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PREFACE

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As for the group insurance, please make reference to the insurance benefit of the GROUP INSURANCE BENEFIT SUMMARY of page 3. During your course of employment with the company, this part provides the financial assistance to you and your family when the need arises.

This synopsis aims to help you understand and enjoy your benefit entitlements.

I-Shou University, and Affiliated Company
2014-09

Remark: This product summary is for reference only. Whenever there is inconsistency between this synopsis and the Chinese insurance policy, the Chinese insurance policy shall prevail.

Information required to be provided in performance of the obligation to inform pursuant to the Personal Data Protection Act

Pursuant to Paragraph 1, Article 8 & Paragraph 1, Article 9 of the Personal Data Protection Act, Nan Shan Life Insurance Co., Ltd. (hereinafter referred to as "The Company") hereby inform you the following matters, please read carefully:

I. Purpose of Collection:

- (1) 001 personal insurance.
- (2) 069 agreement, similar agreement or other legal relation affairs.
- (3) 090 consumer, customer management and service.

II. Categories of personal data to be collectioned : name, date of birth, uniform ID number (or passport number/residence permit number) , Nationality, Household member, Contact information, Employer, Job title (Job grade) , Insured salary, Medical records, Medical treatment, Health examination, please refer to this insurance agreement related documents for details.

III. Source of personal data:

(A) The insured unit (B) Your legal representative/ Assisting person

IV. Period, object, region, means of personal data usage:

- (1) Period: period necessary for conducting business and as prescribed in relevant laws and regulations.
- (2) Object: The Company, the insured unit, Life Insurance Association of the R.O.C., Non-life Insurance Association of the R.O.C., Taiwan Insurance Institute, Financial Ombudsman Institution, The Taiwan Clearing House, Insurance Broker and Insurance Agency having insurance business relationship with the Company, Organizations accepting outsourced businesses, Companies having reinsurance business relationship with the Company, Inspection authorities or financial supervision authorities.
- (3) Region: where the abovementioned objects located.
- (4) Means: conforming to applicable laws and regulations.

V. Pursuant to Article 3 of the Personal Data Protection Act, you may, in terms of your personal data preserved by the Company, exercise following rights through following means:

- (1) You have the rights to: 1. Inquire, request for access or request for providing duplicate copies; 2. Request for supplement or correction; 3. Request for stopping collection, handling or using and request for deletion.
- (2) Means of request: in written form.

VI. Effect on your rights and interests if you do not provide personal data: your failure or refusal of provide relevant personal data may cause the Company unable to provide you about the Group Insurance services.

GROUP INSURANCE BENEFIT SUMMARY

BENEFIT

Classification Benefit	Insurance benefit	
Term Life	All Eligible Employees	NT\$1,500,000
New Critical Illness	All Eligible Employees	NT\$300,000
Personal Accident	Plan01 Employees	NT\$1,200,000
	Plan02 Employees	NT\$5,000,000
New Hospital & Surgical	<u>All Eligible Employees</u>	
	Reimbursement of actual expenses (*) Daily Room and Board NT\$ 2,000 Hospital Services 60,000 Surgical Benefit 100,000 In Hospital Doctor Visit 500 (*) If the insured member is hospitalized and receives medical treatments as an insured member of National Health Insurance(NHI) but doesn't apply for Reimbursement of actual expenses, "Daily Hospital Income" equals ("Daily Room & Board" limit) times (number of days of hospitalization) will be payable, subject to a maximum of 365 days for the same hospitalization.	
	<u>All Eligible Employees</u>	
	Bone fracture compensation NT\$2,000	
Cancer Medical	<u>All Eligible Employees</u>	
	Daily Hospital Income	NT\$ 2,000
	Surgical Allowance	60,000
	Post-Hospitalization Daily Allowance	2,000
	Death Benefit	500,000
	Clinical Visit Daily Allowance	1,000
	Cancer Treatment Benefit	2,000
Medical Reimbursement	All Eligible Employees	NT\$20,000/per accident
Surgery Indemnity	All Eligible Employees	NT\$1,000/per unit

POLICYHOLDER EFFECTIVE DATE

Group Insurance Initial Effective Date: Aug 1, 2008

ELIGIBILITY

All regular full-time salaried employees, aged 15~75 (attained age) are eligible, except for New Critical Illness Insurance where eligible age is 15~70.

EFFECTIVE DATE OF INSURANCE

From the date of employment, Human Resources Department will automatically include a new employee for insurance.

BENEFICIARY

1. Employee can designate the beneficiary for death benefit when he/she fills out the enrollment form. Any nomination or change of beneficiary shall be limited to the family members or the heir at law. If no beneficiary is designated, the total death benefit shall be payable to the employee's next of kin in the following order.
 - (i) Spouse
 - (ii) Child(ren)
 - (iii) Parent(s)
 - (iv) Brother(s) & Sister(s)
 - (v) Grandparent(s)
2. The beneficiary of indemnity for disability shall be deemed to be the disabled insured person himself, and Insurance Company will definitely neither accept any nominee nor accept any amendment on this term.

INSURANCE PREMIUM

1. The insurance premium for employee is 85% borne by the company.
2. The insurance premium for employee is 15% borne by the employees.

CURRENCY

All insurance benefit and premium are denominated in NT\$.

THE INSURED'S RIGHTS

The insured have rights to revoke the application.

BENEFITS NON-ASSIGNABLE

This insurance benefits may not be assigned.

NOTICE

1. You are encouraged to use National Health Insurance (NHI) whenever possible. This insurance plan will reimburse the cost not covered by NHI. This helps ensure your out-of-pocket expenses be kept to minimum.
2. Please note that the insurance policy covers medical treatments in licensed hospitals only. Non-licensed facilities, like bone setters, are not covered
3. To facilitate insurance claim application, please be reminded to request a hospital receipt and a doctor's certificate of diagnosis when discharged from the hospital.

GROUP TERM LIFE INSURANCE

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SCOPE OF INSURANCE

If an insured member dies or becomes disabled (as defined below), the insurance company shall pay the insured amount on the following conditions:

1. Total and permanent loss of sight of both eyes.
2. Loss of both hands above the wrist joint, or loss of both legs above the ankle joint.
3. Loss of one hand above the wrist joint and loss of one leg above the ankle joint.
4. Total and permanent loss of sight of one eye and loss of one hand above the wrist joint, or total and permanent loss of sight of one eye and loss of one leg above the ankle joint.
5. Total and permanent loss of ability of speech or mastication.
6. Total and permanent loss of use of four limbs.
7. Major damage to the central nervous system, or the thoracic or abdominal organs that permanently prevents the insured member from engaging in any gainful occupation, and from carrying out the daily living activities without the help of others.

EXCLUSIONS

No benefits shall be payable under any of the following conditions:

1. The intentional murder of the insured member by the applicant.
2. The insured member commits suicide or self-inflicted disability. However, if the insured member has continuously participated in this policy for over one year, the Insurance Company shall pay the "Death Benefit" in accordance with the stipulated insurance schedule.
3. The insured member died from execution as sentenced for his/her crime, or died or disabled as a result of resisting arrest or breaking from prison.

Upon the disability of an insured member caused by the above exclusion (1) or the situation below*, the insurance company shall pay the Disability Benefit.

*** Beneficiary's Right to Receive Insurance Benefits**

A beneficiary who willfully causes the death of the insured, or attempts unsuccessfully to do so, shall lose the right to receive benefits.

If a beneficiary loses the right to receive benefits because of circumstances set forth in the preceding paragraph, and as a result there is no beneficiary to receive the insured amount, the insured amount shall be treated as part of the insured's estate. If there are other beneficiaries, the amount to which was payable to the beneficiary who loses the right to receive benefits shall be divided among such other beneficiaries based on the ratio stated on the policy.

Supplemental “Group Personal Disability Insurance Rider”

If, while this rider is in force, any insured member sustains bodily injury as a result of non-disease related accident, directly and independently of all other causes, and such injury results in the insured member's disablement as described in the attached Schedule of Disability Benefit*, the insurance company shall pay an indemnity as specified in this Rider.

*Please refer to the Disability Level 2 to 11 on the Schedule of Disability Benefit of GROUP PERSONAL ACCIDENT INSURANCE.

