



LIFEPLAN
LEBANON

**TERMS AND
CONDITIONS**

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SECTION A

INTRODUCTION

This document sets out the Terms and Conditions of Your Policy – how it works, what You can expect Us to do, and what We expect You to do.

These Terms and Conditions are part of the contract between You and RL360 Insurance Company Limited. The contract is governed by the following documents:

- these Terms and Conditions
- the Application Form
- each Policy Schedule We give You which refers to the Policy details for LifePlan Lebanon and any endorsements to them
- Your signed Personal Illustration.

All of these documents are proof of the terms of the contract and are important. Please keep them in a safe place.

We give this document to everyone when they buy a LifePlan Lebanon. Not only does it give You all the details about the Policy You have bought, it will also give You important information about keeping Your Premiums up to date, what to do if You want to make a change, and how to go about making a claim. It provides details of the Policy Benefits, subject to any Benefit basis shown in Your Policy Schedule.

It can also be used by customers who are thinking about buying a LifePlan Lebanon and want more detailed information.

In this document We will highlight certain important words with capital letters, these are defined in Section E.

SECTION B LIFEPLAN

LEBANON BENEFITS

This list contains an overview of the different Benefits that make up LifePlan Lebanon

Life Benefits	What is this?
Primary Life Cover	A Benefit that pays out if the relevant Life Assured dies
Term Life Cover	A Benefit that pays out if the relevant Life Assured dies during a specified period of time
Terminal Illness Benefit	Some life Benefits can be claimed if the relevant Life Assured is diagnosed as terminally ill (subject to conditions and exclusions)
Accidental Death Benefit	A Benefit that pays out if the relevant Life Assured dies in an Accident
Illness Benefits	What is this?
Critical Illness Cover	A Benefit that pays out if the relevant Life Assured is severely ill (subject to conditions and exclusions)
Term Critical Illness Cover	A Benefit that pays out if the relevant Life Assured is severely ill during a specified period of time (subject to conditions and exclusions)
Children's Critical Illness Cover	A Benefit that pays out if one or more of the named Relevant Children becomes severely ill (subject to conditions and exclusions)
Other Benefits or features	What is this?
Guaranteed Insurability Option	A feature that allows You to increase Your Cover when certain life events happen
Aeroplane Cover	A Benefit that pays out if the relevant Life Assured dies in an Air Accident (subject to conditions and exclusions)
Repatriation Benefit	A service that provides the relevant Life Assured's beneficiaries with an advance on the Primary Life Cover to assist in transporting the body of the deceased Life Assured to their Home Country
Waiver of Premium Benefit	A Benefit that will pay Your regular Premiums to Us for Your Policy if You become Unfit for Work (subject to conditions and exclusions)

Your Policy Schedule states on which of the following bases We provide Cover:

Single Life

There is one Life Assured.

Joint Life First Death

There are two Lives Assured, and when an event described in Section B occurs in relation to either of the Lives Assured, the relevant Benefit is payable.

Joint Life Last Death

There are two Lives Assured, and when an event described in Section B1.1.1, B4.1.1 and B5.1.1 occurs in relation to the survivor of the Lives Assured, the relevant Benefit is payable.

Joint Life Both Death

There are two Lives Assured, and when an event described in Section B occurs in relation to either or both of the Lives Assured, the relevant Benefit is payable.

B1 LIFE COVER (INCLUDING TERMINAL ILLNESS BENEFIT)

This applies to You if any of the following Benefits are shown on Your Policy Schedule:

- Primary Life Cover
- Term Life Cover

B1.1 When We will pay a claim

B1.1.1 We will pay a claim if the Life Assured dies or is diagnosed with a Terminal Illness during the Term of the Cover.

B1.1.2 After We have paid a claim Your Policy is cancelled and We will not make any further payment, unless Your Policy Schedule shows that Cover is provided on a Joint Life Both Death basis. For Joint Life Both Death cases after We have paid a claim only the Cover for the Life Assured to whom the claim relates is cancelled. After We have paid a claim for both Lives Assured Your Policy is cancelled and We will not make any further payment.

B1.2 How much We will pay

B1.2.1 We will pay the greater of:

- a) the amount shown on Your Policy Schedule; or
- b) Your Policy Value.

B1.2.2 When additional Cover is provided for a limited period (when Your Policy Schedule includes Term Life Cover) We will pay, in addition to any other amount payable under Section B1 of this document, the amount shown on Your Policy Schedule if the claim is made within the Term of the Cover shown on Your Policy Schedule.

B1.3 When We will not pay a claim on death

B1.3.1 We will not pay a claim under Section B1 if death is:

- a) caused by an Excluded Reason as detailed in Section E, clauses (d), (e), (f) and (h) or;
- b) a result of an Excluded Cause shown on Your Policy Schedule.

B1.4 When We will not pay a claim on Terminal Illness

B1.4.1 If Your Policy Schedule shows that Term Life Cover is provided We will not pay a claim if the Life Assured is diagnosed with a Terminal Illness within the last 12 months before the end of the Term of the Cover unless the Life Assured dies before the end of the Term of the Cover, when We will pay a claim in accordance with Section B1.1.

B2 CRITICAL ILLNESS COVER

This applies to You if any of the following Benefits are shown on Your Policy Schedule:

- Critical Illness Cover
- Term Critical Illness Cover

B2.1 When We will pay a claim

B2.1.1 We will pay a claim if, during the Term of the Cover, the Life Assured is:

- a) diagnosed with any of the Relevant Conditions listed in Section E; or

b) undergoes any of the Relevant Procedures listed in Section E; or

c) diagnosed as having a Disability and that diagnosis meets Our definition in Section E.

B2.1.2 After We have paid the claim the Primary Life Cover shown on Your Policy Schedule is reduced by the amount that We have paid, the Critical Illness Cover is cancelled for the Life Assured to whom the claim relates and We will not make any further payment. Where the amount payable under Section B1.2 is equal to the aggregate amount of Primary Life Cover the claim will result in the cancellation of Your Policy. The same will apply when Term Life Cover and Term Critical Illness Cover are shown on Your Policy Schedule.

For Joint Life Both Death cases after We have paid a claim only the Cover for the Life Assured to whom the claim relates is cancelled.

