

Application Form

**MyHEALTH
China
Individual
High End Medical
Insurance Plan Policy**



1. Policyholder and insured members details

Policyholder

Last name:

First name(s):

Date of Birth:

ID/Passport No:

ID Valid From:

Tel:

Residential Address
(including Postal Code):

Correspondence
Address
(including Postal Code):

Contact Name:

Gender:

Male

Female

Nationality:

DD / MM / YYYY

ID Valid Until:

DD / MM / YYYY

Fax:

Main Insured Member

Last name:

First name(s):

Date of Birth:

ID/Passport No:

ID Valid From:

Industry:

Work Address:

Tel:

E-mail:

Residential Address
(including Postal Code):

Correspondence
Address
(including Postal Code):

Emergency Contact:

Tel:

Social security
situation:

Yes

No

Will you live in China for less than 183 days during
the insurance period?

Gender:

Male

Female

Height & Weight:

cm

kg

Nationality:

DD / MM / YYYY

ID Valid Until:

DD / MM / YYYY

Occupation:

Fax:

City of Residence:

E-mail:

Relationship to
Policyholder:

Yes

No

Dependant							
	Dependant A		Dependant B		Dependant C		
Last name							
First name(s)							
Date of Birth	DD / MM / YYYY		DD / MM / YYYY		DD / MM / YYYY		
Gender	Male <input type="radio"/>	Female <input type="radio"/>	Male <input type="radio"/>	Female <input type="radio"/>	Male <input type="radio"/>	Female <input type="radio"/>	
Height & Weight:	cm	kg	cm	kg	cm	kg	
Nationality							
ID/Passport No:							
ID Valid From:	DD / MM / YYYY		DD / MM / YYYY		DD / MM / YYYY		
ID Valid Until:	DD / MM / YYYY		DD / MM / YYYY		DD / MM / YYYY		
Industry							
Occupation							
Work Address							
City of Residence							
Tel							
Social security situation	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	
Relationship to Policyholder							
Relationship to Main Insured Member							
Have you lived in China for less than 183 days during the insurance period?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	

Note: If any of the above insured members resides in China for less than 183 days during the insurance period, the policyholder or the insured person shall notify AIG in writing immediately, and no later than 10 days. In the event of a violation of the above provisions, AIG reserves the right to refuse to pay or partially refuse to pay the insurance benefits.

Additional Information

If any of the above insured persons has publicly funded medical care, basic medical insurance or other medical insurance for expenses, please provide more details in the table below:

