

American International Assurance Company Limited

(Incorporated Under the Companies Ordinance, Hong Kong)

In consideration of the application for this Policy, and the payment in advance of the premium computed and payable as provided hereinafter, by

SMA INSTITUTE OF HIGHER LEARNING


(Hereinafter called the Policyholder)


HEREBY AGREES, in accordance with and subject to the provisions of this Policy, to pay the benefits as provided by this Policy to the person or persons entitled thereto.

The provisions and conditions on the conditions on the subsequent pages hereof form a part of this Policy as fully as if recited at length over the signature hereto affixed.

IN WITNESS WHEREOF, THE AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED, has caused this Policy to be executed as of its Date of Issue to take effect on the Policy Effective Date.




Registrar / aa


Executive Vice President &
Chief Executive Officer

GROUP HOSPITAL & SURGICAL POLICY NO. GHS-71993

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PART I - DEFINITIONS

In this Policy where consistent with the contents the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

1. **"Company"** shall mean the American International Assurance Company, Limited.
2. **"Policy"** shall mean this agreement, any riders or endorsements therein, any amendments thereto signed by the Company, therein the application attached hereto to the Policyholder, and the individual enrolment forms, if any, of the Insured Members, which together constitute the entire contract between the parties.
3. **"Policy Effective Date"** shall mean the date from which the coverage under this Policy becomes effective.
4. **"Policy Anniversary"** shall mean the anniversary of the Policy Effective Date or the date otherwise specified in the Policy Schedule.
5. **"Policy Year"** shall mean a period of 12 consecutive months beginning with the Policy Effective date and the subsequent Policy Anniversaries.
6. **"Members"** shall mean the persons so defined in the Policy Schedule attached hereto.
7. **"Eligible Members"** shall mean Members as specified in the Policy Schedule, who, having completed the required Waiting Period and are not otherwise disqualified by reason of the matters set out herein, are entitled to participate in the insurance plan under this Policy.
8. **"Insured Members"** shall mean Eligible Members who, in accordance with the provisions in Part II, are participating in the insurance plan under this Policy.
9. **"Entry Date"** shall mean the date an Eligible Member becomes an Insured Member under this Policy.
10. **"Sickness"** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
11. **"Injury"** shall mean an abnormal visible bodily condition caused solely by Accident and not due to illness or disease.
12. **"Accident"** shall mean an unforeseen and involuntary event which causes a bodily Injury, resulting directly from the sudden violent action of an external cause and independently of all other causes.
13. **"Hospital"** shall refer exclusively to an institution duly licensed as such and operated pursuant to law for the care and treatment of sick and injured persons as registered bed patients, with facilities for diagnosis and major surgery, which is under the supervision of one or more Registered Medical Practitioners, and which has 24-hour a day professional nursing service. "Hospital" does not include any institution or that portion of any institution which is operated as a convalescent or nursing home, rest home, home for the aged, a place for alcoholics or drug addicts, or for any similar purpose.
14. **"Registered Medical Practitioner"** shall mean only a person qualified by degree in western medicine and legally authorized in the geographical area of his practice to render medical or surgical services who is other than the Insured Member or a member of his immediate family.
15. **"Traditional Chinese Medicine (TCM) Practitioner"** shall mean only a person, qualified to practice TCM and legally authorized and registered with the Ministry of Health of Singapore, or in the geographical area of his practice to render medical services in the prescribed practice of TCM, and who is other than the Insured Member or a member of his immediate family.
16. **"Any One Disability"** shall mean all disabilities arising from the same cause including any and all complications therefrom, as well as concurrent disabilities from different causes during the same hospital confinement or confinements. Subsequent disability from the same cause shall be treated as a new disability if it is separated by thirty (30) days following the latest discharge from the hospital. All Maximum Benefits and maximum number of days specified in the Policy Schedule pertaining to Hospital and Surgical Benefits apply to Any One Disability.
17. **"Singapore Government Hospital"** shall mean Hospital that is wholly run by the Singapore Ministry of Health and the charges are subject to the Government Hospitals (Fees) Rules, 1990, or any subsequent revision of such Rules.
18. **"Singapore Government Restructured Hospital"** shall mean the privatized Singapore Government Hospital.

19. "Active Service" shall mean for an employee to be:

- i) employed by the Policyholder on a full-time permanent basis, and
- ii) actively working on a day which is one of the Policyholder's scheduled work days, and
- iii) performing in a customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day, either at one of the Policyholder's business establishments, or at location where the Policyholder's business requires him to be present.

An employee will be considered in Active Service on each day of his paid annual leave or on a day which is not one of the Policyholder's scheduled workdays only if he was performing in the customary manner all the regular duties of his employment on the preceding scheduled workday. In the event, annual leave is taken during a period of sick leave, the employee will not be considered in Active Service during that annual leave.

Employees on no pay leave for whatever reasons shall not be considered in Active Service.

PART II - MEMBER PARTICIPATION AND TERMINATION

Section A - Participation

1. Members already eligible on the Policy Effective Date shall be eligible for participation on the Policy Effective Date.
2. Members not eligible as of the Policy Effective Date and new Members shall become eligible for participation hereunder on the day following the completion of the required Waiting Period as specified in the Policy Schedule.
3. Members whose participation has been terminated and who re-apply for participation shall be considered as new Members.
4. Any Member who is not in Active Service on the date he would otherwise become eligible for participation hereunder shall not be eligible until the day he returns to Active Service in good health.
5. Every Member who fulfills the conditions necessary to participate as set forth in paragraphs 1 to 4 above must elect to do so in writing within 31 days from the date on which he becomes eligible. Otherwise, he shall be able to start participation only after he shall have furnished, at his own expense, evidence of his insurability satisfactory to the Company.
6. Each Eligible Member shall be insured hereunder on the first day on which he becomes eligible provided the condition set forth in paragraph 5 of this Section has been satisfied and the duly completed enrolment form has been received and coverage confirmed by the Company.

Section B - Termination

The insurance hereunder of any Member shall automatically cease on the earliest of the following dates:

1. The date on which the Policy is terminated.
2. The date of the expiration of the period for which the last premium payment is made on account of the Member's insurance.
3. The date on which the Member enters full-time military, naval or air service.
4. The end of the Policy Year during which the Member attains the Maximum Age of Coverage as stated in the Policy Schedule.
5. The date communicated to the Policyholder by the Company as the date the Policy ceases on account of war, or an act of war, such date being determined at the discretion of the Company.
6. The date on which the Insured Member shall cease to be a Member. Cessation of Active Service by an Insured Member (or cessation of membership in good standing in the case of associations) shall be deemed to constitute the termination of his Membership, except that while an Insured Member is temporarily on part-time employment or is absent on account of sickness or injury, Membership shall be deemed to continue until premium payments for such Member's insurance are discontinued, but not for a period longer than 12 months from the date of termination of active membership.

PART III - BENEFIT PROVISIONS

Section A - Extent of Benefits

1. If an Insured Member, while insured hereunder, is confined in a Hospital as a result of Sickness or Injury from an Accident, the Company shall pay the benefits as provided in the Policy Schedule and in the following Section.
2. All benefits are applicable to the Insured Members without geographical limitation subject only to the limitation and exclusions specified under Section A and B of Part IV hereof.

Section B - Benefits

1 (a) Daily Room & Board Benefit

A Daily Room & Board Benefit shall be paid when, upon recommendation of a Registered Medical Practitioner, an Insured Member is registered as a bed patient in a Hospital. The amount of the said benefit shall be equal to the actual charges made by the Hospital during the Insured Member's confinement, but in no event shall the benefit under this Paragraph exceed for any one day the rate of Daily Room & Board Benefit set forth in the Policy Schedule or exceed the number of days as specified in the same Schedule.

1 (b) Intensive Care Unit

The Company shall pay the actual Room & Board charges incurred by the Insured Member while confined in an Intensive Care Unit (ICU) in the Hospital, subject to a maximum number of days and the amount shall not exceed the ICU amount set forth in the Policy Schedule.

2. Other Hospital Services

If an Insured Member is entitled to benefits payable under Paragraph 1 of this Section, the Company shall also pay the amount actually charged by the Hospital for any of the following services rendered during such Hospital confinement which are customarily supplied by the Hospital but the amount shall not exceed in aggregate the Other Hospital Services amount set forth in the Policy Schedule.

- Administration of Blood Plasma, but not the cost of Blood or Blood Plasma;
- Ambulance Services to and / or from the Hospital not to exceed for any trip the rate of the Daily Room & Board benefit;
- Anesthesia and Oxygen and their administration including anesthesiologist's fee;
- Basal Metabolism Tests;
- Dressings Ordinary Splints and Plaster Casts;
- Drugs and Medicine consumed on premises;
- Electrocardiograms;
- Intravenous Infusion;
- Laboratory Examinations;
- Physical Therapy;
- Use of Operation Room;
- X-ray Examinations.
- Implants

3. Surgical Benefit

A surgical benefit shall be paid in an amount equal to the actual charges made for such operation performed by one or more Registered Medical Practitioners, including any assistant surgeons, provided however that the maximum benefit for all surgical operations performed for Any One Disability shall not exceed the Maximum Surgical Benefit shown in the Policy Schedule and each operation is subject to the amount obtained by multiplying the appropriate percentage shown for that operation in the Surgical Schedule of Fees by the maximum Surgical Benefit shown in the Policy Schedule. If two or more surgical procedures are performed through a single incision, reimbursement for expenses for all such procedures shall not exceed the amount indicated for the one surgical procedure performed for which the largest amount is payable.