B2.2 How much We will pay

B2.2.1 We will pay the greater of:

- a) the amount shown on Your Policy Schedule; or
- b) the proportion of Your Policy Value that relates to Critical Illness Cover.

B2.2.2 When additional Cover is provided for a limited period (when Your Policy Schedule includes Term Critical Illness Cover) We will pay, in addition to any other amount payable under Section B2 of this document, the amount shown on Your Policy Schedule if the claim is made within the Term of the Cover shown on Your Policy Schedule.

B2.3 When We will not pay a claim

B2.3.1 We will not pay a claim if:

- a) the symptoms of or those leading to the Relevant Condition, Relevant Procedure or Disability in respect of which

a claim is being made first manifested themselves before or during the period of 90 days following the later of (i) the date this Cover starts, (ii) the date on which We reinstate Your Policy, as described in Section C3.4 and (iii) the date on which Cover under Section B2 is added to Your Policy; or

- b) the Life Assured does not meet the definition of Relevant Condition or Disability in Section E; or
- c) it is the result of an Excluded Cause shown on Your Policy Schedule; or
- d) when the event is caused by an Excluded Reason as detailed in Section E; or
- e) the relevant Life Assured has at any time suffered from AIDS or tests have at any time indicated the presence of HIV or any antibodies to such virus in the relevant Life Assured; or
- f) within 6 months of the relevant Life Assured being diagnosed as being Disabled, or having a Relevant Condition, or undergoing a Relevant Procedure, You have not notified Us in writing that such an event has occurred.

B3 ACCIDENTAL DEATH BENEFIT

This applies to You if Accidental Death Benefit is shown on Your Policy Schedule.

B3.1 When We will pay a claim

B3.1.1 We will pay a claim if the Life Assured dies wholly and exclusively as the result of an Accident within 90 days of that Accident occurring.

B3.1.2 After We have paid a claim Your Policy is cancelled and We will not make any further payment, unless Your Policy Schedule shows that Cover is provided on a Joint Life Both Death basis. For Joint Life Both Death cases after We

have paid a claim only the Cover for the Life Assured to whom the claim relates is cancelled. After We have paid a claim for both Lives Assured Your Policy is cancelled and We will not make any further payment.

B3.2 How much We will pay

B3.2.1 We will pay the amount shown on Your Policy Schedule.

B3.3 When We will not pay a claim

B3.3.1 We will not pay a claim if death:

- a) occurs after the relevant Life Assured's 65th birthday; or
- b) is caused by an Excluded Reason as detailed in Section E; or
- c) is a result of an Excluded Cause shown on Your Policy Schedule.

B4 AEROPLANE COVER

This applies to You if Aeroplane Cover is shown on Your Policy Schedule.

B4.1 When We will pay a claim

B4.1.1 We will pay a claim if the Life Assured dies as the result of an Air Accident.

B4.1.2 After We have paid a claim Your Policy is cancelled and We will not make any further payment, unless Your Policy Schedule shows that Cover is provided on a Joint Life Both Death basis. For Joint Life Both Death cases after We have paid a claim only the Cover for the Life Assured to whom the claim relates is cancelled. After We have paid a claim for both Lives Assured Your Policy is cancelled and We will not make any further payment.

B4.2 How much We will pay

B4.2.1 We will pay the amount of Cover shown on Your Policy Schedule.

B4.2.2 Where there are multiple Policies written on the same Life

Assured, the amount payable shall be the aggregate of the Benefit payable under each individual Policy up to a maximum payment of USD1 million.

B4.3 When We will not pay a claim

B4.3.1 We will not pay a claim if:

- a) it is caused by an Excluded Reason as detailed in Section E; or
- b) it is the result of any Excluded Cause shown on Your Policy Schedule; or
- c) death occurs after the relevant Life Assured's 95th birthday.

B5 REPATRIATION BENEFIT

This applies to You if Repatriation Benefit is shown on Your Policy Schedule.

B5.1 When We will pay a claim

B5.1.1 When requested, We will pay a claim if the Life Assured dies outside their Home Country.

B5.2 How much We will pay

B5.2.1 We will pay an advance of USD7,500 which is deducted from the amount that We subsequently pay under Section B1.2.

B5.3 When We will not pay a claim

B5.3.1 We will not pay a claim if death occurs after the relevant Life Assured's 95th birthday.

B6 WAIVER OF PREMIUM BENEFIT

This applies to You if Waiver of Premium Benefit is shown on Your Policy Schedule. References to "Premiums" in this Section are to the Premiums which are described in Section C3.

B6.1 When We will pay a claim

B6.1.1 We will pay a claim only if the first Life Assured (as shown on Your Policy Schedule) is unable to pay Premiums after being Unfit for Work for more than 6 months.

B6.2 How much We will pay

B6.1.2 We will meet the cost of all regular Premiums to be paid by You under Your Policy except for any amount by which Your regular Premiums have increased in the 12 months before the claim.

B6.3 When We will not pay a claim

B6.3.1 We will not pay a claim if:

- a) the first Life Assured has reached their 65th birthday; or
- b) the Term during which You pay regular Premiums has ended; or
- c) a Premium for the Policy has not been paid, other than under Section C3.5; or
- d) it is as the result of any Excluded Cause shown on the Policy Schedule; or
- e) the relevant Life Assured has at any time suffered from AIDS or tests have at any time indicated the presence of HIV or any antibodies to such virus in the relevant Life Assured; or
- f) the relevant Life Assured has changed their Occupation or become unemployed without informing Us immediately prior to the occurrence of the relevant event; or
- g) the illness or Accident which has resulted in the Life Assured becoming Unfit for Work was caused by or resulted from pregnancy and occurred during pregnancy or within the period of 2 months following confinement; or
- h) the Accident which has resulted in the Life Assured being Unfit for Work occurred, or the symptoms of or those leading to the illness which resulted in the Life Assured being Unfit for Work, manifested themselves before or during the period of 90 days following the later of (i) the date this Cover starts, (ii) the date on which We reinstate Your Policy, as described in Section C3.4, and (iii) the date upon which Waiver of Premium

Benefit commences, if added to Your Policy after the Start Date; or

- i) prior to the date upon which Waiver of Premium Benefit commences, the Premium payment Term explained in Section C3.1.2 has expired or Your Policy has become Paid Up as explained in Section C3.3.11; or
- j) the event is caused by an Excluded Reason as detailed in Section E.

