

ACCIDENTAL INJURY HOSPITALIZATION ALLOWANCE GROUP RIDER TERMS AND CONDITIONS

G.C.Life Product Code: 7+

1. Contract Attributes

The terms and conditions for the accidental injury hospitalization allowance group rider (hereinafter referred to as “the Contract”) shall not be a stand-alone contract and the Contract must be attached to “Life Shield” group insurance product, (hereinafter referred to as “Main Product”) as an additional contract. During the effective period of the Contract, if the Main Product is terminated or suspended, the Contract shall be terminated or suspended as well.

2. Composition of Insurance Contract

The Contract is composed of the insurance certificate, terms and conditions, application form, list of the Insured, and other documents related to the Contract.

3. Application and Renewal Requirement

- (1) The applicant has to purchase the Main Product of the Company in order to purchase this rider;
- (2) Other applicant requirement shall remain the same as the Main Product;
- (3) The renewal requirement shall remain the same as the Main Product.

4. Composition, Creation, and Effectiveness of Insurance Contract

The Contract is composed of the insurance certificate, terms and conditions, application form, and other documents related to the Contract. The aforementioned documents may be signed and issued independently or combined with the Main Product.

The applicant submits an application and completes the application procedures, the Company notifies the applicant to make the premium payment after the Company underwrites the insurance, and then the Contract is created.

After the creation of the Contract and the full payment of the premium for both the Main Product and this Contract, the Contract and the Main Product shall enter into effect. Upon the effectiveness of the Contract, the Company will issue an independent insurance policy to the applicant immediately, or combine the Contract with the Main Product and issue an insurance policy as a whole.

5. Period of Insurance

Unless otherwise provided in the Contract, the period of insurance shall remain the same as the Main Product and stated in the insurance certificate.

6. Premium, Sum Insured, and Payment Requirement for Hospitalization Allowance

Under the Contract, there are three plans (A, B, C) with different premiums, sum insured, and hospitalization allowance stated in the table below under this section. The applicant shall select one of the three plans with limitations below:

Table of Premium, Sum Insured, Limited Days of Hospitalization

Currency Unit: US dollar

Plan	Premium	Sum Insured	Daily Allowance	Maximum Number of Days for Each Hospitalization	Annual Maximum Accumulated Days for Hospitalization
A	7	1440	12	80	120
B	13	2880	16	100	180
C	29	6600	30	120	220

7. Coverage

During the effectiveness of the Contract, in case the Insured is hospitalized due to accident, the Company shall be obliged to the hospitalization allowance as follows:

- (1) The calculation of hospitalization allowance shall be based on the Insured's actual number of days of hospitalization excluding the first 3 days multiplied by the "Daily Allowance" for the selected plan stated in the table above.
- (2) The limit of days for each hospitalization of the Insured shall be based on the "Maximum Number of Days for Each Hospitalization" for the selected plan stated in the table above. If the Insured is hospitalized for the same reason as the previous hospitalization, and the period from the previous discharge to the current hospitalization is less than 30 days, the current hospitalization and the previous hospitalization are regarded as a one-time-stay.
- (3) The limit of days for annual hospitalization of the Insured shall be based on the "Annual Maximum Accumulated Days of Hospitalization" for the selected plan stated in the table above. If the insured event occurs during the period of insurance and the Insured is still hospitalized at the end of the period of insurance, the Company shall extend coverage of the daily hospitalization allowance for up to one year after the end of the period of insurance. However, from the beginning of the period of insurance to the end of the one-year period after the end of the period of insurance, the cumulative number of days of the daily hospitalization allowance shall be limited to the number of days per "Annual Maximum Accumulated Days of Hospitalization" for the selected plan stated in the table above.

8. Exclusion

- (1) Any expense related to the medical treatment of the Insured, cosmetics, any dental care or repair, including teeth cleaning, teeth whitening, orthodontics, dental porcelain, dental implants or dental prostheses is not covered under this Contract.
- (2) The Insured is hospitalized outside Cambodia.
- (3) If the Insured is hospitalized due to any of the following events, the Company shall not pay the hospitalization allowance:
 - 1) Any conditions stated in the Exclusion Clause of the Main Product;
 - 2) The cause to the Insured being hospitalized is not accidental injury;
 - 3) General health check, health care treatment, recovery treatment, physical treatment, psychosocial therapy or treatment.

9. Beneficiary

Unless otherwise provided in the Contract, the beneficiary of the insurance benefit provided under this Contract shall be the Insured.

10. Changes of the Insured during the Contact

If the Insured is added during the Contract period, the agreed time shall be the corresponding effective date of the Contract each month, and the change can only be made once a month. After applying for the increase of the Insured and consent approval by the Company, the insurance coverage for the additional Insured will start from the date when the applicant pays the agreed premium.

If the number of the Insured decreases, after the approval of the Company, the insurance coverage for the removed Insured shall terminate from the following day of the application receipt date and the Company shall refund the cash value of the Insured to the applicant in accordance with Clause 18: "Table of the Return of Premium for Accidental Injury Hospitalization Allowance Group Rider" of the Contract.

If the number of the Insured is less than 3 people, the Company shall have the right to terminate the Contract and shall return the premium amount to the applicant in accordance with Clause 18: "Table of the Return of Premium for Accidental Injury Hospitalization Allowance Group Rider" of the Contract.

