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KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED
ROOM 12 12/F
COSCO TOWER, GRAND MILLENNIUM PLAZA
183 QUEEN'S ROAD CENTRAL
HONG KONG

Dear Sirs,

Policy Number : 500022196
Policy Holder : KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED
Expiry Date : 01/04/2022

Thank you for insuring the group medical insurance with our company.

We would like to inform you that the above policy will be due for renewal on the above expiry date and we are glad to invite your renewal. Enclosed please find the following documents for your kind attention.

1. The existing benefits and renewal rates
2. Current Insured Listing
3. Claim Experience Report

We would be very much appreciated if you would sign and return this notice to us as a renewal confirmation on or before the policy expiry date.

THIS IS A COMPUTER GENERATED DOCUMENTS. NO SIGNATURE IS REQUIRED.

Confirmation of Renewal

Please renew the above policy for another year on:

- () Existing Benefits
() Proposed Benefits (if any)

Authorized Signature

GROUP MEDICAL INSURANCE

Existing Benefit

Policy No.	:	500022196			M00048327 - 1
Policy Holder	:	KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED			
Policy Renewal Date	:	01/04/2022			
Employee Type	:		1	1A	2
Dependant Coverage	:		Yes	Yes	Yes

<u>Hospitalisation Benefits</u>	Benefit Level	<u>Cover Limit (HK\$)</u>		
		Semi-Private	Semi-Private	Semi-Private
	Hospital Room & Board per day	1,400	1,400	1,400
	Maximum number of days	90	90	90
	Private Nursing per day*	1,015	1,015	1,015
	Maximum number of days	90	90	90
	Intensive Care Unit per day	7,590	7,590	7,590
	Maximum number of days	15	15	15
	Physician's Visit per day	1,400	1,400	1,400
	Maximum number of days	90	90	90
	Miscellaneous Hospital Services	19,550	19,550	19,550
	Surgeon's Fee			
	Complex Operation	86,250	86,250	86,250
	Major Operation	43,130	43,130	43,130
	Intermediate Operation	17,250	17,250	17,250
	Minor Operation	8,625	8,625	8,625
	Anaesthetist's Fee			
	Complex Operation	25,880	25,880	25,880
	Major Operation	12,940	12,940	12,940
	Intermediate Operation	5,175	5,175	5,175
	Minor Operation	2,590	2,590	2,590
	Operating Theatre Fee			
	Complex Operation	25,880	25,880	25,880
	Major Operation	12,940	12,940	12,940
	Intermediate Operation	5,175	5,175	5,175
	Minor Operation	2,590	2,590	2,590
	Specialist's Fee*	7,600	7,600	7,600
	Overall Limit Per Disability	622,360	622,360	622,360

* Written referral from attending physician is required.

GROUP MEDICAL INSURANCE

Existing Benefit

Policy No.	:	500022196		M00048327 - 1
Policy Holder	:	KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED		
Policy Renewal Date	:	01/04/2022		
Employee Type	:		1	1A
Dependant Coverage	:		Yes	Yes
				2
				Yes

Hospitalisation Benefits

Cover Limit (HK\$)

Daily Cash Benefit (for confinement in general ward of Hospital Authority's hospital in Hong Kong)		1,400	1,400	1,400
Maximum number of days		90	90	90
Accidental Death Benefit (for employee only)		20,000	20,000	20,000

Emergency Assistance Services Benefits

Evacuation/Repatriation		US\$ 1,000,000	US\$ 1,000,000	US\$ 1,000,000
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Additional benefit:

Hospital Cash Benefit for Second Claim

Hospital Cash Benefit is same as that of Daily Cash Benefit. FWD will pay this benefit when we are the second payer for hospital claim reimbursement, where the first payer must be other insurance companies. This benefit does not apply to confinement to General Ward of government hospitals in Hong Kong.