Liability exemptions (reasons) – insurance exemptions

Please refer to the exemptions (reasons) and exclusions of GROUP PERSONAL ACCIDENT INSURANCE.

NEW GROUP CRITICAL ILLNESS INSURANCE

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SCOPE OF INSURANCE

If an insured member sustains one of the following dread diseases when this policy is in force, the Insurance Company shall pay the "Benefit" in accordance with the stipulated Insurance Schedule. Where the Insurance Member suffers more than one of the above conditions, the Insurance Company shall pay the "Benefit" for only one of the conditions.

Definitions

The expression of "CI" herein refers to diseases in compliance with the following definitions that has its initial onset and is diagnosed as such after the policy or rider has become valid continuously from the 61th day. In case where the insured suffers from accidental injury which leads to paralysis described or undergoes major organ transplant as described, the requirement of aforesaid "from the 61th day" does not apply.

The seven conditions are set forth as follows:

1. Myocardial infarction
2. Coronary artery bypass
3. Cerebral stroke
4. Chronic kidney failure (uremia)
5. Cancer (excluding the following diseases:)
 - (1) 1st stage Hodgkin's disease.
 - (2) Chronic Lymphatic Leukemia.
 - (3) Carcinoma in situ.
 - (4) Skin cancer (excluding malignant melanoma).
6. Paralysis
7. Major organ transplant (i.e. transplant of heart, lung, liver, pancreas, kidney or bone marrow.)

EXCLUSIONS

No benefits shall be payable if death is caused by any one of the following events:

1. The intentional act of insured member (suicide or attempted

- suicide).
2. Criminal actions of the Insured Member.
 3. Illegal use of drugs as defined in relevant drug prevention regulations.

GROUP PERSONAL ACCIDENT INSURANCE RIDER [TOP](#)

SCOPE OF INSURANCE

During the term of the insurance, if an insured member is rendered disabled (please refer to the schedule of disability benefits for disability coverage) or dies as the result of an accident within 180 days, the insurance company shall pay insurance amount to the beneficiary.

The accident mentioned in the preceding paragraph means an external sudden incidence of injury not caused by disease.

Limitation of Benefit Payments

If an insured member is rendered disabled and died due to the same accident, the amount of benefits payable to the insured member shall be the maximum insurance amount.

Items		Ref.	Description of disability	Disability level	Payout ratio
1. Nerve	Neural deficiency (note 1)	1-1-1	Extreme central nervous system impairment, preventing the insured from engaging in any work during his/her lifetime, and requiring constant care or stringent care by designated personnel.	1	100%
		1-1-2	Central nervous system lesion, preventing the insured from engaging in any work during his/her life time, and requiring assistance by others in routine living.	2	90%
		1-1-3	Significant central nervous system impairment, preventing an individual from engaging in any form of work during his/her lifetime, but do not require assistant from others in carrying out the day-to-day routines.	3	80%
		1-1-4	Significant central nervous system impairment, allowing the insured to engage in light works in his/her lifetime.	7	40%
2. The eye	Eyesight impairment (Note 2)	2-1-1	Blindness in both eyes	1	100%
		2-1-2	The eyesight in both eyes has deteriorated to below 0.06.	5	60%
		2-1-3	The eyesight in both eyes has deteriorated to below 0.1.	7	40%
		2-1-4	Blindness in one eye, the eyesight in the other eye has deteriorated to below 0.06.	4	70%
		2-1-5	Blindness in one eye, while the eyesight in the other eye has deteriorated to below 0.1.	6	50%
		2-1-6	Blindness in one eye.	7	40%
3. The ears	Hearing impairment (Note 3)	3-1-1	Complete loss of two eardrums or hearing functional loss of 90dB or higher.	5	60%
		3-1-2	Loss of the two ears' functions by 70dB or higher.	7	40%
4. The noise	Disfigurement and functional impairment (Note 4)	4-1-1	Disfigurement of the nose, resulting in permanent and significant impairment.	9	20%

5. The mouth	Chewing, swallowing and linguistic impairment (Note 5)	5-1-1	Permanent lost of the chewing, swallowing or linguistic abilities.	1	100%
		5-1-2	Permanent and significant impairment of chewing, swallowing or linguistic abilities.	5	60%
		5-1-3	Permanent and significant impairment of chewing, swallowing or speech articulation abilities.	7	40%
6. Chest, abdomi nal organs	Chest, abdominal organ impairment (note 6)	6-1-1	Extreme impairment of chest/abdominal organ functions, preventing the insured from ever engaging in any form of work throughout his/her lifetime, and requiring stringent care by medical, nursing or designated attendants.	1	100%
		6-1-2	Extreme impairment of chest/abdominal organ functions, preventing the insured from ever engaging in any form of work throughout his/her lifetime, and requiring assistant in day-to-day living routines.	2	90%
		6-1-3	Extreme impairment of chest/abdominal organ functions, preventing the insured from ever engaging in any form of work throughout his/her lifetime, but he/she can manage to tend to one's day-to-day living.	3	80%
		6-1-4	Extreme impairment of chest/abdominal organ functions, allowing the insured to engage only in light work throughout his/her lifetime.	7	40%
	Organ removal	6-2-1	Removal of the majority of the insured's major organ.	9	20%
	Bladder functional impairment	6-3-1	Permanent total loss of bladder functions	3	80%
	7. Torso	Spinal motor impairment (Note 7)	7-1-1	Significant motor impairment in the spinal column.	7
8. Upper extremi ties	Loss of upper limb(s) (Note 8)	8-1-1	Loss of both wrist joints.	1	100%
		8-1-2	Loss two of the following of one upper limb: shoulder, elbow, or wrist joint	5	60%
		8-1-3	Loss of one wrist joint.	6	50%
	Loss of fingers	8-2-1	Loss of ten fingers on both hands	3	80%
		8-2-2	Loss of two thumbs on both hands	7	40%
		8-2-3	Loss of all five fingers on one hand.	7	40%
		8-2-4	Loss of the thumb, index finger and other fingers on one hand, totaling four fingers.	7	40%
		8-2-5	Loss of the thumb and index finger on one hand.	8	30%
		8-2-6	Loss of the thumb or index finger, and any other two fingers on the same hand.	8	30%
		8-2-7	Loss of the thumb and any other finger on the same hand.	9	20%
		8-2-8	Loss of one thumb or index finger, or any finger other than index finger or thumb on the same hand.	11	5%
	Upper extremity motor impairment (Note 9)	8-3-1	Permanent loss of motor functions in shoulder, elbow, and arm joints on both upper extremities.	2	90%
		8-3-2	Permanent loss of motor functions in two of the shoulder, elbow, and arm joints on each of the upper extremities.	3	80%
8-3-3		Permanent loss of motor functions in the shoulder, elbow, or arm joint on each of the upper extremities.	6	50%	

		8-3-4	Permanent loss of motor functions in the shoulder, elbow, and arm joints on the same extremity.	6	50%
		8-3-5	Permanent loss of motor functions to two of the shoulder, elbow, and arm joints on the same upper extremity.	7	40%
		8-3-6	Permanent loss of motor functions to the shoulder, elbow, or arm joint on the same upper extremity.	8	30%
		8-3-7	Significant permanent motor impairment in two of the shoulder, elbow, and arm joint on each of the upper extremities.	4	70%
		8-3-8	Significant permanent motor impairment in two of the shoulder, elbow, and arm joints on each of the upper extremities.	5	60%
		8-3-9	Significant permanent motor impairment in the shoulder, elbow, or arm joint on each of the upper extremities.	7	40%
		8-3-10	Significant permanent motor impairment in the shoulder, elbow, or arm joint on the same upper extremity.	7	40%
		8-3-11	Significant permanent motor impairment in two of shoulder, elbow, and elbow joints on the same upper extremity	8	30%
		8-3-12	Significant permanent motor impairment in shoulder, elbow, and elbow joints on both upper extremities.	6	50%
		8-3-13	Significant permanent motor impairment in the shoulder, elbow, elbow or joint on one upper extremity.	9	20%
	Finger motor impairment (Note 10)	8-4-1	Permanent loss of functions in all ten fingers on both hands.	5	60%
		8-4-2	Permanent loss of functions in the two thumbs on both hands.	8	30%
		8-4-3	Permanent loss of functions in all five fingers on one hand.	8	30%
		8-4-4	Permanent loss of one thumb or index finger, and any two fingers other than index finger or thumb on the same hand, totaling four fingers.	8	30%
		8-4-5	Permanent loss of functions in the thumb and index finger on the same hand.	11	5%
		8-4-6	Permanent loss of functions in three fingers or more on the same hand, including the thumb and index finger.	9	20%
		8-4-7	Permanent loss of functions in three fingers or more on the same hand, including the thumb or index finger, or any other fingers.	10	10%
9. Lower extremities	Lower extremity functional impairment	9-1-1	Loss of both ankle joints	1	100%
		9-1-2	Loss of two of the thigh, knee, and ankle joints or more on the same lower extremity.	5	60%
		9-1-3	Loss of an ankle joint.	6	50%
	Shrinkage impairment (Note 11)	9-2-1	Loss of over 5cm in one lower extremity.	7	40%
	Foot toe severance	9-3-1	Loss of all ten toes on both feet	5	60%
	(Note 12)	9-3-2	Loss of all five toes on the same foot.	7	40%
	Lower extremity	9-4-1	Permanent loss of functions the thigh, keen and ankle joints on both lower extremities.	2	90%