B6.4 When We will stop making payments

B6.4.1 We will stop making payments when:

- a) the Life Assured has reached their 65th birthday; or
- b) You reach the end of the Term during which You pay regular Premiums; or
- c) the Life Assured is no longer Unfit for Work; or
- d) the Life Assured starts Work; or
- e) the Life Assured dies.

B7 CHILDREN'S CRITICAL ILLNESS COVER

This applies to You if Your Policy Schedule shows that Your Policy includes Critical Illness Cover, which is referred to as the 'Main Cover' in the rest of this Section.

Payment of Children's Critical Illness Cover does not affect the amount of any Main Cover. The names and dates of birth of all children covered are shown on Your Policy Schedule.

If Your Main Cover is cancelled or comes to the end of its Term, Children's Critical Illness Cover no longer applies.

B7.1 When We will pay a claim

B7.1.1 We will pay a claim when a Relevant Child named on the Policy Schedule:

- a) is diagnosed with any of the Relevant Conditions listed in Section E; or
- b) undergoes any of the Relevant Procedures listed in Section E; or
- c) is diagnosed as Disabled and the diagnosis meets Our definition in Section E.

B7.2 How much We will pay

B7.2.1 We will pay the amount of Children's Critical Illness Cover shown on Your Policy Schedule.

B7.2.2 If Your Policy includes more than one Main Cover:

- a) The Benefits described in this Section apply to the total amount of Children's Critical Illness Cover, and We will make only one payment for any Relevant Child.
- b) We will make a maximum of three payments for Children's Critical Illness Cover, and only one payment for each Relevant Child.

B7.3 When We will not pay a claim

B7.3.1 We will not pay a claim if:

- a) the symptoms of or those leading to the Relevant Condition, Relevant Procedure or Disability in respect of which a claim being made first manifested themselves before or during the period of 90 days following the later of (i) the date this Cover starts (ii) the date on which We reinstate Your Policy, as described in Section C3.4 and (iii) the date on which Cover under Section B2 is added to Your Policy; or
- b) it is the result of any existing condition or related condition that You knew about when the Relevant Child first became covered by the Policy; or
- c) it is the result of a congenital illness or condition; or
- d) the Relevant Child dies within 28 days of the diagnosis of the Relevant Condition or Disability, or having undergone a Relevant Procedure; or

- e) the Relevant Child is over the age of 18 years; or
- f) the Relevant Child's diagnosis does not meet the definition of Relevant Condition, Relevant Procedure or Disability in Section E; or
- g) it is the result of intentional self-inflicted injury; or
- h) the event is caused by an Excluded Reason as detailed in Section E; or
- i) Your Main Cover has been cancelled or has come to the end of its Term.

SECTION C OPERATING YOUR POLICY

C1 YOUR CHANGES

C1.1 Telling Us about Your changes

C1.1.1 Please remember to tell Your Representative to advise Us if You or any Life Assured changes any of the following:

- name
- address
- country of residence
- occupation
- bank account

If You are no longer in contact with Your original Representative You can contact Us using the contact details shown in Section D21 of this document and We will advise You about any documents We may need from You to update Our records.

C2 HOW TO MAKE A CLAIM

C2.1 What You should do

- C2.1.1** If You, or Your Representative, think that You have a valid claim on Your Policy, You or they should:
- a) notify Us in writing or by e-mail using the contact details shown in Section D21 of this document; and
 - b) fill out the claim form that We will send You and send this back

to Us with any other documents We request; and

- c) continue to make Your Premiums (as appropriate).

C2.1.2 All diagnoses must:

- a) be made by a suitably qualified and licensed doctor who is acting within the scope of that licence, employed at a hospital and who is a specialist in an area of medicine appropriate to the cause of the claim; and
- b) be the first and unequivocal diagnosis of Terminal Illness, a Relevant Condition or Disability and be confirmed by Our chief medical officer.

C3 YOUR PREMIUMS

C3.1 Paying regular Premiums for Your Policy

C3.1.1 First regular Premium

Your first regular Premium becomes payable on the Start Date of Your Policy. We will collect this by any means that We have agreed with You on or shortly before the Start Date of Your Policy.

C3.1.2 Premium payment Term

The Term during which You will pay regular Premiums is shown on Your Policy Schedule.

C3.1.3 Frequency of regular Premiums

You may pay Your Premiums for Your Policy:

- monthly
- quarterly
- half-yearly
- yearly

C3.1.4 You must pay regular Premiums at the payment frequency shown on Your Policy Schedule for the period of the payment Term. Each Premium is payable at the chosen payment frequency on the same day of the month as Your Policy Start Date.

C3.1.5 You may ask Us to change the frequency at which regular Premiums are payable. If We agree the change will only become effective from the day in the year which is the next anniversary of Your Policy Start Date.

C3.1.6 All regular Premiums that fall due under Your Policy must be paid in the currency specified in Your Policy Schedule.

C3.1.7 Lengthening and shortening Your Premium payment Term

You may ask Us to lengthen or shorten the Term during which

You pay regular Premiums for Your Policy. You must write to Us at the address in Section D21 at least 28 days before the date on which You want the change to Your Premium payment Term to become effective.

We will refuse Your request if:

- a) Your Premium payment Term would end less than 5 years after Your Policy Start Date; or
- b) You would need to make regular Premiums after Your 95th birthday.

C3.2 Paying single Premiums for Your Policy

C3.2.1 If You pay Your regular Premiums described in Section C3.1 You may also pay single Premiums for Your Policy.

C3.3 Buying Units with Your Premiums

C3.3.1 Your Premiums buy Units in Your chosen Funds.

C3.3.2 Nil allocation period

During the first 24 months after the Start Date of Your Policy none of Your regular Premiums will be used to buy Units. If You increase Your regular Premiums, none of the increased amount of Your regular Premiums will be used to buy Units during the first 24 months after the increase is effective.

C3.3.3 How many Units do Your Premiums buy

a) Regular Premiums

After the nil allocation period the amount of each regular Premium used to buy Units will depend on how close to the Start Date of Your Policy, or the date of any regular Premium increase, the Premium is paid.

b) Single Premiums

93% of each single Premium paid into Your Policy will be used to buy Units.

