

Policy Wording China Life Goodhealth International Healthcare Plan (Type B)

(Effective Date: 1st October 2009)

GOODHEALTH



China Life Insurance Company Limited

China Life Goodhealth International Healthcare Plan

Policy Terms and Conditions (Type B)

China Life Goodhealth International Healthcare Plan

Article I: Components of the Insurance Contract

The China Life Goodhealth International Healthcare Plan (Type B) Contract (hereinafter referred to as "this Contract"), consists of the insurance policy and the attached terms, special endorsements, attached endorsements, the proposal form, and the proposal documents, insurance proposal documents, declarations, name list of the Insured Persons and other written agreements related to this Contract.

Article II: Insurance Cover

- I. Healthy foreign employees aged between 18 and 65 of domestic legal persons or overseas legal persons and resident representative offices in China shall all be eligible for participation as the Insured Persons through proposal for this policy by their respective employers as the Policyholder to China Life Insurance Company Limited (hereinafter referred to as the "Company"). All foreign employees eligible to this policy cover must participate and the number of persons eligible to be Insured Persons shall not be less than 5.
- II. The healthy spouses (aged below 65) and children (aged below 18 or up to 23 for those registered as full time students at recognized educational institutions) of an Insured Person may become Supplementary Insured Persons subject to the consent of the Company and shall be arranged by the Policyholder for coverage under this policy. In the event that the Policyholder requests the spouses and children of the Insured Persons be covered, all the spouses and/or children of the Insured Persons must be included.
- III. During the insured period of this Contract, a baby given birth by the Insured Person or the Insured Person's spouse becomes the Supplementary Insured Person of this Contract from the date of payment of the premium, if the Policyholder has filed an application to the Company within 30 days from the birthday of the baby and paid the premium.

"Insured Person" referred to in this Contract shall not include the Supplementary Insured Person unless otherwise specified herein.

Article III: Formation, Effectiveness and Commencement of Insurance Responsibility

The Contract is formed upon the Company approving the application made by the Policyholder.

The Contract becomes effective from 00:00 the next day upon formation of the Contract, the Company receiving the premium and issuing the Policy, to be indicated in the Policy, based on which the corresponding effective date shall be calculated. Unless otherwise specified, the date of effectiveness of the Contract shall be the date when the Company begins to bear the insurance responsibilities.

Article IV: Insurance Period

Unless otherwise specified, the insured period shall be 1 (one) year from the effective date of this Contract to 24:00 of the expiration date of the insured period, to be agreed upon by the Company and the Policyholder when making the proposal.

Article V: Insurance Responsibilities

- I. During the insured period of this Contract, the Company shall bear the responsibilities for paying the compensations specified in the agreed insurance plan under this Contract in accordance with the following provisions (Details of insurance responsibilities of different insurance plans are more particularly set out in the Schedule 1. Please see Sub-clauses (3), (4), (5), (6) and (7) of Clause I of this Article for agreed payment of insurance compensation for specified medical care benefits. See Clauses II and III of this Article for agreed payment of insurance compensation for medical expenses incurred in the United States).

(A) Hospitalisation Coverage

The necessary, reasonable and medically customary necessary hospitalization costs actually incurred and paid due to the injuries suffered by the Insured Person or the Supplementary Insured Person arising from accidents or due to illnesses resulting in hospitalization in a hospital within the People's Republic of China (including Hong Kong, Macau and Taiwan regions) or outside the People's Republic of China shall be covered in accordance with the following provisions:

1. Bed Costs

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred bed costs not exceeding that of the standard single room during every hospitalization period of the Insured Person or the Supplementary Insured Person.

2. Meals Charges

The Company shall pay insurance compensation according to the actually incurred and paid amount of the costs of hospital-provided reasonable meals of normal standard actually incurred during every hospitalization period of the Insured Person or the Supplementary Insured Person.

3. Extra Bed Costs

During the hospitalization of the Supplementary Insured Person aged below 18, the legal guardian (limited to one person) may be arranged to accompany the Supplementary Insured Person in hospital and the Company shall pay insurance compensation according to the actually incurred and paid amount of such extra bed costs during every hospitalization period of the Supplementary Insured Person. The Company shall pay insurance compensation according to the actually incurred and paid amount of extra hospital bed costs for a female Insured Person's baby aged below 16 weeks during her hospitalization period.

4. Treatment Costs

The Company shall pay insurance compensation according to the actually incurred and paid amount of all treatment items actually incurred during every hospitalization period of the Insured Person or the Supplementary Insured Person(s).

5. Examination Costs

The Company shall pay insurance compensation according to the actually incurred and paid amount of all actually incurred, medically necessary examination items during every hospitalization period of the Insured Person or the Supplementary Insured Person.

6. Medication Costs

The Company shall pay insurance compensation according to the actually incurred and paid amount for doctor prescribed, actually incurred and medically necessary western medicines, processed Chinese medicines and Chinese medicines during every hospitalization period of the Insured Person or the Supplementary Insured Person.

7. Surgery Fees

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred surgery fees incurred during every hospitalization period of the Insured Person or the Supplementary Insured Person.

8. Hospitalization Allowance

If overseas hospitalization (emergency services excepted) of the Insured Person or the Supplementary Insured Person has been covered by another medical benefit plan or borne by a third party without claims made to the Company, the Company shall pay a hospitalization allowance of RMB1,000 per day for the actual days of hospitalization of the Insured Person or the Supplementary Insured Person, subject to a maximum aggregate payment for 20 days.

