



GROUP MEDICAL INSURANCE

Renewal Quotation

To: MR. SUNNY KIM WORLDWIDE INSURANCE SERVICES LTD.	Date: 06 February 2024	
From: Johnny Wong Employee Benefits	Phone: 36069332 Email: johnnywong@afh.hk	Fax: 28992426
Re: KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED Type: Group Medical Insurance	Version: Proposal 1 Reference: JW/jtg	

Base on the information you provided on the Needs Assessment Form, we are pleased to provide a quotation of the Medical / Life Insurance coverage as enclosed for your forwarding to the client.

Please kindly read the Important Notes as listed below before you go through the proposal(s) as attached:

- The maximum age for joining this medical or life insurance scheme is 69 years old or below; The standard rate premium as enclosed in this quotation is up to the age of 69; For extension of the life or medical insurance coverage for the transfer member or exiting member with the age from 70 to 74, a substandard premium rate shall be charged. For request on extension of life / medical insurance coverage above 75 years old (for the existing member only), it shall be considered on case by case basis. Please kindly contact our marketing representative for further details.
- The minimum number of covered employees in a group policy is 5. Hence, a minimum annual premium for 5 covered employees plus any number of dependents, if applicable, shall be charged as the minimum payment. For the case with less than 5 covered employees, medical underwriting is required.
- Policy with covered members more than 5 employees (except for the member enrollment under contributory plan), individual medical underwriting is waived.
- For the transferred business, pre-existing conditions shall be waived for the transferred members if claim experience is provided.
- If members are required to contribute for insurance (Contributory plan), all the eligible persons will be given an opportunity to contribute for the insurance; and the number of the participation shall not be less than 75% of the total number of the eligible persons of the company. Individual medical underwriting is required for member enrollment under contributory plan.
- Except for the general exclusions as stipulated in this quotation or under the final policy contract, all the case-base exclusion which was mutual agreed by both parties (insurer and the policyholder or insured person) shall be legally bind under the endorsement of the insurance contract.
- A full cover Day Case Surgery for Colonoscopy and Gastroscopy procedure at CUHK Medical Centre, Hong Kong Baptist Hospital Ambulatory Medical Centre (Kwun Tong Road) and Dr. Vio & Partners (Pre-authorization by the Insurer is required).
- Our new iAsia online service platform and iMedical online selling platform shall be launched to the public with effect from 1 April 2021. Should you want to know more about our new e-service platforms, please kindly contact our marketing representative for further information.
- Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application, to provide our services and products to you, including administering, maintaining, managing and operating such services and products, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of Asia Insurance.



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- It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong Special Administrative Region. Details of the PICS, please kindly refer to www.asiainsurance.hk.
- The product information which is shown in this quotation document is for reference only and does not constitute any part of a contract of insurance. The full terms and conditions of the plan shall be specified in the policy contract. For further information, please kindly contact our marketing representative for further assistance.
- Premium Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate and would be remitted in accordance with the prescribed arrangements. For further information, please kindly contact us by visiting our website at www.asiainsurance.hk or contact our marketing representative for further assistance.
- Commission Disclosure Statement - The applicant understands, acknowledge and agrees that, upon taking up this Policy, Asia Insurance will pay the authorized insurance broker commission(s) during the continuance of the Policy including renewals. The applicant further understands that this agreement is necessary for Asia Insurance to proceed with the application.

We believe that good health and wellbeing is vital in your life journey. With Asia Insurance, we safeguard you and your family together.