For minor surgical operation(s) performed by a Registered Medical Practitioner in any Hospitals or Out-Patient clinics or Medical Clinics, and which is equal to, or below the amount of the Minor Surgical Benefit Maximum Limit as shown in the Policy Schedule shall be paid in an amount equal to the actual charges made for such minor operation.



4. In-Hospital Doctor's Consultation

Consultation fees charged by Registered Medical Practitioners while an Insured Member was hospitalized shall be paid in an amount equal to the actual charges made for consultation provided however that the maximum daily benefit shall not exceed the maximum In-Hospital Doctor Consultant Benefit shown in the Policy Schedule. For the Benefit only one visit per day shall be covered and the benefit is further limited to the number of days as specified in the Policy Schedule.

5. Emergency Out-Patient Treatment (Accident)

If as a result of an Accident and within twenty-four (24) hours following such an Accident an Insured Member shall require emergency out-patient treatment in the Out-Patient Department of a Hospital or at a Registered Medical Practitioner's office and follow-up treatment within thirty-one (31) days thereafter, the Company shall pay the actual charges made but not to exceed the maximum Emergency Out-Patient Treatment Benefit set forth in the Policy Schedule. The maximum benefit shall be included in the total of the maximum Other Hospital Services Benefit.

6. (a) Pre Hospitalization Specialist Consultation, Diagnostic X-ray and Laboratory Test

The Company shall pay the amount of charges made for specialist consultation, diagnostic x-ray and laboratory examination which are recommended by a Registered Medical Practitioner and incurred in the period commencing ninety (90) days before hospitalization or surgery.

(b) Post Hospitalization Specialist Consultation, Diagnostic X-ray and Laboratory Test and TCM consultations

The Company shall pay the amount of charges made for Specialist consultations, Traditional Chinese Medicine Consultations diagnostic x-ray and laboratory examination and, physiotherapy which are recommended by a Registered Medical Practitioner and incurred in the period ending ninety (90) days after hospitalization or surgery.

The above benefit is subject to the Overall Maximum Benefit Limit in the Policy Schedule.

7. Hospitalization in Singapore Government Hospital or Singapore Government Restructured Hospital

If an Insured Member is hospitalized in a Singapore Government or Singapore Government Restructured Hospital while staying in a Class where the Daily Room & Board charges shall not exceed the Daily Room & Board Benefit set forth in the Policy Schedule, individual limits of item (2) to (6) as set forth in the Policy Schedule shall not apply and the actual charges made for the hospitalization shall be paid subject to the Overall Maximum Limit Per Any One Disability shown in the Policy Schedule.

8. Overseas Hospitalization (Accident)

If an Insured Member sustains Injury from an Accident while traveling outside of Singapore and as a result of such Injury requires hospitalization overseas, the Company shall pay for the actual medical expenses incurred for such hospitalization, up to a increased Maximum Benefit limit equivalent to 1.5 times of the Maximum Benefit limits applicable to items 1 to 6, as shown in the Policy Schedule. Coverage shall apply to travel within 180 days of departure from Singapore.

This benefit applies to Insured Members who reside and work in Singapore.

9. Death Benefit

Upon receipt of due proof of death of any Insured Member in the form required by the Company, an amount determined in accordance with the Policy Schedule shall be payable to the Policyholder.

10. Outpatient Kidney Dialysis/Cancer Treatment

This benefit applies only if the coverage has been applied for by the Policyholder and the Benefit Limit is shown on the Policy Schedule.

If an Insured Member shall necessarily incur outpatient expenses for the following treatments, the Company shall reimburse for such medical expenses, up to the Maximum Benefit as stated in the Policy Schedule.



NOT APPLICABLE

(a) Kidney dialysis as recommended by a Registered Medical Practitioner.

(b) Cancer treatment by a Registered Medical Practitioner. "Cancer" shall mean a focal autonomous new growth of tissue that has no useful function and the new growth has the characteristics of marginal invasion, relentless growth or distant spread with a lethal effect. Such cancer must be positively diagnosed by a Registered Medical Practitioner who is also a certified Pathologist, upon the basis of a Microscopic Examination of fixed tissues, or preparations from the Hemic System. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. Clinical diagnosis does not meet this standard.