9. New Born Baby Care

During the insured period of this Contract, if a baby given birth by the Insured Person or the Insured Person's spouse becomes the Supplementary Insured Person of this Contract as agreed in this Contract, the Company shall assume the same insurance responsibilities towards the baby as those towards the Insured Person, provided that the Company shall pay the insurance compensation according to the actually incurred and paid expenses for actually incurred due to illness from the date of payment of premium to the 30th day from the date of birth of the baby, subject to a cumulative maximum payout amount of RMB 80,000.

10. Hospitalized Treatment of Psychiatric Illness

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred hospitalized treatment costs for an aggregate of not more than 30 days in a psychiatric hospital widely recognized by the medical profession or the psychiatry department of a hospital for treatment of the Insured Person or the Supplementary Insured Person.

11. Special Hospitalized Treatment

The Company shall pay insurance compensation according to the actually incurred and paid amount of all actually incurred costs of hospitalized treatment for complications arising from a chronic disease suffered by the Insured Person or the Supplementary Insured Person.

12. Post-hospitalization Outpatient Visits

Costs of outpatient visits actually incurred within 60 days from the day of hospital discharge by the Insured Person or the Supplementary Insured Person under Insurance Plan 1 shall be deemed to be hospitalization costs and paid by the Company subject to a cumulative maximum payout amount of RMB13,600.

(B) Outpatient Responsibilities

The Company shall pay insurance compensation of the actually incurred and paid, medically necessary, reasonable costs of outpatient treatment services received at hospitals or clinics within or outside the People's Republic of China due to injuries arising from accidents or illnesses suffered by the Insured Person or the Supplementary Insured Person in accordance with the following provisions:

1. Doctor's fees

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred doctor's fees arising from outpatient treatment for the Insured Person or the Supplementary Insured Person.

2. Medication Fees

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred costs of medically necessary medicines prescribed by a doctor for the Insured Person or the Supplementary Insured Person.

3. Examination Fees

The Company shall pay insurance compensation according to the actually incurred and paid amount for the actually incurred, medically necessary examination items arising from outpatient treatment for the Insured Person or the Supplementary Insured Person.

4. Physiotherapy and Other Special Treatments

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred outpatient treatment costs for physiotherapy, chiropractic treatment, homoeopathy and acupuncture provided to the Insured Person or the Supplementary Insured Person (A medical certificate or referral letter issued by doctor shall be required) provided that the cumulative treatment fees shall be limited to those of 10 sessions of outpatient treatment.

5. Outpatient Treatment of Mental Illness

The Company shall pay insurance compensation according to the actually incurred and paid amount of outpatient treatment costs of mental illness suffered by the Insured Person or the Supplementary Insured Person for treatment provided by a registered psychiatrist.

6. Outpatient Surgery Fees

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred outpatient surgery fees for the Insured Person or the Supplementary Insured Person.

7. Chinese Medical Treatment

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred costs of outpatient treatment at locally registered and legally qualified Chinese medical clinics for the Insured Person or the Supplementary Insured Person provided that the cumulative number of treatment sessions is limited to 10 and subject to a maximum limit of RMB 240 per session.

(C) Insurance Responsibilities for Special Medical Treatment

1. Treatment of Pregnancy Complications

The Company shall pay insurance compensation according to the actually incurred and paid amount of medical fees actually incurred due to pregnancy complications suffered by the female Insured Person or the female Supplementary Insured Person during the validity of a timely renewed contract.

2. Dental Accident

The Company shall pay insurance compensation according to the actually incurred and paid amount of the costs of emergency treatment of natural tooth/teeth damaged by accident (routine dental examination and treatment of dental diseases excluded) suffered by the Insured Person or the Supplementary Insured Person at the dental department of a hospital within 7 days from the accident.

3. Reconstructive Surgery

The Company shall pay insurance compensation for the actually incurred costs of Reconstructive surgery carried out within 12 months from the date of the accident for the Insured Person or the Supplementary Insured Person who needs Reconstructive surgery in order to recover limb or body functions or appearance due to injuries by accident or diseases suffered during the validity of this Contract.

4. Cancer Treatment

The Company shall pay insurance compensation according to the actually incurred and paid amount of outpatient treatment or hospitalization costs of cancer treatment for the Insured Person or the Supplementary Insured Person.

5. Home Nursing Care

The actually incurred and paid costs of hiring a qualified nurse to provide home nursing care recommended by a specialist following hospitalization of the Insured Person or the Supplementary Insured Person due to diseases or injuries by accident shall be borne by the Company as insurance compensation provided that the maximum aggregate payment is limited to 30 days' payment (28 weeks' payment for those covered under Insurance Plans 4, 5, 6 and 7).

6. Hormone Replacement Therapy

The Company shall pay insurance compensation according to the actually incurred and paid amount of the medical fees for hormone replacement therapy of artificially induced female post-menopausal syndrome or female climacteric metacholia suffered before attaining the age of 40 for the female Insured Person or the female Supplementary Insured Person.

(D) Medical Evacuation and Transfer

1. Emergency Aid

During the insured period of this Contract, the Company shall pay insurance compensation according to the actually incurred and paid amount of reasonable, customarily provided medical transportation costs of sending the Insured Person or the Supplementary Insured Person suffering from injuries by accident or eruptive diseases to a local hospital by a legitimate rescue organization recognized by the Company.

2. Evacuation Transport

During the insured period of this Contract, where the Insured Person or the Supplementary Insured Person suffers from injuries sustained by accident or eruptive diseases, if the doctor in charge determines that adequate medical facilities are not available locally, the Insured Person or the Supplementary Insured Person may be evacuated to the most suitable medical facility capable of the required care nearest to the place of accident by a legitimate rescue organization recognized by the Company, in which event the Company shall pay insurance compensation according to the actually incurred and paid amount therefore.