GROUP MEDICAL INSURANCE

Renewal Quotation

Policy Holder : KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED
Policy Type : Group Medical Insurance
Policy Period : 01 April 2024 to 31 March 2025
Currency : HKD
Issue Date : 06 February 2024
Reference : JW/jtg
Version : Proposal 1

Policy No.: ALE/GHL/00096291

It is hereby agreed and declared that this Schedule is attaching to and forming part of the Policy with effect from 1 April 2024

Class: HOS Hospitalization Benefits	Class 1	Class 2
Reimbursement % : 100%		
1. Daily Room and Board - R&B		
Maximum amount per day	\$1,400	\$1,400
Maximum days per disability	90	90
2. Hospital Service (Extend to cover day case / clinical base CT Scan, MRI, PET, Chemotherapy, Radiotherapy, Targeted Therapy, Kidney Dialysis,etc) - HSS-EX		
Limit per disability	\$19,550	\$19,550
3. Surgical Fee, Limit per disability - SF		
Complex Operation	\$86,250	\$86,250
Major Operation	\$43,130	\$43,130
Intermediate Operation	\$17,250	\$17,250
Minor Operation	\$8,625	\$8,625
4. Anaesthetist's Fee, Limit per disability - AF		
Complex Operation	\$25,880	\$25,880
Major Operation	\$12,940	\$12,940
Intermediate Operation	\$5,175	\$5,175
Minor Operation	\$2,590	\$2,590
5. Operation Theatre, Limit per disability - OT		
Complex Operation	\$25,880	\$25,880
Major Operation	\$12,940	\$12,940
Intermediate Operation	\$5,175	\$5,175
Minor Operation	\$2,590	\$2,590
6. In-hospital Physician's Visit - HPV		
Maximum amount per day	\$1,400	\$1,400
Maximum days per disability	90	90
7. In-hospital Specialist Visit* - HSP		
Limit per disability	\$7,600	\$7,600
8. Intensive Care - IC-A		
Maximum amount per day	\$7,590	\$7,590
Maximum days per disability	15	15
9. SRN Nursing Care* - SRN-A		
Maximum amount per day	\$1,015	\$1,015
Maximum days per disability	90	90



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Policy No.: ALE/GHL/00096291

Class: HOS Hospitalization Benefits	Class 1	Class 2
Reimbursement % : 100%		
10. Daily Cash for confinement in general ward of Hospital Authority's hospital in lieu of all other hospitalization benefit - HI-A		
Maximum amount per day	\$1,400	\$1,400
Maximum days per disability	90	90
11. Hospital Cash for Reimbursement as Top Up Benefit - HC-TOP-A		
Maximum amount per day	\$1,400	\$1,400
Maximum days per disability	90	90
12. Accidental Death Benefit - ADE		
Limit per Life (For employee only)	\$20,000	\$20,000
13. Day Case Surgery for Colonoscopy / Gastroscopy At the Network Day Case Centre - SUR-OPSO		
Limit per disability	Full Cover	Full Cover
14. Mental Wellness hotline		
1. 24 hours hotline service by Counseling Psychologist		
2. Face-to-Face / Online consultations by Counseling Psychologist (Overall 4 free sessions per policy year) - MENTAL		
Maximum amount per year	Full Cover	Full Cover
15. Combine Overall Maximum - Z9123		
Class 1 R&B, HSS-EX, SF, AF, OT, HPV, HSP, IC-A, SRN-A, SUR-OPSO		
Class 2 R&B, HSS-EX, SF, AF, OT, HPV, HSP, IC-A, SRN-A, SUR-OPSO		
Limit per disability	\$622,360	\$622,360

* Written referral letter from the attending physician is required.

Overall Maximum Limit per Insured Person for Hospitalization Benefits

Subject to Maximum Benefit stated above.

Remarks :

ADE: "Accident" means a sudden and unforeseen event which happens unexpectedly and is directly caused by violent accidental external and visible means.
 Subject to "Personal Accident Exclusions" as attached.

HSS-EX: Free Worldwide Emergency Assistance Services : Medical Evacuation / Repatriation

Subject otherwise to the terms, exceptions and conditions of this Policy.