GROUP MEDICAL INSURANCE

Existing Benefit

Policy No.	:	500022196	M00048327 - 1	
Policy Holder	:	KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED		
Policy Renewal Date	:	01/04/2022		
Employee Type	:		1	1A
Dependant Coverage	:		Yes	Yes
				2
				Yes

<u>Outpatient Benefits</u>	<u>Cover Limit (HK\$)</u>		
(GP) Consultation at Physician's Office	-	-	330
Reimbursement %	-	-	100%
Network co-payment per visit#	-	-	0
Max. no. of visits per policy year	-	-	30
(PC) Physiotherapist's & Chiropractor's Treatment*	-	-	330
Reimbursement %	-	-	100%
Network co-payment per visit#	-	-	0
Max. no. of visits per policy year	-	-	30
(SP) Specialist's Consultation*	-	-	550
Reimbursement %	-	-	100%
Network co-payment per visit#	-	-	0
Max. no. of visits per policy year	-	-	30
(CM) Chinese Medicine Practitioner's Treatment (including Bonesetter's & Acupuncturist's Treatment)	-	-	330
Reimbursement %	-	-	100%
Network co-payment per visit#	-	-	0
Max. no. of visits per policy year	-	-	30
(CH) Consultation at Patient's Home	-	-	330
Reimbursement %	-	-	100%
Max. no. of visits per policy year	-	-	30
Overall max. no. of visits per policy year for items (GP) and (PC) and (SP) and (CM) and (CH)	-	-	30
(DX) Diagnostic X-Ray & Lab. Tests*	-	-	2,500
Reimbursement %	-	-	100%
			per year

* Written referral by the attending physician is required. For Specialist's Consultation, referral letter for Dermatologist, Ophthalmologist, Gynaecologist and Orthopaedist & Traumatologist, Otorhinolaryngologist and Paediatrician are waived.

Applicable for consultation of network doctors (includes 3 days medication or 2 packs of Chinese Medicines). Network doctors include General Practitioners, Physiotherapist, Chiropractor, Specialist and Chinese Medicine Practitioner excluding acupuncture and Chinese bonesetter treatment (unless otherwise specified on the benefit schedule).

Notes - Consultation visit is subject to a maximum of one visit per day.

- Unless specified otherwise, the above cover limit is the limit per consultation visit.

Remarks:

- For Specialist's Consultation, all referral letters are waived.

GROUP MEDICAL INSURANCE

Existing Benefit

Policy No. : 500022196
 Policy Holder : KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED
 Policy Renewal Date : 01/04/2022
 Employee Type : 2A
 Dependant Coverage : Yes

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<u>Hospitalisation Benefits</u>	<u>Cover Limit (HK\$)</u>
Benefit Level	Semi-Private
Hospital Room & Board per day	1,400
Maximum number of days	90
Private Nursing per day*	1,015
Maximum number of days	90
Intensive Care Unit per day	7,590
Maximum number of days	15
Physician's Visit per day	1,400
Maximum number of days	90
Miscellaneous Hospital Services	19,550
Surgeon's Fee	
Complex Operation	86,250
Major Operation	43,130
Intermediate Operation	17,250
Minor Operation	8,625
Anaesthetist's Fee	
Complex Operation	25,880
Major Operation	12,940
Intermediate Operation	5,175
Minor Operation	2,590
Operating Theatre Fee	
Complex Operation	25,880
Major Operation	12,940
Intermediate Operation	5,175
Minor Operation	2,590
Specialist's Fee*	7,600
Overall Limit Per Disability	622,360

* Written referral from attending physician is required.