For the Insured Person or the Supplementary Insured Person covered under Insurance Plans 4, 5, 6 and 7, the evacuation transport costs actually incurred for evacuation to the country or district with most appropriate medical conditions upon agreement of a legitimate rescue organization recognized by the Company shall be borne by the Company.

3. Transportation and Lodging Fees after Evacuation Transport

During the insured period of this Contract, the actually incurred and paid transportation and lodging fees referred to as follows after evacuation transport of the Insured Person or the Supplementary Insured Person shall be paid in accordance with the following provisions:

- I. Every two-way local transportation fee incurred for transportation to and from the hospital when the Insured Person or the Supplementary Insured Person receives treatment as a day-patient shall be covered.
- II. Two-way local transportation fees for one companion to pay visits to the Insured Person or the Supplementary Insured Person during the period of hospitalization shall be covered.
- III. Lodging fees (other than hospital room and board charges) of the Insured Person or the Supplementary Insured Person who receives treatment from a specialist before and after hospitalization up to a maximum payout of RMB 1,200 per day and an amount not exceeding the aggregate sum of RMB 40,000 shall be covered.
- IV. The economy class tickets to repatriate the Insured Person or the Supplementary Insured Person and one companion to their country of domicile shall be covered.

4. Repatriation of Mortal Remains and Funeral Expenses

During the insured period of this Contract, the local funeral expenses incurred for death due to accidents or diseases suffered by the Insured Person or the Supplementary Insured Person or the transportation fees for repatriation of the mortal remains to the country of domicile of the Insured Person or the Supplementary Insured Person shall be borne by the Company according to the actually incurred and paid amount up to a maximum sum of RMB 68,000.

(E) Dental Liabilities

I. Routine Dental Treatment

For routine dental treatment received 180 days after the Insured Person or the Supplementary Insured Person has participated in this insurance coverage, the Company shall pay insurance compensation of 75% of the actually incurred amount up to a maximum aggregate sum of RMB 5,600.

II. Complicated Dental Curative Treatment

The Company shall pay insurance compensation of 75% of the actually incurred amount of complicated dental curative treatment fees incurred by the Insured Person or the Supplementary Insured Person 270 days after the effective date of this Contract subject to an aggregate sum of RMB 12,000 for items 1 and 2.

(F) Maternity Benefits

The Company shall pay insurance compensation of 80% of the actually incurred and paid costs for treatment during pregnancy, childbirth and physical examination of the female Insured Person or Supplementary Insured Person during the insured period of timely renewal of this Contract up to a maximum aggregate amount of RMB 68,000.

(G) Chronic Diseases

The Company shall pay insurance compensation according to the actually incurred and paid costs for medical treatment for relieving or treating chronic diseases suffered by the Insured Person or the Supplementary Insured Person, up to a maximum aggregate coverage of RMB 400,000.

- II. Should the Insured Person or the Supplementary Insured Person covered by Insurance Plans 3, 5, and 7 receive treatment within the US medical network designated by the Company, the Company shall pay insurance compensation according to actually incurred and paid amount (the Company must be informed in advance when the Insured Person or the Supplementary Insured Person receives hospitalized or day-patient treatment except in circumstances of emergency treatment). For costs incurred for treatment outside the designated US medical network, the Company covers 50% of the actually incurred and paid amount up to an aggregate maximum sum of RMB 8 million.
- III. Should emergency treatment (See Definitions) fees of an emergency department of a US hospital be incurred by the Insured Person or the Supplementary Insured Person covered under Insurance Plans 1, 2, 4 and 6, the Company shall pay insurance compensation according to the actually incurred and paid amount. The Insured Person or the Supplementary Insured Person shall contact the Company's 24-hour medical hotline as soon as practicable before and after admittance to the emergency department. For emergency treatment received by the Insured Person or the Supplementary Insured Person outside the emergency departments of US hospitals, the Company shall pay insurance compensation after deducting a Deductible of RMB 640, up to a maximum payout amount of RMB 4,000.

The Company does not bear any medical treatment fees other than emergency treatment fees incurred in US by the above-mentioned Insured Person or the Supplementary Insured Person.
- IV. During the insured period of this Contract, the accumulated coverage to be borne by the Company shall not exceed the aggregate sum of RMB 12.8 million. This Contract terminates when the accumulated coverage reaches the maximum coverage limit.

Article VI: Exclusions

The Company will not bear any liabilities for insurance compensation if the hospitalization, outpatient treatment fees or any other treatment are incurred by the Insured Person or the Supplementary Insured Person as a result of any of the following situations:

