

DENGUE FEVER HOSPITALIZATION ALLOWANCE GROUP RIDER

TERMS AND CONDITIONS

G.C.Life Product Code: 11

1. Contract Attributes

The terms and conditions for the dengue fever 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 is required to purchase the Main Product of the Company in order to purchase this rider;
- (2) Other application requirements shall remain the same as the Main Product;
- (3) The renewal requirements shall remain the same as the Main Product.

4. Creation and Effectiveness of Insurance Contract

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.

5. Period of Insurance

The period of insurance shall remain the same as the Main Product.

6. Waiting Period

Starting from the effective date of the Contract, there is a 10 day waiting period.

The waiting period for the aforementioned coverage applies to all the Insured, including any newly added Insured to the Contract during the period of insurance.

If the applicant renews the Contract on time, meaning that the insurance period is continuous or the days between the expiration date of the prior contract and the effective date of the new contract are less than 15 days, there will be no waiting period. However, for any newly added Insured, they shall be subjected to the waiting period.

7. Plans

There are three plans (A, B, C) with different premiums under this contract. The applicant shall select one of the three plans.

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

- (1) The premium, sum insured, and payment requirement for hospitalization allowance of plan (A, B, C) under this contract is stated in Schedule 1 below:

Schedule 1: Table of Premium, Sum Insured, and Payment Requirement for Hospitalization Allowance
Currency Unit: US dollar

Plan	Premium	Dengue Fever Hospitalization Allowance		
		Sum Insured (1)	Sum Insured (2)	Sum Insured (3)
A	4	400	300	200
B	6	600	450	300
C	8	800	650	500

9. Coverage

During the effective period of the Contract but after the waiting period (10 days), in case the insured is diagnosed with dengue fever and is hospitalized in the Kingdom of Cambodia, China, Thailand, Vietnam, or Singapore, the Company shall make a one-time payment for the dengue fever hospitalization allowance to the Insured as agreed below:

- 1) If the number of days of hospitalization is more than 7 days or the Insured passes away during the hospitalization, the Company shall pay the dengue fever hospitalization allowance based on "Sum Insured (1)" Under the "Dengue Fever Hospitalization Allowance" stated in Schedule 1.
- 2) If the number of days of hospitalization is more than 3 days but less than or equal to 7 days, the Company shall pay the dengue fever hospitalization allowance based on "Sum Insured (2)" Under the "Dengue Fever Hospitalization Allowance" stated in Schedule 1.
- 3) If the number of days of hospitalization is less than or equal to 3 days, the Company shall pay the dengue fever hospitalization allowance based on "Sum Insured (3)" Under the "Dengue Fever Hospitalization Allowance" stated in Schedule 1.

After the payment of the aforementioned dengue fever hospitalization allowance, the dengue fever coverage for the related Insured will be terminated but the coverage under the Main Product. If the insured is diagnosed with dengue fever during the period of insurance and the Insured is still hospitalized at the end of the period of insurance, the Company shall be obliged to pay for the dengue fever hospitalization allowance.

10. Diagnosis of Dengue Fever and Calculation of Days for Hospitalization

The Company accepts diagnostic results issued by the doctors from legal hospitals. However, the diagnostic result has to be correlated with the hospitalization record, medical laboratory report, and the medicine taken for treatment.

If the Insured is diagnosed with dengue fever during the hospitalization, the days for hospitalization to calculate the allowance shall start from the first day of such hospitalization rather than the day that dengue fever is diagnosed.

11. Exclusion

- (1) The Insured is diagnosed with dengue fever but he/she is never hospitalized;
- (2) The Insured is diagnosed with dengue fever but he/she is hospitalized outside of the Kingdom of Cambodia, China, Thailand, Vietnam, or Singapore;
- (3) Before the creation of the Contract, the applicant did not declare to the Company or intentionally deceived the Company the fact that the Insured has already been diagnosed with dengue fever and was hospitalized after the effectiveness of the Contract.
- (4) The Insured is diagnosed with dengue fever within the waiting period of the Contract;
- (5) The Insured is hospitalized not related to dengue fever but other medical treatment related to cosmetics, any dental care or repair, dental porcelain, dental implants or dental prostheses;

12. Beneficiary

The beneficiary of the hospitalization allowance benefit provided under this Contract shall be the Insured. In case the Insured dies, the beneficiary for the insurance benefit under this Contract shall follow the one stated in the Main Product.

13. Changes of the Insured during the Contract

During the effective period the Contract, the applicant has the right to add or remove the number of the Insured. If the number of the Insured decreases and that causes a refund of premium, the Company shall refund the premium of such Insured to the applicant in accordance with Schedule 2: "Table of the Return of Premium".

Any other related requirements shall remain the same as the Main Product.

14. Effective Period for Claims of Hospitalization Allowance

The effective period for the beneficiary to claim the hospitalization allowance 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.

15. Notice of Insured Event

The applicant, the Insured, or the beneficiary, upon becoming aware of any insured event, shall promptly notify the Company. Intentional failure to do so, resulting in inability of the Company to determine the nature or cause of such insured event, the Company shall not be obliged to pay the insurance benefit for any part which cannot be determined.

16. 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. If a representative is appointed to claim the hospitalization allowance benefit, a power of attorney and identification documents of the representative;
- (3) Other evidences and documents include:

- 1) Certificate of hospitalization, certificate of diagnosis of dengue fever, hospitalization records, and other evidences sufficiently proving the fact of medical treatment, number of days of hospitalization, the starting time of hospitalization, the address 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.

17. Termination by the Applicant

During the effective period of 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.

If the termination of the Contract causes a refund of premium, the Company shall refund the premium of such Insured to the applicant in accordance with Schedule 2: "Table of the Return of Premium".

Any other related requirements shall remain the same as the Main Product.

18. 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.

At the creation of the Contract, the applicant shall fulfill the obligation of truthful disclosure and shall not intentionally conceal the health condition and age. Otherwise, the Company shall not be obliged to any hospitalization allowance payment. If the untruthful disclosure leads to a termination of the Contract, the Company shall partially return the premium paid to the applicant in accordance with Schedule 2: "Table of the Return of Premium" of the Contract and the Contract shall be terminated.

19. Others

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

20. 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.

Dengue fever: Dengue fever is an acute vector-borne disease caused by the transmission of dengue virus through mosquito vectors. The clinical manifestations include rapid onset in high fever, headache, severe pain in muscles and joints, rashes, bleeding, swollen lymph nodes, and severe cases of heart and brain damage. Medical laboratories may report the detection of specific antibodies, as well as abnormal changes in blood and urine, and changes in serological abnormalities.

Hospitalization: refers to a person who stays in the hospital for a full day diagnosis process and medical treatment after a hospitalization application process. For a person who comes to a hospital staying at a temporary waiting or observation area, it shall not be considered as hospitalization.

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

21. Schedule 2:

“Table of the Return of Premium”

Currency Unit: US dollar

Plan/Month	1	2	3	4	5	6	7	8	9	10	11	12
A	2.38	2.17	1.95	1.73	1.52	1.30	1.08	0.87	0.65	0.43	0.22	0.00
B	3.58	3.25	2.93	2.60	2.28	1.95	1.63	1.30	0.98	0.65	0.33	0.00
C	4.77	4.33	3.90	3.47	3.03	2.60	2.17	1.73	1.30	0.87	0.43	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.