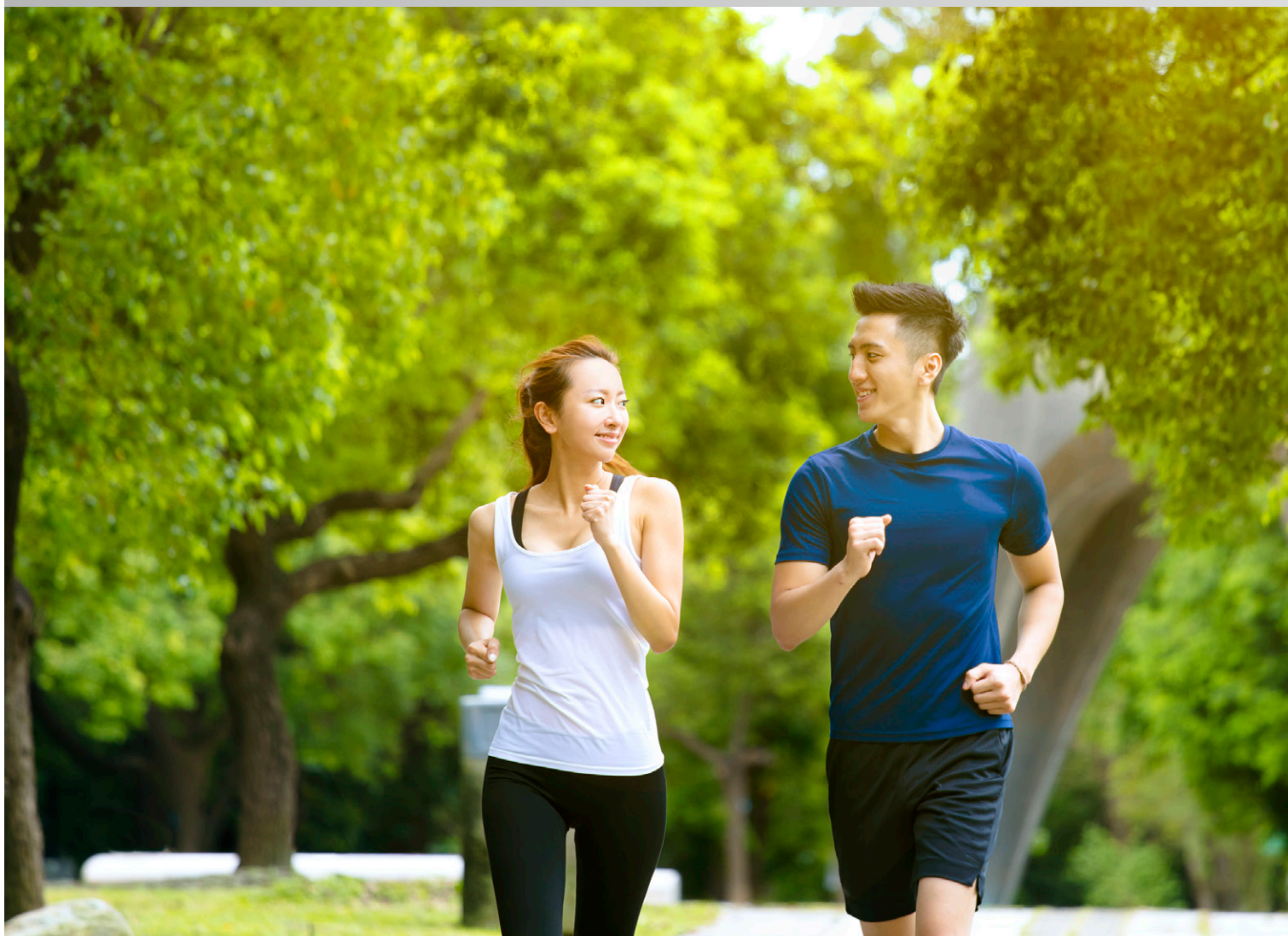


Group Insurance

Lifelong Promise • Lifelong Partner



FlexiCorp Group Medical Insurance – Top-up Benefit

Enhance existing group medical insurance coverage
to give you extra peace of mind

As our stage of life changes, so do our social roles and protection needs.