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Class: OPB	Out-patient Benefits	Class 1	Class 2
1. Out-patient Physician's Visit - GP			
	Limit per visit per day		\$330
	Maximum visit per policy year		30
	Reimbursement %		100
	Network Doctor-Co-payment		0
2. Physiotherapist's Visit / Chiropractor's Visit* - PC			
	Limit per visit per day		\$360
	Maximum visit per policy year		30
	Reimbursement %		100
	Network Doctor-Co-payment		0
3. Out-patient Specialist's Consultation - SP			
	Limit per visit per day		\$550
	Maximum visit per policy year		30
	Reimbursement %		100
	Network Doctor-Co-payment		0
4. Chinese Medicine Practitioner's Visit - CMP			
	Limit per visit per day		\$330
	Maximum visit per policy year		30
	Reimbursement %		100
	Network Doctor-Co-payment		0
5. Consultation at Patient's Home - PH			
	Limit per visit per day		\$330
	Maximum visit per policy year		30
	Reimbursement %		100
6. Out-patient X-ray & Laboratory Tests* - XRL			
	Maximum amount per policy year		\$2,500
	Reimbursement %		100
7. Combine no. of visits - Z9001			
	Class 2 GP, PC, SP, CMP, PH		



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Class: OPB	Out-patient Benefits	Class 1	Class 2
7. Combine no. of visits - Z9001			
Maximum visit per policy year			30

* Written referral from the attending physician is required.

Remarks :

Written referral is not required for Specialist Consultation of With effect from 01 Jan 2018, referral letter for consulting of All kinds of specialists shall be waived..

Subject otherwise to the terms, exceptions and conditions of this Policy.



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Remarks:

This quotations:

- 1 Cover Insured Person(s) up to the age of 69.
- 2 Waived the referral letter for consultation with all kinds of specialists (including network panel consultations).
- 3 Based on the provided census; the actual premium is subject to update census provided by the client.
- 4 Valid for 90 days from the date hereof, and becomes binding if signed and delivered by both parties.

Exclusions:

No payment shall be made for fees, charges or expenses incurred by the Insured Person in respect of or resulting from:

- 1 Pre-existing Conditions;
- 2 Congenital condition, Developmental Condition, Hereditary Condition or Disease of any and all kinds including medical abnormalities existing at the time of birth, or neo-natal abnormalities developed within six (6) months of birth;
- 3 War, whether declared or not, strikes, riots, civil war, revolution or any warlike operations;
- 4 Disabilities arising from the Insured Person's participation in any illegal acts (except traffic offences and pedestrian offences);
- 5 Suicide, attempted suicide or intentionally self-inflicted injury whether sane or insane;
- 6 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 Employees' Compensation Insurance;
- 7 Cosmetic surgery or treatment for beautification purposes, eye refraction for fitting of glasses or surgical procedure for correction of eye refraction, examination for fitting of hearing aids, procurement or use of special braces, prosthetic appliances or equipment such as artificial limbs;
- 8 Dental care and treatment, except necessitated by accidental injuries to sound natural teeth; Oral hygiene instructions, plague control program and dietary instructions;
- 9 Treatment of chronic alcoholism or drug abuse or any other complications arising therefrom;
- 10 Pregnancy, resulting childbirth, abortion, miscarriage or conditions resulting therefrom, genetic testing or counseling, artificial fertilization treatment or treatment related to birth control or infertility;



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- 11 Investigation and treatment of psychosis, psychological, emotional, mental or behavioral conditions or disorders;
- 12 Experimental medical treatment which, at the time it is provided, is not considered safe, effective and appropriate for the injury or sickness, and is not accepted as standard treatment for the injury or sickness;
- 13 Routine physical examinations, health checks or tests not incidental to treatment or diagnosis of a Disability or any elective treatments or services which are not medically necessary or any preventive treatments, medicines or examinations, vaccinations, immunizations or inoculations, or convalescence, custodial or rest care;
- 14 Conditions related to sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC);
- 15 Disabilities arising from racing of any kind (except on foot racing), skydiving, mountain or rock climbing, professional sports, aviation or aeronautics (other than travelling as a fare-paying passenger in commercial airplanes);
- 16 Disabilities arising from nuclear weapons material, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this Exclusion, combustion shall include any self-sustaining process of nuclear fission.
- 17 Exclusion of Rights of Third Parties under Contracts (Rights of Third Parties) Ordinance
A person who is not a party to this Policy (including but not limited to the Insured or the Beneficiary) has no right under Contracts (Right of Third Parties) Ordinance (cap. 623 of the Laws of Hong Kong) to enforce any of the terms of this Policy.