GROUP MEDICAL INSURANCE

Existing Benefit

Policy No.	:	50022196	M00048327 - 1
Policy Holder	:	KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED	
Policy Renewal Date	:	01/04/2022	
Employee Type	:		2A
Dependant Coverage	:		Yes

<u>Hospitalisation Benefits</u>	<u>Cover Limit (HK\$)</u>
Daily Cash Benefit (for confinement in general ward of Hospital Authority's hospital in Hong Kong)	1,400
Maximum number of days	90
Accidental Death Benefit (for employee only)	20,000

Emergency Assistance Services Benefits

Evacuation/Repatriation	US\$ 1,000,000
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Additional benefit:

Hospital Cash Benefit for Second Claim

Hospital Cash Benefit is same as that of Daily Cash Benefit. FWD will pay this benefit when we are the second payer for hospital claim reimbursement, where the first payer must be other insurance companies. This benefit does not apply to confinement to General Ward of government hospitals in Hong Kong.

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Existing Benefit

Policy No. : 500022196
 Policy Holder : KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED
 Policy Renewal Date : 01/04/2022
 Employee Type : 2A
 Dependant Coverage : Yes

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<u>Outpatient Benefits</u>	<u>Cover Limit (HK\$)</u>
(GP) Consultation at Physician's Office	330
Reimbursement %	100%
Network co-payment per visit#	0
Max. no. of visits per policy year	30
(PC) Physiotherapist's & Chiropractor's Treatment*	330
Reimbursement %	100%
Network co-payment per visit#	0
Max. no. of visits per policy year	30
(SP) Specialist's Consultation*	550
Reimbursement %	100%
Network co-payment per visit#	0
Max. no. of visits per policy year	30
(CM) Chinese Medicine Practitioner's Treatment (including Bonesetter's & Acupuncturist's Treatment)	330
Reimbursement %	100%
Network co-payment per visit#	0
Max. no. of visits per policy year	30
(CH) Consultation at Patient's Home	330
Reimbursement %	100%
Max. no. of visits per policy year	30
Overall max. no. of visits per policy year for items (GP) and (PC) and (SP) and (CM) and (CH)	30
(DX) Diagnostic X-Ray & Lab. Tests*	2,500
Reimbursement %	100%
	per year

* Written referral by the attending physician is required. For Specialist's Consultation, referral letter for Dermatologist, Ophthalmologist, Gynaecologist and Orthopaedist & Traumatologist, Otorhinolaryngologist and Paediatrician are waived.

Applicable for consultation of network doctors (includes 3 days medication or 2 packs of Chinese Medicines). Network doctors include General Practitioners, Physiotherapist, Chiropractor, Specialist and Chinese Medicine Practitioner excluding acupuncture and Chinese bonesetter treatment (unless otherwise specified on the benefit schedule).

Notes - Consultation visit is subject to a maximum of one visit per day.

- Unless specified otherwise, the above cover limit is the limit per consultation visit.

Remarks:

- For Specialist's Consultation, all referral letters are waived.

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Existing Benefit

Policy No.	: 500022196	M00048327 - 1
Policy Holder	: KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED	
Policy Renewal Date	: 01/04/2022	
Employee Type	: 2A	
Dependant Coverage	: Yes	

Annual Premium Rate(HK\$)

Hospitalisation Benefits	
Per Employee/Spouse	3,903
Outpatient Benefits	
Per Employee/Spouse	2,959
Total Premium Rate	
Per Employee/Spouse	6,862
No. of Members	
Employee/Spouse	6

Notes :

- This Policy is underwritten by FWD General Insurance Company Limited.
- The above rates are quoted based on the census data and claim experience. If the actual data is significantly different, the premium rates may be changed.
- Cover period is 1 year. Payment mode is annual.
- Hospitalisation Benefit is basic cover. Optional cover such as Outpatient, Supplementary Major Medical, Dental or Maternity Benefits (if applicable) must be taken in conjunction with Hospitalisation benefit.
- For any unmarried insured child aged 19 or above (up to 25) and registered as full time student, coverage of such insured member can be extended if student evidence is provided. Otherwise, his/her coverage shall cease upon renewal.
- For details of applicable exclusions/conditions to the insured persons and dependants (if any), please refer to the policy.
- Insured member KIM YOUNG JIN has reached the maximum insured age of 25 for Insured Child and his coverage shall cease upon policy expiry date in accordance with our policy condition.
- Insured members, CHIN YOUNG HAWK, KIM JAE HEE, LO FAI KAN, SONG MOON SIK with spouse YOU EUN HYUNG, WOO CHUN YOUNG HEE aged 70 or above have reached the maximum insured age of 70 and their coverage with their spouses shall cease upon policy expiry date in accordance with our policy condition.
- The Hospitalisation and Outpatient premium rates have been increased by 30% and 10% respectively due to adverse claims experience (overall premium increased by 22.3%).