China Life (Overseas) understands that the group medical insurance provided by employer may not be able to satisfy the varying needs of each employee. Our FlexiCorp Group Medical Insurance – Top-up Benefit (“Top-up Benefit”) is designed to supplement your existing group medical insurance, allowing employees to enjoy enhanced protection at affordable premiums, thus safeguarding the future against the unforeseen.

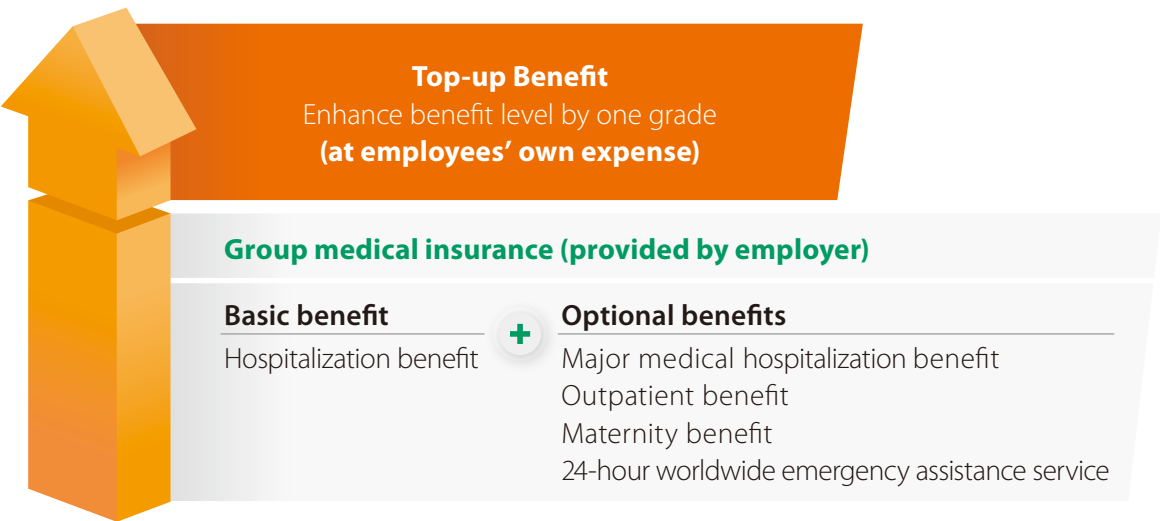


Plan Features



Enhanced protection at affordable premiums

With affordable premiums, the Top-up Benefit allows insured employees to enjoy better protection, ranging from hospitalization, outpatient to maternity benefit through enhancing their benefit level by one grade¹ to meet their individual needs. The Top-up Benefit is on voluntary basis and at the employees’ own expense².



For details of the protection and benefit level, please contact your employer.



Upgraded protection for beloved family

If the existing group medical insurance scheme is available to employee’s dependent(s), both the insured employee and his/her dependent(s) will enjoy extra safety net after upgrading the benefit level¹.



Easy application

Existing insured employees of FlexiCorp Group Medical Insurance can apply for this Top-up Benefit³. No underwriting and medical examination are required, making the application easy and convenient.



24-hour worldwide emergency assistance service

If the insured⁴ is diagnosed with an illness or is injured in an accident outside the country of residence, he/she can access comprehensive coverage under the free 24-hour worldwide emergency assistance service⁵.