- I. The Insured Person or the Supplementary Insured Person intentionally committed crime(s) or resisted criminal coercive measures legally performed.
- II. The Insured Person or the Supplementary Insured Person committed affray, drunkenness, and drug-taking, drug-smoking or injection.
- III. The Insured Person or the Supplementary Insured Person committed suicide, intentional self-injury, with the exceptions when the Insured Person or the Supplementary Insured Person is a person of no civil disposition capacity upon committing suicide or intentional self-injury.
- IV. The Insured Person or the Supplementary Insured Person failed to receive treatment pursuant to doctor's advice, took, applied or injected drugs other than those prescribed by a doctor.
- V. The Insured Person or the Supplementary Insured Person committed drunk-driving, driving without legal and valid driving licence or driving motor vehicles without valid vehicle licence.
- VI. The Insured Person or the Supplementary Insured Person caused accident(s) under the influence of alcohol, drugs or controlled drugs.
- VII. The Insured Person or the Supplementary Insured Person participated in any sport on a professional basis.
- VIII. The Insured Person or the Supplementary Insured Person participated in high-risk sports such as horse racing, car racing, diving, parachuting, gliding, mountaineering, rock climbing, martial art game, boxing, wrestling, acrobatic performances or exploring activities.
- IX. The Insured Person or the Supplementary Insured Person engaged in convalescent or non-medically necessary examinations or treatments.
- X. The Insured Person or the Supplementary Insured Person suffered sexually-transmitted diseases, congenital diseases or hereditary diseases.
- XI. Examination and treatment of pre-existing diseases suffered by the Insured Person or the Supplementary Insured Person. Should there be no morbidity of the Insured Person's or the Supplementary Insured Person's pre-existing diseases or should no related examination or treatment received after two years of continuous coverage, these diseases will be covered under this Contract.
- XII. Assisted pregnancy and sequelae, injuries and diseases caused by assisted pregnancy, or induced abortion due to non-medical reasons, voluntary caesarean birth surgery, and birth control surgeries, sterile-curing or ligature releasing.
- XIII. Examination and treatment due to pregnancy, childbirth and pregnancy complications within 12 months from the effective date of this Contract or non-timely renewal (excluding those covered by Insurance Plans 6 and 7, under which related fees will be covered in accordance with the relevant maternity benefits under of this Contract).
- XIV. Treatment of alcohol abuse, drug abuse or any addictions as well as treatment for curing physical injuries caused by the foregoing reasons.
- XV. Health care, routine physical examination and other preventive medical service.
- XVI. Gynaecological examination, newborn nursing, epidemic prevention injection and vaccination injection.
- XVII. The following treatments, including:
 1. All types of cosmetic surgeries or plastic surgeries (including dental deformity modeling);
 2. Treatment of non-physiological or natural decline of eyesight and sense of hearing; laser eye surgeries for curing myopia, amblyopia or strabismus;
 3. Purchase of eye-glasses, eyesight correction facilities, hearing aids, glass eyes, dentures, dental appliances or deformity correction fixators;
 4. Rehabilitation treatment at the out-patient department of non-hospital nursing organization, mineral spring infirmary care location, spa facilities, rehabilitation organization, infirmary hospital or at home;

5. Any weight loss treatment and its derived treatment;
 6. Dental treatment (excluding those covered under Insurance Plans 6 and 7, under which related fees will be paid in accordance with the relevant dental benefits under of this Contract);
 7. Purchase or renting of appliances, walking sticks, wheel chairs and other medical facilities; repairs or fixture of artificial limbs;
 8. Fees associated with impotence treatment or trans-sexuality;
 9. Psychology treatment or treatment of children's learning disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), language obstacles, and developmental and behavioral problems;
 10. Treatment related to snoring disease, sleep apnea, fatigue, jet lag syndrome or work pressure;
 11. Nutritional health care medicine (including but not limited to vitamins, minerals and organic matters);
 12. Organ removal, transportation fees and all related costs of organ donors;
 13. Chronic Supportive treatment of renal failure (including hemodialysis).
- XVIII.** Situations of war, military conflict, rebellion, riot, civil rebellion, terrorist attacks or actions.
- XIX.** Nuclear explosion, radiation or nuclear pollution.
- XX.** Treatment of an experimental nature or treatment not yet recognized as effective by general opinions of the medical profession.
- XXI.** Doctors' or nurses' home visit fees.
- XXII.** Traveling transportation and lodging costs.
- XXIII.** Items for personal use purchased during hospitalization period of the Insured Person or the Supplementary Insured Person.
- XXIV.** Repeated treatments or examinations performed for the same disease in different hospitals (except those with written approval of the Company).

Article VII: Insurance Plans and Premiums

- I. The Policyholder shall consult with the Company and decide on the selection of one of the seven insurance plans listed in Schedule 1 during the proposal process and the selected plan shall be specified in the insurance policy. The Insured Persons and the related Supplementary Insured Persons at the same level of cover under the same Policyholder must choose the same insurance plan. Any baby given birth by the Insured Person or the Insured Person's spouse having become the Supplementary Insured Person of this Contract as agreed in this Contract shall enjoy the same insurance plan and coverage as that of the Insured Person.
- II. Where payment of insurance premium is to be made, the foreign exchange buying rates published by the People's Bank of China on the date of payment shall be adopted as the currency exchange rates between RMB and other currencies.
- III. Payment of premiums under this Contract shall be settled in one lump sum after the proposal process. When the insured period is 1 (one) year, the premium can also be paid according to the mode of installments agreed upon in the Contract.

- IV. The Company reserves its rights to terminate the renewal right of this Contract and shall be entitled to adjust premium rates.

Article VIII: Post-Initial Term Premium Payment and Premium Payment Grace Period

For premium payment by installments, quarterly or semi-annually payment can be selected, with the due date on the corresponding quarterly or semi-annually effective date of the Contract, and the post-initial term premium shall be paid before the due date or within the premium payment grace period.

Unless otherwise specified, a 60-day grace period will be given from the following day of the premium payment due date, for premium payment by installments. Insured incident(s) which take(s) place within the grace period shall be covered by the Company, but the Company is entitled to deduct the payable outstanding premium from the insurance compensation payment to the Insured Person concerned. **Should the Insured Person fail to pay the premium after the grace period, the Contract shall be terminated on the day following expiration of the grace period.**

Article IX: Full and Frank Disclosure

Upon execution of the Contract, the Company shall explain explicitly to the Policyholder the terms and conditions of this Contract, and for the exclusions, make indications on the proposal form, policy or other insurance certificates to sufficiently call the attention of the Policyholder, and explain explicitly to the Policyholder orally or in writing.

The Company may inquire on relevant conditions of the Policyholder, the Insured Person or the Supplementary Insured Person, and the Policyholder shall provide full and frank disclosure to the Company.

Should the Policyholder fail to perform its obligation of full and frank disclosure due to material default, attributable to influence the decision of the Company on whether to accept the insurance proposal or raise the premium rate, the Company is entitled to terminate the Contract.

Failure to exercise the right of termination as mention in the above paragraph within 30 days upon knowledge of the cause in fact shall be deemed waiver of such right.

Should the Policyholder intentionally fail to perform its obligation of full and frank disclosure, the Company shall not be liable for payment of premium compensation for the insured incidents occurred before termination of this Contract, and shall not refund the premium.

Should the Policyholder fail to perform its obligation of full and frank disclosure due to material default, materially attributable to occurrence of the insured accident, the Company shall not be liable for payment of premium compensation for the insured incidents occurred before termination of this Contract, but shall refund the premium.

If knowing the Policyholder fails to perform its obligation of full and frank disclosure upon execution of the Contract, the Company can not terminate this Contract and, shall be liable for payment of premium compensation for the insured incidents occurred before termination of this Contract if any.

Article X: Beneficiaries

The Insured Person or the Supplementary Insured Person or the Policyholder may designate one or several persons as the beneficiary/beneficiaries of his/her mortal remains repatriation and funeral insurance benefits. The Policyholder covering the insurance for anyone with labor relation with him/her shall not designate anyone other than the Insured Person or the Supplementary Insured Person or their relatives as the beneficiary.

Unless otherwise designated, the beneficiary of the other benefits of this Contract is the Insured Person or the Supplementary Insured Person himself/herself.

Should there be several beneficiaries, the Insured Person or the Supplementary Insured Person or the Policyholder may decide on the order and portions of the benefits to be received by beneficiaries. In the absence of specified portions, the beneficiaries will share the benefits in equal portions.

The Insured Person or the Supplementary Insured Person or the Policyholder may change the beneficiary/beneficiaries of his/her mortal remains repatriation and funeral insurance benefits by giving written notice to the Company, in which event the Company will make endorsement on the policy or other insurance certificates.

Any designation or change of the beneficiary/beneficiaries to be made by the Policyholder shall be subject to the consent of the Insured Person.

Under any of the following circumstances after the death of the Insured Person or the Supplementary Insured Person, the Company shall perform the obligation of paying the insurance compensation, as his/her estate, according to Law of Succession of the People's Republic of China:

1. No beneficiary(ies) is designated, or the designation is not clear and definite;
2. The beneficiary(ies) died before the death of the Insured Person or the Supplementary Insured Person, and there are no other beneficiaries;
3. The beneficiary(ies) is deprived of or waives the beneficial right according to law, and there are no other beneficiaries.

When the beneficiary(ies) died together with the Insured Person or the Supplementary Insured Person in a same accident, and the order of death cannot be determined, it can be presumed that the beneficiary(ies) died earlier.

When intentionally causing the death, injury or illness, or committing an attempted murder of the Insured Person or the Supplementary Insured Person, the beneficiary(ies) shall be deprived of the beneficial right.

Article XI: Notification of Insured Incidents

The Policyholder, the Insured Person or the Supplementary Insured Person shall inform the Company timely upon becoming aware of the insured incident. **When the Policyholder, the Insured Person or the Supplementary Insured Person fails to inform the Company timely of such accident intentionally or out of material default, causing difficulty in identification of the nature, cause, degree of loss, etc., the Company shall not be liable for payment of insurance compensation for the portion that cannot be identified, with exception to the case the Company has timely known or ought to have known such accident through other channels.**

During the insured period of this Contract, should the Insured Person or the Supplementary Insured Person be in need of rescue or assistance due to the occurrence of insured incidents within or outside China, unless under extremely urgent circumstances which render it impossible for the Policyholder, the Insured Person or the Supplementary Insured Person to contact legitimate rescue organizations recognized by the Company due to health conditions requiring emergency treatment, the Policyholder, the Insured Person or the Supplementary Insured Person should immediately contact the legitimate rescue organizations and ask for rescue/assistance services, failing which the increased portion of fees associated with the delay in its giving of notice shall be borne by the Policyholder, the Insured Person or the Supplementary Insured Person.

Article XII: Claims and Payment of Insurance Compensation

I. During the valid term of this Contract, the Insured Person or the Supplementary Insured Person or its agent(s) shall lodge claim(s) as applicant for costs and expenses incurred by the Insured person or the Supplementary Insured Person within the scope of insurance cover, fill in insurance claim form(s) and apply for payment of insurance compensation with the following supporting documents and information:

1. Insurance policy or Policyholder's certificate;
2. Applicant's legitimate identity certificate;
3. Medical receipts issued by the hospital (emergency treatment stamp of the hospital is required for medical expense receipts for emergency treatment), original diagnosis certificate and medical records;
4. For medical evacuation occurred within or outside China, written documentary proof issued by legitimate rescue organizations recognized by the Company shall be provided;
5. If the application is made by an agent, documents such as authorization letter, legitimate identity certificate and other documents shall be provided;
6. Other supporting documents and information required by the Company, relating to identification of the nature, cause and degree of injury, etc. which are capable of being provided by the applicant.

II. The beneficiary/beneficiaries shall act as the applicant, fill in the claim form(s) and provide the following supporting documents and information in respect of claims for coverage of mortal remains transfer and funeral expenses incurred as a result of death of the Insured Person or the Supplementary Insured Person:

1. Insurance policy or Policyholder's certificate;
2. Applicant's legitimate identity certificate;
3. Death certificate of the Insured Person or the Supplementary Insured Person issued by a public security department or legitimate medical institution;
4. Original receipts of mortal remains transfer and funeral expenses incurred as a result of death of the Insured Person or the Supplementary Insured Person;
5. Other supporting documents and information required by the Company, relating to identification of the nature of the insured incident and its cause, etc. which can be provided by the applicant.

III. When the supporting documents and information mentioned in I and II of the Article are found not full and complete, the Company shall inform the applicant at one time to supplement all the relevant supporting documents and information.

IV. Following receipt by the Company of the claim form and the supporting documents and information mentioned in I and II of the Article, the Company will make assessment timely, or within 30 days for such complicated cases, unless otherwise specified in the Contract. When the claim has been confirmed to be under the insurance cover, the company shall perform the obligation of payment of insurance compensation within 30 days after signing the agreement on payment of insurance compensation with the applicant; otherwise, the Company will issue an insurance compensation payment denial notice to the applicant within 3 days after the assessment where the claim has been confirmed to be beyond the insurance cover.

- V. The Company will pay the amount which can be confirmed in the first instance according to the available supporting documents and information within 60 days from receipt by the Company of the claim form and the above-stated supporting documents and information in respect of cases identified as within the insurance cover but are difficult to be assessed the amount payable. The Company shall pay the corresponding remaining balance upon final assessment of the amount payable in respect of the insurance compensation.
- VI. When the Insured Person or the Supplementary Insured Person applies for payment of insurance compensation, the Company may require medical verification and re-examination by the relevant medical institution if the Company deems it necessary.
- VII. The applicant's right of claims will be two years from the day on which the applicant becomes aware of the occurrence of the insured incident

Article XIII: Changes of the Insured person or the Supplementary Insured Person

- I. The Policyholder should issue a written notice to the Company if the number of the Insured Persons and the Supplementary Insured Persons are to be increased due to change in staffing. Upon verification and approval of the Company, insurance cover shall commence from the following day from its receipt of the premium as specified in this Contract. Premiums for the newly added Insured Persons or the Supplementary Insured Persons should be paid in proportion to the unexpired insured period. Their insurance cover shall expire on the same date as the expiry date of the insurance cover under this Contract.
- II. The Policyholder should issue a written notice to the Company if the number of the Insured Persons and the Supplementary Insured Persons has to be decreased due to resignation of staff or other reasons. The liabilities to such Insured Persons or Supplementary Insured Persons under this Contract shall terminate upon the receipt of the notice. For the Insured Persons and the Supplementary Insured Persons without any insurance compensation payment, the cash value will be refunded, and for the Insured Persons and the Supplementary Insured Persons with any insurance compensation payment or occurrence of any incident specified in the Contract but the insurance compensation payment having not been made, the cash value shall not be refunded.
- III. Should the number of the Insured Persons decrease to less than 5 persons, the Company is entitled to terminate this Contract and refund the cash value of the Contract to the Policyholder.

Article XIV: Changes of Content of Contract

The contents of this Contract may be changed subject to agreement between the Policyholder and the Company. Upon change of the Contract, the Policyholder shall fill out the Contract Change Application, and the Company will make endorsements or attach an endorsement slip to the policy or other insurance certificates after review and approval, or both parties shall sign the written agreement for the change.

Article XV: Change of Address

The Policyholder should inform the Company of its changes of address of residence or communication in a timely manner by giving written notice (to the Company). The Company shall issue notices to the last-known address if the Policyholder fails to inform (the Company of such change) by written notice.

Article XVI: Termination of Contract by the Policyholder

Following the formation of this Contract, the Policyholder may request to terminate this Contract, provided that the Policyholder is not permitted to terminate this Contract if any insurance compensation payment has been made or any incident specified in the Contract occurred but the insurance compensation payment has not been made. When the Policyholder requires termination of this Contract, a Contract Discharge Application Form should be filled in and submitted by the Policyholder together with Policyholder's certificate, and Insurance Contract.

This Contract terminates upon the Company's receipt of the Contract Discharge Application Form. Within 30 days from the date of receipt of the above-mentioned Application, the Company will refund the cash value of the Contract to the Policyholder.

Article XVII: Applicable Law

The laws of the People's Republic of China shall be applicable to the formation, change, termination, performance, dispute resolution of this Contract and all matters related thereto.

Article XVIII: Dispute Resolution

For resolution of any dispute arising from the Contract, the parties concerned may choose from either of the following methods as agreed upon in the Contract:

- I. Disputes arising from the performance of this Contract shall be resolved through consultations by the parties concerned, failing which the disputes shall be submitted to the *** Arbitration Commission for arbitration.
- II. Disputes arising from the performance of this Contract shall be resolved through consultations by the parties concerned, failing which the disputes shall be submitted to the People's Court for litigation.

Article XIX: Definitions

For the purpose of the Contract, the following terms shall be defined as follows:

Inside the People's Republic of China: means any place within the territory of the People's Republic of China (including Hong Kong Special Administrative Region, Macau Special Administrative Region and Taiwan Region).

Outside the People's Republic of China: means countries (including USA) and regions outside the territory of the People's Republic of China for such Insured Persons or Supplementary Insured Persons under Insurance Plan 3, 5 and 7; and countries (excluding USA) and regions outside the territory of the People's Republic of China for such Insured Persons or Supplementary Insured Persons under Insurance Plan 1, 2, 4 and 6.

Foreign Employee: means any person living or working for more than 6 months outside the country issuing his/her visa during the insured period.

Corresponding Effective Date: means the corresponding date of the effective date of the Contract.