C3.3.4 Your Policy Schedule shows:

- a) the amount of Your Premiums which will be used to buy Units; and
- b) the Fund or Funds in which You have initially chosen to buy Units; and
- c) where You have chosen more than one Fund, how Your Premiums will be split between them.

C3.3.5 Internal Funds

At least 50% of each regular Premium and/or single Premium paid into Your Policy must be allocated to the Lebanese Deposit Fund. In addition, at least 50% of Your Policy Value must be held in the Lebanese Deposit Fund at all times. We reserve the right to re-balance the exposure to any External fund to ensure that Your Policy continues to adhere to this requirement.

C3.3.6 External Funds

For each regular Premium and/or single Premium paid into the Policy, We will buy units in the chosen External Fund(s) on the business day following the date that cleared funds have been received, using the unit prices available as soon as reasonably practicable thereafter. You can only allocate a maximum of 50% of any Premium paid to the External Funds.

Each Fund is subject to the specific terms and conditions applicable as detailed in the Protection Fund Guide.

C3.3.7 How many Funds can You choose

You can choose to split Your Premiums between a maximum of 5 Funds. You can ask Us to change the Fund or Funds in which Your Premiums buy Units.

C3.3.8 Buying, Selling and Switching Funds

a) You can ask Us in writing to sell some or all of the Units in any Fund in which Your Policy is invested, and use the proceeds to purchase Units in another Fund or Funds. Instructions to switch out of Funds will normally be sent to the fund manager of the relevant Fund as soon as is reasonably practical following receipt of the request. The purchase of Units in a newly selected Fund or Funds will not occur until such time as We have received the value of the Units in the existing Fund(s).

b) Where a Fund switch takes place between Funds that are priced in different currencies, a foreign exchange transaction is required. This will be done at a rate determined by Us based on those commercially available in the market.

c) We may delay selling or buying the required Units in Funds in exceptional circumstances, including but not limited to:

- Where in Our reasonable opinion there is no suitable market on which to sell the Fund(s); or
- Where in Our reasonable opinion the purchase or sale of a Fund would lead to some Policy Owners being treated unfairly

d) We can delay buying or selling Units for up to one calendar month. When the Units are eventually bought or sold, the price will be calculated on the next available pricing date.

e) Purchases and sales of Units in a Fund may also be delayed as determined by the fund managers thereof, subject to the specific terms and conditions applicable to the relevant Fund. No liability or responsibility shall accrue to Us in respect of any delay beyond Our control.

f) In the situation where a Fund is suspended, for any reason, it may have no value within Your Policy until such a time as it is no longer suspended.

C3.3.9 Acceptability

We will have the right, at all times to:

- a) Determine if a Fund should continue to be offered for investment;
- b) Refuse an instruction from You or Your appointed advisers to buy a Fund which has become unacceptable under law or to Us;
- c) Switch from one Fund into another where it has become unacceptable under law or to Us;
- d) Cancel Units equal to any charges or other costs, including but not limited to currency conversion costs, that We are charged as a result of switching Funds.

C3.3.10 How much are Your Units worth

We will tell You how much Your Units are worth annually.

C3.3.11 What happens if You do not pay Your Premiums

If a regular Premium for Your Policy remains unpaid for more than 30 days from the date when it is payable, We may cancel or make Your Policy Paid Up. Making Your Policy Paid Up means that You will still remain covered by the Policy while the Policy Value remains sufficient to meet Our charges, which are described in Section D1, but if You would like to resume paying regular Premiums after this date, all outstanding regular Premiums must be made to Us. If You have stopped paying regular Premiums and Your Policy Value falls below the Minimum Policy Value which applies at that time, We may cancel Your Policy and You will no longer be covered.

C3.3.12 Termination of a Fund

Where a Fund is closed, withdrawn, or We determine that it should no longer be available for investment, We will contact the Policy Owner(s) and advise accordingly. The Policy Owner(s) will then have 60 days to inform Us of an alternative Fund into which the value held in the terminating Fund should be switched. In the absence of any such advice or instruction within the 60 day period, We will, wherever possible, effect a switch into an alternative Fund of Our choosing.

C3.4 Reinstatement of Your Policy

C3.4.1 If We cancel Your Policy or make it Paid Up because You did not pay Your regular Premium, You may ask Us to reinstate Your Policy within 13 months from when Your Premium was due. When You ask We will tell You what We need to reinstate Your Policy. There may be times when We are not able to reinstate Your Policy. If this happens, We will explain Our decision to You.

C3.5 Premium Holiday

C3.5.1 You can request a Premium Holiday of up to 24 months for Your Policy if:

- a) You have paid all Premiums due to Us for Your Policy; and
- b) Your Policy Value is at least double the amount of the Premiums that You pay each year for Your Policy; and
- c) more than 24 months have passed since You last suspended regular Premiums.

C3.5.2 Your Premium Holiday can last for 12 months or 24 months from the anniversary of Your Policy Start Date. After that period You must restart paying Your regular Premiums; if You are unable to do so Your Policy will be Paid Up or cancelled.

C3.5.3 You must write to Us at the address in Section D21 at least 28 days before suspending regular Premiums stating when You would like the Premium Holiday to start and finish.

C4 PAYMENTS FROM YOUR POLICY

C4.1 When You want to take money from Your Policy

C4.1.1 You may withdraw a minimum of USD1,500 from Your Policy.

C4.1.2 You may not take money from Your Policy if:

- a) less than 2 years have passed since Your Policy Start Date; or
- b) Your Policy Value would be at or below the Minimum Policy Value after the payment to You; or
- c) We have been told about an event which may lead to a claim under Section B of this document; or
- d) We delay the sale of Units under Section C3.3.8.

C4.1.3 If We pay a claim under Section B of this document less than 2 years after You have taken money from Your Policy, We may reduce how much We pay for the claim by the amount that You have taken from Your Policy.

C4.2 How We make payments from Your Policy

C4.2.1 Method of payment

We will make all payments by any method We agree with You.