Enrollment Terms

Plan type	Combo medical plan		
Eligibility for enrollment	Existing insured employees of FlexiCorp Group Medical Insurance ³		
	Employee	Spouse	Unmarried children
Issue age	Age 16 to 64 ⁶	Age 18 to 70	15 days to age 23, but it must be full-time students for age 19 to 23 unmarried children (dependent upon the insured employee for support)
Maximum age limit for renewal	Age 70	Age 70	Up to age 25 for unmarried children who are full-time students
Underwriting	No underwriting or health declaration is required		
Benefit term	1 year (yearly renewable)		
Premium payment mode	Annual ⁷		
Policy currency	HKD		
Renewal	Guaranteed renewal ⁸		

Notes:

1. In every policy year, each insured employee and his/her dependent are entitled to upgrade benefit level by once only and each time by one grade only. Benefit downgrade is not allowed.
2. The premium shortfall derived from upgrade of benefit level will be borne by the insured employee. The premium levy will be borne by the employer.
3. This Top-up Benefit is available to the insured employees of corporates which have 10 or more employees enrolled into FlexiCorp Group Medical Insurance.
4. Insured refers to the insured employee or the insured dependent, including the insured employee's spouse and/or unmarried children.
5. 24-hour worldwide emergency assistance service is provided by third party service provider. We shall not be liable for any matter in connection with the services. China Life (Overseas) reserves the right to amend the terms and conditions thereof from time to time without prior notice.
6. First issue age refers to the effective date of an employee working in the insured organization.
7. If the required renewal premium is paid by you within the grace period, the policy shall continue to be in force. For details, please refer to the policy provisions issued by China Life (Overseas).
8. China Life (Overseas) reserves the right to review the premium rates on each policy anniversary and revise the terms and conditions and/or the benefit items of the policy from time to time. If we decide to no longer offer the Plan, we will endeavor to enroll the insured in another available medical plan.

Manage your policy at ease

You can view your policy information, submit claims and find a network doctor by accessing our group insurance online service platform, anytime, anywhere!

Website



gp.chinalife.com.hk →

Mobile app



WeChat mini program



Important Information:

This product brochure is for reference only. It does not form a contract between China Life (Overseas) and anyone or any entity else. The detailed terms, conditions and exclusions of the Plan are subject to the relevant policy contract. You are reminded to review the policy contract and all relevant product materials and to seek independent professional advice if necessary. For a copy of the policy contract, please contact China Life (Overseas) for enquiry.

You have the right to purchase the medical insurance product as a standalone plan instead of bundling with other type(s) of insurance product.

1. The Plan is underwritten by China Life Insurance (Overseas) Company Limited ("China Life (Overseas)", the "Company" or "us / we / our"). China Life (Overseas) is responsible for the features, underwriting and benefit payments under the Plan. You should fully understand all of the risks involved in this Plan and consider whether this Plan is affordable and suitable to you before making your application.
2. China Life (Overseas) shall make the final decisions on the underwriting and claims. You are required to declare all requisite information that would affect our underwriting decisions. We have the right to declare the policy void due to any misrepresentation or fraud. We shall rely on your submitted information to assess whether to accept or decline your application, and shall refund any premium and levy (if any) paid without interest for declined cases.
3. The Plan is a non-participating life insurance plan and therefore dividends are not available to the Plan.
4. Exclusions – the Company shall not be held liable for medical fees arising from any of the following reasons:
 - (a) medical fees incurred from a non-registered medical practitioner;
 - (b) fees used for purchasing medicine that is not prescribed by a registered medical practitioner;
 - (c) fees incurred from physical / health examination, x-ray tests or laboratory tests that have not been approved by or requested by a registered medical practitioner;
 - (d) fees incurred from an approved specialist that are not recommended by or requested by the attending registered medical practitioner;
 - (e) hospitalization and treatment fees that have not been approved by a registered medical practitioner;
 - (f) room and board, general nursing fees and other hospital service fees or hospitalization and treatment fees that are not related to treated condition;
 - (g) sexually transmitted diseases or AIDS;
 - (h) mental disorders, schizophrenia;
 - (i) fees for dental treatments, dentures, scaling, eye examination, spectacles, hearing aids, or execution of aesthetic treatments or plastic surgery (with the exception of fees paid for alleviating the physical damages suffered by an insured arising from an accident);
 - (j) self-inflicted injury, suicide (whether the insured is sane or not), alcoholic intoxication or insanity;
 - (k) pre-existing congenital conditions;
 - (l) hunting, mountaineering, skiing, water-skiing, diving, participation in any tournaments;
 - (m) participating in fights, setting people on fire, murder, attack, threatening or being attacked for revenge;
 - (n) accidental injury arising from joining the military, the police force or serving war-like jobs or taking charge of any duties inside an aircraft;
 - (o) treatment fees arising from pregnancy, including childbirth, miscarriage, abortion, dystocia, contraception, prenatal and postnatal check-up, and related complications (with the exception of supplementary maternity medical benefit).
 - (p) fees directly or indirectly arising from war, terrorist attack, hostilities (whether a war is declared or not), civil war, rebellion and riots;
 - (q) any compensations already paid by law or other insurance plans;
 - (r) companion fees, special nursing fees, non-medical personal services and other special fees.