GROUP MEDICAL INSURANCE

Existing Benefit

Policy No.	: 500022196	M00048327 - 1
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Policy Renewal Date	: 01/04/2022	
Employee Type	:	2A
Dependant Coverage	:	Yes

The product information in this proposal is for reference only and does not contain the full terms and conditions and full list of exclusions of the policy. For exact terms and conditions and the full list of exclusions, please refer to the policy provisions of the Plan.

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit www.fwd.com.hk or contact: (852) 3123 3123.

Be our FWD MAX member to enjoy fabulous offer

Enjoy the unique experience brought by FWD MAX! Once become a member of our Group Medical Insurance, you are entitled to 3,500 MAX points. Visit <https://fwdmax.fwd.com.hk/> to enjoy the welcome offer upon successful member registration. Let's embrace life together!

成為FWD MAX會員以享更多獎賞禮遇

FWD MAX為您帶來精彩體驗及驚喜獎賞！只要成為我們團體醫療保險的成員，您可享受有3,500 MAX積分迎新禮遇，請即瀏覽<https://fwdmax.fwd.com.hk/>登記會員帳戶，開展精彩每刻。

Important Notes

1. This product is a group indemnity medical insurance plan underwritten and issued by FWD General Insurance Company Limited ("FWD").
2. If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.
3. The applicant is required to disclose all material facts which is likely to influence the acceptance and assessment of the Application . If the applicant is in doubt whether certain facts are material, the applicant should disclose them. We recommend the applicant to keep a record (including a copy of the completed application form) for future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may affect your coverage and may even invalidate the Policy altogether.
4. Medically Necessary Treatment or Service in relation to a Disability means a medical service which is consistent with the diagnosis and customary medical treatment for such Disability in accordance with standards of good medical practice; not for the convenience of the relevant Insured Person or Insured Dependand or the Physician, and for which the charges are fair and reasonable for such Disability, and Medically Necessary shall be construed accordingly.
5. Normal and Customary in relation to fees means a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and when in relation to material or services means a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.
6. **Premium adjustment**

The premium rate is non-guaranteed and may significantly increase due to factors including but not limited to Age , sex, benefit level, job nature, workstation and claims experience.

The policy is renewable annually subject to the consent of FWD upon the payment of the premium, at such premium rates and terms as may be determined by FWD at the time of such renewal. FWD shall have the right to change the rate at which premium shall be calculated, (a) on any Renewal Date, (b) on any premium due date provided the rate that is then being charged has been in effect for at least 12 months, or (c) when the risks being insured against under the Policy have increased, and provided further that the FWD shall notify the Policyholder at least 31 days in advance of the change.
7. **Premium term and non-payment of premium**

The premium payment period of the Policy is same as the benefit term. A grace period of thirty one (31) days following the premium due date shall be allowed to the Policyholder for the payment of each premium and applicable levy after the first. If any premium and applicable levy is not paid before the expiration of the grace period, the Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to FWD for the premium and applicable levy for the time the Policy was in force during the grace period.
8. **Cancellation conditions**

FWD may cancel the Policy by giving thirty one (31) days notice in writing to the Policyholder subject to the rights of any Insured Person or Insured Dependand in respect of any Disability which had occurred prior to the effective date of cancellation of the Policy . In the event of cancellation the Policyholder is entitled to a refund of any premium and applicable levy paid by him after a deduction of a proportionate part of the period during which the Policy has been in force.