Hospitalization: action of treatment process which requires the Insured Person or the Supplementary Insured Person to be hospitalized due to illness or injury by accident to receive treatment at a hospital due to clinical needs through formal hospitalization procedures upon the doctor's diagnosis but excluding any stay at an outpatient observation room, emergency observation room, other informal ward, combined ward or bunk bed.

Injury by Accident: means bodily injury directly caused by an external, sudden, unintentional and non-illness instigated objective event.

Hospital: means a medical institution which fulfils all of the following conditions:

1. Owns legitimate medical practice institution licence and business licence;
2. General hospitals and specialist hospitals with systematic treatment procedures and surgical facilities, excluding its observation rooms, combined wards and rehabilitation wards;
3. Its main purpose of establishment is to provide hospitalization and nursing services to the injured and patients;
4. Has qualified doctors and nurses providing whole day 24-hour medical and nursing services;

5. Clinics, nursing homes, spas, rehabilitation institutions, infirmary care institutions, elderly care homes, alcohol abstinence centres, drug addiction treatment centres or medical institutions of similar nature are not considered hospitals.

Medically necessary: medical treatment, services or medicines meeting the following conditions are medically necessary.

1. The diagnosis or treatment of diseases or injuries of the patient which is appropriate and fundamental;
2. The provision of safe, sufficient and appropriate diagnosis and necessary care required by the treatment within a certain range, period of continuance, intensity and level;
3. Prescription by a medical practitioner and treatment which is consistent with locally well-recognized medical professional level;
4. Items which are not mainly carried out for the comfort and convenience of the patients, families, doctors or other personnel providing the treatment;
5. Not a part of academic education or professional training of patients;
6. Not for experiment or research purposes.

Customary Medical and Hospitalization Costs: means medical treatment costs for receiving the same medical service in hospitals (in one country or region) of similar levels and medical technology levels with certifications issued by third parties or governmental hygiene departments.

Treatment Fees: means routine medical treatment fees, nursing fees, medical material fees, intensive care fees, blood transfusion fees and oxygen therapy fees.

Examination Fees: means (1) routine examinations: x-ray, electrocardiogram; (2) special examinations: CT, MRI, Ultrasonography, HOLTER, gastrofiberscopic, bronchoscopic, endoscopic colonoscopic, proctoscopic, esophagoscopic, and pathological examinations.

Doctor: means a person who has completed medical course at a medical school recognized by World Health Organization with a basic degree in physician or surgical medicine and is licensed by the relevant authority to practise as a doctor in the country concerned.

Surgery Fees: means surgeon's fees and surgical theatre equipment, surgical appliances, hygiene materials and anaesthetist's fees.

Complications from Chronic Disease: means another related disease or several related diseases arising during treatment of a chronic disease. The complications have the following three basic characteristics:

1. The latter disease is caused by the former disease;
2. From the perspective of the regular occurrence pattern of the later occurred disease, only occasional causation relations (not inevitable causation relations) exist between the former and later occurred diseases. The occurrence of later occurred disease is of a sudden nature;
3. The later occurred disease is not caused by any fault of the medical staff.

Outpatient Treatment: means outpatient treatment received by the Insured Person or the Supplementary Insured Person at a hospital or specialist clinic.

Homoeopathy: a therapy originated by Samuel Hahnemann in the 18th century based on the principle of "combating poison with poison", using minimal energy to produce the drugs for treatment of the symptoms of the patient's disease for the purpose of improving or curing the disease.

Pregnancy Complications: means diseases such as pregnancy high blood pressure syndrome, eclampsia, placenta abruption, and placenta previa, etc. suffered by a pregnant woman during pregnancy.

Timely Insurance Renewal: where the Policyholder submitted a written application for one year renewal within 30 days prior to the expiration of insured period under this Contract and with the approval of the Company, this Contract will then be renewed for one year from the day following expiration after the Policyholder has paid the specified premium before the expiration date.

Reconstructive Surgery: means medical treatment by means of surgery to treat injuries and diseases suffered by a skeleton and muscle system to recover, maintain and develop the normal forms and functions of such system (excluding reconstructive surgeries for correcting congenital deformities and for beauty purposes).

Emergency Rescue: medical aid determined as necessary by a doctor authorized by a legitimate rescuing organizations recognized by the Company according to his/her professional knowledge when the Insured Person suffers from injuries by accident or sudden diseases.

Escorted Hospital Transfer Costs: costs of sending the Insured Person or the Supplementary Insured Person to a hospital with appropriate medical facilities in the country, which is nearest to the spot of accident upon determination of the doctor in charge. Only economic class tickets are covered if flight tickets are required to be purchased.

Legitimate Rescue Organizations Recognized by the Company: detailed list available at www.e-chinalife.com.

Day-patient: means the Insured Person or the Supplementary Insured Person who is hospitalized for daytime treatment without having to stay overnight.

Routine Dental Treatment: means dental examination, teeth cleaning, composite teeth filling, simple or non-surgical teeth extraction.

Complicated Dental Treatment: means extraction of injured, buried or non-emerged teeth; root canal treatment, removal of solid odontoma, cutting of temporal bone top, installation or repair of corona, installation or repair of dentures.

Chronic Disease: means chronic protracted disease (e.g. high blood pressure, diabetes, rheumatoid disease, etc.) regarded as incurable with current medical ways or means according to the general medical views.

