HEALTH INSURANCE

POLICY WORDING (AS.19)

1. INSURANCE AGREEMENT

This insurance agreement is based upon the information provided by the applicant in the form requesting insurance coverage, and the status of health questionnaire signed by the applicant for the purpose of obtaining insurance coverage. In the event that an applicant misrepresents or omits to inform the company of any relevant facts, the company when aware of the true situation, may decide to increase the premium level or void the policy.

2. DEFINITIONS

In the insurance policy or cover agreement attached to this policy:

"Company or Insurer"	means a Company issuing this Insurance Policy.
"Subscriber"	means a person proposed as Insured in the Schedule.
"Insured"	means a person named as Insured in the Schedule.
"Schedule"	means a Schedule of this Insurance Policy.
"**Accident**"	means a sudden event caused by a factor external to the body that contributes to a consequence not intended or anticipated by the Insured.
"**Injury**"	means a bodily injury directly resulting from an accident that occurred separate from and independent of any other cause.
"**Illness**"	means physical illness sustained by the Insured due to infection or internal bodily abnormality which is medically necessary to be treated in a hospital.
"Physician"	means a physician duly license to practice medicine and is a member of the Medical Council under the Medical Profession Act, and not the Insured him/herself.
"**Day**(s)"	means the number of day(s) for which the hospital in which the Insured stayed charges the Insured for the hospital room as defined by that hospital.
"**Operation**"	means medical necessary treatment by mean of standard surgery operation according to currently accepted medical practice as performed by a physician qualified for such treatment.
"Hospital"	means a public or private health-care establishment providing treatment to patients, which is authorized by the Ministry of Health, which is installed with medical equipment, which is able to admit patients and which has a number of health-care professionals in accordance with the health-care regulations and provides 24-hours service, but not including rehabilitations or convalescent facilities or any similar institution or establishments provided specially for patients suffering from alcoholism, or addiction to narcotics or other addicted substances.
"**In-patient**"	means a patient who has been admitted to a hospital for medically necessary treatment for a continual period of not less than 6 hours.
"**Out-patient**"	means a patient who receives a medically necessary examination and treatment in the out-patient ward or emergency ward of a hospital or clinic, as well as a person undergoing a minor operation who has demonstrated no medical indications that he/she needs to be admitted as an in-patient.
"**Hospitalization**"	means a stay for medically necessary treatment in a hospital as an in-patient for a continuous period of time, the service charges for are at the standard rates specified by the hospital. Hospitalization of more than one occasion due to the same cause or complications of the same disease, with the interval between each occasion of not more than 90 days, shall be treated as one and the same hospitalization.
"Clinic"	means a public or private health-care establishment, which is authorized by the Ministry of Health, in which basic medical equipment and health-care professionals are available, but which is not able to admit patients.

3. RULES FOR SUBSCRIPTIONS

3.1 Fill in the application form for health
3.2 A health check-up must be attached.
3.3 Insured's Age between **1 month 1 day to 60 years old.**
3.4 Insured's Age between **1 month 1 day to 15 years old**, the policy must be joined with their parents and/or a person authority.
3.5 Insured's Age between **40 to 60 years old**, the additional health check-ups as per Medical Check-up Form

4. PAYMENT OF INSURANCE PREMIUM

The contract comes into force between the two parties at the time of signing and expires completely at the fixed date recorded in the Schedule.

5. Modification of Contract

The Insured or an agent of the Company has no authority to specify or modify any statement herein. Any modification or specification must be made by the authorized directors of the Company evidenced by their signatures and company seal.

6. Adjustment of Premium Rates

When the Insured's age increase from one age range to the next, the premium payable shall be adjusted according to the rates specified by the Company with approval of the Insurance Commissioner. Subject to approval of the Insurance Commissioner, the Company reserves the right to adjust the premium rates as necessary.

7. Change of Occupation

If the Insured sustains an injury or illness while performing another occupation which involves more risks than the occupation originally stated, the amount of benefits under this policy shall be reduced based on the amount of accident coverage premiums previously paid which could have been used to buy this policy under to the new occupation.