Gynaecology and obstetrics protection - the Company shall not be held liable for medical fees arising from any of the following reasons:

- (a) medical fees arising from abortion or contraception and their complications.
- (b) an insured employee is confirmed pregnant before these terms come into effect (excluding renewing employees).
- (c) room and board, companion fees, special nursing fees, non-medical personal services and other special fees that are not related to the treated condition.
- (d) any compensations already paid by law or other insurance plans.
- (e) medication of a supplementary nourishment nature.
- (f) the medical fees arising from giving birth to the third child by an insured employee.

In addition, the information stated in this product brochure is for reference only. Please refer to the "general provisions" and "benefit provisions" for the exact terms and conditions and limitations such as incontestability, suicide and fraud etc. or all exclusions.

5. Limitation - limitation of the Plan includes:

- a) Coverage of specific items will be effective on the following dates:

Items	Effective date (after the policy commencement)
Covered illness	Immediate
Accidental injury	Immediate
Death benefit	Immediate

The terms of benefits do not cover any treatment of an illness or injury caused by an accident which is received by an insured within 3 months prior to joining this Plan. If an insured does not receive any diagnosis or treatment for that illness nor any treatment irrelevant to that illness for 3 consecutive months after joining this Plan and while the policy is in force, he/she will be covered by the terms of benefits.

- b) Principle of indemnity

- i. Parts of benefits under the Plan will only be payable for eligible expenses incurred for medical services provided to the insured. The payable amount of eligible expenses shall not exceed the actual costs of the medical services provided to the insured, subject to the maximum benefit limits as stated in the benefit schedule;
- ii. If an insured is hospitalized to receive treatment and become unable to perform his/her normal job duties fully and continually because of an illness or injury caused by an accident while the policy is in force, the insured will continue to be covered by the terms of benefits within 90 days after his/her withdrawal from the Plan.
- iii. Major medical hospitalization benefit
 - When an insured files a claim for major medical hospitalization fees, the maximum benefit limit for hospitalization medical benefit as specified in the benefit schedule and the deductibles for major medical hospitalization benefit should be first deducted. Then reimbursement amount will be calculated based on the balance and the reimbursement ratio as per the benefit schedule, but shall not exceed the maximum benefit limit as specified in the benefit schedule.
 - If the daily room and board expenses incurred by an insured exceed the maximum benefit limit for daily room and board as specified in the benefit schedule by 30%, the maximum benefit limit for hospitalization medical benefit as specified in the benefit schedule and the deductibles for major medical hospitalization benefit should be first deducted. Then the reimbursement amount shall be calculated based on the balance and the reimbursement ratio at 50%, but shall not exceed the maximum benefit limit as specified in the benefit schedule.

- c) Double insurance

China Life (Overseas) is not liable for any confinement, surgery and/or medical expenses for which compensation or reimbursement is payable under any law, medical program, or insurance policy provided by any government, company or other insurer except to the extent that such charges are not reimbursed by such law, medical program or insurance policy.