Insured member name	Other medical insurance information

2. Coverage Selection

Policy start date	DD / MM / YYYY			
Note: The earliest policy start date is the 5th day following the policy application date. If all the underwriting requirements of this insurance plan are met, the actual effective date may be after the policy start date of application and the actual payment date of insurance premium. If otherwise specified by the local regulatory authority, the actual effective date shall be subject to the applicable regulatory provisions. The period of this insurance plan is one year.				
Policy currency	<input type="checkbox"/> RMB <input type="checkbox"/> USD Claims will be paid in the currency you have selected in your policy application.			
Mandatory Coverage	(If dependants will have the same cover as the main insured members, please tick here <input type="checkbox"/>)			
Coverage	Main Insured Member	Dependant A	Dependant B	Dependant C
Insurance Plan	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite
Deductible	<input type="checkbox"/> USD 0 / RMB 0 <input type="checkbox"/> USD 1,500 / RMB 10,200 <input type="checkbox"/> USD 3,000 / RMB 20,400	<input type="checkbox"/> USD 0 / RMB 0 <input type="checkbox"/> USD 1,500 / RMB 10,200 <input type="checkbox"/> USD 3,000 / RMB 20,400	<input type="checkbox"/> USD 0 / RMB 0 <input type="checkbox"/> USD 1,500 / RMB 10,200 <input type="checkbox"/> USD 3,000 / RMB 20,400	<input type="checkbox"/> USD 0 / RMB 0 <input type="checkbox"/> USD 1,500 / RMB 10,200 <input type="checkbox"/> USD 3,000 / RMB 20,400
Area of Cover	<input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide Excluding USA <input type="checkbox"/> Greater China	<input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide Excluding USA <input type="checkbox"/> Greater China	<input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide Excluding USA <input type="checkbox"/> Greater China	<input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide Excluding USA <input type="checkbox"/> Greater China
Note: The main insured members and the dependants can choose to enroll in different plans. However, for deductibles and area of cover, the selection must be the same for the whole family.				
Optional coverage	(If dependants will have the same cover as the main insured members, please tick here <input type="checkbox"/>)			
Coverage	Main Insured Member	Dependant A	Dependant B	Dependant C
(1) Outpatient benefits	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite
	<input type="checkbox"/> 100% coverage <input type="checkbox"/> 80% coverage	<input type="checkbox"/> 100% coverage <input type="checkbox"/> 80% coverage	<input type="checkbox"/> 100% coverage <input type="checkbox"/> 80% coverage	<input type="checkbox"/> 100% coverage <input type="checkbox"/> 80% coverage
	For direct billing settlement in specific medical facilities in Hong Kong, the member will be covered at 100%.			
(2) Maternity protection	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite
(3) Dental and Ophthalmic security	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite	<input type="checkbox"/> Essential <input type="checkbox"/> Extensive <input type="checkbox"/> Elite
Note: the level of optional coverage benefits (Outpatient, Maternity, Dental and Ophthalmic) must be equivalent or lower than the level selected for mandatory coverage (Hospital & Surgery). The above plan selection is an overview of the plan coverage. For detailed coverage information, please refer to the benefits schedule attached to this policy.				

3. Health Declaration of members to be insured

Please read carefully and answer the following questions truthfully regarding the health status of the main insured and each subsidiary insured to be insured.

Table 1

1. Have or have ever been diagnosed with any of the following disease?			
A.	Cardiovascular diseases: in the last five years have a history of myocardial infarction or diagnosed with coronary atherosclerotic heart disease with cardiac insufficiency grade 3 or above (New York Heart Association-NY-HA classification), aortic aneurysm, congenital heart disease surgically treated less than 1-year, dilated cardiomyopathy, heart failure, peripheral vascular disease, hypertensive crisis, atrioventricular conduction block grade 2 or above, valvular heart disease.	Yes <input type="radio"/>	No <input type="radio"/>
B.	Neurological diseases – stroke, ischemic brain disease, cerebral hemangioma, cerebrovascular malformation, Alzheimer’s disease, Parkinson’s disease, dementia, syringomyelia, multiple sclerosis, epilepsy, severe sequelae of traumatic brain injury, muscular dystrophy, myasthenia gravis, motor neurone disease, cerebral palsy, developmental delay.	Yes <input type="radio"/>	No <input type="radio"/>
C.	Blood diseases: leukemia, lymphoma, aplastic anemia, thrombocytopenic purpura, hemophilia, myelodysplastic syndrome, myeloproliferative disease.	Yes <input type="radio"/>	No <input type="radio"/>
D.	Pulmonary diseases: chronic obstructive pulmonary disease, pulmonary hypertension, respiratory failure, pulmonary embolism, interstitial pulmonary disease.	Yes <input type="radio"/>	No <input type="radio"/>
E.	Digestive diseases: cirrhosis, chronic active hepatitis, severe hepatitis, liver failure, ulcerative colitis, Crohn’s disease, chronic pancreatitis, alcoholic liver disease, polycystic liver.	Yes <input type="radio"/>	No <input type="radio"/>
F.	Autoimmune diseases: systemic scleroderma, severe rheumatoid arthritis, mixed connective tissue disease, vasculitis, severe ankylosing spondylitis, Acquired immune deficiency Syndrome (AIDS), AIDS-related syndromes (ARCS) and other HIV-related sexually transmitted diseases or symptoms, Sjogren’s syndrome, systemic lupus erythematosus or other immune system diseases.	Yes <input type="radio"/>	No <input type="radio"/>
G.	Endocrine system diseases: type 1 diabetes mellitus, diabetes with chronic complications (diabetic foot, diabetic nephropathy, diabetic macrovascular disease, etc.), adrenal diseases, hypopituitarism or hyperpituitarism.	Yes <input type="radio"/>	No <input type="radio"/>
H.	Urinary diseases: nephrotic syndrome, nephrectomy within 3 years (except for traumatic nephrectomy), uremia, polycystic kidney disease, chronic nephritis, renal artery stenosis, renal insufficiency, renal atrophy.	Yes <input type="radio"/>	No <input type="radio"/>
I.	Other diseases: malignant tumor, brain tumor, spinal cord tumor, carcinoid, borderline tumor, carcinoma in situ, cervical dysplasia (non-operative status), mass/polyp/neoplasm with unknown nature, malignant hydatidiform mole, organ failure or transplantation (including hematopoietic stem cell transplantation), cystic fibrosis, third-degree burn, congenital disease, hereditary disease, physical impairment, schizophrenia, mania, anxiety or depression, mental disorders, aponoia, acute poliomyelitis, adult BMI (weight (Kg)/height(m ²)) ≥35 or ≤16.	Yes <input type="radio"/>	No <input type="radio"/>
2. In the coming year, are you planning to go to the following countries or regions: Cuba, Iran, Syria, North Korea, Crimea, Luhansk, Donetsk?		Yes <input type="radio"/>	No <input type="radio"/>

If any answer to Table 1 is "Yes," your application will not be accepted; if you only answered "No," proceed to Table 2 (medical records and recent follow-up reports need to be submitted).

Table 2:

1. Have you been or have been diagnosed with any of the following conditions?		
Hypertension, type 2 diabetes mellitus, thyroid nodules, breast nodules, lung nodules, electrocardiogram abnormalities, emphysema, asthma, tuberculosis, purpura, anemia, glaucoma, optic neuropathy or retinopathy, osteoporosis, vision loss or blindness, hearing loss or deafness, irregular vaginal bleeding, cervical intraepithelial neoplasia (CIN)III, polycystic ovarian syndrome, gestational trophoblastic disease, hemorrhoids, cervical spondylosis, lumbar disc herniation, cervical dysplasia (post-operative status), gastrointestinal polyp, lithiasis, ovarian cyst, uterine myoma, hip replacement, fracture, pituitary tumor, renal hamartoma, atrioventricular septal defect, patent foramen ovale, arterial plaque?	Yes <input type="radio"/>	No <input type="radio"/>
2. In the last 12 months, have you or any person to be insured been advised by a doctor for hospitalisation or surgery (including but not limited to traditional excision, endoscopy, interventional procedures such as minimally invasive treatment, coronary artery bypass grafting, stenting, and balloon dilation, etc.)	Yes <input type="radio"/>	No <input type="radio"/>
3. Have you or any person to be insured ever had an abnormal health check or been advised by a doctor for further checks, tests, or long-term medication?	Yes <input type="radio"/>	No <input type="radio"/>

If you answered “Yes” to any of the above, please provide details in the table below. You may be required to provide a further medical questionnaire or medical reports, depending on the severity and nature of the condition declared.

Person to be insured			
Question No.			
Disease/ Medical Condition/ Sign & Symptom			
Date of first occurrence of sign & symptom	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Frequency of sign & symptom			
Treatment Details (including name, date, duration of medication, surgery etc.)			
Date of last follow-up medical consultation/ treatment	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Any on-going, regular, planned or preventive treatment required?			
Any on-going sign or symptom?			

4. Declaration by Policyholder

[Tell the truth]

1. Please fill in the insurance information truthfully, and truthfully inform the insured person's health status and submit a health questionnaire.
2. In the event that the Insured applies the waiting period according to the insurance contract, AIG Insurance shall only be liable to the Insured under the insurance contract from the day after the expiration of the applicable waiting period, and AIG Insurance shall only be liable for the payment of insurance benefits to the insured for the insured event that occurs after the waiting period. Please carefully assess the health status of the insured person at the time of application.
3. If there is any material change in risk (including but not limited to change of residence and other changes that may increase the risks covered under the insurance contract) during the insurance period, the policyholder or the insured shall notify AIG in writing immediately, but not later than 10 days. In the event of a violation of the above provisions, AIG reserves the right to refuse to pay or partially refuse to pay the insurance benefits. After receiving a material change of risk notified by the policyholder or the insured, AIG has the right to adjust the insured's terms of coverage or refuse to accept the insured's continued existence as an insured under the insurance contract.
4. If the intentional failure to fulfill the obligation of truthful notification is enough to directly affect AIG Insurance's decision on whether to agree to underwrite the insurance contract or increase the insurance rate, AIG Insurance has the right to terminate the insurance contract in accordance with relevant laws and regulations and not refund the insurance premium, regardless of whether the insured accident occurs at that time. For insured events that occur before the termination of the insurance contract, AIG Insurance shall not be liable for compensation or payment of insurance benefits. If the aforesaid willful failure to fulfill the obligation to tell the truth only directly affects AIG's decision on whether to agree to underwrite any insured, the insured will be disqualified, and AIG will not be liable for any insured events that occurred before the disqualification.
5. If the failure to fulfill the obligation of truthful disclosure due to gross negligence is enough to directly affect AIG's decision on whether to agree to underwrite the insurance contract or increase the insurance rate, regardless of whether the insured event occurred at that time AIG Insurance reserves the right to terminate the insurance contract in accordance with the relevant laws and regulations and refund the insurance premium without interest. If the above-mentioned failure to fulfill the obligation of truthful disclosure due to gross negligence only directly affects AIG's decision on whether to agree to cover any insured, the insurance qualification will be cancelled and AIG will refund the corresponding part of the insurance premium of the insured without interest. If the failure to fulfill the obligation of truthful notification due to gross negligence has a serious impact on the insured accident that occurred before the termination of the insurance contract or before the cancellation of the insurance qualification, AIG Insurance shall not be liable for any insurance liability.
6. If the failure to fulfill the obligation of truthful notification is sufficient to directly affect AIG's decision on whether to increase the insurance rate, and AIG agrees to continue to underwrite, the policyholder shall pay the increased premium and interest accumulated since the effective date of the insurance contract.
7. The policyholder and the insured shall notify AIG in a timely manner after knowing that the insured event has occurred. If the nature, cause and extent of the insured accident are difficult to determine due to intentional or gross negligence failure to notify AIG in a timely manner, AIG shall not be liable for the part of the loss that cannot be determined, except for AIG insurance that has known or should have known about the occurrence of the insured accident in a timely manner through other means.

[Product Notice]

1. The insurance liability of this insurance plan shall be subject to the applicable insurance terms, and the sum insured, deductible, payout ratio shall be subject to the schedule of liabilities attached to this policy.
2. There is a correlation between the issue age and the rate of this insurance plan.
3. The age of the insured person under this insurance plan: Main insured: 18 to 65 years old, up to 99 years old when continuously insured in this plan; Subsidiary insured: 1) Spouse: not older than 65 years old, up to 99 years old when continuously insured in this plan; 2) Child: 16 days after birth or unmarried full-time students up to 23 years old.
4. The occupation restrictions of the main insured and spouse under this insurance plan are: 1/2 occupational category.
5. The waiting period of the insurance plan: (1) inpatient medical special outpatient coverage, general outpatient coverage: 30 days, no waiting period for accidental medical treatment; (2) major dental restoration treatment :180 days. There is no waiting period for other coverage.
6. The cooling-off period for this benefit plan is 10 days.
7. Duration of this insurance plan: 1 year. During the insurance period, each person to be insured is limited to one insurance plan, and more than one insurance plan is invalid.
8. This insurance plan is a non-guaranteed renewal product, which is not automatically renewed, and does not separately adjust the standard rate for the insured's renewal.
9. The premium payable under this protection plan is paid in a lump sum.
10. Pre-authorization: Please apply for pre-authorization from the insurance company through the service hotline 48 hours in advance before receiving any of the following treatments or medical treatments:
 - (1) any hospitalization, surgery, day care (if applicable) or childbirth (if covered by an add-on contract);
 - (2) the use of any medical aids;
 - (3) Emergency medical expenses within and outside the coverage area;

- (4) First treatment with chemotherapy, radiation therapy, haemodane or peritoneal dialysis (if applicable);
 - (5) HIV/HIV/HIV hospitalization;
 - (6) Emergency rescue.
11. This coverage does not cover terrorists or members of terrorist organizations designated by any State or international organization, or persons illegally engaged in the trade in drugs, nuclear weapons, biological or chemical weapons.
 12. The terms applicable to the Emergency Rescue Benefit under this benefit are the "AIG Additional Travel Visit and Repatriation Insurance (2023 First Edition)", and the terms applicable to the outpatient benefit for mental or neurological disorders and medical auxiliary equipment are the "AIG Inpatient and Special Outpatient Medical Insurance (2022 III)".
 13. The maternity medical benefit under this plan is applicable to female insured persons between the ages of 19 and 45 who choose Plan 2 or Plan 3 without deductible and have been covered by this benefit or similar coverage within 1 year prior to the first application of this plan.
 14. The primary exclusions of liability applicable under this insurance plan are as follows, and other exclusions of liability are subject to the provisions of the insurance contract duly entered into with AIG.

1) AIG Inpatient and Special Outpatient Medical Insurance (2022 3rd Edition)

AIG shall not be liable for any expenses incurred during or caused by the following periods, or in any of the following circumstances:

- (1) Expenses related to pre-existing conditions, unless notified to AIG and covered by AIG in writing;
- (2) Any expenses for care and treatment that are not payable by the insured or the insured or have been covered by any other insurance, policy, or compensation plan, including, but not limited to, bodily accidental injuries, illnesses and symptoms for which workers' compensation insurance or other insurance is payable;
- (3) Routine medical laboratory tests or medical examinations, medical examinations received for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, vaccinations, medical certificates, chelation therapy (other than heavy metal poisoning), bowel lavage, counseling, guardianship or maintenance care, recuperation and family rooms, treatments, or services or treatments received at any non-healthcare facility, except as provided in the schedule of liability;
- (4) Medical expenses incurred for preventive, health care and other non-attributable treatments, including but not limited to inpatient medical examinations, smoking cessation treatments, medical evaluations or certificates, genetic testing, tattoos, etc.;
- (5) Dental treatment, damage to dentures when not worn, cosmetic surgery and plastic surgery not caused by accidental injury, except for expenses incurred in emergency repair of teeth damaged due to accident and breast reconstruction after treatment of malignant tumors;
- (6) Any disease, test, treatment, and consequences relating to infertility, infertility, assisted conception, surrogacy, impotence or erectile dysfunction, contraception, sterilization, sterilization recovery surgery, male and female birth control, vasectomy or repair, artificial insemination, sex reassignment treatment or surgery, birth defects, congenital diseases, developmental abnormalities, or abortion for psychological or social reasons;
- (7) pregnancy (including ectopic pregnancy), miscarriage (including miscarriage and induced abortion of any cause) or delivery (including caesarean section and prenatal and postnatal care or care) and any pregnancy complications;
- (8) orthotics and durable medical devices, treatment that is not part of Western (allopathic) medicine (other than medical coverage expressly covered by the insurance contract in the schedule of liability), or treatment of complications or conditions that are not medically necessary or subsequent thereto;
- (9) The total cost of transplanting a human cornea, bone marrow, muscle, bone or tissue from a donor to a recipient and all expenses directly or indirectly related to the organ transplant (including conditions requiring or requiring transplantation and conditions after transplantation), except for the cost of an organ transplant covered by the schedule of liability;
- (10) Examination or treatment of psychiatric, psychological, psychiatric and neurological conditions and any of their physical or psychological causes or manifestations (other than those specified in the schedule of insured), self-harm, suicide or suicide attempt, intentional exposure to an unusually dangerous environment (except for the purpose of saving human life), excessive alcohol consumption, smoking or similar drugs or drugs, sleep disorders, learning difficulties, behavioral disorders, venereal diseases;
- (11) Any treatment or testing for human immunodeficiency virus (HIV)-related conditions, including AIDS and AIDS-related syndromes (ARC) and/or any mutations, derivatives or variations thereof, except that the schedule of insurance liability states that the covered AIDS/Except for human immunodeficiency virus fees. (The above definitions shall be based on those established by the World Health Organization.) If the above virus or its antibodies are found in the blood sample of the insured person, the insured person is considered to be infected with the virus);
- (12) Experimental or first-of-its-kind diagnosis and treatment techniques that have not been reviewed, approved or licensed by the medical regulatory authority of the country where the medical treatment is conducted, except for those approved in writing in advance by AIG;
- (13) Medical services that have not been recommended and prescribed by the insured's attending physician, except in the case of a second opinion prior to surgery, and continuing treatment expenses incurred after the date on which the insured's primary attending physician has entrusted the insured to another physician or specialist;
- (14) refractive errors (e.g. nearsightedness, farsightedness, astigmatism), and any refraction, prescription, vision correction or purchase of spectacles (including but not limited to eyeglasses, monocles or contact lenses);
- (15) Participation in any professional or semi-professional sport, driving or flying on non-commercial aircraft, diving (to a depth greater than 30 meters), skydiving, rock climbing, bungee jumping, glider or paragliding, glider or paragliding, adventure activities, martial arts competitions, wrestling matches, stunt shows, horse racing, racing and other high-risk sports caused by medical treatment;
- (16) Illness caused by the service of the police or military personnel of any country or international organization, or participation in war, civil war, invasion, insurrection, revolution, use of armed force, usurpation of political power or military power, any known or suspected terrorist activity or any illegal activity, any medical services received by the insured person while in prison, detention centre, any other correctional facility (including transitional reintegration or similar facilities) or any mentally ill person in custody and control institution;
- (17) exposure to ionizing radiation or radioactive contaminants of any kind;

- (18) Rehabilitation, recovery, follow-up and follow-up surveillance hospitalization that can be properly treated through outpatient treatment without hospitalization in the opinion of the medical consultant of AIG;
- (19) Travel expenses incurred specifically to receive medical services (other than approved emergency medical evacuation services) and the cost of all emergency medical evacuation services not approved in advance by AIG or its designated rescue services or its authorized representatives;
- (20) is not a reasonable and necessary expense;
- (21) any medical expenses incurred outside the policy period;
- (22) Any tonic products, Chinese herbal medicines and all kinds of liquor preparations and processing fees, ointment fees, and pharmaceutical-related expenses (except for those covered by the insurance contract);
- (23) Outpatient medical expenses, except for special outpatient expenses covered in the schedule of insurance liabilities and as otherwise agreed in the insurance contract;
- (24) medical treatment resulting from or resulting from terrorist activities involving the use or threat of use of nuclear weapons, nuclear devices or chemical or biological agents;
- (25) Medical expenses incurred by the insured person for driving under the influence of alcohol or driving without a valid driver's license or driving license;
- (26) Medical expenses in excess of the maximum number of days of hospitalization or nursing care coverage agreed in the insurance contract;
- (27) Medical expenses incurred outside the coverage area as agreed in the insurance contract, unless otherwise agreed in the insurance contract;
- (28) Childcare care of newborns in medical institutions, unless otherwise agreed in the insurance contract;
- (29) Failure to obtain a medical institution or doctor's certificate.

2) AIG Additional Inpatient and Outpatient Supplementary Medical Insurance (2023 First Edition).

In addition to the exclusion clause in the AIG Inpatient and Special Outpatient Medical Insurance (2022 3rd Edition), the insurance company shall not be liable for any expenses related to, or attributable to eye examination and treatment directly or indirectly caused by, or attributable to, if the eye medical expenses are covered:

- (1) Sunglasses, unless issued by a medical prescription;
- (2) Spectacles, or frames of such spectacles, that are not medically necessary and not recommended by an optometrist or ophthalmologist.

[Surrender and Refund Rules]

1. If there is no claim during the insurance period, the net premium refunded by AIG Insurance = insurance premium × (1 - surrender handling fee rate) × (1 - number of days after insurance / number of days during the insurance period) when the policyholder surrenders the policy
2. If there is a claim within the insurance period, the unexpired net premium refunded by AIG Insurance at the time of surrender of the policyholder shall be determined in the following manner:
 - (1) If the amount of claims is higher than the number of days of insurance, the net premium refunded = (premium - amount claimed) × (1 - surrender fee rate), if the amount claimed is higher than the premium, the net premium refunded is zero
 - (2) If the amount of the claim is less than the number of days of insurance, the premium refunded = premium × (1 - surrender fee rate) × (1 - number of days after insurance / number of days during the insurance period).

Note: The surrender fee for this product is 35%.

[Important]

1. In order to protect your own rights and interests, please carefully read and understand the provisions of the insurance contract, especially the provisions exempting the insurer from liability, before confirming the insurance application. The terms and conditions of the insurance can be obtained through AIG insurance sales personnel or <http://www.aig.com.cn/> can be found on the AIG website. Please call: 4008208858 or ask the AIG insurance sales staff about the provisions of the insurance contract before applying for insurance, and listen to the explanation of the AIG insurance sales staff. Please ensure that you fully understand the instructions of the AIG insurance staff and have no objections. If no inquiry is made, it is deemed that the contract has been fully understood and there is no objection.
2. This insurance policy and quotation (if any), insurance liability schedule, insurance clauses, insurance policy, endorsement or endorsement (if any) and other agreements are all part of the insurance contract.
3. In order to protect your interests, please do not sign on the blank insurance policy, the policyholder needs to fill in the information listed on the insurance policy in detail, and sign and seal for confirmation.
4. The comprehensive solvency adequacy ratio of AIG Property & Casualty Insurance Co., Ltd. meets the regulatory requirements, and the comprehensive risk rating indicates that the operational, strategic, reputational and current risks are small, and the specific solvency indicators and risk comprehensive rating results can be found on the company's official website www.aig.com.cn.
5. If the insured has a change of residence, occupation, type of work, or sanctions imposed by relevant international organizations or countries during the insurance period, it will affect the basis on which AIG agrees to underwrite, and AIG can terminate the contract in accordance with the insurance contract.

5. Declaration and Acknowledgment by Policyholder and Insured

1. I hereby apply for AIG Property & Casualty Insurance Co., Ltd. (hereinafter referred to as "AIG Insurance") for the "AIG 'MyHEALTH' Individual Premium Medical Insurance Plan", and declares that the above statements and details are true and correct, and that there is no concealment of any material facts to influence AIG Insurance's assessment of risks or acceptance of this insurance application. I agree that this policy will form the basis of the insurance contract signed between the policyholder and AIG, and failure to disclose material facts related to this insurance may result in AIG insurance not being liable for any insurance. The effective date of the insurance contract shall be subject to the effective date stated in the insurance policy, and the insurance liability of AIG Insurance shall be subject to the payment of the agreed insurance premium by the policyholder and the consent of AIG Insurance to underwrite the insurance.
2. Except as otherwise informed in this policy, all Insured Persons are currently in good health. I agree that I shall promptly notify AIG of any change in the physical condition of any insured person after the application but before I enter into the contract with AIG.
3. I confirm that I have carefully read the provisions of the insurance contract, especially the provisions on the exemption of the insurer's liability, and fully understand the description and reminder of the content of the insurance contract (including but not limited to the insurance liability, the reduction or exemption of insurance liability, the waiting period, and the hesitation period) of AIG Insurance, and apply for insurance without objection. I acknowledge that all insurance liabilities are subject to the insurance contract.
4. I understand that when entering into an insurance contract or in the event of a dispute arising from the performance of the insurance contract, I may agree with AIG to resolve the dispute arising from the performance of the insurance contract through litigation or arbitration.
5. For the network hospital direct payment medical services agreed in the insurance contract, I authorize AIG to provide my name, date of birth, gender, passport and/or ID number (whether obtained from this policy or elsewhere) to the hospital, clinic, I agree and acknowledge that the insurance benefits for medical expenses under the insurance contract will be paid directly to the relevant medical institution and not to me, and that AIG has fulfilled its obligation to pay the insurance benefits to me under the insurance contract by paying such insurance benefits to the relevant medical institution. By signing this Direct Debit Authorization Form, I confirm that I am aware of the above terms.
6. **Recourse**
If AIG pays or authorizes the payment of expenses not covered under the insurance contract or the payment exceeds the corresponding sum insured, AIG reserves the right to recover the amount or overpayment from me. The scope of this recourse includes, but is not limited to, other claims payable by AIG during the insurance period. If the amount owed by me is not paid for more than 90 days, AIG reserves the right to suspend the provision of direct billing services to me without prior notice.
7. I confirm that I have read and understood the Privacy Policy (<https://www.aig.com.cn/individuals/privacy-notice> published on the official website of AIG Insurance and voluntarily consent to the processing (including but not limited to the collection, use, and provision to third parties at home and abroad) of my/us (i.e., myself and all insureds) personal information (whether obtained from this policy or elsewhere) in accordance with this Privacy Policy to achieve the purposes described under "Purposes for which we use personal information" in this Privacy Policy.
I understand that in accordance with the Personal Information Protection Law, AIG Insurance is required to obtain me/our separate consent for the processing of personal information under certain circumstances. For this purpose, I confirm my separate consent to the processing of my/our personal information in the following cases by ticking the appropriate checkbox below. I confirm that if I am a minor insured under the age of 14 and tick the appropriate box below, I, as the parent or guardian of the minor, have (1) separately consented to AIG Insurance's processing of the Minor's personal information under the following circumstances, or (2) have provided the parent or guardian with AIG's privacy policy and obtained their valid consent (including separate consent) to AIG to process the Minor's personal information in accordance with the Privacy Policy under the following circumstances. If I have checked the appropriate checkbox below for another Insured, I have (1) provided the Insured with AIG's Privacy Policy and (2) obtained valid consent (including separate consent) from the Insured as required by the Personal Information Protection Act for AIG to process their personal information in accordance with the Privacy Policy under the following circumstances.
I understand that my/our consent must be given voluntarily. However, without such consent, AIG may not be able to provide some or all of its services or products, as such personal information and the specific processing activities described below are necessary for AIG to provide the services and products under this insurance.

- | | |
|-----|---|
| (1) | Consent to the processing of my/our personal information (which may contain sensitive personal information as described under "Personal Information We Collect and Hold" in AIG Insurance Privacy Policy) for the purposes described under "Purposes for which we use personal information" in AIG Privacy Policy. According to the Personal Information Protection Law of the People's Republic of China, sensitive personal information includes biometrics, religious beliefs, specific identities, medical health, financial accounts, whereabouts, and personal information of minors under the age of 14. |
| (2) | Agree that my/our personal information may be disclosed or provided to third parties as described under "Sharing of Personal Information" in AIG Insurance's Privacy Policy. |
| (3) | Agree that my/our personal information may be processed outside of China as described under "Where Personal Information is Processed" in AIG's Privacy Policy and provided to recipients outside of China as described under "Sharing of Personal Information" in the Privacy Policy. |

Signature of the policyholder	Signature of the insured (exempt if the same person is the policyholder)	Place/date of signing
		DD / MM / YYYY
Sales organisation		

Bill of Materials	
Original	
<input type="radio"/>	Application Form with signature (The whole family only needs to fill out one application form)
Copy	
<input type="radio"/>	ID cards/passports of all insured persons;
<input type="radio"/>	If there is a subsidiary insured person who is insured, please provide proof of their relationship with the main insured.
Please complete and sign all forms and send the original to your representative or AIG Insurance to complete the application.	

The Chinese version shall always prevail in case of any discrepancy or inconsistency between Chinese version and its English translation.

MH CN EN 2024/01

Underwritten by:

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Arranged and administered by:

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