11. Effective Period for Claim Benefit

The effective period for the beneficiary to claim the benefit from the Company shall be one year, from the date on which the beneficiary is aware or should have been aware of the occurrence of the insured event.

12. Evidences and Documents Required for Claiming Insurance Benefit

- (1) An insurance policy or any other proof of the objective existence related to the Main Product contract and this insurance contract;
- (2) Legal and valid identification documents of the claimant;
- (3) Evidences and documents proving the fact, nature, and cause of the accident available to be provided by the claimant, and any other evidences and documents related to hospitalization, including:
 - 1) Certificate of hospitalization, certificate of diagnosis of accidental injury (including diagnosis basis), hospitalization records, and other evidences sufficiently proving the occurrence, condition of injury, and the fact and number of days of hospitalization, issued by the hospital where the Insured is hospitalized;
 - 2) Photographs or video recordings taken by the applicant, the Insured, the beneficiary, or family member of the Insured proving that the Insured is hospitalized and the number of days of hospitalization.
 - 3) If the Company is not able to verify the claim after receipts of the aforementioned documents, the Company has the right to request the claimant to provide sufficient evidences or documents to prove the fact of the insured event, time of occurrence, and the fact of hospitalization.
- (4) If a representative is appointed to claim the benefit, a power of attorney and identification documents of the representative;
- (5) Other evidences requirement shall remain the same as the Main Product.

13. Termination by the Applicant

After the Contract is created, unless otherwise provided in the Contract, the applicant may request to terminate the Contract. However, if any benefit payment has been received or if any insured event under the Main Product and Rider Contract has occurred but the benefit has not been paid, the applicant cannot request to terminate the Contract.

The Contract shall be terminated when the Company receives the request for termination of contract. The Company shall, within 2 working days from the date of receiving the request for termination, partially return the premium paid for the selected plan under the Contract in accordance with "Table of the Return of Premium for Accidental Injury Hospitalization Allowance Group Rider", the Contract shall be terminated.

14. Change of Occupation

If the Insured changes his/her occupation, the applicant or the Insured shall notify the Company in writing within 10 days, otherwise, the effectiveness of the insurance coverage shall become invalid.

After the Insured has changed his/her occupation, if the level of risk obviously increases, the Company reserves the right to immediately impose additional premium on the applicant. If the level of risk is extremely high and the nature of his/her occupation is verified to be an uncovered occupation, the Company reserves the right to terminate the Contract and partially return the premium paid for the selected plan under the Contract in accordance with "Table of the Return of Premium for Accidental Injury Hospitalization Allowance Group Rider", the Contract shall be terminated.

15. Clear Explanation and Truthful Disclosure

At the creation of the Contract, the Company shall clearly explain to the applicant the contents of the Contract. For the exclusion clause under the terms and conditions of the insurance, the Company shall, at the creation of the Contract, provide obvious disclosure to the applicant on the application, insurance contract, or other insurance documents.

If the applicant fails to fulfill the obligation of truthful disclosure as stipulated in the preceding paragraph by intentionally concealing or deceiving the Company, resulting in inability of the Company to decide whether to underwrite the insurance or increase the premium rate, the Company has the right to terminate the Contract, and partially return the premium paid for the selected plan under the Contract in accordance with "Table of the Return of Premium for Accidental Injury Hospitalization Allowance Group Rider", the Contract shall be terminated.

16. Others

- (1) The following Clauses remain the same as the Clauses stated under the Main Product contract:
 - 1) Notice of Insured Event
 - 2) Contract Modification
 - 3) Dispute Resolution
 - 4) Languages
- (2) If there are any unclear sections, please refer to the corresponding terms and conditions of the Main Product for more details.

17. Definition

The Company: refers to GC Life Insurance PLC.

Legally valid identification document: refers to a certificate or document, such as ID card, passport, etc., issued by the national government to prove the identity.

Accident: refers to objective hazard which is external, unexpected, unintentional, non-disease, and directly causes personal injury. Accident includes explosion, collapse, scalding, collision, lightning strike, electric shock, contortion, frostbite, heat stroke, drowning, suffocation, fall, acute poisoning, animal bite, boat or plane crash, work-related injury caused by overwork. Sudden death is not attributable to accidental death (Sudden death refers to non-violent sudden death of a person that appears healthy within 24 hours after occurrence of symptoms due to underlying illness, malfunction, or other causes. Sudden death shall be determined by the hospital diagnosis and authentication by the police station.)

Other definitions shall remain the same as the Main Product contract.

18. **Schedule:**

“Table of the Return of Premium for Accidental Injury Hospitalization Allowance Group Rider”

Currency Unit: US dollar

Plan/Month	1	2	3	4	5	6	7	8	9	10	11	12
A	4.17	3.79	3.41	3.03	2.65	2.28	1.90	1.52	1.14	0.76	0.38	0.00
B	7.75	7.04	6.34	5.63	4.93	4.23	3.52	2.82	2.11	1.41	0.70	0.00
C	17.28	15.71	14.14	12.57	11.00	9.43	7.85	6.28	4.71	3.14	1.57	0.00

Note: the term “Month” stated in the table above represents the number of months passed by the time of the Contract termination due to any reasons during the period of insurance; it shall be counted as 1 month if the month has not passed. For example: the period of insurance for the Contract has passed by 2 months and 13 days, the number of months shall be counted as 3 months.