
2. Stroke
Means the suffering of a Stroke as a result of a cerebrovascular event. Stroke must result in a neurological deficit
• causing the permanent and irreversible inability of the Insured Person
• to walk 200 meters on level surfaces without assistive devices or
• to feed themselves once food has been prepared and made available or
• to communicate with their environment by verbal speech or
• leading to an MMSE score of less than 16.
The assessment of the conditions listed above can be made no sooner than three months after the stroke event. There must be clear evidence on a CT, MRI or similar appropriate imaging techniques that a stroke has occurred and of either:
• Infarction of brain tissue or
• Intracranial or subarachnoidal haemorrhage
Cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

3. Heart Attack
Means the unequivocal diagnosis of the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area.
All of the following criteria must be fulfilled:
1. Typical central chest pain suggestive of Heart Attack
2. Elevation of cardiac biomarkers, including CKMB above the generally accepted normal laboratory levels
3. New ECG changes of infarction
4. Proof of permanent and irreversible reduction in left ventricular function specified by a left ventricular ejection fraction of less than 40%

4. Coronary Artery By-pass Surgery
Means the actual undergoing of Coronary Artery Bypass Grafting via a thoracotomy to correct or treat coronary artery disease.

5. End Stage Kidney Failure
Means the chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplant is carried out.

6. Major Organ Transplant
Means the human to human organ transplant from a donor to the insured of one or more of the following organs: kidney, liver, heart, lung, pancreas or the transplantation of bone marrow using hematopoietic stem cells proceeded by total bone marrow ablation.
The transplantation of any other organs, parts of organs, tissues or cells is excluded.

7. Multiple Sclerosis
Means a disease in which there are patches of demyelination in the white matter of the central nervous system, sometimes extending into grey matter.

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7. Multiple Sclerosis
Means a disease in which there are patches of demyelination in the white matter of the central nervous system, sometimes extending into grey matter.
Multiple Sclerosis must result in the permanent and irreversible inability of the Insured Person

- to walk 200 metres on level surfaces without assistive devices or
- to feed themselves once food has been prepared and made available.

The diagnosis of Multiple Sclerosis, based on a CT, MRI or similar appropriate imaging techniques, has to be confirmed by a certified neurologist.

8. Paralysis

Means the complete and permanent loss of function of two or more limbs above the wrist or ankle through accident or disease.

9. Loss of Limbs

Means the complete severance of two or more limbs above the wrist or ankle through accident or disease.

10. Coma

Means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least 96 hours requiring the use of life support systems.

Coma must result in a neurological deficit

- causing the permanent and irreversible inability of the insured
  - to walk 200 meters on level surfaces without assistive devices or
  - to feed themselves once food has been prepared and made available or
  - to communicate with their environment by verbal speech or
- leading to an MMSE score of less than 16.

A benefit will also be paid if the coma has lasted for 2 months.

Appendix 2 - Pre-existing conditions and underlying causes and symptoms

Pre-existing conditions are excluded. A pre-existing condition is a disease, surgery or condition covered under this Critical Illness cover that was present, had occurred or was diagnosed in any grade of severity before the member joined the scheme – regardless from any severity conditions set out for the covered Critical Illnesses.

Heart attack, coronary artery by-pass surgery, heart transplant or stroke are considered diseases of the cardio-cerebrovascular system and therefore treated as one condition, for example if the member has had a stroke before he/she joined the scheme, no benefit shall be payable for a future stroke, heart attack, coronary by-pass surgery or heart transplant.

No benefit will be paid for any specified condition which resulted from underlying causes or symptoms which were known to the Insured Person before enrolling into the Policy.

This restriction only applies after the Insured Person has enrolled into the Policy. The list of underlying causes or symptoms for each condition is given below. This exclusion will apply from the date the Insured Person has enrolled into the Policy.
Such conditions will include the following:

Major Cancer:
Any previous cancer or pre-malignant conditions, papilloma of the bladder, polyposis coli, Crohn's Disease, ulcerative colitis, haematuria, blood in stools, haemoptysis, lymphadenopathy, splenomegaly, cachexia.

Heart attack, Coronary Artery By-pass Surgery:
Hypertension, angina pectoris, arteriosclerosis and coronary artery disease, chest pain on exertion, diabetes mellitus, cardiac arrhythmias, abnormal ECG, hyperlipidaemia, obesity.

Stroke:
Hypertension, valvular disorders of the heart, transient ischaemic attacks, haemophilia, pulmonary embolus, embolism of any major vessel, diabetes mellitus, aneurysms of the intracranial blood vessels, arteriosclerosis, arteriovenous malformations, atrial fibrillation.

Major Organ Transplant:
Heart and Heart/Lung: coronary artery disease, cardiac failure, cardiomyopathy, hypertension. Lung: pulmonary failure, mucoviscidosis.

Liver: hepatitis B or C, end-stage chronic hepatitis, primary biliary cirrhosis, alcoholic liver disease, autoimmune hepatitis, hepatic vein thrombosis, metabolic disorders, tumours, cholangitis.

Pancreas: diabetes mellitus, pancreatitis, mucoviscidosis.

Kidney: Chronic glomerulonephritis, congenital disorders, polycystic disease of the kidneys, analgesic or reflux nephropathy, hypertension, diabetes mellitus, systemic lupus erythematosus.

Bone marrow: All malignant conditions, anaemias, leukopenias and/or thrombopenias.

End Stage Kidney Failure:
Chronic glomerulonephritis, congenital disorders, polycystic disease of the kidneys, analgesic or reflux nephropathy, hypertension, diabetes mellitus, systemic lupus erythematosus.

Multiple Sclerosis:
Weakness of the limbs, abnormal sensation (numbness) of the extremities, trunk or face, paralysis, visual complaints, paraesthesia, optic neuritis, visual blurring, speech disturbances, incoordination, micturition difficulties.

Heart Valve Surgery:
Heart insufficiency, atrial fibrillation, rheumatism.

Paralysis, Loss of Limbs:
Demyelinating disease (multiple sclerosis), disease of the brain or spinal cord, psychological disorders (pseudo paralysis), disorders of the neurological system, diabetes, glaucoma, trachoma, cataract.

Loss of one Limb and Loss of one Eye:
Demyelinating disease (multiple sclerosis), disease of the brain or spinal cord, psychological disorders (pseudo paralysis), disorders of the neurological system, diabetes, glaucoma, trachoma, cataract.
Disclaimer: Smart Critical Illness is a contract between the Customer and Al Madina Takaful Company not the Bank. Meethaq Islamic Banking shall not be responsible for the actions or decisions of Al Madina Takaful Company nor shall Meethaq Islamic Banking be liable regarding payment of claims or service under this Plan.