If the Insured changes his/her occupation to a new occupation prescribed by the Company as an occupation which involves less risks than the occupation originally stated, the Company shall reduce the premium rate from the due date of the next premium payment.

8. Right of Benefit Claim

When the Insured sustains an injury or illness and has to undergo medical treatment as an in-patient, the following actions must be taken:

8.1 The Insured or his/her representative shall inform the Company in writing of the injury or illness within 30 days from the first date of hospitalization unless it can be proved that he/she has not been reasonably possible to give such notice during the prescribed period and that notice must be given to the Company as soon as reasonably possible.
8.2 The Insured or his/her representative at the Insured's expense, shall furnish to the Company definite evidence of hospitalization or medical report of the attending physician using the form prescribed by the Company within 30 days of the date of discharge from the hospital.
8.3 The Company, at its own expense, reserves the right to appoint a physician to perform a physical examination of the Insured, as it may see fit while the Insured is being hospitalized and claim for the benefit under this Policy is being made.

9. EXAMINATION RIGHTS

The company has the right to medically examine a person covered who is claiming benefit under this policy and it has the right to conduct an autopsy, within the limits of the Law, in case of death.

10. OTHER INSURANCE:

If the Insured receives compensation from government or other welfare or from other insurer, the Company is responsible only for excess amount shown in the Schedule, over that which is covered under the welfare or other insurer's policy

Even though the insured may give up rights to other insurers, this will not affect the right and duty of the company to pay according to this insurance policy.

11. NOTICE OF TERMINATION OF INSURANCE POLICY

11.1 The coverage shall cease immediately upon the occurrence of any of Non-payment of premium within the grace period.

11.2 The company can terminate this policy by giving notice in writing not less than 30 days in advance by registered mail to the insured at the last known address as declare to the company. In this event, the company shall refund the premium to the insured on a pro-rata basis.

11.3 The insured can terminate this policy by giving notice to the company in writing and shall be entitled to receive a refunded premium after deducting the premium for the period that the policy has been in force. In this event, the company will refund the premium as per table below.

11.4 Notice of termination or cessation of this insurance policy for any reason will not result in the loss of right to claim reimbursement for covered costs occurring before date of termination or date of cessation of policy.

11.5 If the insured or person covered dies while the policy is still in force, the company will refund his/her premium on a pro-rata basis(see table below) and will continue to hold cover for other persons covered as stated in the policy until expiry date.

No.of day(s)	<30	31-60	61-90	91-120	121-150	151-180	181-210	211-240	241-270	271-300	301-330	331-365
%of Annual prem.	85	75	65	55	45	35	25	20	15	10	5	**0**

12. WAITING PERIOD: for the new insured

(a) 0 days waiting period for accident related claims
(b) 21 days waiting period for any OPD claims
(c) 60 days waiting period for any IPD claims

13. EXCLUSIONS

This insurance policy will not cover losses coming from or because of:

- Suicide or attempted suicide or self - inflicted injury.
- While boarding or alighting or while a passenger in an aircraft not licensed for carrying passenger and not operating on commercial routes, and while piloting or serving as a regular employee of an airline.
- War (Whether declared or not) invasion or acts of foreign enemies, civil war, revolution, rebellion, riot strikes or civil commotion against the Government.
- When the insured or person covered reaches the age of 65 years.
- While the insured or person covered is a member of the armed services, police or volunteers and takes part in any war or suppression. In this case, if the person covered assumes such duties for more than 30 consecutive days, the company will refund that part of premium while he was engaged in such duties.
- Nuclear weapons, nuclear fission, fusion or radioactive contaminate.
- Medical conditions existing prior to date of policy commencement.
- Medical services in connection with treatments for Acquired Immunization Deficiency syndrome (AIDS).

14. DETAILS OF BENEFITS:

14.1. Hospitalization

Benefits are payable for reasonable and necessary medical expense actually incurred during the cover period, as follows:

- **"Room and Board Fee"**:
  The Company shall pay for the hospital room and board and nursing care as provided for an in-patient according to the amount actually paid by the Insured, but will not exceed the daily benefit shown in the Schedule.
  The maximum benefit period is 90 days per one period of hospitalization.