11. Rehabilitation Benefit

If an Insured Member is recommended by the attending Registered Medical Practitioner to recuperate in a community/ rehabilitation Hospital registered and approved by the Ministry of Health of Singapore, the Company shall pay for the actual charges incurred in such confinement subject to a maximum of thirty one (31) days after hospitalization or surgery, but not to exceed the maximum benefit limit as stated in the Policy Schedule.

Section C - Reasonable & Customary Charges

No benefit shall be paid for charges specified under Section B which are in excess of the general level of charges being made by other providers of similar standing in the locality where the charges are incurred, when providing like or comparable treatment, services or supplies for a similar Sickness or Injury.

PART IV - LIMITATION & EXCLUSIONS & CLAIM PROCEDURES

Section A - Limitation

When an Insured Member is entitled to benefits payable under the Employee's Compensation legislation, any government or public programme of medical benefits, or other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of expenses not covered by benefits payable under such legislation, programme or other insurance, or that computed in accordance with the Policy Schedule of this Policy, whichever is less.

Section B - Exclusions

No benefit shall be payable under this Policy for any one of the following occurrences:

1. Pre-existing conditions which have existed during the twelve (12) months preceding the Entry Date of the Insured Member, whether known or unknown to the Insured Member in so far as the cause and pathology of the conditions have already existed, unless the Insured Member affected by these conditions has been insured under this Policy continuously for twelve (12) months.
2. Investigation and treatment of psychological, emotional and mental and behavioral conditions; alcoholism or drug addiction; intentional self-inflicted injuries while sane or insane; injuries sustained as a result of a criminal act of the Insured Member.
3. Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.
4. General physical or medical check-up or tests not incidental to treatment or diagnosis of an actual Sickness or Injury; treatment which is not medically necessary or treatment of an optional nature; treatment with respect to weight management; immunization, vaccination or inoculation; non-prescribed medication.
5. Procurement or use of special braces, any appliances, any equipment or prosthetic devices, contact lenses, eye glasses, hearing aids or the fitting of the same and non-medical services such as government taxes, television, telephone and the like.
6. Any eye examination/treatment; surgical procedure for correction of eye refraction; dental treatment (except when payable under the Emergency Out-Patient Treatment (Accident) Benefit above) or cosmetic procedure or plastic surgery/treatment except to the extent that such surgery is necessary for the repair or damage caused solely by accidental bodily injuries covered under the Policy.
7. Any investigation, treatment or surgical operation for congenital anomalies or complications arising from such congenital anomalies, or physical defects present at and existing from the time of birth regardless of the time of discovery or the time of such treatment or surgical treatment.
8. Birth control measures, investigation or treatment pertaining to infertility, treatment occasioned by or resulting from pregnancy, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage due to medical reason; treatment or surgical procedures required or recommended subsequent to consultations at Fertility clinics, In-Vitro Fertilisation clinics, Reproductive assistance clinics or centres, clinics or centres for Reproductive Medicine.
9. Acupuncture, acupressure, bonesetting, herbalist treatment, hypnotism, massage therapy, aroma therapy and other forms of alternative treatments; treatments by podiatrist, chiropractors and traditional Chinese medicine practitioners.
10. Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments;
11. Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.
12. Acquired Immuno-Deficiency Syndrome (AIDS) or any HIV infection. For the purpose of this Policy:
 - a. The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; and
 - b. Infection by HIV shall be deemed to have occurred where blood tests indicate in the opinion of the Company either the presence of any HIV or antibodies to such virus.

Section C - Minimum Period of Confinement

Each hospital confinement must be for a minimum period of six (6) consecutive hours before any benefits hereunder are payable except that no minimum period of Hospital confinement is required if such confinement is in connection with a surgical operation, or if the Hospital makes a charge for room and board.

Section D - Notice of Claim

1. Written notice of claim must be given within twenty (20) days after the date of commencement of confinement in the Hospital.
2. Notice given by or on behalf of the Insured Member to the Company with particulars sufficient to identify the Insured Member shall be deemed to be notice to the Company. Failure to give notice within the time provided in the Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that such notice was given as soon as was reasonably possible.

Section E - Filing Proof of Loss

It shall be a condition precedent to the liability of the Company to make payment of any benefit hereunder that affirmative proof of loss, including original copies or receipts and itemized bills, or death certificate in the case of loss of life, for which claim may be made together with a fully completed claim form, supplied by the Company must be furnished by the Policyholder to the Company within twenty (20) days after the date of leaving the Hospital, or as soon thereafter as may be consistent with the Policyholder's internal administrative procedure.