motor impairment	9-4-2	Permanent loss of functions in two of the thigh, knee and ankle joints on each of the lower extremities.	3	80%
	9-4-3	Permanent loss of functions in thigh, knee or ankle joint on the same lower extremity.	6	50%
	9-4-4	Permanent loss of functions in the thigh, knee, or ankle joints on the same lower extremity.	6	50%
	9-4-5	Permanent loss of functions in two of the thigh, knee, and ankle joints on the same lower extremity.	7	40%
	9-4-6	Permanent loss of functions in the thigh, knee, or ankle joint on the same lower extremity.	8	30%
	9-4-7	Permanent and significant motor impairment in the thigh, knee and ankle joints on both lower extremities.	4	70%
	9-4-8	Permanent and significant motor impairment in two of the thigh, knee and ankle joints on each of the lower extremities.	5	60%
	9-4-9	Permanent and significant motor impairment in the thigh, knee or ankle joint on each of the lower extremities.	7	40%
	9-4-10	Permanent and significant motor impairment in the thigh, knee or ankle joint on one lower extremity.	7	40%
	9-4-11	Permanent and significant motor impairment in both of the thigh, knee and ankle joints on each of the lower extremities.	8	30%
	9-4-12	Permanent and significant motor impairment in the thigh, knee or ankle joint on both lower extremities.	6	50%
	9-4-13	Permanent and significant motor impairment in the thigh, knee or ankle joint on one lower extremity.	9	20%
	Foot toe impairment (Note 14)	9-5-1	Permanent loss of functions in all toes on both feet.	7
9-5-2		Permanent loss of functions in all five toes on one foot	9	20%

Note 1	1-1	<p>The assessment principle on Neural Impairment Level": Taking compressively into consideration the effects of symptoms and nidi on the daily life activities and the requirement for assistances, and decide the level of such impairments. When rendering a judgment, specialty physician's certificate of diagnoses, such as the psychiatric department, neurology department, neural surgical department, or rehabilitative department, shall be adopted as a basis of consideration.</p> <p>(1) Severe neural impairment requiring the assistance of others to maintain life sustaining day-to-day living activities: applicable to level 1.</p> <p>(2) High level of neural impairment requiring partial assistance by others to maintain life sustaining day-to-day living activities: applicable to level 2.</p> <p>(3) Able to manage one's life sustaining day-to-day living activities but unable to work in whose lifetime: applicable to level 3.</p> <p>(4) The foresaid "For maintaining life sustaining essential daily living routines" refers to food intake, start and finish of urination and stool discharge, dressing and undressing, living mobility, walking, bathing, etc.</p> <p>(5) Those with early signs of the severe symptoms of dyslexia, incoherence, dementia, paralysis of four extremities, elliptical peripheries, memory impairment, sensory impairment, emotional impairment, deterioration of willpower, personality changes; or those with paralysis symptoms, though</p>
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		<p>in a light condition, but are unable to work unless instructed by others nearby: applicable to level 3.</p> <p>(6) Those with a medium level of neural impairment with significantly reduced physical or labor capability than the general population: applicable to level 7.</p> <p>(7) Of those with central nervous impairment, such as the ecliptic peripheries lacking sensory function, slight paralysis to elliptic peripheries, which can be proven a slight cerebral shrinkage or brainwave anomalies through imaging screening, all such symptoms would need to be diagnosed by a specialist physician, and be rendered based on the results of the diagnosis.</p> <p>(8) In the instance where the central nervous system's deterioration symptoms should occur on the four extremities, the sensory functional impairment is to have a level defined according to the location found; for instance, dyslexia triggered by damage to the central nervous system may commensurate to the rendering of linguistic functional impairment.</p>
	1-2	The assessment on the level of "impairment in balancing and hearing abilities": If the insured has impairment on hearing and balancing abilities as a result of his/her head injury, the impairments shall be considered comprehensively to determine the impairment level.
	1-3	The assessment on the level of "External trauma epilepsy": The occurrence of epilepsy should take into account the personality changes in relapse to eventual loss of incoherence, collapse of personality, in becoming a state of epileptic psychological disorder, which is to be rendered as per principles cited under 1-1. Epileptic symptoms with a fixed timing shall undergo treatment by specialist physician, and taking to the criteria when reckoning an individual has failed to achieve the anticipated treatment yield or achieve a stable condition following the treatment, regardless of a particular type of occurrence, which shall be rendered as per the following criteria,
		<p>(1) Though undergone full treatment, one relapse or more still occur per week: applicable to level 3.</p> <p>(2) Though undergone full treatment, one relapse or more still occur per month: applicable to level 7.</p>
	1-4	<p>The assessment on the level of "impairments of dizziness and in balancing abilities": Impairments of dizziness and in balancing abilities as a result of external head injury or damage to the central nervous system, may not only be triggered by inner ear impairments, but by impairment in the central nervous system of the neocortex, cerebral cortex, prefrontal cortex. The reviewing criteria for such impairments are as follows:</p> <p>(1) Those likely to engage in life sustaining routine living activities but unable to engage in work in their lifetime due to a high level of balance functional impairment: applicable to level 3.</p> <p>(2) Those with a medium level of balance functional impairment but with a significantly lower labor capability than most people: applicable to level 7.</p>
	1-5	The assessment on the level of "Spinal impairments resulting from external injuries" shall be conducted based on motor impairment of any of the four extremities, sensory, intestinal, urinary, genitalia impairment, or other impairment as found in the diagnosis.
	1-6	The assessment on the level of "Carbon monoxide poisoning sequela": In addition to various conditions after the poisoning, the assessment principle of physical and neural impairments as stated in the note shall also be taken into

		consideration in determining the level of the impairment.
Note 2	2-1	The rendering of "Eyesight" assessment shall be based on that derived from corrected visual eyesight using a universal eyesight chart; however, those that cannot be corrected or would encounter bifocal after correction to present severe hindrance may be tested with naked eyes.
	2-2	"Blind" shall mean the insured's eyesight test result is lower than 0.02 based on the universal eyesight chart, or having any of his/her eyeball lost or removed, unable to tell from light and darkness, or his/her eyes can only sense the hand movements right in front of his/her face.
	2-3	The treatment of six months from the date of injury shall be taken as the principle of assessment, unless it is clear that the damage is irrecoverable such as removal of eyeball.
Note 3	3-1	In the instance where the hearing impairment should vary between the two ears, the hearing impairment of the two ears shall be combined in making the rendering.
	3-2	The assessment on the level of hearing impairment shall be conducted using an audiometer, in which the average hearing loss ratio is indicated in dB.
	3-3	In assessing the level of balancing ability impairment arisen from inner ear damage, the level of neural damage may be applicable with necessary changes.
Note 4	4-1	"Nose disfigurement and functional impairment" shall mean the complete or majority loss of nose cartilage. The term "Permanent and significant impairment" shall mean the clogging of two nostrils, nose respiratory difficulties that cannot be corrected or loss of smelling sensory functions on both sides.
Note 5	5-1	Impairment in chewing functions shall mean the impairment cause by non-dental problems, such as impairments in cheeks, tongue, soft and hard mouth cover, jaw bone, lower jaw joints, etc. Those suffering from swallowing impairment arisen from a narrow digestive track, tongue anomalies, larynx neural paralysis are often complicated with chewing functional impairment, hence the two types of impairment are combined as "Chewing and swallowing impairment". (1) "Loss of chewing and swallowing functions" refers to organic impairment or functional impairment which prevent an individual from performing chewing or swallowing motion, and from, ingesting or swallowing non-liquid food. (2) "Permanent and significant impairment in chewing and swallowing functions" refers to instances where an individual is unable to perform chewing, swallowing motions fully, resulting his/her inability in ingesting or swallowing foods other than porridge, paste, or similar foods.
	5-2	Linguistic functional impairment refers to speech articulation functional impairment, vocalization functional impairment, or reverberation functional impairment and the like caused by reasons other than dental damage or injury, (1) "Loss of linguistic functional impairment" refers to an individual who is unable to vocalization three of the four linguistic vocalization functions of mouth-lip sounds, teeth-tongue sounds, mouth-covered sounds and throat-emitting sounds. (2) "Linguistic functions are left with significant impairment" refers to an individual who is unable to perform two of the four linguistic vocalization functions of mouth-lip sounds, teeth-tongue sounds, mouth-covered