  In the event the Insured is required to be confined in an Intensive Care Unit (ICU), the Company will pay for the room, board and nursing care charges according to the actual billing, but not excess of twice the amount of daily room, board and nurse service benefit as specified in the Schedule for a maximum period of 7 days. The total benefit payable for the combined number of days of confinement both in the ICU and in the hospital room provided to the Insured as an in-patient will not be more than 90 days per one period of hospitalization.

- **"Hospital Service Fee"**:
  During the period the Insured admits at a hospital as an in-patient, the Company shall pay for the hospital services expenses for normal in-patient service provided by the hospital for the following charges or fees:
  1 Medications according to the disease which is the cause of the hospitalization and those unused in the hospital.
  2 Saturation and wound dressing, splinting, except supporting devices and appliances.
  3 Physical therapy

4 X-ray examination, electrocardiography and laboratory test necessary for examination of the medical condition at such time.
5 Intravenous injection.
6 Blood or plasma administration except the cost of blood and plasma.
7 Ambulance transportation. The company will pay for the cost of ambulance to or from the hospital per one hospitalization according to the actual charge but will not be more than the daily rate of the room, board and nurse benefit.

The Company will pay the above benefits to the Insured as per the actual charges, but the total amount will not be greater than the "Hospital Service" benefit specified in the Schedule per one hospitalization.

- **"Surgical Fees":**
The Company will pay for the Surgical Fee for in-patient treatment in the amount not greater than the actual expenses paid by the Insured but not exceeding the amount stated in "Surgical Benefits", which is expressed as a percentage of the "Surgical Fee" benefits specified in the Schedule per one hospitalization.

  In the event that more than one surgical procedure is performed through the same body opening, the covered actual expenses will not be greater than the specified fee for one operation, using the surgery with the higher fee as a basis for the payment. Any other surgeries not listed in the "Surgical Benefits" will be compensated in an appropriate amount.

  "Minor Surgical Fee":
The Company shall pay for out-patient minor surgery for the amount not more than the actual expenses provided that such a surgery is listed in the "Surgical Benefits", which is expressed as percentage of the "Surgical Fee" benefit provided in the "Schedule".

- **"Operating Theatre Fee"**
The Company shall pay for the operating theatre fee if the Insured is entitled to be reimbursed for the "Surgical Fee" benefit according to the actual as follows:
  1 Us of operating theatre
  2 Operating equipments used in the operating theatre.

  The benefit payable, however, will not be in excess of the amount stated in the Schedule per one hospitalization.

- **"Anesthetics"**:
The Company shall pay for anesthesia fees in event the Insured is entitled to be reimbursed for the "Surgical Fee" according to the actual expenses paid by the Insured, but will not be in the excess of the amount prescribed in the Schedule per each hospitalization.

- **"X-ray & Laboratory (For Diagnostic)":**
The Company shall pay for laboratory tests when diagnostic X-ray, electrocardiography or laboratory tests are required for the Insured due to an accidental bodily injury or ailment according to the actual expenses paid by the Insured for such expenses but will not in excess of the "X-ray & Laboratory test" benefit as prescribed in the Schedule for each injury or ailment. This benefit is available only in cases where the examination/test is medically necessary for the Insured's admission to a hospital as an in-patient and such examination/test must be conducted within 30 days before or after the hospitalization.

- **"Doctor fee or Physician's Counselling fee"** – The Company shall pay for the physician's counselling fee during the normal in-patient treatment according to the actual expense, which, however, will not be in excess of the amount prescribed in the Schedule for any one visit and for a maximum number of 90 visits or the number of days of hospitalization whichever is lesser.

- **"Accidental Medical or Emergency Treatment Due to Accident"** - The Company shall pay for out-patient treatment if the Insured incurs an accident and receives emergency treatment in the out-patient ward of a hospital within 24 hours from the time of accident. The expenses covered will be for the amount the Insured actually paid out will not be in excess of the "Accidental Medical" benefit prescribed in the "Schedule". In the event the Insured is hospitalized as an in-patient as a consequence of the same injury, the previous Accidental Medical or Emergency Treatment fee will be included in the "Hospital Service" fee.