Section F - Blood Test

The Company reserves the right to require any claimant hereunder to undergo a blood test including a test for HIV as a condition precedent to the liability of the Company to make any payment.

Section G - Payment of Claim

All benefits that pertain to an Insured Member shall be paid by cheque to the order of the Insured Member, unless the Policyholder for reasons acceptable to the Company requests otherwise. Payment of any sum made by the Company as provided by this Section shall be a valid discharge to the Company and shall release the Company of all claims, demand, liabilities and damages, whatsoever in respect thereto.

PART V - GENERAL PROVISIONS

Section A - Premium Payments

Premiums are payable by the Policyholder in accordance with the Mode of Payment as specified in the Policy Schedule, in advance, either to the Company or at the Issuing Office or at its Head Office or to an authorized agent of the Company. The first premium shall be payable at the Policy Effective Date and subsequent premium shall be due and payable on the Premium Due Date determined by the Policy Schedule.

Section B - Grace Period, Termination and Reinstatement of Policy

1. Any premium due must be paid and actually received in full by the Company within the time period stipulated below ('Grace Period'):
 - a) Where the premium is payable on an annual basis, thirty (30) days from the Policy Effective Date or Policy Anniversary Date, or thirty (30) days from the date of the premium tax invoice issued by the company, whichever is later, or
 - b) Where premium is payable other than on an annual basis,
 - i. Thirty (30) days from the Policy Effective Date or Policy Anniversary Date, or thirty (30) days from the date of the premium tax invoice issued by the Company, whichever is later, for the first premium of each policy year; and
 - ii. on the agreed premium due dates for subsequent premiums.
2. In the event that any premium is not paid to the Company within the Grace Period or the agreed premium payment date, the Company reserves the right to terminate this Policy from the respective Premium Due Date as specified in the Policy Schedule and the Company shall be discharged from all liabilities therefrom.
3. Where the Policyholder has confirmed its intention to renew this policy but has not provided the Company with the complete data necessary for the renewal of the Policy Anniversary Date, the Company shall issue a premium tax invoice for the estimated renewal premium. The payment of the estimated premium under the premium tax invoice shall be subjected to the Grace Period.
4. No claims incurred after the Policy Effective Date or Policy Anniversary Date shall be paid until premiums due on the respective Premium Due Date is received in full by the Company.
5. The Company reserves the right to terminate this Policy on any Premium Due Date when fewer than the total number of Members the eligible for insurance are insured hereunder, if the insurance plan is non-contributory; or less than seventy-five (75) percent of the total number of Members then eligible are insured hereunder, if the insurance plan is contributory; or if the total number of Insured Members is less than five (5).
6. This Policy may be terminated as at any Premium Due Date by either the Policyholder or the Company by mailing written notice of termination on the other party, not less than thirty-one (31) days before the Premium Due Date on which such termination shall be effective. Termination shall be without prejudice to any claim arising prior to the effective date of termination.
7. After termination of the Policy, the Policyholder may apply for reinstatement which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premium due and not paid together with the interest at a rate to be decided upon by the Company.

Section C - Renewal Privilege

This Policy is issued for the term on one (1) year and at the end of each Policy Year shall be automatically renewed provided that the Company issues an official receipt for the payment of the premium due on the following Policy Anniversary, to be paid by the Policyholder on that date or within the grace period of thirty-one (31) days.

Section D - Premium Rate

1. The Company shall have the right to change the rate at which the premiums shall be calculated, (a) on any Policy Anniversary, and (b) on any Premium Due Date provided the rate that is then being charged has been in effect for at least twelve (12) months, and (c) when the risks being insured against under the policy have substantially increased, and provided further that the Company notifies the Policyholder at least thirty-one (31) days in advance of such Premium Due Date.

2. Premium adjustments involving return of unearned premiums to the Policyholder shall be limited to the period starting with the latest Policy Anniversary preceding the date of receipt by the Company of evidence that such adjustments should be made.

Section E - The Contract

1. All statements relating to material facts made by the Policyholder, or by the Insured Member, shall in the absence of fraud be deemed representations and not warranties and be conditions precedent to the enforceability of this Policy provided no statement shall avoid the insurance, or be used in defense of a claim under it, unless it is in writing.
2. The rights of the Policyholder or of any Insured Member or of any beneficiary under the Policy shall not be affected by any provision other than those contained in this Policy or in the copy of the Policyholder's application attached hereto, or in the individual enrolment form of an Insured Member, or in any other document which constitutes part of the entire contract.
3. No agent is authorized to alter or amend this Policy, to accept premiums in arrears or to extend the due date of any premium, to waive any notice or proof of claim required by this Policy, or to extend the date before which any such notice or proof must be submitted. No change in this Policy shall be valid unless approved by the Company and evidenced by the endorsement thereon, or by amendment hereto signed by the Policyholder and by the Company.