		<p>sounds and throat-emitting sounds.</p> <p>A. Double lip sounds, bo, po, mo (vocalization at the two lips) B. lip-teeth sounds: feh (vocalization at the lip-teeth), C. tongue-tip sounds: de, te, ne, le (vocalization at the tongue tip and gums) D. tongue-root sounds: de, te, he (vocalization at the tongue root and esophagus. E. Tongue-surface sounds: gi, chi, shi, (vocalization at the tongue surface and hard esophagus. F. Rear tongue tip sounds: tze, tzi, zhe, zhi (vocalization at the tongue tip and hard esophagus. G. Frontal tongue tip sounds: tze, tzi, tse (vocalization at the tongue tip and upper gums).</p>
	5-3	Of significant impairment left in the reverberation functions, an individual who is only able to indicate he/she does not understand the speaker may commensurate to the levels defined for "Linguistic functions left with significant impairment".
Note 6	6-1	<p>Chest/abdominal organs:</p> <p>(1) The chest organs include the heart, cardiovascular membrane, artery, trachea, primary bronchi, lungs, chest diaphragm, digestive track, etc.</p> <p>(2) The abdominal organs include the stomach, liver, gall bladder, pancreas, small and large intestines, intestinal membranes, spleen.</p> <p>(3) Renal organs, including the kidneys, renal medulla, ureters, bladder, urinary track, etc.</p> <p>(4) Reproductive organs, including inner reproductive organs and outer reproductive organs, etc.</p>
	6-2	Of significant removal of major organs, the term major organs refers to the heart, lungs, digestive track, stomach, liver, spleen, small intestines and large intestines, kidneys, renal medulla, ureters, bladder, urinary track, etc.
	6-3	The rendering of chest/abdominal organ impairment: In assessing chest/abdominal organ functions left with impairment calls for collectively measuring the symptoms taking into account the permanent impact of an individual's general living routine and needs for assistance by others commensurate to the rudimentary principles of assessing the levels of neural impairment in collectively rendering an appropriate level.
Note 7	7-1	<p>Spinal motor impairment:</p> <p>"Left with permanent, visible motor function" shall mean a complete rigid of the spinal cord, or losing more than one-half of the scope of two physiological motor functions in the spinal cord's bending forward and back, left and right, and rotating toward the left and right.</p>
Note 8	8-1	<p>"Finger loss" shall mean,</p> <p>(1) In the case of a thumb, it has been severed at the joint between finger sections.</p> <p>(2) In the case of the other fingers, it has been severed at the joint between the close proximity of finger sections.</p>
	8-2	One that has been deprived of dextral functions permanently despite a finger sewing procedure is deemed a deficiency. And the same also applies to foot toes.
	8-3	In the instance that the large toe is harvested and sewed as the thumb, where the loss of thumb has already met the disability criteria, regardless that the functions be normal after sewing, the thumb portion shall still be deemed as disfigurement, while the foot toe removed voluntarily will not be included.

Note 9	9-1	<p>“Permanent loss of motor functions in shoulder, elbow and arm joints” refers to a complete disability of one upper extremity, such as the conditions stated below,</p> <p>(1) One upper extremity’s shoulder, elbow and arm joints are completely stiff or completely paralyzed, and the hand’s all five fingers have lost motor functions permanently.</p> <p>(2) One upper extremity’s shoulder, elbow and arm joints are completely stiff or completely paralyzed.</p>
	9-2	<p>“Permanent loss of one upper extremity’s shoulder, elbow and arm joints functions” refers to the complete disfigurement of one upper extremity, such as the scenarios described below,</p> <p>(1) One upper extremity’s shoulder, elbow and arm joints are left permanently with significant motor impairment, and that the hands all five fingers have lost motor functions permanently.</p> <p>(2) One upper extremity’s shoulder, elbow and arm joints are left permanently with significant motor impairment.</p>
	9-3	<p>Taking to the scope of physiological motor, the criteria for rendering joint motor functional impairment are stipulated as follows,</p> <p>(1) “Loss of motor functions” refers to a condition that the joints are completely stiff or completely paralyzed.</p> <p>(2) “Significant motor impairment” refers to the loss of the scope of physiological motor functions by one-half or more.</p> <p>(3) “Motor impairment” refers to the loss of the scope of physiological motor functions by one-third of more.</p>
	9-4	<p>The rendering of motor restrictions,</p> <p>(1) The scope of physiological motor of all joints shall be taken as the premises. When the cause and level of functional (motor) impairment be significant, the scope of voluntary motor functions shall be taken; in the case of an uncertain level of impairment, the probable range of motor functions in passive movement is to be referred to in concluding the rendering.</p> <p>(2) Those with the wounded area covered by a plaster cast shall take into account the level for recovery after healing in making adequate decision.</p>
	9-5	<p>A list of names for the upper and lower extremity joints is shown in the illustrated diagram.</p>
Note 10	10-1	<p>“Permanent finger loss of motor function” refer to,</p> <p>(1) Loss of physiological motor functions exceeding one-half or more of the thumb, middle finger joints or joints between finger sections.</p> <p>(2) Loss of physiological motor functions exceeding one-half or more of all other fingers, the middle finger’s section joint, or the joint between the finger section.</p> <p>(3) The tip of the thumb or other fingers that have been severed for more than one-half.</p>
Note 11	11-1	<p>Measuring the reduction of the lower extremity shall be taken by comparing the length of the inflicted side’s upper part of the shinbone and anklebone to that of the healthy side to measure the level of shrinkage reduction.</p>
Note 12	12-1	<p>“Foot toe missing” refers to all foot toes that have been damaged and missing as severed from the joints of the foot toes.</p>
Note 13	13-1	<p>“Permanent loss of motor functions to one lower extremity’s thigh, keen and ankle joints” pertains to the complete impairment of one lower extremity, such as the scenarios listed below,</p>

		(1) One lower extremity's three major joints are completely stiff or completely paralyzed, and that all five toes on one foot have been deprived of motor functions. (2) One lower extremity's three major joints are completely stiff or completely paralyzed.
	13-2	For the assessment on the level of the lower extremity's motor impairments in functional loss, significant motor impairment, or motor impairment, refer to relevant stipulations governing the upper extremities.
Note 14	14-1	"Foot toe losing permanent functions" refers to those that meet the following conditions, (1) Those with the tip of the first toe severed by over one-half, or whose middle foot toe joint, toe joint's probable motor scope deprived of more than one-half the scope of physiological motor functions. (2) Those with the tip of the second toe severed from the joint and up, or whose middle toe joint or first toe joint deprived of one-half the scope of physiological motor functions. (3) Those with the tip of the third, fourth and fifth toes severed from the joint up, or whose middle foot joint and first toe joint have become completely rigid.
Note 15	15-1	The determination of permanent functional loss and significant impairment shall be subject to the treatment results after six months after the insured member sustained injuries from the accident, unless such loss or impairment can be determined immediately.

EXCLUSIONS (Causes)

If the insured member's death, disability or injury results from any of the following events, no benefit shall be payable.