<u>Exclusions</u>: This policy does not cover:

1) Convalescent care or sanitarium care.
2) Services not related to medical treatment, i.e. use of radio, television, telephone, newspaper etc.
3) Diagnostic services unless hospitalized for more than 6 hours.
4) Services of surgeon intern and special nurse.
5) Psychiatric conditions or mental illness or disorders, alcoholism, drug addiction, venereal disease or congenital anomaly.
6) Sterilization of either sex.
7) Treatment or surgical operation in a hospital which has not been recommended by a surgeon or physician.
8) Pregnancy including childbirth and miscarriage.
9) Service to new born child.
10) Dental care and treatment, eye examination, glasses, hearing aids, heart pacemaker and cosmetic surgery or plastic surgery except when deemed necessary for repair or alleviation of damage caused by accident.

11) Any part of service charge that the insured is entitled to recover under Workmen's Compensation Law or similar laws.
12) Services for disability resulting from injury or sickness arising out of fraudulent intention
13) Services in connection with physical therapy, medical check up, examination by X-ray and other means purely for diagnostic purpose.

14.2 Out-patient benefit (OPD):

By this endorsement, it is agreed that if the Insured is received medically necessary outpatient treatment in an out patient department of a hospital or a clinic resulting directly from an injury or illness, upon receipt and acceptance by the Company of due proof thereof the Company shall pay the benefits occasioned by the reasonable and necessary expensed actually incurred by the Insured, as per the following: physician's fees, nursing service fees and medical personnel fees, expenses for outpatient medication or parenteral nutrition, outpatient hospital services, physical therapy, diagnostic medical techniques and radiotherapy and medical supplies and equipment. The benefit shall be payable no more than 1 treatment per day, or a total of 30 treatments per each policy year, but the maximum amount per treatment shall not exceed the amount that specified in the "Schedule".

In the event the Insured has received any outpatient benefit under the Policy to which this Endorsement is attached, the Company will only pay benefit for the unmet amount subject to the maximum amount per treatment above.

<u>Exclusions</u>: This policy does not cover:

1) Services while in the course of convalescent care or sanitarium care.
2) Services in connection with treatment of nervous or mental disorders, alcoholism, drug addiction, venereal disease or congenital anomaly.
3) Services in connection with surgery, dental treatment or eye examination.
4) Services in connection with pregnancy including childbirth and miscarriage.
5) Services in connection with physical therapy, medical check up, Preventive medicine expenses, examination by X-ray and other means purely for diagnostic purposes.
6) Sterilization of either sex.
7) Services in connection with the care of a newborn child.
8) Any part of services that the insured is entitled to recover under workmen's compensation law or similar laws.
9) Services for disability resulting from injury or sickness arising out of fraudulent intention.
10) Treatment in a clinic or outpatient department of a hospital in excess of 30 visits in one policy year.

<u>SURGICAL BENEFITS</u>

Description of surgical Operation	Percentage of Surgical Fee
ABDOMEN	
- Appendectomy	50.00 %
- Resection of bowel	75.00 %
- Resection of stomach	75.00 %
- Gastric - enterostomy	65.00 %
- Removal of gall-bladder	75.00 %
- Cutting into abdominal cavity for diagnosis, treatment or removal of one more organs therein except as other wise herein provided two or more surgical procedures performed through the same abdominal incision will be considered as one operation	55.00 %
ABSCESS	
- Incision of superficial abscess, boil or furuncle, one or more	5.00 %
- Treatment of carbuncle or abscess requiring hospitalization, one or more	12.50 %
AMPUTATION	
- Fingers or toes, each	7.50 %
- Hand, forearm or foot at ankle	30.00 %
- Leg, arm or thigh	50.00 %
- Thigh at hip	75.00 %
- Interpelviabdominal amputation	**100.00%**
BREAST	
- Amputation of one or both, radical with resection into axial	85.00 %
- Amputation of one or both, simple	67.50 %
CHEST	
- Complete thoracoplasty	**100.00 %**
- Removal of lung	**100.00 %**
- Removal of lung or portion of lung	90.00 %
- Cuttingintothoracic cavity for diagnosis,or treatment of organs therein, tapping excepted	50.00 %