C4.2.2 How We sell Units

We meet the cost of making payments under Your Policy by selling Units in the Fund or Funds in which Your Policy has been invested. If Your Policy is invested in more than one Fund, the number of Units that We sell in each Fund is in proportion to the amount of Your Policy which is invested in each of those Funds.

C4.2.3 When We delay the sale of Units

We will not be able to make a payment if We have to delay the sale of Units because We cannot find out their price or because circumstances prevent the Fund from valuing its assets or redeeming Units. We will let You know if this happens. We do not have to pay interest to You if a payment is delayed.

C4.3 When You want to cash in Your Policy

C4.3.1 You may cash in Your Policy at any time

If You cash in Your Policy it will be cancelled, Benefits will cease and We will not make any further payment.

C4.3.2 How much We will pay You

We will pay You the Policy Value which applies at that time.

C5 CHANGING YOUR POLICY

C5.1 Reducing regular Premiums

C5.1.1 You may ask Us to reduce the amount of Your regular Premiums. If We agree You will start to pay lower regular Premiums from the next anniversary of Your Policy Start Date. You must write to Us at the address in Section D21 at least 28 days before the anniversary of Your Policy Start Date from which You want the reduction to be effective.

C5.2 Guaranteed Insurability Option

C5.2.1 If Your Policy Schedule states that the Guaranteed Insurability Option applies, Your

Policy was accepted on standard terms, and subject to satisfactory evidence being supplied to Us, You can increase Your Primary Life Cover between the ages of 18 and 55, after the following events:

C5.2.2 Marriage

You can increase Your Cover on one occasion but the maximum increase is limited to whichever of the following amounts is lower:

- a) half of the current level of Cover, or
- b) up to USD75,000.

C5.2.3 Birth or adoption of a Child

You can increase Your Cover on two occasions but the maximum increase for each event is limited to whichever of the following amounts is lower:

- a) quarter of the current level of Cover, or
- b) up to USD37,500.

C5.2.4 The increase in Cover will:

- a) be on the terms for the relevant Life Assured which applied at the date the original Cover started or at any subsequent reinstatement under Section C3.4; and
- b) have a Term no longer than the remaining Term of the original Cover and no shorter than the minimum Term We offer for that Cover at that time; if the remaining Term of the original Cover is less than the minimum Term, You will not be able to use this option; and
- c) include the same additional features as the original Cover.

C5.2.5 We will base Your Premium for the new Cover on:

- a) the underwriting terms which applied at the date the original Cover started or at any subsequent reinstatement under Section C3.4; and
- b) the age of the Life Assured at the date the increase in Cover starts; and
- c) the Premium rates and Policy charge (please see Section D1) at the date the increase in Cover starts.

C5.3 Changing Your Policy in other ways

C5.3.1 You can ask Us to change Your Policy in other ways at any time when two years have passed from Your Policy Start Date. For example You may want to add a new Cover or reduce an existing Cover. Please note We may need to ask the Life Assured for new medical evidence. We will tell You what We need when You tell Us how You want to change Your Policy.

C5.4 Maximum limits to Cover

C5.4.1 Where there are multiple Policies written on the same Life Assured, the total amount of each type of Cover provided by all of those Policies cannot exceed the maximum level that We set for each type of Cover.

C5.5 Currency exchange rates

C5.5.1 Premiums for Your Policy must be paid in the same currency as that in which Your Policy is denominated. All the Benefits under Your Policy will also be denominated and paid in that currency.

SECTION D GENERAL TERMS AND CONDITIONS

D1 CHARGES

D1.1 A maintenance fee of USD7.50 will be deducted each month in arrears by selling Units, as explained in section C4.2.2. The maintenance fee will increase each year on the Policy anniversary in-line with the Isle of Man Retail Price Index.

D1.2 A policy charge equal to 0.25% per year of the value of Your Policy will be deducted in arrears on a quarterly basis by selling Units, as explained in section C4.2.2.

D1.3 Each month We will charge the cost of providing the Benefits and Covers shown on Your Policy Schedule and the level of Our expenses in respect of Your Policy. Payment for these costs and expenses will be made by selling Units, as explained in Section C4.2.2.

D1.4 During the nil allocation period, which is explained in Section C3.3.2, charges deducted from Your Policy are treated by Us as a negative balance, which We will begin to reduce when You make regular Premiums after the nil allocation period has ended.

D1.5 We retain the right to vary any of the charges described above, should the costs of providing the Cover and Benefits change. We will inform You in writing a minimum of 2 months before any such change takes effect.

D1.6 Fund management charge

The manager of each Fund will deduct an annual management charge. This will be allowed for within the pricing of the individual Funds, at a rate determined by the manager of each Fund. The charge will vary according to the Fund chosen and further details can be obtained from Your Financial Adviser or the Protection Fund Guide, as is updated from time to time.

D2 POLICY VALUE

D2.1 When We know how much a Unit is worth in all of the Funds in which Your Premiums have been invested We can work out Your Policy Value. We do this by multiplying the number of Units that You hold in each Fund by the most recent value of a Unit in that Fund.

D2.2 We work out Your Policy Value after We have been notified of a claim, when We have to make a payment to You, when We take charges, when We produce valuations or annual statements and at any other time that We think is necessary.

D3 MINIMUM POLICY VALUE

D3.1 If Your Policy Value falls below the Minimum Policy Value more than three years after Your Policy started We may pay You Your Policy Value. Your Policy will be cancelled and We will not make any further payment.

D4 RISK

D4.1 Both Internal and External funds will have some form of risk attached to them. We will not be responsible for the performance of any Funds linked to Your Policy and We will not pay compensation to You should they fall in value, or have no value at all. Where the provider of a Fund linked to Your Policy becomes Insolvent or is unable to meet its liabilities for any reason, Your Policy will suffer the loss.

D5 POLICY REVIEW

D5.1 We may at Your request (provided that more than 5 years have passed from the Start Date of Your Policy) and at any other time that We think necessary review the sustainability of Cover and Benefits provided by Your Policy.

D6 NOTICES OF ASSIGNMENT

D6.1 If You assign any of Your legal rights under Your Policy to someone else, We must see notice of the assignment. This notice must be sent to the address in Section D21. The Policy may only be assigned in its entirety.

D6.2 Your Policy can be reassigned to You or someone else, subject to Us receiving written instructions from the person or organisation to whom it had been assigned that they have reassigned it in its entirety.