1. Intentional act of the applicant or the insured member.
2. The insured's criminal action.
3. The insured member drives or rides under the influence of alcohol, and that the exhalation or blood test results showed an alcohol level higher than the standard prescribed in relevant traffic regulations.
4. War (declared or undeclared), civil commotion or any other similar riots, unless otherwise prescribed in this Rider.
5. Explosion, scorch, radiation or contamination caused by atomic or nuclear installation, unless otherwise prescribed in this Rider.

If the insured member is injured or becomes disabled due to the reason prescribed in Exclusion (1) (excluding the intentional act of the insured member), the insurance company shall pay the Disability Benefit.

UNINSURABLE EXCEPTIONS

No benefit shall be payable to the insured member if he/she dies,

becomes disabled, or is injured due to the following activities:

1. Wrestling, judo, karate, Tae Kwon Do, horsemanship, boxing, acrobatics or similar kind of competitions or performances activities; or
2. Racing or performing on wheels, or similar kind of competitions or performances.

Supplemental Provisions for “Major Burn Benefits”

SCOPE OF INSURANCE

If an insured member sustains major burns as the result of an accident prescribed in this Rider within 180 days after the occurrence of such accident, the insurance company shall pay the Major Burn Benefit.

PAYMENT OF MAJOR BURN BENEFIT

Where the insured suffers a level two burn that covers over 20% of his/her body surface, or a level three burn with a total area exceeding 10% of his/her body surface or a facial burn with impairment in eyes, ears, mouth, nose, and tongue, the insurance company shall pay 25% of the major burn insurance benefit based on the insured amount of the insured.

LIMITATIONS

The total amount paid under the Supplemental Major Burn Benefit and under other insurance policies, riders, supplemental benefits provisions with major burn coverage for which an insured may apply shall not exceed NT\$2,500,000, and shall be once only.

Supplemental Provisions for “Level 1~6 Disability Benefits”

1. Where the insured suffers a disability that meets requirements of level 1 to 6 as disclosed in the disability payout schedule, and is alive when being diagnosed of the aforementioned disability, the insurance company shall pay one-100th of the “Level 1 to 6 Accident Disability Benefits” each month for 100 months. Such payment is limited to once for an insured’s lifetime.
2. Where the insured suffers a more severe level of disability during the payout period, the insurance company shall pay the benefits for the later disability. However, the payment of such disability, along with that for the previous disability, shall be limited to 100

months only.

3. The aggregated amount payable to an insured under the Supplemental Provisions and other insurance policies and/or riders with accident benefits for Level 1 to 6 disabilities shall be limited to NT\$ 100,000 per month.
4. Where the insured dies during the payout period, the insurance company shall make a onetime payment of the remaining unpaid accident benefits for Level 1 to 6 disabilities.
5. The beneficiary of the accident benefits for Level 1 to 6 disabilities shall be the insured.

Supplemental Provisions for “Aviation Accident Benefits”

1. The insured member is a passenger in an aircraft for public aviation purposes.
2. The insured member suffers from accident injury prescribed in the supplemental provisions after boarding and before disembarking such aircraft.
3. Where the insured member dies within 180 days after the sustaining such accident injury, the insurance company shall pay the aviation accident benefits under the supplemental provisions.
4. Where the insured member meets the disability requirements set forth in the Disability Payout Schedule, the insurance company shall pay the aviation accident benefits under the supplemental provisions and the amount of such benefits shall be computed based on the rate listed on the Disability Payout Schedule.

GROUP NEW HOSPITAL & SURGICAL INSURANCE [TOP](#)

SCOPE OF INSURANCE

During the term of this insurance agreement (the "Agreement"), the insurance company shall pay the insurance amount to the beneficiary if the insured receives medical treatment in a hospital due to sickness or injury.

HOSPITAL BENEFIT

1. Daily Room & Board Benefit

The amount of this daily benefit shall be equal to the amount of the hospital charges for the room, food and general cares, but shall not exceed that of "Room & Board" benefit limit.

Intensive Care Unit (ICU)

While the insured member stays in an Intensive Care Unit (ICU) of a hospital, the "Room & Board" benefit limit will be doubled, for a maximum period of 7 days.

Increased Room & Board Benefit

If the following condition is satisfied, the Room & Board Benefit daily maximum will be increased by 50%.

- (1) The insured member is hospitalized and receives medical treatments as the insured member of National Health Insurance (NHI).
- (2) Surgical procedure was performed during the period of hospitalization.

For the days stayed in ICU, the insured member shall be entitled to benefits computed based on aforementioned "Intensive Care Unit Benefits"; for the remainder of the days hospitalized, however, his/her benefits payable shall be computed based on "Increased Room & Board Benefit."

But the maximum payout for the same hospitalization period shall be limited to 365 days.

2. Hospital Services Benefit

The amount of this benefit shall be equal to the actual charges made by the hospital during confinement.

This benefit covers the followings.

- (1) Use of operating room, therapy room, and the facilities therein.
- (2) Drugs and medicines consumed on premises.
- (3) Dressings, ordinary splint and plaster casts.
- (4) Laboratory examinations.
- (5) Electrocardiograms.
- (6) Basal metabolism tests.
- (7) Physical therapy.
- (8) Anesthesia and oxygen and their administration.
- (9) X-ray examinations.
- (10) Intravenous infusions.
- (11) Blood and blood plasma and their administration.
- (12) Ambulance services.
- (13) Fees for registration and applying certification.

Emergency Outpatient Treatment Benefit:

Where the insured member is injured in an accident and receives emergency treatment in a hospital for such injury within 24 hours after the accident, the insurance company shall pay the "Emergency Outpatient Treatment Benefit" based on actual costs of such treatment without regard to whether the insured member is hospitalized or not. However, the amount of such benefit for each accident shall not exceed NT\$ 5,000.

Pre- and Post-hospitalization Outpatient Benefit

Within one week before hospitalized or one week after discharged, if the insured member receives outpatient treatment for the same condition as which he/she is hospitalized, the insurance company shall pay the actual expenses for such outpatient treatment. However, the number of outpatient treatment shall be limited to once per day, and its amount per treatment shall not exceed the insurance amount for "In-hospital Doctor Visit Benefit."

If the insured member receives surgery during the same stay in hospital, the term during which outpatient benefit is available shall be extended to 2 weeks after discharged.

The sum of "Hospital Services Benefit," "Emergency Outpatient Treatment Benefit," and "Pre- and Post-hospitalization Outpatient Benefit" shall not exceed the maximum amount of Hospital Services Benefit.

3. In-Hospital Doctor Visit Benefit

The benefit covers the actual expenses of Primary Care Physician

(PCP) cares, second medical opinions during the same stay. However, the amount available under this benefit shall not exceed the amount of Hospital Services Benefit per day times the actual number of days hospitalized. The duration of each stay shall not exceed 365 days. If the insured member receives surgery, the actual cost incurred (such as PCP care) shall be covered by surgical fee benefit instead of by this benefit.

4. Surgical Fee Benefit

- (1) During the same stay, the actual amount of surgical fees shall not exceed the insurance amount times the maximum percentage stated in the Agreement.
- (2) If the insured member receives two or more surgeries at different surgical sites during the same stay, the benefits under Surgical Fee Benefit shall be computed based on the provisions set forth in Item 1. However, if the sum of such benefits exceeds the insurance amount, the insurance company shall only pay the amount equal to the insurance amount of the Agreement.
- (3) If the insured person receives two or more surgeries at the same surgical site, the benefits under Surgical Benefits Fee Benefit shall be the maximum amount payable under this benefit. "Two or more surgeries at the same surgical site during the same stay" shall mean multiple procedures performed through a single incision.
- (4) If the surgery that the insured member received is not included under the list items of the Agreement, the amount of the benefit for this surgery shall be negotiated and agreed by the insurance company and the insured member based on the amount of benefits for surgeries of the same degree that are stated on the Agreement.
- (5) If the insured member receives a surgery with maximum payment percentage of 100% under the Agreement, the maximum benefit payable under Surgical Fee Benefit shall be 400%, and the maximum of benefits under Surgical Fee Benefit shall be changed to 4 times of the insurance amount.

During the term of the Agreement, if the insured member is diagnosed to, and has actually receives, any outpatient surgery due to sickness or injury and is not hospitalized afterwards, the insurance company shall pay the Hospital Benefits and Surgical Fee Benefits.