- Removal of pus, tapping excepted	12.50 %
- Artificial Pneumothorax	12.50 %
- Refills-each but not more than six	2.50 %
- Bronchoscope Diagnostic	20.00 %
- Operative, excluding biopsy	50.00 %
EAR	
- Cutting ear drum	10.00 %
- Mastoidectomy radical one side	55.00 %
- Mastoidectomy radical both sides	80.00 %
- Fenestration one or both sides	**100.00 %**
- Stapedectomy	50.00%
ESOPHAGUS	
- Operation for	40.00 %
- Use of gastroscope	25.00 %
EYE	
- Removal of foreign body, from Cornea	5.00 %
- Detached retina multiple fusion	**100.00 %**
- Cataract	60.00 %
- Glaucoma	45.00 %
- Removal of eyeball	45.00 %
- Removal of pterygium	30.00 %
- Incision of style or chalazion	10.00 %
FRACTURES	
- Treatment of Simple Collar bone, shoulder blade, or forearm, one bone	25.00 %
- Coccyx, tarsal, metatarsals or oscalcis	25.00 %
- Thigh	55.00 %
- Upper arm or leg, one bone	40.00 %
- Fingers or toes, each or rib	15.00 %
- Forearm two bones, knee cap, or pelvis, not requiring traction	60.00 %
- Two bones	50.00 %
- Jaw, lower	35.00 %
- Carpal, metacarpals, nose, ribs two or more or sternum	25.00 %
- Pelvis, requiring traction	31.00 %
- Vertebrae, transverse processes, each	20.00 %
- Vertebrae, compression fracture, one or more	50.00 %
- Wrist	30.00 %
Compound Open	
- For a compound fracture increase the above benefits	95.00 %
- For a fracture requiring an open operation including bone grafting/bone splicing, increase the above benefit	**100.00 %**
GENITO-URINARY TRACT	
- Removal of kidney	75.00 %
- Fixation of kidney	75.00 %
- Removal of tumors or stones in kidney, urethra, or bladder by cutting operation	75.00 %
- By cauterization of end oscopic means	35.00 %
- Stricture of urethra open operation	50.00 %
- Intra-urethra cutting operation	20.00 %
- Prostrate entire removal by open operation-complete procedure	75.00 %
- Partial removal by end oscopic means	60.00 %
- By other cutting operation	60.00 %
- Orchidectomy or epididymectomy	37.50 %
- Hydrocele or varicocele	37.50 %
- Hysterectomy, radical for cancer	**100.00 %**
- Abdominal operation for extra-uterine pregnancy	60.00 %
- Hysterectomy with complete removal of tubes and ovaries, with or without appendectomy	70.00 %
- Curettage or cauterization of cervix non-puerperal	10.00 %
- Dilations and curettage, non-puerperal	20.00 %
- Repair of perinea or vaginal laceration, not immediately postpartum, including cystocele and ectocele	37.50 %
- Removal of fibroid tumors without abdominal approach	30.00 %
- GOITRE-Removal of Thyroid, including all stages of operative procedure	75.00 %
- HERNIA-Injection treatment, complete course: - Single hernia	45.00 %
- Double hernia	45.00 %
- Radical operation, including injection treatment for cure of: - Single hernia	45.00 %
- Double hernia	65.00 %