D7 SUICIDE

D7.1 If any claim for a Benefit arises by virtue of the suicide or attempted suicide of a Life Assured (whether sane or insane at the time) within 1 year of the Start Date or within 1 year of the date on which We reinstate Your Policy, as described in Section C3.4, the amount payable in respect of any claim and all Benefits shall be limited to Your Policy Value at that time.

D7.2 If any claim for a Benefit arises by virtue of the suicide or attempted suicide of a Life Assured (whether sane or insane at the time) within 1 year of the date on which You increase the level of Cover for the relevant Life Assured the amount payable in respect of any claim and all Benefits shall be limited to Your Policy Value at that time.

D8 INCONTESTABILITY

D8.1 We will not contest any claim for a Benefit by the person or persons properly entitled to make such claim except on the grounds of non-disclosure or misrepresentation.

D9 CRIMINAL ACTS

D9.1 If any claim for a Benefit arises from the direct or indirect consequence of any act of the Life Assured which is deliberate and in material violation of the law of any jurisdiction, then no amount will be payable under this Policy in respect of the claim.

D10 TIME LIMITS FOR CLAIMS

D10.1 All claims should be submitted within 6 months of the claimable event. Failure to notify Us within this time may result in Us declining to pay the claim.

D11 DISCRETION

D11.1 Acceptance of increases or reductions in Premiums or Benefits is at Our discretion, and is subject to the Terms and Conditions applicable at the time.

D12 EXCEPTIONAL TRANSACTIONS

D12.1 We reserve the right to make a charge for any exceptional transactions that You might request. If We do so then We will advise You in writing before We deduct such a charge from Your Policy.

D13 CONTRACT

D13.1 The contract between You and RL360 Insurance Company Limited consists of these Terms and Conditions, as amended from time to time, the Application Form, each Policy Schedule We give to You which refers to the Policy details for LifePlan Lebanon and any endorsements to them and Your signed Personal Illustration. Where there is a conflict between the terms set out in this document and any of the terms set out in Your Policy Schedule, the terms set out in Your Policy Schedule will prevail.

D14 MIS-STATEMENT OF INFORMATION

D14.1 If when You took out the Policy We were told incorrect information about the Life Assured or important information was not given to Us We may ask You to alter the amount of the Premiums that You make to Us, We may reduce the amount which We pay for a claim below the level set out in Section B of this document, or We may cancel Your Policy.

D15 CHANGE OR LOSS OF OCCUPATION

D15.1 If Waiver of Premium Benefit is shown on Your Policy Schedule You need to tell Us if the first Life Assured (as shown on Your Policy Schedule) changes their Occupation or becomes unemployed.

D15.2 Where We have received notification that the first Life Assured's current Occupation has changed, We may at Our sole discretion:

- a) substitute that new Occupation as the first Life Assured's current Occupation for the purposes of Your Policy; or
- b) substitute that new Occupation as the first Life Assured's current Occupation for the purposes of Your Policy subject to such conditions that We specify; in this case We shall notify You in writing and You must, within a period specified by Us, confirm in writing acceptance of those conditions, failing which the Waiver of Premium Benefit will cease; or
- c) refuse to substitute that new Occupation as the first Life Assured's current Occupation, where such Occupation would be high risk and unacceptable to Us, in which case the Waiver of Premium Benefit will cease.

D16 FORCE MAJEURE

D16.1 We will not be legally responsible if We are prevented from fulfilling Our obligations due to any event beyond Our control, including, but not limited to:

- a) any Act of God;
- b) Pandemic;
- c) War;
- d) National emergency;
- e) Fire;
- f) Flood;
- g) Strike; and
- h) Industrial action.

D17 CHANGES TO POLICY

D17.1 We have issued this Policy on the basis of Our understanding of current law as it relates to Us, Our assets, Our investment activities and all applicable Isle of Man taxation laws and regulations.

D17.2 Acting on professional actuarial advice, We may require the Policy to be terminated in full or We may make such alterations to the Terms and Conditions as We consider appropriate if it ceases to be reasonably practicable for Us to comply with the Terms and Conditions or to fulfil any legal, regulatory or other official requirements applicable to Us, the Policy or You as a result of:

- a) any change (introduced, enacted or proposed) to any such legal, regulatory or other official requirements or a change in the interpretation or application of any such requirements or compliance with any request from any government, statutory or regulatory agency or authority; or
- b) if the basis of taxation which applies to the Policy changes; or
- c) if there is any other change in circumstances which increases

the cost to Us of maintaining the Policy or affecting Our ability to fulfil Our obligations under the Policy.

D17.3 In the event that We terminate a Policy as a result of the foregoing provisions, You will be deemed to have made a request to cash in the Policy in full in accordance with Section C4.3 and We will make payment to You on that basis.

D17.4 In addition, acting on professional actuarial advice, We may alter the Terms and Conditions in any way which it is advised is necessary or desirable to benefit the administration of the Policy.

D18 PERMITTED DEDUCTIONS

D18.1 If We are required by law to pay any amount concerning the Policy to any government, statutory or regulatory agency or authority (including a levy imposed on Us as a result of the Isle of Man Life Assurance (Compensation of Policyholders) Regulations 1991), We may deduct the amount to be paid from the Policy by the cancellation of Units.

D19 LAW

D19.1 The laws of Lebanon govern this Policy and the Lebanon courts will have exclusive jurisdiction in relation to all disputes.

D20 DATA PROTECTION

D20.1 Any data You provide to Us may be shared, if allowed by law, with other companies both inside and outside of RL360 and to persons who act on Your behalf. Data and information about You can be transferred outside of the Isle of Man and We may be required to provide it to Our regulator, government or anyone else required by law.

D20.2 We will use Your data and information to allow for the administration of Your Policy, prevent crime, prosecute criminals and for market research and statistics. We will, at all times, make sure that Your data and information is only used in ways that are allowed by law.

D20.3 The Isle of Man Data Protection Act 2002 allows You, after paying a small fee, to receive a copy of the data and information We hold about You.

D20.4 For further information please write to: Data Protection Officer, RL360, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

D21 CONTACT DETAILS

D21.1 Postal address
Burj Al Ghazal, 8th Floor,
Fouad Chehab Highway,
Ashrafieh, Tabaris, Lebanon.