Emergency Treatment: the following conditions suffered by the Insured Person or the Supplementary Insured Person will warrant emergency treatment (excluding treatment needed due to the recurring of all the pre-existing diseases before the Insured Person's or the Supplementary Insured Person's arrival in the US):

1. High fever (38.5 degrees Celsius or above for adults, 39 degrees Celsius or above for infants);
2. Acute abdominal pain, violent vomiting, serious diarrhoea;
3. Shocks caused by all kinds of reasons;
4. Stupor;
5. Epileptic seizure;
6. Severe gasping, breathing difficulties;

7. Acute chest pain, acute heart failure, serious arrhythmia cordis;
8. Hypertensive crisis, hypertensive encephalopathy, brain vascular accidents;
9. Acute bleeding caused by all kinds reasons;
10. Acute flowing out of hematocele from urinary tract, anuresis, renal colic;
11. Acute poisoning of all types (e.g. food or drug poisoning), accidents of all types (e.g. electric shock and drowning);
12. Traumatic brain injury, bone fracture, dislocation, tear, burns, scalds, or other acute traumatic injuries;
13. Bites by various kinds of poisonous animals or insects or acute allergic diseases;
14. Foreign objects in the five sense organs or respiratory track, acute eye pain, eye redness or swelling, sudden sight obstacle and eye traumatic injuries;
15. Other emergency treatment provided to patients in dangerous, urgent and serious conditions (not including complications arising from pregnancy or child-bearing and childbirth).

Designated US Medical Network: means the Company's Contracted hospitals or medical service institutions in the US (detailed list available at www.e-chinalife.com).

Diving: means underwater sports carried out with auxiliary breathing equipment underwater such as in rivers, lakes, seas, reservoirs or canals.

Rock Climbing: means sports such as climbing cliffs, exterior walls of buildings, artificial cliffs, ice cliffs and icebergs.

Martial Art Game: means boxing game such as opposing judo, karate, tae kwon do, and free combat and pugilism between two or more persons and other opposing matches where instruments are used.

Stunt Performance: means performance of horsemanship, acrobatics, animal taming, etc.

Exploration: means intentional behavior of putting oneself in certain natural dangerous conditions, which may cause death or bodily injury such as river drifting, mountain climbing, crossing deserts or remote primitive forests on foot.

Sexually Transmitted Diseases: means serious health threatening infective diseases with sexual behaviors as the main means of transmission, including syphilis, gonorrhoea, chancroid, LGV, herpes progonitalis, condyloma acuity, nongonococcal urethritis and AIDS.

Congenital Disease: means disease caused by changes in hereditary materials which are harmful to the human body (including chromosomes or genes inside); or by certain physical, chemical and biological factors of internal or external environment during the mother's pregnancy, resulting in abnormal development of partial somatic cells of the foetus and in-born abnormalities in forms or functions of the related organs and systems of the baby from birth.

Hereditary Disease: means disease caused by harmful changes in hereditary materials (genes or chromosomes).

Pre-existing Disease: means disease suffered by or appeared to the Insured Person or the Supplementary Insured Person before being covered by this insurance policy.

War: means armed fights between countries, nations or political groups for certain political or economic purposes. Subject to governmental declarations.

Military Conflict: means armed confrontations in certain range between countries or nations. Subject to governmental declarations.

Riot: means armed turmoil disrupting social order. Subject to governmental declarations.

Legitimate Identity Certificate: means the identity certificate, documents, etc. prepared and issued by the relevant authority, e.g. resident identity certificate, household register, passport, serviceman certificate, etc.

Proportion of Unexpired Term of the Contract: (365-number of preceding days)/365.

Cash Value: Latest premium portion payment x (1 – Handling fee rate) x (1 – Days lapsed covered by the premium portion/Days covered by the premium portion). Any day lapsed that is less than one day shall be calculated as one day. The handling fee rate shall be agreed upon with the Company upon proposing the insurance.

Payable outstanding Premium: means the difference between the total payable premium within the entire insured period agreed upon with the Company when proposing the insurance and the premium already paid.

Drug: means opium, heroin, methylamphetamine, morphine, marijuana and cocaine and other narcotic or psychotropic drugs prone to cause addiction of people, to be controlled according to the national regulation, but not including the prescription drugs containing narcotic content prescribed by a physician and used according to the advice of the physician.

Drink Driving: Any vehicle driver, with the alcohol content in his/her blood reaching or exceeding a certain limit after testing or detection, upon occurrence of an accident, shall be deemed as drink driving or drunk driving by the public security traffic administration according to the Road Traffic Safety Law.

Driving without Legal and Valid Driving Licence: means one of the following conditions:

1. Driving without driving qualification;
2. Driving vehicles not in conformity with the vehicle types specified on the driving licence;
3. Driving with a driving licence showing failure in examination;
4. When studying driving with the studying certificate, driving without the instruction of the coach or not following the designated time or route.

Without Valid Vehicle Licence: means one of the following conditions:

1. Registration of motor vehicle cancelled according to law;
2. Failure to receive or pass the vehicle safety technical inspection timely.

Motor Vehicle: means any wheeled vehicle driven or drawn with power devices, for driving and carrying passenger or transporting goods, or for special engineering purposes.

Schedule

Schedule 1

Table of Insurance Plans

Insurance Responsibilities	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Hospitalisation	Included	Included	Included	Included	Included	Included	Included
Outpatient	-	Included	Included	Included	Included	Included	Included
Special Medical Treatment	Included	Included	Included	Included	Included	Included	Included
Medical Evacuation and Transfer	Included	Included	Included	Included	Included	Included	Included
Chronic Diseases	-	-	-	Included	Included	Included	Included
Dental	-	-	-	-	-	Included	Included
Maternity	-	-	-	-	-	Included	Included

Notes: Liabilities for medical expenses in the US are covered under Insurance Plans 3, 5 and 7 only, and are not covered under other plans.