Section F - Data Required

1. The Policyholder shall maintain a record with respect to each Insured Member under this Policy, showing the Member's name, sex, age or date of birth, amount of insurance, the date insurance becomes effective, the date insurance terminated, changes, with dates noted, of classification, beneficiary designated and other pertinent information as may be necessary to carry out the terms of this Policy.
2. Clerical errors in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated, but upon the discovery of such error, an equitable adjustment shall be made.
3. The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any Member in connection with the insurance, and other records as may have a bearing on the insurance under this Policy, shall be opened for inspection by the Company at all reasonable times.

Section G - Misstatement

1. If the age or date of birth or other relevant facts relating to an Insured Member shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the terms and conditions of this Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the benefits payable therefrom, and an equitable adjustment of premiums shall be made.
2. Where a misstatement of age or other relevant facts has caused a Member to be insured hereunder where he is otherwise ineligible for any insurance, or where such statement has caused a member to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, his entire insurance shall be void and there shall be a return of premiums paid in respect of the Member, provided always that where there is fraud on the part of the Policyholder or Insured Member, no premiums paid are to be returned.

Section H - Residents of The People's Republic of China

Under no circumstance will the Company provide insurance coverage under this Policy to a citizen(s) of the People's Republic of China residing and employed in the People's Republic of China except residents of the Special Administration Regions of Hong Kong and Macau.

Should any such person be found to have been erroneously enrolled under this Policy, insurance coverage for such person shall cease with immediate effect. Any unearned premiums paid in respect of such Member shall be refunded by the Company to the Policyholder.

Section I - Enrolment Forms

The Policyholder shall furnish to the Company individual enrolment forms for each Insured Member in the form prescribed by the Company.

Section J - Applicable Law

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the law of the Place of Issue.

Section K - Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy prior to the expiration of sixty days after proof of claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two years from the expiration of time within which such proof of claim is required by the Policy.

Section L - Incontestability

Notwithstanding anything to the contrary stated heretofore in this Policy, the validity of the Policy shall be incontestable, except for non-payment of premiums or for fraud, after it has been in force for one year from its Date of Issue or date of any reinstatement whichever is later. The original insurance on any Insured Member and any subsequent additional insurance shall be incontestable except for non-payment of premium or for fraud, after such Insured Member's insurance has been in force during his lifetime for one year from his Entry Date and the date of each subsequent increase of insurance respectively.

Section M - Policy Non-Participating

This Policy shall not participate in any surplus distribution by the Company.

Section N - Limitation of Coverage

This Policy shall not cover or provide for the payment of claims or benefits to specific persons or entities as a result of any of the following:

The application of or compliance with certain laws and regulations prohibit performance based on the identity, domicile, place of incorporation or nationality of the policyholder, insured, claimant, insurer, or the parent company and ultimate controlling entity of the policyholder, insured, claimant or insurer, or the country where the claim arises.

Should any person or entity be found to have been erroneously enrolled under this Policy, insurance coverage for such person or entity shall cease with immediate effect and any unearned premiums paid in respect of such person or entity shall be refunded by the Company to the Policyholder.

Should any claim for payment of any nature be found to have been made under this Policy by a person or entity excluded by this provision, no such payment will be made.

PART VI - DEPENDENTS PROVISIONS

Part VI is valid only upon the application of the dependent's coverage by the Policyholder.

Section A - Dependents

The term "Dependent" shall be construed to include only:

1. The spouse of an Insured Member of this Policy, provided such spouse is below the Maximum Age of Coverage as stated in the Policy Schedule and is not insured under the Policy as an Insured Member;
2. Each child of an Insured Member, provided such child is at least two (2) weeks old and is under 19 years of age and unmarried;
3. Each child of such Insured Member between 19 and 25 years of age inclusive, provided such child is a full time student, dependent upon the Insured Member for support and unmarried.

Section B - Benefits

If, while this Policy is in force, any Insured Dependent is confined in Hospital as a result of Sickness or Injury, the Company will pay the benefits as stated in the Policy Schedule.