Payment for C-section

During the term of this insurance contract, the insured member encounters any of the following events and is diagnosed to be underwent C-section, and is hospitalized for C-section as a person covered under the National Health Insurance, the insurance company shall pay the benefits without being subject to exclusions under the Agreement:

Note: Please provide Labor Course Report if you wish to claim for this benefit.

- I. Prolonged or Ineffective Labor: already proceed sufficient induced labor, but the incubation of first stage of labor is too long (over than 14 hours –multipara; over than 20 hours – nullipara), or there no further expand on the active uterine opening for more than 2 hours in first stage, or fetal head still do not descend over than 2 hours in second stage of labor.
- II. Fetal distresses, which indicate following conditions:
 - (I) Without uterine contractility, the fetal heart rate has continued to be more than 160 beat/min or less than 100 beat/min; or the fetal heart rate is less than basal heart rate 30 beats per minute for over 60 seconds.
 - (II) PH of the fetal epicranium is less than 7.20.
- III. Cephalopelvic disproportion, which indicate following conditions:
 - (I) Oversize of the fetal head (fetal head is over than 37 cm)
 - (II) Giant baby displayed by fetal ultrasound screening (fetal weight is over than 4000 g)
 - (III) Deformed, and narrow pelvis (internal pelvic opening is less than 10 cm or middle pelvis is less than 9.5 cm) confirmed by pelvic A-P radiography
 - (IV) Pelvic tumor (include lower level uterine tumor, the cervix tumor, and pelvic tumor which will compress and block the birth canal) which will affect production.
- IV. Malposition
- V. Multiple birth
- VI. While the cervix do not open completely and the umbilical cord is coming off
- VII. More than twice (contain) stillbirth (pregnant for over than 24 weeks, fetus weights over than 560 g)
- VIII. Delivery-related diseases:
 - (I) Placenta previa

- (II) Pre-eclampsia and eclampsia
- (III) Placental abruption
- (IV) Early water break(or Premature rupture of membrane) for over than 24 hours and complicated with infection
- (V) Maternal heart and lung diseases:
 1. Severe arrhythmia, and attached with diagnostic certificate of heart specialist or should undergo C-section confirmed by ECG examination.
 2. Identified as grade III or grade IV heart disease by heart and lung functional classification adopted by Department of Cardiology, and attached with diagnostic certificate.
 3. Severe emphysema, and attached with diagnostic certificate from specialty of Division of Chest.

Payment of Inpatient Care Reimbursement Benefits

If the insured member is hospitalized as an insured under the National Health Insurance, and does not file claim to the insurance company for any of the aforementioned benefits, the insurance company shall pay the "Inpatient Care Reimbursement Benefits" in accordance with the amount of "Daily Room and Board Benefit." However, the number of days under which the benefit herein is available shall not exceed 365.

EXCLUSIONS

If the insured member's sickness or injury and requires inpatient cares while he is performing the following acts, no benefit shall be payable.

1. Intentional act of insured member (including suicide or attempted suicide).
2. Committing a crime.
3. Illegal use of drug or narcotics.

If the insured member requires inpatient or outpatient cares for the following reasons, no benefit shall be payable.

1. Cosmetic surgery or plastic surgery, unless necessitated due to an accident injury.
2. Congenital deformity visible in the appearance.
3. Any dental treatment or surgery except procedures necessitated by damage to sound natural teeth as a result of accidents.
4. The installment of dentures, artificial limbs, artificial eyes,

glasses or other adjunct unless necessitated by injury caused by an accident, which is allowed only once.

The maximum benefit payable for adjuncts (excluding artificial limbs and artificial eyes) is subject to 2 times of "Room & Board" benefit limit. The maximum benefit payable for the same accident (including artificial limbs and artificial eyes) is subject to 10 times of "Room & Board" benefit limit.

5. Health examination, recuperation, convalescence, addiction treatment, alcoholic care, nursery, elder care, and other cares with indirect purpose of diagnosing and curing the patients.
6. Pregnancy, miscarriage or natal delivery. However, the following shall not be subject to this limitation: therapeutic or symptomatic miscarriage during the gestation period, placental displacement, gestational sepsis, premature placental separation, post-natal hemorrhage, early epileptic symptoms, epileptic symptoms and the like; and miscarriage as a result of accidental injury or necessary induced miscarriage through medical intervention.
7. Sterility, artificial insemination, or other contraception, sterilization surgeries with no purpose of treatment.

Supplemental "Indemnity for Bone Fracture"

During the term of the Agreement, if the insured member suffers from bone fracture as a result of an accident and is diagnosed with the following conditions within 180 days after the accident, but is not hospitalized or is hospitalized for a period shorter than stated below, the insurance company shall pay half of the Indemnity for Bone Fracture for each day not hospitalized as stated below. However, such days eligible for payment shall be subject to the difference between the applicable days stated below and the actual days hospitalized. If the insured member is re-hospitalized after the period of time stated below, the insurance company shall pay the difference between the halved benefits for applicable days not hospitalized and the days re-hospitalized.

The benefit specified above is for complete fracture. For incomplete fracture, the benefit specified above will be halved. For linear fracture, the benefit specified above will be reduced to 25%. Where more than one fracture is sustained by the same incidence, only the

higher amount under the schedule shall be paid.

Indemnity for Bone Fracture Schedule :

Description	Number of days
1.Nasal bone, Orbital bone (Cheek bone) 2.Metacarpal bones, Phalanges of fingers 3.Metatarsal bones, Phalanx of the foot	14
4.Mandible (Dental bed treatment excluded) 5.True rib	20
6.Clavicle 7.Radius or ulna 8.Patella	28
9. Scapula	34
10.Vertebra (incl.thoracic vertebrae/lumbar vertebrae) 11. Pelvis (incl. Ilium, Pubis, Ischium & Sacrum)	40
12. Cranium	50
13. Humerus 14. Radius & ulna 15. Carpal (one hand or both hands) 16. Tibia or fibula 17. Ankle bone (one foot or both feet)	40
18. Femur 19. Tibia & fibula	50
20. Femur neck	60

EXCLUSIONS (Causes)

If the insured member's bone fracture results from any of the following events, no benefit shall be payable.

1. Intentional act of the applicant or the insured member.
2. The insured member's criminal action.
3. The insured member drives or rides under the influence of alcohol, and that the exhalation or blood test results showed an alcohol level higher than the standard prescribed in relevant traffic regulations.
4. War (declared or undeclared), civil commotion or any other similar riots, unless otherwise prescribed in this Rider.
5. Explosion, scorch, radiation or contamination caused by atomic or nuclear installation, unless otherwise prescribed in this Rider.

If the insured member suffers from bone fracture due to the reason prescribed in the preceding paragraph (excluding the insured member's intentional behavior), the insurance company shall pay the Indemnity for Bone Fracture.

UNINSURABLE EXCEPTIONS

No benefit shall be payable to the insured member if he/she dies, becomes disabled, or is injured due to the following activities:

1. Wrestling, judo, karate, Tae Kwon Do, horsemanship, boxing, acrobatics or similar kind of competitions or performances activities; or
2. Racing or performing on wheels, or similar kind of competitions or performances.

GROUP CANCER INSURANCE

[TOP](#)

Description

A "Cancer" herein shall mean the malignant neoplasm of which the insured member has been diagnosed by a "Physician" on and after the 31st day after the effective date of this Agreement or enrollment, provided that such diagnosis has been confirmed through diagnostic biopsy of pathological tissue and hematology exams by a "Hospital" as malignant tumor as defined in the International Statistical Classification of Diseases and Related Health Problems promulgated by the Department of Health, Executive Yuan.

1. The aforementioned "Cancer" does not cover the cancer caused by HIV.
2. The waiting period of cancer is 30 days from the date of issue of this policy.

Insurance Benefit

Daily Hospital Income Benefit

When the insured member suffers from cancer for the first time during the term of this Agreement and is hospitalized for the direct purpose of treating cancers, the insurance company will pay the benefit based on the number of days hospitalized times the insurance benefit amount.

Surgical Benefit

When the insured member suffers from cancer for the first time during the term of this Agreement and receives surgical treatment, the insurance company will pay the amount of benefit under this Agreement for each surgery.