Policy Type : GROUP HEALTH INSURANCE	Date : 6 February 2024
Proposal No. : 001379	Page : 1
Policy No. :	Agent : 033128
Client No : N58585	Currency : HKD
Policyholder : KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED	Premium Payment : Annual
C/O WORLDWIDE INSURANCE SERVICES LTD. SUITE 3606, CENTRAL PLAZA 18 HARBOUR ROAD WANCHAI, HONG KONG	Premium Due Date : 1 April 2024

Policy Period : 1 April 2024 to 31 March 2025 (both dates inclusive)

Affiliated Co. : N/A

Department : N/A

Class	Class Code/Description Coverage Description	Annual Premium Rate	Coverage Count	Total Premium
1	Plan 1(IP only)			
	HOS Hospitalization Benefits			
	Employee	3,194.00 [^]	35	111,790.00
	Spouse	3,194.00 [^]	23	73,462.00
	Child	3,194.00 [^]	12	38,328.00
				223,580.00
2	Plan 2(IP & OP)			
	HOS Hospitalization Benefits			
	Employee	3,194.00 [^]	47	150,118.00
	Spouse	3,194.00 [^]	20	63,880.00
	Child	3,194.00 [^]	13	41,522.00
				255,520.00
	OPB Out-patient Benefits			
	Employee	3,016.00 [^]	47	141,752.00
	Spouse	3,016.00 [^]	20	60,320.00
	Child	3,016.00 [^]	13	39,208.00
				241,280.00

Name	Age	Class	No. of Person	Standard Premium	Loading	Total Premium
P*** ** *	70	1	1	3,194.00	3,194.00	6,388.00
K** ** ** *	72	2	1	6,210.00	6,210.00	12,420.00
C*** ** ** *	70	1	1	3,194.00	3,194.00	6,388.00
W** ** ** ** ** ** *	72	2	1	6,210.00	6,210.00	12,420.00



Policy Type :	GROUP HEALTH INSURANCE	Date :	6 February 2024
Proposal No. :	001379	Page :	2
Policy No. :		Agent :	033128
Client No :	N58585	Currency :	HKD
Policyholder :	KOREAN RESIDENTS ASSOCIATION HONG KONG LIMITED C/O WORLDWIDE INSURANCE SERVICES LTD. SUITE 3606, CENTRAL PLAZA 18 HARBOUR ROAD WANCHAI, HONG KONG	Premium Payment :	Annual
		Premium Due Date :	1 April 2024

Policy Period : 1 April 2024 to 31 March 2025 (both dates inclusive)

Affiliated Co. : N/A

Department : N/A

Name	Age	Class	No. of Person	Standard Premium	Loading	Total Premium
Y*** ** *	70	2	1	6,210.00	6,210.00	12,420.00
K*** ** *	72	1	1	3,194.00	3,194.00	6,388.00
K*** ** *	70	1	1	3,194.00	3,194.00	6,388.00
S*** ** *	70	2	1	6,210.00	6,210.00	12,420.00
C*** ** *	72	2	1	6,210.00	6,210.00	12,420.00

Total Premium **HKD 808,032.00**

***IA Levy** **HKD 808.03**

Grand Total Premium for the Policy **HKD 808,840.03**

*Premium levy is charged under specified levy rates of gross premiums for all types of insurance products, except for Reinsurance, Aviation, Marine, Goods-in Transit and Authorized Captive which are currently exempted.

Terms & Conditions Agreed & Accepted by:

Authorized Signature & Company Chop

Full Name:

Title:

Signature Date: