

## MyHEALTH Individual High End Medical Insurance Plan Transfer/Renew Instructions

**Dear:**

**To help you better understand and purchase MyHEALTH individual high end medical insurance and protect your legitimate rights and interests, please pay attention to the following matters:**

### **[Disclosure]**

1. 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.
2. 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.
3. 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.
4. 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.
5. 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) general outpatient coverage: 30 days, no waiting period for accidental medical treatment; (2) major dental restoration treatment : 180 days. (3) maternity: 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 5 days in advance before receiving any of the following treatments or medical treatments:
  - (1) Any hospitalization, surgery, day care (if applicable) or childbirth;
  - (2) Cancer treatment;
  - (3) Stem cell treatment;
  - (4) Rehabilitation treatment;
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 outpatient benefit for mental or neurological disorders and medical auxiliary equipment are the "AIG Inpatient and Special Outpatient Medical Insurance (1st Edition in 2024).
13. The maternity medical benefit under this plan is applicable to female insured persons between the ages of 19 and 45 who choose "Extensive" or "Elite" without deductible.

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 (1st Edition in 2024)**

**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, accidental injury, illness or disease covered by work-related injury insurance or other insurance;
- (3) Routine medical examinations or check-ups, check-ups for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, vaccinations, medical certificates, chelation therapy (except for heavy metal poisoning), hydro colon therapy, counselling, Custodial or Maintenance Care, rest cures, and homey ward or treatment, or services or treatment received at any nonmedical institution, unless explicitly stated in the Benefit Schedule as being covered by this Policy;
- (4) Medical charges incurred for prevention, health care and other non-medical treatment, including but not limited to inpatient medical examination, smoking cessation treatment, medical identification or certification, genetic testing, tattoos, etc, unless explicitly stated in the Benefit Schedule as being covered by this Policy;
- (5) Dental treatment, treatment of disorders of the temporomandibular joint, periodontal treatment, damage to dentures when not worn, cosmetic surgery and plastic surgery not caused by an accident, except for the costs of emergency repairs after tooth damage caused by an accident and breast remodeling after treatment of malignant tumors;
- (6) Any diseases, tests, treatments related to infertility, assisted conception, surrogacy, impotence or erectile dysfunction, contraception, sterilization, sterilization reversal surgery, male and female birth control, vasectomy or repair, artificial insemination, trans-sexual treatment or surgery, birth defects, congenital diseases, hereditary conditions, developmental abnormalities, behavioural or developmental disorders, or abortion for psychological or social reasons, and the consequences thereof;
- (7) Pregnancy (including ectopic pregnancy), miscarriage (including miscarriage and induced abortion caused by any reason whatsoever) or childbirth (including caesarean section and pre-natal and post-natal examination or care) and any pregnancy complications, unless explicitly stated in the Benefit Schedule as being covered by this Policy;
- (8) Orthoses and durable medical equipment; treatment that is either not part of Western (allopathic) medicine (except for the medical benefits that is explicitly stated in the Benefit Schedule as covered by this Policy), or which is not medically necessary, or complications or disabilities consequential thereupon;
- (9) All costs relating to human cornea, bone marrow, muscular, skeletal, or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to Organ Transplantation (including conditions requiring or likely to require transplantation and post transplantation conditions), unless the organ transplantation expenses are explicitly stated in the Benefit Schedule as being covered by this Policy;
- (10) Examination or treatment arising from mental factors, psychological factors, mental and nervous conditions and any physical or psychological causes or manifestations (except for those stated in the Benefit Schedule as covered by this Policy), self-mutilation, suicide or suicide attempt, deliberate exposure to an unusually dangerous environment (except for the purpose of saving lives), excessive drinking, smoking or drug abuse, sleep disorders, learning difficulties, behavioral disorders, venereal diseases;
- (11) Any treatment or test of human immunodeficiency virus(HIV)-related illness(including AIDS and AIDS- related syndromes (ARC) and/or any mutation, derivation or variation thereof), except for AIDS/HIV costs explicitly stated in the Benefit Schedule as being covered by this Policy. (The above definition is subject to the definition set by the World Health Organization. If the above virus or its antibody is found in the blood sample of the insured person, the insured person shall be deemed to have been infected by the virus);
- (12) Experimental or pioneering diagnosis and treatment technology that has not been approved or licensed by the medical and health regulatory agency of the country where the medical behavior occurs, except for those that obtained written consent by the Company in advance;
- (13) Medical services that are not recommended and prescribed by the insured person's attending physician, except for a second medical opinion service before surgery, and the continuing treatment after the insured person's original attending physician has referred the insured person to another physician or specialist;
- (14) Refractive defects of the eye (such as myopia, hyperopia, astigmatism), and any optometry, optics, vision correction, or glasses purchase (including but not limited to frame glasses, monocles, or contact lenses);
- (15) Medical treatment arising from injury as a result of participation in any professional or semi-professional sports, driving or taking non-commercial flights, diving(with a depth of greater than 30 meters), skydiving, rock climbing, bungee jumping, driving a glider or paraglider, adventure activities, martial arts competitions, wrestling competitions, stunt performances, horse racing, car racing and other high-risk sports;
- (16) Disabilities arising from the police or military service with any country or international organization, or participation in war, civil war, invasion, riot, revolution, use of armed forces, usurpation of political or military power, any known or suspected terrorist activities or any illegal activities. Any medical services received by the insured person while in prison, detention center, any other correctional facility (including reintegration school or similar facilities), or any psychiatric institution;
- (17) Exposure to any kind of ionizing radiation or radioactive pollutants;
- (18) Rehabilitation, recovery and follow-up monitoring hospitalization where the Company's medical consultant believes that the insured person can be properly treated through outpatient clinic without hospitalization;
- (19) Travel expenses incurred for the sole purpose of receiving medical services (except for the approved emergency medical escort services), and all emergency medical transfer services without prior approval of the Company or its designated rescue service organization or its authorized representative;
- (20) Any expenses not reasonable and medically necessary;

- (21) Any medical expenses not incurred during the period of insurance, as well as the disability that is examined during the waiting period but diagnosed after the waiting period;
- (22) Any nourishing Chinese herbal medicines and various alcoholic preparations thereof and brewing fees, ointment fees, and pharmaceutical-related expenses (except for those covered by this Policy);
- (23) Outpatient medical expenses, except for those stated in the Benefit Schedule as covered by this Policy;
- (24) Medical treatment caused by or arising from terrorist activities using or threatening to use nuclear weapons, nuclear devices or biochemical preparations;
- (25) Medical expenses incurred by the insured person for driving under the influence of alcohol or driving without a legal or valid driving license;
- (26) Medical expenses beyond the maximum number of covered days of hospitalization or care as stated in this Policy;
- (27) Medical expenses incurred outside the covered territory as stated in this Policy, unless otherwise stated in this Policy;
- (28) Nursing care of newborns in medical institutions, unless otherwise stated in this Policy;
- (29) Failure to obtain a medical institution or doctor's certificate;
- (30) The usage of non-medically necessary robotic surgery which can be replaced by a conventional surgery;
- (31) Medical expenses incurred by services performed by medical institutions owned by you, your parents, your children, or any entity in which you, your parents, or your children either are an employee or director or have a greater than 1% ownership interest.

## **2) AIG Dental and Optical Medical Insurance (1st Edition in 2024).**

In addition to the exclusion clause in the AIG Inpatient and Special Outpatient Medical Insurance (1st Edition in 2024), the insurance company shall not be liable for any expenses related to, or attribute 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.
- (3) LASIK Surgery.

### **[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. 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](http://www.aig.com.cn).
4. 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.

If you have any questions, please consult the sales staff or call: 4008208858. The insurance wordings can be obtained from the AIG insurance Company's business personnel or viewed on the AIG Insurance Company website at <http://www.aig.com.cn/>. Thank you for choosing AIG.

Policyholder's signature:

Date:

Application Form

**Continuous Personal  
Medical Exclusions**

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



# 1. Policyholder and insured members details

## Existing Insurance Coverage

**Policy No.:** \_\_\_\_\_  
**Policy expiry date:** \_\_\_\_\_ **Name of insurer:** \_\_\_\_\_

\*At application, insurance contract including policy schedule and benefits schedule issued by existing insurer are required for underwriting.

## Policyholder

**Last name:** \_\_\_\_\_  
**First name(s):** \_\_\_\_\_ **Gender:** Male  Female   
**Date of Birth:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_  
**ID Document Type:** ID Card  Passport  Foreign Permanent Resident ID Card   
**ID Document Number:** \_\_\_\_\_  
**ID Valid From:** \_\_\_\_\_ **ID Valid Until:** \_\_\_\_\_  
**Tel:** \_\_\_\_\_  
**Residential Address :**  
(including Postal Code) Province/State: \_\_\_\_\_ City: \_\_\_\_\_  
**Correspondence Address:**  
(including Postal Code) Province/State: \_\_\_\_\_ City: \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## Main Insured Member

**Last name:** \_\_\_\_\_ **Gender:** Male  Female   
**First name(s):** \_\_\_\_\_ **Height & Weight:** \_\_\_\_\_ cm \_\_\_\_\_ kg  
**Date of Birth:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_  
**ID Document Type:** ID Card  Passport  Foreign Permanent Resident ID Card   
**ID Document Number:** \_\_\_\_\_  
**ID Valid From:** \_\_\_\_\_ **ID Valid Until:** \_\_\_\_\_  
**Industry:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Work Address:** \_\_\_\_\_  
**Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **City of Residence:** \_\_\_\_\_  
**Residential Address:**  
(including Postal Code) Province/State: \_\_\_\_\_ City: \_\_\_\_\_  
**Correspondence Address:**  
(including Postal Code) Province/State: \_\_\_\_\_ City: \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Do you have social security in China?** Yes  No  **Relationship to Policyholder:** \_\_\_\_\_  
**Will you live in China for less than 183 days during the insurance period?** 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 Document Type (Please select one)	ID Card <input type="radio"/> Passport <input type="radio"/>	ID Card <input type="radio"/> Passport <input type="radio"/>	ID Card <input type="radio"/> Passport <input type="radio"/>
	Birth Certificate <input type="radio"/>	Birth Certificate <input type="radio"/>	Birth Certificate <input type="radio"/>
	Foreign Permanent Resident ID Card <input type="radio"/>	Foreign Permanent Resident ID Card <input type="radio"/>	Foreign Permanent Resident ID Card <input type="radio"/>
ID Document Number			
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			
Province of Residence			
City of Residence			
Tel			
Do you have social security in China?	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

<b>Policy start date</b>	DD / MM / YYYY			
<p>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.</p>				
<b>Policy currency</b>	<input type="radio"/> RMB <input type="radio"/> USD Claims will be paid in the currency you have selected in your policy application.			
<b>Mandatory Coverage</b>	(If dependants will have the same cover as the main insured members, please tick here <input type="radio"/> )			
<b>Coverage</b>	<b>Main Insured Member</b>	<b>Dependant A</b>	<b>Dependant B</b>	<b>Dependant C</b>
<b>Insurance Plan</b>	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite
<b>Deductible</b>	<input type="radio"/> USD 0 / RMB 0 <input type="radio"/> USD 1,500 / RMB 10,200 <input type="radio"/> USD 3,000 / RMB 20,400	<input type="radio"/> USD 0 / RMB 0 <input type="radio"/> USD 1,500 / RMB 10,200 <input type="radio"/> USD 3,000 / RMB 20,400	<input type="radio"/> USD 0 / RMB 0 <input type="radio"/> USD 1,500 / RMB 10,200 <input type="radio"/> USD 3,000 / RMB 20,400	<input type="radio"/> USD 0 / RMB 0 <input type="radio"/> USD 1,500 / RMB 10,200 <input type="radio"/> USD 3,000 / RMB 20,400
<b>Area of Cover</b>	<input type="radio"/> Worldwide <input type="radio"/> Worldwide Excluding USA <input type="radio"/> Greater China	<input type="radio"/> Worldwide <input type="radio"/> Worldwide Excluding USA <input type="radio"/> Greater China	<input type="radio"/> Worldwide <input type="radio"/> Worldwide Excluding USA <input type="radio"/> Greater China	<input type="radio"/> Worldwide <input type="radio"/> Worldwide Excluding USA <input type="radio"/> Greater China
<p>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.</p>				
<b>Optional coverage</b>	(If dependants will have the same cover as the main insured members, please tick here <input type="radio"/> )			
<b>(1) Coverage</b>	<b>Main Insured Member</b>	<b>Dependant A</b>	<b>Dependant B</b>	<b>Dependant C</b>
<b>1. Outpatient Benefits</b>	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected
	<input type="radio"/> 100% coverage <input type="radio"/> 80% coverage	<input type="radio"/> 100% coverage <input type="radio"/> 80% coverage	<input type="radio"/> 100% coverage <input type="radio"/> 80% coverage	<input type="radio"/> 100% coverage <input type="radio"/> 80% coverage
For direct billing settlement in specific medical facilities in Hong Kong and public hospitals in China, the member will be covered at 100%.				
<b>2. Maternity Benefits</b>	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected
<b>3. Dental and Optical Benefits</b>	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite <input type="radio"/> Not selected
<p>Notes:</p> <ul style="list-style-type: none"> <li>The level of optional coverage benefits (Outpatient, Maternity, Dental and Optical) must be equivalent, lower than or one level higher than the level selected for mandatory coverage (Hospital &amp; Surgery).</li> <li>To add maternity protection, the member must purchase an Extensive or Elite Inpatient module on a nil deductible basis, plus an optional Outpatient module.</li> <li>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.</li> </ul>				



### 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	
<p><b>1. Has the applicant in the last five years ever undergone any surgical procedure or been treated in a hospital, clinic, sanatorium, nursing home or other medical institution where he/she received more than 10 days' inpatient treatment?</b></p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p><b>2. Have You ever been diagnosed with, hospitalized for, received Treatment, tests or investigations for any type of chronic disease, physical impairment, congenital or had signs or symptoms of or hereditary disorder, disability, recurrent illness, currently pregnant, termination of pregnancy, major injury or Medical Condition?</b></p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>Chronic condition: A disease, illness or injury that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> <li>a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests; or</li> <li>b. it needs ongoing or long-term control or relief of symptoms; or</li> <li>c. you need to be rehabilitated or specially trained to cope with it; or</li> <li>d. it continues indefinitely; or</li> <li>e. it has no known cure; or</li> <li>f. it comes back or is likely to come back.</li> </ul>	
<p><b>3. Is the applicant currently taking any kind of medication (other than oral contraceptives), or is any treatment or tests currently being performed or planned, or any day or in-patient hospitalization scheduled?</b></p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p><b>4. In the coming year, are you planning to go to the following countries or regions: Cuba, Iran, Syria, North Korea, Crimea, Luhansk, Donetsk?</b></p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>

**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.**

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

## 4. Declaration by Policyholder

### **[Disclosure]**

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 benefits schedule 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) general outpatient coverage: 30 days, no waiting period for accidental medical treatment; (2) major dental restoration treatment :180 days; (3) maternity: 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 5 days in advance before receiving any of the following treatments or medical treatments:
  - (1) Any hospitalization, surgery, day care (if applicable) or childbirth
  - (2) Cancer treatment
  - (3) Stem cell treatment
  - (4) Rehabilitation treatment
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 outpatient benefit for mental or neurological disorders and medical auxiliary equipment are the "AIG Inpatient and Special Outpatient Medical Insurance (1st Edition in 2024)".
13. The maternity medical benefit under this plan is applicable to female insured persons between the ages of 19 and 45 who choose Extensive or Elite without deductible plus an optional Outpatient module.
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 (1st Edition in 2024)**

**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, accidental injury, illness or disease covered by work-related injury insurance or other insurance;
- (3) Routine medical examinations or check-ups, check-ups for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, vaccinations, medical certificates, chelation therapy (except for heavy metal poisoning), hydro colon therapy, counselling, Custodial or Maintenance Care, rest cures, and homey ward or treatment, or services or treatment received at any nonmedical institution, unless explicitly stated in the Benefit Schedule as being covered by this Policy;
- (4) Medical charges incurred for prevention, health care and other non-medical treatment, including but not limited to inpatient medical examination, smoking cessation treatment, medical identification or certification, genetic testing, tattoos, etc, unless explicitly stated in the Benefit Schedule as being covered by this Policy;
- (5) Dental treatment, treatment of disorders of the temporomandibular joint, periodontal treatment, damage to dentures when not worn, cosmetic surgery and plastic surgery not caused by an accident, except for the costs of emergency repairs after tooth damage caused by an accident and breast remodeling after treatment of malignant tumors;
- (6) Any diseases, tests, treatments related to infertility, assisted conception, surrogacy, impotence or erectile dysfunction, contraception, sterilization, sterilization reversal surgery, male and female birth control, vasectomy or repair, artificial insemination, trans-sexual treatment or surgery, birth defects, congenital diseases, hereditary conditions, developmental abnormalities, behavioural or developmental disorders, or abortion for psychological or social reasons, and the consequences thereof;
- (7) Pregnancy (including ectopic pregnancy), miscarriage (including miscarriage and induced abortion caused by any reason whatsoever) or childbirth (including caesarean section and pre-natal and post-natal examination or care) and any pregnancy complications, unless explicitly stated in the Benefit Schedule as being covered by this Policy;
- (8) Orthoses and durable medical equipment; treatment that is either not part of Western (allopathic) medicine (except for the medical benefits that is explicitly stated in the Benefit Schedule as covered by this Policy), or which is not medically necessary, or complications or disabilities consequential thereupon;
- (9) All costs relating to human cornea, bone marrow, muscular, skeletal, or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to Organ Transplantation (including conditions requiring or likely to require transplantation and post transplantation conditions), unless the organ transplantation expenses are explicitly stated in the Benefit Schedule as being covered by this Policy;
- (10) Examination or treatment arising from mental factors, psychological factors, mental and nervous conditions and any physical or psychological causes or manifestations (except for those stated in the Benefit Schedule as covered by this Policy), self-mutilation, suicide or suicide attempt, deliberate exposure to an unusually dangerous environment (except for the purpose of saving lives), excessive drinking, smoking or drug abuse, sleep disorders, learning difficulties, behavioral disorders, venereal diseases;
- (11) Any treatment or test of human immunodeficiency virus(HIV)-related illness(including AIDS and AIDS-related syndromes (ARC) and/or any mutation, derivation or variation thereof), except for AIDS/HIV costs explicitly stated in the Benefit Schedule as being covered by this Policy. (The

above definition is subject to the definition set by the World Health Organization. If the above virus or its antibody is found in the blood sample of the insured person, the insured person shall be deemed to have been infected by the virus);

- (12) Experimental or pioneering diagnosis and treatment technology that has not been approved or licensed by the medical and health regulatory agency of the country where the medical behavior occurs, except for those that obtained written consent by the Company in advance;
- (13) Medical services that are not recommended and prescribed by the insured person's attending physician, except for a second medical opinion service before surgery, and the continuing treatment after the insured person's original attending physician has referred the insured person to another physician or specialist;
- (14) Refractive defects of the eye (such as myopia, hyperopia, astigmatism), and any optometry, optics, vision correction, or glasses purchase (including but not limited to frame glasses, monocles, or contact lenses);
- (15) Medical treatment arising from injury as a result of participation in any professional or semi-professional sports, driving or taking non-commercial flights, diving (with a depth of greater than 30 meters), skydiving, rock climbing, bungee jumping, driving a glider or paraglider, adventure activities, martial arts competitions, wrestling competitions, stunt performances, horse racing, car racing and other high-risk sports;
- (16) Disabilities arising from the police or military service with any country or international organization, or participation in war, civil war, invasion, riot, revolution, use of armed forces, usurpation of political or military power, any known or suspected terrorist activities or any illegal activities. Any medical services received by the insured person while in prison, detention center, any other correctional facility (including reintegration school or similar facilities), or any psychiatric institution;
- (17) Exposure to any kind of ionizing radiation or radioactive pollutants;
- (18) Rehabilitation, recovery and follow-up monitoring hospitalization where the Company's medical consultant believes that the insured person can be properly treated through outpatient clinic without hospitalization;
- (19) Travel expenses incurred for the sole purpose of receiving medical services (except for the approved emergency medical escort services), and all emergency medical transfer services without prior approval of the Company or its designated rescue service organization or its authorized representative;
- (20) Any expenses not reasonable and medically necessary;
- (21) Any medical expenses not incurred during the period of insurance, as well as the disability that is examined during the waiting period but diagnosed after the waiting period;
- (22) Any nourishing Chinese herbal medicines and various alcoholic preparations thereof and brewing fees, ointment fees, and pharmaceutical-related expenses (except for those covered by this Policy);
- (23) Outpatient medical expenses, except for those stated in the Benefit Schedule as covered by this Policy;
- (24) Medical treatment caused by or arising from terrorist activities using or threatening to use nuclear weapons, nuclear devices or biochemical preparations;
- (25) Medical expenses incurred by the insured person for driving under the influence of alcohol or driving without a legal or valid driving license;
- (26) Medical expenses beyond the maximum number of covered days of hospitalization or care as stated in this Policy;
- (27) Medical expenses incurred outside the covered territory as stated in this Policy, unless otherwise stated in this Policy;
- (28) Nursing care of newborns in medical institutions, unless otherwise stated in this Policy;
- (29) Failure to obtain a medical institution or doctor's certificate;
- (30) The usage of non-medically necessary robotic surgery which can be replaced by a conventional surgery;
- (31) Medical expenses incurred by services performed by medical institutions owned by you, your parents, your children, or any entity in which you, your parents, or your children either are an employee or director or have a greater than 1% ownership interest.

## **2) AIG Dental and Optical Medical Insurance (1st Edition in 2024).**

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.
- (3) LASIK Surgery.

### **[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](http://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 Billing 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.

<input type="radio"/>	(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.	
<input type="radio"/>	(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.	
<input type="radio"/>	(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.	
<b>Signature of the policyholder</b>	<b>Signature of the insured</b> (exempt if the same person is the policyholder)	<b>Place/date of signing</b>
		DD / MM / YYYY
<b>Sales organisation</b>	<b>AIG Insurance Company China Limited</b>	<b>Branch</b>

<b>Bill of Materials</b>	
<b>Original</b>	
<input type="radio"/>	Insurance contract including policy schedule and benefits schedule
<input type="radio"/>	Application Form with signature (The whole family only needs to fill out one application form)
<b>Copy</b>	
<input type="radio"/>	ID cards/passports of policyholder and all insured persons
<input type="radio"/>	If there is a dependant 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 2024/11

Underwritten by:

AIG Insurance Company China Limited  
Unit 31F/021 & 33F/042, Hang Seng Bank Tower,  
No. 1000 Lujiazui Ring Road,  
China (Shanghai) Pilot Free Trade Zone,  
Shanghai 200120, P.R.China  
Tel: (86-21) 3857 8000

Arranged and administered by:

GlobalHealth (Shanghai) Enterprise Management Consulting Company Limited,  
An APRIL Company  
Suite 2228, 22F Tomson Commercial Building  
710 Dong Fang Road Pudong  
Shanghai 200120, China  
Tel: +86 20 81281172  
Email: shcontact@globalhealthasia.com