Section C - Dependents' Participation

1. Each person who is a Dependent on the Effective Date of this Policy shall be eligible at such Effective Date.
2. Each person who becomes a Dependent after the Effective Date of this Policy shall become eligible on the date such person becomes a Dependent.
3. Any Dependent who is disabled by Sickness or Injury on the date he would otherwise become eligible for insurance hereunder shall not be eligible until the date he completely recovers from such disability.
4. Any Dependent who fulfils the conditions as set forth in paragraphs (1) to (3) of this Section shall become insured on the date of the Insured Member makes written application to the Company to insure his Dependents under this Policy, except as may hereinafter otherwise be provided.
5. If written application to the Policyholder for Dependents' insurance is made not within 31 days from the date the Dependent becomes eligible, or if an Insured Member reapplies for insurance after a Dependent's insurance has terminated for any reason whatsoever, the Insured Member shall be required to furnish, without expense to the Company, evidence of insurability satisfactory to the Company for such Dependent before the Dependent's participation shall become effective.
6. Written application for insurance under this Contract for an additional Dependent is required of an Insured Member and such additional Dependent shall subject to paragraphs (1) to (3) of this Section be automatically insured on the date such additional Dependent becomes eligible. The Policyholder, however, shall inform the Company of the name, sex, age, date of birth, and any other necessary data of such additional Dependent and additional premiums, if applicable, shall be payable.

Section D - Dependents' Termination

The insurance hereunder of any Member shall automatically cease on the earliest of the following dates:

1. The date the Policy is terminated.
2. The date this Dependent's coverage hereunder is terminated.
3. The date the Insured Member's insurance under the Policy is terminated.
4. The date when the Dependent ceases to fulfill the conditions that has permitted him to become insured as a Dependent.
5. The date of the expiration of the period for which the last premium is made for insurance under this Policy.
6. The date in which the Dependent enters full-time military, naval or air-service.

SURGICAL SCHEDULE OF FEES

Description of Surgical Operation	% of Maximum Benefit	Description of Surgical Operation	% of Maximum Benefit
INTEGUMENTARY SYSTEM		FOOT	
SKIN, MUCUOUS MEMBRANE & SUBCUTANEOUS TISSUES		• Excision of lesion of tendon or fibrous sheath or capsule (e.g. cyst or ganglion) foot or toe	20
• Incision and drainage of abscess (e.g. carbuncle, suppurative hidradentis & other cutaneous or subcutaneous abscess), simple	5	• Tarsal bone, dislocation, closed or open, open reduction, with or without skeletal fixation	35
• Excision of nail and nail matrix, partial or complete (e.g. Ingrown or deformed nail), for permanent removal	15	• Amputation of toe, metatarsophalangeal joint	20
BREAST		RESPIRATORY SYSTEM	
• Biopsy of breast, incisional	20	NOSE	
• Excision of cyst, fibro-adenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesions, unilateral	25	• Rhinoplasty, complete, external parts, including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	70
• Mastectomy, radical, including breast, pectoral muscles and axillary lymph nodes, unilateral	75	• Submucous resection, nasal septum, classic	40
MUSCULOSKELETAL SYSTEM		ACCESSORY SINUSES	
HEAD		• Lavage by cannulation, maxillary sinus, unilateral (antrum puncture or natural ostium)	5
• Craniectomy or sequestrectomy for osteomyelitis	100	• Sinustomy maxillary (antrotomy), intranasal, unilateral	25
• Malar area fracture, depressed, open reduction	40	LARYNX	
SPINE		• Laryngoscopy, direct operative, with biopsy	25
• Vertebral body fracture and/or dislocation, thoracic or lumbar spine, open reduction & fusion	95	• Laryngoscopy, direct operative, including excision of tumor cords or epiglottis and/or stripping of vocal cords	35
SHOULDER		TRACHEA & BRONCHI	
• Shoulder dislocation, open, with uncomplicated soft tissue closure, manipulative reduction	30	• Bronchoscopy, diagnostic, rigid bronchoscope	20
• Disarticulation of shoulder	85	LUNGS & PLEURA	
HUMERUS & ELBOW		• Thoracoplasty, total	100
• Amputation of arm, through humerus, with primary closure	55	• Pneumonectomy, total	100
FOREARM & WRIST		• Lobectomy, total or segmental	90
• Excision of lesion of tendon sheath	20	• Wedge resection or enucleation of lesion, single or multiple	75
• Carpal bone fracture(s), closed or open, open reduction	35	CARDIOVASCULAR SYSTEM	
HAND & FINGERS		HEART & PERICARDIUM	
• Metacarpal fracture, closed or open, open reduction, with or without skeletal fixation	35	• Thoracic aortic aneurysm - transverse arch graft	100
• Phalangeal fracture, closed or open, open reduction, with or without skeletal fixation	25	ARTERIES & VEINS	
• Amputation of finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies with direct closure	20	• Abdominal aortic aneurysm with or without ileo-femoral	100
PELVIS & HIP JOINT		HEMIC & LYMPHATIC SYSTEMS	
• Hip dislocation, closed or open, open reduction	65	SPLEEN	
• Interpelviabdominal amputation	100	• Splenectomy	65
• Disarticulation of hip	100	DIGESTIVE SYSTEM	
FEMUR & KNEE JOINT		ENDOSCOPY, DIGESTIVE TRACT	
• Knee dislocation, open, with uncomplicated soft tissue closure, manipulative reduction	40	• Gastroscopy without esophagoscopy	20
LEG & ANKLE		PHARYNX, ADENOIDS & TONSILS	
• Tibia & fibula, bi-malleolar fracture, closed, with manipulative reduction	30	• Tonsillectomy, with or without adnoidectomy, age 12 or over	25
• Ankle dislocation, closed or open, open reduction	60	• Adenoidectomy, primary or secondary	15
• Amputation of leg, through tibia & fibula	55	STOMACH	
		• Gastrotomy, with exploration or foreign body removal	60
		APPENDIX	
		• Appendectomy	50