Telephone +961 (1) 202 183/4
(telephone calls may be recorded)

Email lebanonservice@rl360.com

D22 RIGHTS OF THIRD PARTIES

D22.1 No term of this Policy is enforceable under the Contracts (Rights of Third Parties) Act 2001 by a person who is not party to this contract but this does not affect any right or remedy of a third party which may exist or be available otherwise than under that Act.

D23 TAX

D23.1 We will not be responsible for any tax liability that may arise in connection with Your investment with Us as a result of Your current (or any future) country of residence, citizenship or as a result of any transactions that You may instruct Us to carry out.

SECTION E DEFINITIONS OF THE WORDS WE USE

Accident

A bodily injury resulting directly from external, violent, visible and accidental means.

Accidental Death Benefit

The Benefit which is described in Section B3 of this document.

Act of God

Any kind of happening, occurrence or event that transpires due to natural causes. Such acts may include earthquakes, storms, hurricanes, and cyclones.

Activities of Daily Living

Means each of the following:

Transfer & Mobility - the ability to move from one room to an adjoining room or from one side of a room to another or to get in or out of bed or a chair without requiring the physical assistance of another person;

Continence - the ability voluntarily to control bowel and bladder functions such as to maintain personal hygiene;

Dressing - putting on and taking off all necessary items of clothing without requiring the assistance of another person;

Toileting - getting to and from the toilet, transferring on and off the toilet and associated personal hygiene; and

Eating - all tasks of getting food into the body once it has been prepared.

Adult

A person aged 18 years attained or over.

Aeroplane Cover

The Benefit which is described in Section B4 of this document.

AIDS

For the purposes of this Policy the definition of Acquired Immune Deficiency Syndrome shall be

that used by the World Health Organisation at the time a claim is made.

Air Accident

An Accident which occurs when the Life Assured is travelling as a fare-paying passenger on an aeroplane, which is involved in an accidental aeroplane crash, and which is operated by a commercial airline travelling on a scheduled route or a route operated by an established charter service and flying to and from registered airfields.

Applicant

The person or persons who apply for a LifePlan Lebanon.

Application Form

The Application Form accepted by Us which forms part of Your LifePlan Lebanon contract.

Benefit or Cover

These two terms are interchangeable and effectively mean the same thing, namely a benefit or cover provided under Your Policy or Policies as described in Section B.

Child

A person under the age of 18 years attained.

Critical Illness Cover

The Benefit which is described in Section B2 of this document.

Children's Critical Illness Cover

The Benefit which is described in Section B7 of this document.

Disability

Total & Permanent Disability - for the purposes of this condition (if the relevant Life Assured is under age 65 at the time when, for the purposes of this Policy, the Disability is deemed to have commenced), the Life assured must be medically certified (by a medical practitioner approved by Us) to be unable to ever again

to follow any occupation or employment for profit or reward.

Long Term Care - if the relevant Life Assured is over age 65 at the time when, for the purposes of this Policy, the Disability is deemed to have commenced, the Loss of Independent Existence (please refer to the definition of 'Relevant Condition' below) resulting in the Permanent inability of the Life Assured to perform at least 3 of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for Disabled persons.

Excluded Cause

A specific reason detailed on Your Policy Schedule, which limits the terms of Cover.

Excluded Reasons

When the event leading to a claim under Your Policy is caused:

- a) by or in consequence of injury which is self inflicted or in any way deliberately caused by the relevant Life Assured; or
- b) by excessive consumption by the relevant Life Assured of alcohol or taking of poisons or drugs except as prescribed by a qualified medical practitioner; or
- c) by participation of the relevant Life Assured in a hazardous sport or pursuit, including (but without limiting the generality of the foregoing) mountaineering, underwater diving, speed contests of any kind, parachuting or skydiving or in any form of aviation other than as a fare paying passenger travelling on a scheduled route or a route operated by an established charter service and flying to and from registered airfields; or
- d) as a result of the Life Assureds direct or indirect involvement in a war, invasion, act of foreign enemy, hostilities, or

warlike operations (whether war be declared or not), civil war, mutiny, civil commotion, assuming the proportions of a popular rising, military rising, insurrection, rebellion, riot, military or usurped power or any act of any person acting on behalf of or in connection with an organisation actively directed towards the overthrow or influencing of any government or ruling body by force including terrorism; or

- e) by direct or indirect involvement of the relevant Life Assured in the illegal production of, use or abuse of and/or dealing in, drugs, chemicals or any substances which are controlled or deemed illegal by any government or other authority having jurisdiction over the use of such drugs, chemicals or substances in any relevant jurisdiction; or
- f) by direct or indirect involvement in activities of an illegal or criminal nature either perpetrated by the relevant Life Assured alone or with other persons; or
- g) as a result of the failure of the relevant Life Assured to take medical advice or to follow treatment recommended by a medical practitioner; or
- h) as a result of a direct or indirect act of violence including but not limited to kidnapping, bodily harm, inflicted by another person, or the commission of an assault, or crime by, or against the Life Assured, asphyxiation, strangulation, poisoning or inhalation of gas or fumes whether voluntary or involuntary.

External Funds

A Fund managed by a fund manager other than Us, which We make available for investment via the Policy from time to time. The number and types of External

Funds available at any time shall be at the sole discretion of RL360.

Fund

A Fund listed in the Protection Fund Guide, or any other Fund We may make available.

Guaranteed Insurability Option

The ability to increase the sum assured for Primary Life Cover by specific amounts relevant to particular life events, without additional underwriting being necessary as explained in Section C5.2.

HIV

Human Immunodeficiency Virus.

Home Country

A country other than the one in which the relevant Life Assured dies and to which the deceased Life Assured is repatriated.

Insolvent

When a company is unable to meet its liabilities.

Irreversible

Any medical condition which cannot reasonably be improved upon by medical treatment and/or surgical procedures at the time of claim.

Joint Life Both Death

See Section B for definition and scope.

Joint Life First Death

See Section B for definition and scope.

Joint Life Last Death

See Section B for definition and scope.

Lebanese Deposit Fund

An internal Fund linked to a cash deposit placed with a bank domiciled in Lebanon selected by Us from time to time.