The Policyholder may cancel the Policy at any time by notifying FWD of such intent by posting a registered letter addressed to FWD, specifying the effective date of cancellation of the Policy ; and provided that no claim have been paid or are payable under the Policy, he shall be entitled to a refund of a proportionate amount of the premium and applicable levy paid by him less an administration charge of 10% of the annual premium in respect of the Policy.
9. **Termination of insurance of Insured Person/Insured Dependand:**

The Insurance of an Insured Person/Insured Dependand shall automatically cease on the earliest of the following dates:

 - the date of termination of the Policy;
 - the date of expiration of the period for which the last premium payment is made in respect of such Insured Person/Insured Dependand;
 - the date on which the Insured Person's relationship with the Policyholder shall cease ;
 - the date the Insured Dependand ceases to be a Dependand of the Insured Person; and
 - the end of Insurance Period following the Insured Person's/Insured Dependand's birthday of the Upper Age Limit as specified in the Policy Schedule.

The product information in this proposal is for reference only and does not contain the full terms and conditions and full list of exclusions of the policy. For exact terms and conditions and the full list of exclusions, please refer to the policy provisions of the Plan.

Major Exclusions:

Unless otherwise specified in the Policy provisions or Policy Schedule, FWD shall not be liable to pay any benefits under the Policy in the following circumstances:

Applicable to Hospitalisation Benefits, Supplementary Major Medical Benefits and Outpatient Benefits:

1. Pre-existing conditions for which the Insured Person or Insured Dependant received medical treatment during the 90 days prior to the date he first becomes insured under the Policy, unless such Insured Person or Insured Dependant affected by these conditions has been insured under the Policy continuously for 12 months;
2. Disabilities arising as a result of or in connection with AIDS (Acquired Immune Deficiency Syndrome) and ARC (AIDS Related Complex) or any sequela, contracted before participation in the plan;
3. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
4. Any charges of services for beautification purposes, cosmetic surgery or treatment, fitting of eye glasses or lens, any surgery and related services for the purpose of correcting visual acuity or refractive error, hearing aids and prescriptions therefor, purchase of artificial limbs and prosthetic devices;
5. Dental care and treatment, except necessitated by accidental Injuries to sound natural teeth (unless the benefit is available and specified in the Benefit Schedule);
6. Disabilities arising out of consumption of alcohol or narcotics or similar drugs or agents;
7. Congenital Conditions;
8. Pregnancy (including pregnancy test), childbirth (including surgical delivery), abortion, miscarriage, pre-natal or post-natal care and conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility;
9. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
10. Routine physical examinations, vaccinations, health check-ups or tests not incidental to treatment or diagnosis of a Disability or any elective treatments or services which are not Medically Necessary or any alternative treatment including but not limited to homeopathy or any services rendered by a Podiatrist, or any preventive treatments, medicines or examinations (unless the benefit is available and specified in the Benefit Schedule);
11. Conditions related to sexually transmitted diseases, sexual dysfunction or their sequela; hormone therapy for climacteric or menopause;
12. Suicide, attempted suicide or intentionally self-inflicted injury; and
13. Any Disabilities arising from the followings: war, civil war, mutiny, civil commotions, insurrection, rebellion, revolution conspiracy, military or usurped power, martial law or state of siege, participation in riots or illegal activities.

Applicable to Dental Benefits:

1. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
2. Self-inflicted Injury;
3. Cosmetic treatment (including but not limited to orthodontic treatment and bleaching);
4. Conditions or Injury arising out of consumption of alcohol or narcotics or similar drugs or agents;
5. Conditions or Injury caused by declared or undeclared war, civil commotions, rebellion, revolution conspiracy, military, riot, strikes or illegal acts; and
6. Oral hygiene instructions, plague control program and dietary instructions.

For all the exclusions under the Policy, please refer to the Policy provisions.