Post-Hospitalization Benefit

When the insured member is hospitalized under the conditions prescribed in the Agreement, the insurance company will pay the benefit based on the number of days of hospitalization times the insurance benefit amount under this Agreement after the insured member is discharged from the hospital.

Death Benefit

When the insured member suffers from cancer for the first time and dies afterwards during the term of this Agreement, the insurance

company will pay the amount of benefit under this Agreement.

Under this Agreement, “suffers from cancer for the first time” means the insured member has never been diagnosed of any “Cancer” defined in this Agreement by a “Physician” before the effective date of the Agreement or enrollment, and is diagnosed of any “Cancer” as defined in this Agreement for the first time by a “Physician” on and after the 31st day after the effective date of this Agreement or enrollment.

Figure 1:

International Statistical Classification of Diseases Injuries and Causes of Death announced by the Department of Health, Executive Yuan

International Classification Code	Classification Items
140-149	Malignant neoplasm of lip, oral cavity and pharynx
150-159	Malignant neoplasm of digestive organs and peritoneum
160-165	Malignant neoplasm of respiratory and intrathoracic organs
170-175	Malignant neoplasm of bone, connective tissue, skin, and breast
179-189	Malignant neoplasm of genitourinary organs
190-199	Malignant neoplasm of other and unspecified sites
200-208	Malignant neoplasm of lymphatic and hematopoietic tissue
230-234	Carcinoma in situ

Figure 2:

Prostate cancer, stage I
Skin cancer, excluding malignant melanoma (stage II and above)
Bladder cancer, stage I
Colorectal cancer, Dukes A (or equivalent stage)
Borderline ovarian cancer
Papillary micro-carcinoma of the thyroid classified as T1N0M0 under TNM staging system
Chronic lymphocytic leukemia classified as stage 2 or less under RAI staging system

Hodgkin's disease, stage 1
Carcinoma in situ

General Exclusions

This Agreement does not cover results caused by any disease inconsistent with the definition set forth in this Agreement.

Supplemental “Clinical Visit Benefit”

Outpatient Cancer Benefit

During the term of this Supplemental Provisions, if the insured member suffers from “Cancer” for the first time, and receives outpatient treatment for the direct purpose of treating such “Cancer”, the insurance company will pay the amount of insurance benefit under this Agreement. The insured member may receive covered visits up to 120 times per policy year.

Supplemental “Outpatient Radiotherapy Benefit & Outpatient Chemotherapy Benefit”

Outpatient Radiotherapy Benefit

During the term of this Supplemental Provisions, if the insured member suffers from “Cancer,” and is diagnosed to receive radiotherapy by a “Physician” and has received such radiotherapy in a “Hospital,” the insurance company will pay “Cancer Radiotherapy Insurance Benefit” up to once per day.

Outpatient Chemotherapy Benefit

During the term of this Supplemental Terms and Conditions, if the insured member suffers from “Cancer,” the definition described in the Agreement, and is diagnosed by the “Physician” to receive chemotherapy,” and has received such treatment in a “Hospital,” the insurance company will pay “cancer chemotherapy insurance benefit” up to once per day.

GROUP MEDICAL REIMBURSEMENT INSURANCE

[TOP](#)

SCOPE OF INSURANCE

If the insured member is injured in an accident and receives treatment in a duly registered hospital or clinic within 180 days after the occurrence of such accident, the insurance company shall reimburse the insured for the actual expenses exceeding the amount covered under the National Health Insurance by paying "Accident Injury Medical Benefits."

The amount payable for the same accident shall not exceed the "maximum reimbursement for actual medical expenses" stated on this policy.

The "injury" herein shall mean non-disease related accident injuries.

EXCLUSIONS (Causes)

If the insured member's death, disability or injury results from any of the following events, no benefit shall be payable.

1. Intentional act of the applicant or the insured member.
2. The insured's criminal action.
3. The insured member drives or rides under the influence of alcohol, and that the exhalation or blood test results showed an alcohol level higher than the standard prescribed in relevant traffic regulations.
4. War (declared or undeclared), civil commotion or any other similar riots, unless otherwise prescribed in this Rider.
5. Explosion, scorch, radiation or contamination caused by atomic or nuclear installation, unless otherwise prescribed in this Rider.

If the insured member is injured due to the reason prescribed in Exclusion (1) (excluding the intentional act of the insured member), the insurance company shall pay the benefit.

UNINSURABLE EXCEPTIONS

No benefit shall be payable to the insured member if he/she dies, becomes disabled, or is injured due to the following activities:

1. Wrestling, judo, karate, Tae Kwon Do, horsemanship, boxing, acrobatics or similar kind of competitions or performances activities; or
2. Racing or performing on wheels, or similar kind of competitions or performances.

GROUP INPATIENT SURGERY INDEMNITY

[TOP](#)

SCOPE OF INSURANCE

1. If the insured member has been diagnosed to receive and has received treatment for the injury or disease sustained, the inpatient surgery benefits payable shall be equal to the amount of "Per Unit Inpatient Surgery Insurance Benefit" times the number of unit stated on the "Schedule of Hospital and Surgical Benefits." The accumulated number of units per policy year shall not exceed 100.

2. If the insured person has surgeries performed on two or more organs at the same surgical site, the surgery with highest number of unit applicable on the "Schedule of Hospital and Surgical Benefits" shall apply. If the insured member receives the same inpatient surgery for two or more times at the same surgical site within the same policy year, the insurance company shall only pay the inpatient surgical benefit for only one of the surgeries.

3. If an insured member receives two or more inpatient surgeries at different surgical sites, the insurance company shall pay for these inpatient surgical benefits separately.

EXCLUSION

If an insured member's sickness or injury requires medical treatment in a hospital while performing the following acts, no benefit shall be payable.

1. Intentional act of insured member (including suicide or attempted suicide).
2. Committing a crime.
3. Illegal use of any drug defined in drug prevention regulations.

No benefit shall be payable if the insured member receives inpatient for the following reasons:

1. Cosmetic surgery, plastic surgery, unless for the purpose of reconstructing basic bodily functions.
2. Congenital deformity visible in the appearance.
3. Health examination, recuperation, convalescence, addiction treatment, alcoholic care, nursery, elder care, and other cares

with indirect purpose of diagnosing and curing the patients.

4. Pregnancy, miscarriage or natal delivery, but except as follows cause;

(1) Pregnant relevant disease:

- I. Extrauterine pregnancy
- II. Hydatidiform mole
- III. Placenta praevia
- IV. Abruptio placentae
- V. Post partum hemorrhage
- VI. Preeclampsia
- VII. Eclampsia
- VIII. Atrophic embryo
- IX. baby chromosome abnormality

(2) Induced abortion which is deemed necessary due to the following reasons;

- a. Dysgenic inherent, contagious, or psychological illness of the insurance member or his/her spouse;
- b. Dysgenic inherent illness of the relative of his/her spouse within 4th degree of kinship;
- c. Pregnancy and childbirth which has been deemed medically harmful to life or physical or mental health for the insured member;
- d. The fetus has been believed to be deformed with sufficient medical evidence; and
- e. Pregnancy resulting from rape, seduction, or sexual intercourse with person with whom the insured member is not legally permissible to marry.