Life or Lives Assured

The person or people whose lives or health are covered under the Policy.

The details are shown in the Policy Schedule, which also specifies who the first Life Assured is.

Minimum Policy Value

The lowest Policy Value permitted by Us at any given time.

Occupation

The Life Assured's trade, profession or type of Work undertaken for profit or pay. It is not a specific job with any particular employer and is independent of location.

Paid Up

Making Your Policy Paid Up means that You will still remain covered by the Policy while the Policy Value remains sufficient to meet Our charges.

Permanent

Expected to last throughout life without prospect of improvement, irrespective of when the Cover ends or the Life Assured retires.

Personal Illustration

The illustration of projected Benefits based on a specified Premium. This is a document produced by the RL360 illustration system that is submitted with Your application and is signed by the Applicants. It must contain the same information that is submitted on the associated Application Form.

Policy/ies

Means the Policy/ies of assurance set out in the Policy Schedule.

Policy Owner

Means the owner or owners of the Policy specified in the Policy Schedule or the survivor of them (if there is more than one owner) or the successors in title of the owner or owners (if there is no survivor), or if applicable, the assignees of the Policy.

Policy Schedule

The document issued to You when the Policy is placed on risk. It details all the Benefits, Covers, Life or Lives Assured, Premiums, appropriate conditions and exclusions.

Policy Value

The value of Your Policy, which is determined by Us as described in Section D2 of this document.

Premium

An amount of money which is payable by You to Us for the Term and at the frequency specified on Your Policy Schedule.

Premium Holiday

A period of time when, subject to Our prior agreement, Premiums are not required to be paid to the Policy, as explained in Section C3.5. This is a specific period of time and is subject to specific criteria.

Primary Life Cover

The Benefit which is described in Section B of this document.

Protection Fund Guide

Our guide which sets out details of the Funds in which You may invest Your Policy.

Relevant Child/Children

For Children's Critical Illness Cover in Section B7 of this document means:

- a) a natural Child of a Life Assured, between the ages of 1 attained up to the age of 18;
- b) any Child who is legally adopted by a Life Assured, between the ages of 1 attained up to the age of 18; and
- c) any Child who resides with and is financially dependent on the Life Assured, between the ages of 1 attained up to the age of 18,

and who is shown on Your Policy Schedule.

Relevant Condition

Blindness – Permanent and Irreversible

Permanent and Irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- All Cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - Cancer in situ
 - having either borderline malignancy
 - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin Cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Coma – resulting in Permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- results in Permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

Coma secondary to alcohol or drug abuse.

Deafness – Permanent and Irreversible

Permanent and Irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

Heart attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - Troponin T > 1.0 ng/ml
 - AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

Kidney failure – requiring dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

Loss of Independent Existence

A Loss of Independent Existence means that in the opinion of Our chief medical officer the Life Assured is:

1. Permanently Disabled by reason of mental incapacity. For the purposes of this condition mental incapacity means that the Life Assured is suffering from
 - an organic brain disease or brain injury or benign brain tumour which affects the Life Assured's ability to reason and understand, and
 - the mental incapacity has deteriorated to the extent that continual supervision of the Life Assured and the assistance of another person is required, and
 - the mental incapacity is Irreversible with no reasonable prospect of there ever being any improvement in the Life Assured's condition.

OR

2. Permanently unable to perform at least 3 Activities of Daily Living.

Motor Neurone Disease – resulting in Permanent symptoms

A definite diagnosis of Motor Neurone Disease by a consultant neurologist. There must be Permanent clinical impairment of motor function.

Multiple Sclerosis - with persisting symptoms

A definite diagnosis of Multiple Sclerosis by a consultant neurologist. There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Paralysis of limbs – total and Irreversible

Total and Irreversible loss of muscle function to the whole of any 2 limbs.

Stroke – resulting in Permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in Permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient ischaemic attack
- Traumatic injury to brain tissue or blood vessels.

Third degree burns – covering 20% of the body's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

Relevant Procedure

Aorta graft surgery – for disease

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft.

The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair
- Surgery following traumatic injury to the aorta.

Coronary artery by-pass grafts

– with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of 1 or more coronary arteries with by-pass grafts.

Heart valve replacement or repair – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair 1 or more heart valves.

Major organ transplant

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas.

For the above definition, the transplant of any other organs, parts of organs, tissues or cells is not covered.

Repatriation Benefit

The Benefit which is described in Section B5 of this document.

Representative

The sales person, financial adviser, IFA, broker, Your agent or Your associate who arranged to submit the application on Your behalf to Us. Your Representative may also be a legal representative or the executor of Your estate.

RL360

RL360 Insurance Company Limited.

Single Life

See Section B for definition and scope.

Start Date

The date Your Policy started which is shown in Your Policy Schedule.

Term

A pre-determined period during which Premium payments are expected to be made, or a

pre-determined period during which Benefit or Cover will be provided.

Term Critical Illness Cover

A classification of Critical Illness Cover as described in Section B2.2.2 of this document.

Term Life Cover

A classification of Primary Life Cover as described in Section B1.2.2 of this document.

Terms and Conditions

Means Our standard terms and conditions which are set out in this document, together with any additional terms and conditions included in Your Policy Schedule, as they may be amended by Us under Section D18.

Terminal Illness

An advanced or rapidly progressing incurable illness where, in the opinion of an attending consultant and Our chief medical officer, the life expectancy of the Life Assured is no greater than 12 months.

Unfit for Work

The temporary inability of the Life Assured to follow any Occupation for which that person is reasonably suited by training, education or experience.

Units

The Units into which a Fund is divided.

We or Us or Our

RL360 Insurance Company Limited.

Waiver of Premium Benefit

The Benefit which is described in Section B6 of this document.

Work

Being employed or self-employed for a period of at least 16 hours per week.

You or Your

Means the Policy Owner or Owners, where two Policy Owners are shown in Your Policy Schedule.

RL360 Insurance Company Limited
(Lebanon Branch)
شركة آر إل 360 إنشورنس كومبني ليمتد (فرع لبنان)

RL360, Burj Al Ghazal, 8th Floor,
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**PROTECTING YOU
WHEN LIFE DOESN'T
GO ACCORDING
TO PLAN**