6. Non-payment of premium – Except for the first payment of premium, the insured organization shall be given a grace period of 1 month (not exceeding 31 days) for the premium payment for each renewed period. The insured organization shall pay the renewal premium within the grace period to keep the policy in force. The policy shall be void if the premium is not paid within the grace period.

7. Cancellation right – You have the right to send a policy cancellation request to China Life (Overseas) at any time. You must complete and sign the relevant form and submit that to China Life (Overseas) at 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong. The policy will be terminated upon approval. Should you have the relevant form, please contact your financial consultant or call China Life (Overseas) customer service hotline: 399 95500.

8. Claims procedure – If you would file a claim, you must submit completed designated form(s) with relevant proof within 90 days from discharge or after clinical treatment or after the death of the insured to China Life (Overseas). You can obtain the claims forms from your financial consultant, by calling China Life (Overseas) customer service hotline: 399 95500 or by visiting any China Life (Overseas) customer service centre.

What are the key product risks?

Credit risk:

The Plan is a life insurance policy issued by China Life (Overseas). Any premium paid will become part of our assets and our financial strength will affect our ability to meet our contractual obligations to you under the policy. Therefore, you are subject to our credit risk.

Inflation risk:

The cost of living in the future may be higher than expected due to the effects of inflation. Therefore, your current planned benefits and/or returns may be insufficient to meet your future needs even if we fulfill all of our contractual terms and obligations.

Premium adjustment, benefit adjustment and renewal:

China Life (Overseas) reserves the right to review and adjust the premium rates on each policy anniversary. Factors leading to premium adjustment include but not limited to the experience in claims, policy surrender, investment return, expenses and medical cost incurred by and/or in relation to the Plan.

In addition, China Life (Overseas) reserves the right to review the terms and conditions and/or benefits schedule of the Plan from time to time. China Life (Overseas) will provide you a written notice 30 days before any revision, amendment or modification by ordinary post to your last known address in China Life (Overseas)'s records. In the event you disagree with such revision, you must provide a written request to China Life (Overseas) at any time within 30 days after such revision takes effect and the Plan shall automatically terminate on the premium due date following China Life (Overseas)'s receipt of such notice.

If China Life (Overseas) decide to no longer offer the Plan, China Life (Overseas) will endeavor to enroll the insured in another available medical plan.

Policy termination:

The insurance protection of the insured employee will be terminated immediately under any of the following conditions:

1. the insured employee is aged 71 or above.
2. the employment contract between the insured organization and the insured employee is terminated, or the insured has ceased serving the insured organization.
3. the insured employee has joined the army, navy or air force of any country or region.
4. this policy is void or terminated.
5. the insurance type of the insured employee has ceased.
6. this policy is terminated because of a war.

The insurance protection of the insured dependent will be terminated immediately under any of the following conditions:

1. the employee's insurance that offers eligibility for the insured dependent to join this Plan is void.
2. the employee who offers eligibility for the insured dependent to this Plan has passed away.
3. the status of the insured dependent has ended.
4. this policy is void or terminated.
5. the insurance type of the insured dependent has ceased.
6. this policy is terminated because of a war.

All riders (if any) will be terminated when the policy to which the rider(s) is/are attached terminates.

Effective from 1 January 2018, all policyholders are required to pay a levy on each premium payment made for both new and in-force policies to the Insurance Authority (the "IA"). For levy details, please visit our website at www.chinalife.com.hk or contact our customer service hotline at 399 95500 or visit IA's website at www.ia.org.hk.

This product brochure is for distribution in Hong Kong only and shall not be construed as any provision of or offer to sell or solicitation to buy any insurance product outside Hong Kong. China Life (Overseas) does not provide or offer to sell any insurance product outside Hong Kong. The above information is for reference only. The detailed terms, conditions and exclusions of the Plan are subject to the terms and conditions of the policy contract of the Plan. For a copy of the terms and conditions of the policy contract, please contact China Life (Overseas) for enquiry.



China Life Insurance (Overseas) Company Limited



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Group Insurance Service Hotline: 399 95500

Website: www.chinalife.com.hk