JOINTS AND DISLOCATIONS	
- Incision into joint for disease and disorder, except as herein otherwise provided and except tapping	25.00 %
- Incision into shoulder, elbow, hip knee joint, tapping excepted	37.50 %
- Excision, fixation by cutting operation, disarticulation or arthroplasty on Shoulder, hip or spine	95.00 %
- Knee, elbow, wrist and ankle	50.00 %
- Dislocation of fingers or toes, each	5.00 %
- Shoulder, or elbow, wrist or ankle	20.00 %
- Lower jaw	10.00 %
- Hip	70.00 %
- Knee (cap excepted)	30.00 %
- Knee cap	15.00 %
For a dislocation requiring an open operation the maximum benefit for such dislocation shall be twice the applicable amount listed above.	100.00%
NOSE	
- Antrum puncture	5.00 %
- Intranasal sinus operation	20.00 %
- Extranasal sinus operation	40.00 %
- Polypus, removal one or more	30.00 %
- Submucous resection	30.00 %
- Turbinectomy	15.00 %
PARACENTESIS	
- Tapping of Abdomen	12.50 %
- Chest or bladder, catheterization excepted	7.50 %
- Ear drum, hydrocele, joints or spine	7.50 %
RECTUM	
- Radical resection for malignancy, all stages, including colostomy	**100.00 %**
- Hemorrhoids, external only, excision complete procedure	15.00 %
- Hemorrhoids, internal or internal and external including prolapsed rectum, total for excision or complete, injection tremens	40.00 %
- Fistula in ano	40.00 %
- Fissure in ano	15.00 %
- Other cutting operations on rectum	30.00 %
SKULL	
- Cutting into cranial cavity, trephining and tapping excepted	**100.00 %**
- Removal of bone trephining or decompression	50.00 %
THROAT	
-Tonsillectomy or tonsillectomy and adenoidectomy	35.00 %
- Use of laryngoscope for diagnosis	20.00 %
TUMORS	
- Surgical removal of malignant tumor except those of the mucous membrane,	
- Skin and subcutaneous tissue	85.00 %
- Malignant tumors of the mucous membrane, skin and subcutaneous tissue	45.00 %
- Polonidal sinus or cyst, cutting operation	25.00 %
- Benign tumors of the testicl or breast	20.00 %
- Ganglion	10.00 %
- Warts or moles	7.50 %
- Benign tumors, one or more, except as otherwise herein provided, requiring hospital residence	25.00 %
- Not requiring hospital residence	7.50 %

In the case of X-Ray or radium treatment for any of the above listed tumors, the maximum benefit payable for the entire course of treatment including surgical removal shall be that provided for its surgical removal, VEINS, Varicose-Complete procedure on all veins cutting.

- Operation or injection treatment, one leg	35.00 %
- Cutting operation or injection treatment, two legs	50.00 %

If any operation performed is no shown in the schedule above, the Company reserves the right to determine the benefit at the maximum operation rate for such operation. An operation of equal importance and severity will be used as the criterion for the Company's to determine percentage of surgical fee.

Data Privacy Notice:

The Company obtains and processes personal information for the purposes of preparing quotations, underwriting policies, collecting premium, paying claims and for any other purpose which is directly related to administering policies in accordance with the insurance contract. The confidentiality of the Insured information is of paramount concern to The Company. The Insured has a right to access the personal data that is held about them. The Insured also has the right to request that The Company amend or delete any information which the Insured believes is inaccurate or out of date. The Company will not retain the Insured's data for longer than is necessary for the purposes for which it was obtained.

We may disclose your personal information to others with whom we have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to you. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, our advisers, persons involved in claims, external claims data collectors and verifiers, parties that we have an insurance scheme in place with under which you purchased your policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law
cier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where we have recorded a telephone call, we can provide you with a copy at your request, where it is reasonable to do so.

By providing us with personal information you and any other person you provide personal information for, consent to these uses and disclosures until you tell us otherwise. If you wish to withdraw your consent, including for such things as receiving information on products and offers by us or persons we have an association with, please contact us.

Digital Communication and Marketing Consent

DIGITAL COMMUNICATION CONSENT

BY agreeing to purchase this insurance, you agree to receive via SMS and/or via e-mail by the mobile number and/or e-mail address provided herein above, respectively on contract renewal notice, premium and/or claim payment status and any information of your interest on this insurance. Please visit https://www.azlaos.com to view Assurances General Laos Data Privacy Notice.

MARKETING CONSENT

BY purchasing this insurance, you give consent to Assurances General Laos to use your personal information for the marketing purpose of the company e.g. communication on product/service, promotional activities, carrying out lucky draws, marketing surveys, and other information which you may be interested in. in the event you would like to withdraw your marketing consent, please send SMS consent "123" to +856 20 56689805 or opt-out via My Insurance Web and My Insurance App.