(3) Caesarian Section which is deemed medically necessary, including:

- a. Prolonged or Ineffective Labor: already proceed sufficient induced labor, but the incubation of first stage of labor is too long (over than 14 hours –multipara; over than 20 hours –nullipara), or there no further expand on the active uterine opening for more than 2 hours in first stage, or fetal head still do not descend over than 2 hours in second stage of labor.
- b. Fetal distresses, which indicate following conditions:
 - (I) Without uterine contractility, the fetal heart rate has continued to be more than 160 beat/min or less than 100 beat/min; or the fetal heart rate is less than basal

- heart rate 30 beats per minute for over 60 seconds.
- (II) PH of the fetal epicranium is less than 7.20.
- c. Cephalopelvic disproportion, which indicate following conditions:
 - (I) Oversize of the fetal head (fetal head is over than 37 cm)
 - (II) Giant baby displayed by fetal ultrasound screening (fetal weight is over than 4000 g)
 - (III) Deformed, and narrow pelvis (internal pelvic opening is less than 10 cm or middle pelvis is less than 9.5 cm) confirmed by pelvic A-P radiography
 - (IV) Pelvic tumor (include lower level uterine tumor, the cervix tumor, and pelvic tumor which will compress and block the birth canal) which will affect production.
- (4) Malpresentation
- (5) Multiple births
- (6) While the cervix do not open completely and the umbilical cord is coming off
- (7) More than twice (contain) stillbirth (pregnant for over than 24 weeks, fetus weights over than 560 g)
- (8) Delivery-related diseases:
 - a. Placenta previa
 - b. Pre-eclampsia and eclampsia
 - c. Placental abruption
 - d. Early water break (or Premature rupture of membrane) for over than 24 hours and complicated with infection
 - e. Maternal heart and lung diseases:
 - (I) Severe arrhythmia, and attached with diagnostic certificate of heart specialty or should undergo C-section confirmed by ECG examination.
 - (ii) Identified as grade III or grade IV heart disease by heart and lung functional classification adopted by Department of Cardiology, and attached with diagnostic certificate.
 - (iii) Severe emphysema, and attached with diagnostic certificate from specialty of Division of Chest.
- 5. Infertile, artificial incineration or birth control and permanent pregnancy prevention other than for medical treatment purposes.

OVERSEAS EMERGENCY SERVICES

[TOP](#)

COVERED MEMBERS

These services are available to all insured employees in countries/cities other than Taiwan, Penghu, Kimen, and Matsu (collectively, the "R.O.C."). The stay overseas must not exceed **180** days.

CONTRACTED SERVICE PROVIDER

The contracted service provider for the services mentioned in this document is International SOS ("SOS")

BENEFIT

Card Type	Gold Card
Eligible Members	All insured employees
Services	Hotline Enquiry and Advancement Payment Services for Hospital Confinement. Nan Shan also provides coverage for Emergency Event Services, up to a maximum of US\$50,000.
Remarks	In case the Emergency Event expenses exceed US\$50,000, the Covered Member has to pay the excess amount before the Emergency Event Services are provided.

A. Hotline Services

1. Pre-trip information: Including regarding visa, disease inspection & vaccination, weather, exchange rate, etc.
2. Health consultation: this service is provided on a consultation basis only.
3. Embassy/ Consulate information: Including address, phone numbers and office hours.
4. Telephone language assistance: Interpret local language(s) into Chinese over the phone, please note that this service does not include document translations.
5. Medical service provider recommendation: Including name, address, phone numbers and office hours of nearby doctors, hospitals, clinics, dentists and dental clinics.
6. Legal service provider recommendation: Including name, address, phone numbers and office hours of legal attorney,

- counsel and law firm all over the world.
7. Translation and secretary service provider information: Including address, phone numbers and office hours.
 8. Lost luggage information: Help to contact relevant authorities to locate the lost luggage/passport and provide relevant information to retrieve these items.
 9. Emergency reservation: Provide travel information, including emergency plane ticket and hotel reservation for emergency situations.
 10. Lost travel document/passport information: Help to contact the relevant authorities and provide the retrieval or reissuance information.
 11. Emergency document delivery: Arrange for emergency document to be delivered to the designated person.
 12. Emergency message delivery: Arrange for emergency message to be delivered to the designated person.
 13. Visa extension: Assist in applying visa extension for Covered Members whose visa expires as a result of his/her hospital confinement when traveling abroad.
 14. Lost credit card: Help to contact relevant authorities and provide reissuance or report for lost information.
 15. Humanitarian aid: In terms of overseas emergency medical services for accident injuries or sudden illness which are not stated on this document or are sustained by Covered Member's accompanying relative(s) or friend(s), SOS shall charges by case and shall provide services upon collecting all relevant fees.
 16. Legal service arrangement: Assist the Covered Member to arrange for appointments with lawyers.
 17. Transfer of bail: Arrange for a transfer of bail up to a limit of US\$5,000, for the Covered Member while he/she is traveling abroad.
 18. Local medical care: Assist in making appointment(s) with local physician(s).
 19. Emergency medication delivery: Arrangement for delivery of medication required that are medically necessary for the Covered Member's care and/or treatment but are not available at the Covered Member's location. The Covered Member will be responsible for the cost of the items dispatched and all shipping and handling charges.

B. Advance Payment for Hospital Confinement

Arrange for hospital admission and provide pay in advance for Covered Member for hospital charges up to US\$5,000.

C. Emergency Event Services: Free services within an aggregated amount of US\$5,000

1. Medical Evacuation

Arrange for proper transportation or vehicles to the nearest hospital where appropriate medical care is available, and bear the necessary medical cost and relevant non-medical cost incurred during the transfer.

2. Medically Supervised Repatriation

Arrange for transporting Covered Member to the R.O.C. after the emergency medical evacuation and the subsequent in-patient hospitalization overseas.

3. Repatriation of Mortal Remains/ Ashes or Local Burial

Arrangement for repatriation of the mortal remains /ashes of the Covered Member deceased overseas. Burial at the place of death may also be arranged with the family's consent.

4. Return of Minor to the R.O.C.

If, due to an emergency event, a Covered Member's child, who is unmarried, still in school, and aged 20 or less, is left unattended overseas, transportation shall be provided for the child's to return the R.O.C.. Escort shall be arranged if necessary.

5. Visit of Family Member

If, due to an emergency event, the Covered Member needs to be hospitalized overseas due to accident or sudden illness and for 7 days or more as determined by SOS, arrangement will be made for one relative or friend to visit the Covered Member, and a round-trip economic class airline ticket and an accommodation up to US\$150 per day for no more than 5 days will be provided.

6. Funeral Matters

If the Covered member dies overseas, an arrangement will be made for one relative or friend to attend relevant funeral matters, and one economy class round trip airfare and an accommodation up to \$ 150 per day, for a total of not more than five days shall be provided.

7. Lodging during Rehabilitation Period

After receiving hospitalized care for emergency overseas and discharged from the hospital, an arrangement will be made and cost shall be paid for lodging during the recovery period before repatriation, provided that the coverage shall not exceed US\$150 per day and the total period shall not exceed 5 days.

24-HOURS TOLL FREE HOTLINE NUMBER

In case of emergency or any questions, a Covered Member may make collect calls to Nan Shan “International SOS Service Center” on 886-2-2531-7565. Once connected, please tell the operator the Covered Member’s general information (Group client code **G0786** ; policy no. **G810000943**), location of the emergency event, the nature of the emergency event and the Covered Member’s contact information.

Notification:

This document is for information purpose only. For detailed International Service information, please visit Nan Shan’s Official Webpage (<http://www.nanshanlife.com.tw>)

CLAIM FILING DOCUMENT

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Please fill out Claim Application Form, and submit together with the required documents, for passing on to Nan Shan Life Insurance Co Ltd., Chung-Shan Branch-Claim Dept. fourth and fifth section. The Claim Application Form can be obtained from Human Resources Department.

Claim Type	Required Documents
Death due to natural causes	<ol style="list-style-type: none"> 1. Proof of deletion from the household certificate of the insured member 2. Death certificate of the insured member
Death due to accidental causes	<ol style="list-style-type: none"> 1. Proof of deletion from the household certificate of the insured member 2. Autopsy report or death certificate
New Critical Illness	<ol style="list-style-type: none"> 1. Doctor's certificate 2. Surgical pathology report
Disability	<ol style="list-style-type: none"> 1. Doctor's certificate for disability 2. Identification of the insured member
New Hospital & Surgical	Benefit A : <ol style="list-style-type: none"> 1. Doctor's certificate 2. Receipt and detailed statement of the medical treatment expenses. Benefit B : <ol style="list-style-type: none"> 1. Doctor's certificate 2. Certificate of the medical treatments as an insured member of NHI.
Cancer	<ol style="list-style-type: none"> 1. Doctor's certificate 2. Surgical pathology report
Surgery Indemnity	<ol style="list-style-type: none"> 1. Doctor's certificate
Medical Reimbursement	<ol style="list-style-type: none"> 1. Doctor's certificate 2. Receipt and detailed statement of the medical treatment expenses.

*Application claims must provide Identification of the beneficiary

MEDICAL CLAIM PAYMENT

You can choose one of the following payment methods for your claim payment.

1. By check
2. By remittance

CLAIM FILING PROCESS FLOW

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Employee Human Resources Department. Nan Shan