SURGICAL SCHEDULE OF FEES

Description of Surgical Operation	% of Maximum Benefit	Description of Surgical Operation	% of Maximum Benefit
ANUS		FEMALE	
• Incision & drainage of ischioanal and/or perirectal abscess	15	• Excision of Bartholin's tumor or cyst	25
• Hemorrhoidectomy, internal & external or extensive	45	• Dilatation & Curettage	25
• Fistulectomy, subcutaneous	15	• Myomectomy, single or multiple, excision of fibroid tumor of uterus, abdominal approach	55
LIVER		• Total hysterectomy; sub-total	65
• Hepatectomy (resection or liver), partial lobectomy	75	• Supracervical hysterectomy; sub-total	65
BILIARY TRACT	55	• Hydrotubation of oviduct	5
• Cholecystotomy or cholecystectomy with or without exploration, drainage or removal of calculus	55	• Uterine suspension with or without shortening of round ligaments	55
ABDOMEN, PERITONEIUM & OMENTUM		• Salpingo-oophorectomy, complete or partial, bilateral or unilateral	55
• Exploratory laparotomy: exploratory celiotomy	55	• Drainage of ovarian cyst(s), unilateral or bilateral, vaginal approach	25
• Inguinal with or without hydrocelectomy, age 1 to 12, unilateral	40	• Wedge resection or bisection of ovary, unilateral or bilateral	55
• Inguinal, age 12 or over, unilateral	45		
URINARY SYSTEM		ENDOCRINE SYSTEM	
KIDNEY		THYROID GLAND	
• Nephrolithotomy, removal of calculus	75	• Local excision of small cyst or adenoma of thyroid or transection of isthmus	50
• Nephrectomy, including partial ureterectomy, any approach including rib resection	75	• Thyroidectomy - Total	65
• Nephrectomy, with total ureterectomy & bladder cuff, through same incision	85		
• Renal homotransplantation, with unilateral recipient nephrectomy	100	EYE BALL	
BLADDER		• Evisceration of ocular contents, without implant	45
• Cystectomy, complete, with ureteroleal conduit or sigmoid bladder, with bilateral pelvic lymphadenectomy	100	• Removal, foreign body, conjunctival superficial	5
• Cystorrhaphy: suture of bladder wound, injury or rupture, simple	60	• Removal, corneal, without suitlamp	30
• Transurethral resection of prostate	75	• Excision or transposition of pterygium without graft	45
GENITAL SYSTEM		• Iridectomy, peripheral, for glaucoma	60
MALE		• Removal of aftercataract or membranous cataract	100
• Circumcision, surgical excision other than clamp or dorsal slit, except newborn	15	• Repair of retinal detachment, previously operated upon	10
• Orchiectomy, simple, unilateral	30	OCULAR ADNEXA	5
• Exploratory for undescended testis, unilateral	40	• Excision, chalazion, simple	
• Excision of hydrocele, unilateral	40	• Incision of conjunctiva, drainage of cyst	
		EAR	
		MIDDLE EAR	
		• Mastoidectomy, radical	80
		• Excision, aural polyp	5
		• Myringoplasty	65
		• Stapes mobilization	60
		INNER EAR	
		• Fenestration, semicircular canal	100

NOTE : If the operation performed is not shown in the above table, the Company reserves the right to determine the percentage of reimbursement for such operation based on the same reference used for arriving at the above percentage.