

Medical Comprehensive Protection Plan (Series 1)

Bank of China Group Insurance Company Limited (“BOCG Insurance”) is delighted to present the newly-launched Medical Comprehensive Protection Plan (Series 1) (“the Plan”) to you and your family. This comprehensive plan puts three basic benefits including Hospital and Surgical, Supplementary Major Medical and Hospital Cash under one roof. To better meet your needs, the Plan also comes with the optional Out-patient, Dental, Maternity or Critical Illness for your added peace of mind.

Product Highlights:

1. 10% discount on premium for family enrollment and flexibility in plan combination¹

- If two or more family members² are insured under the same policy, you can enjoy 10% discount on premium.
- Each family member can opt to take up different plan and optional benefits³ under the same policy. Child(ren)⁴ can be insured on his/her own but the application must be submitted by the parent.

2. Guaranteed lifetime renewal

The Plan offers you guaranteed lifetime renewal for Hospital and Surgical, Out-patient and Dental benefits. Regardless of the insured person’s health or claims condition, BOCG Insurance will not impose any additional premium or terms on the insured person after the inception date of their cover⁵.

3. Value-added benefits to give you extra protection

- Special cash allowance for health supplement: Allowance for health supplement will be provided after surgical operation and the receipt of purchasing health supplementary food is not required upon submission of the claim.
- Medical top up plan: A supplementary top up Hospital and Surgical insurance protection is provided for you and/or your family members² to supplement the inadequate protection of the existing insurance (e.g. the medical insurance offered by your employer).
- Chinese medical practitioner and out-patient consultation: Bone-setting, acupuncture, physiotherapy and chiropractor treatment are all covered by the Plan to fulfill your needs.
- Critical illness benefits: Apart from covering 40 common critical illnesses, the Plan also provides coverage for medical expenses arising from cancer, stroke or cardiomyopathy. Moreover, additional benefit will be offered if diagnosed with any of male or female’s critical illness or serious diseases.

4. Free health check-up and 24-hour services

- Health check-up: In the first year of insurance, each insured person will be entitled to a basic health check-up plan. Once every 2 consecutive years of insurance thereafter, a comprehensive health check-up plan for male, female or child will be provided.
- 24-hour Worldwide Emergency Assistance Service: In addition to 24-hour Worldwide Emergency Assistance Service, a hospital deposit guarantee of HK\$40,000 will be provided in the event of emergency overseas hospital confinement.
- 24-hour online service: You can visit BOCG Insurance’s website anytime, anywhere for premium calculation, claim status, claim record, Body Mass Index enquiry, downloading of policy wordings, claim forms and details of network doctor, etc.

5. 15% no claim renewal discount

An insured person with no claim made in basic benefits for 3 consecutive policy years or above will be entitled to receive 15% renewal premium discount on basic benefit in the next policy year.

6. Instant approval and 15-day policy review period

If your application is approved instantly and coverage is confirmed in effect, you will receive your policy around 10 working days after BOCG Insurance has received the application. Within 15 days from the confirmation date of the coverage, you can download the policy wordings via BOCG Insurance's website (<http://www.bocgroup.com/bocg-ins/>) and read all benefits, terms and limitations therein. If the insured benefits do not meet your needs, you can terminate your policy by giving written notice to BOCG Insurance during the 15-day policy review period (if you have already received the policy, you must return it to BOCG Insurance). If no claim has been made by the insured person during the review period, all paid premium will be refunded.

7. Auto-renewal service

If you do not receive any notice of amendment on renewal terms by BOCG Insurance before the expiry date of your policy year, simply pay the required premium for the coming policy year, and your policy will be renewed automatically.

Remarks :

1. Different insured persons under the same policy can apply for different basic benefits, plan and optional benefits.
2. Family members mean the insured and/or his/her legally married spouse and/or his/her child(ren).
3. Insured person must insure basic benefits prior to the application of optional benefits.
4. Child(ren) means unmarried child(ren) who is/are from 15 days to 17 years old , or full-time student(s) aged 23 or below.
5. BOCG Insurance reserves the right to amend or adjust the premium and terms for all policies covered under Medical Comprehensive Protection Plan (Series 1).

I. Basic Benefits⁶ – enroll in all or 2 out of 3

Insured Items and Coverage		Maximum Limit (HK\$) (per insured person)			
		Plan 1	Plan 2	Plan 3	Plan 4 (Medical top up plan) ⁷
A	Hospital and Surgical Benefits (per disability) - compulsory item				
	1. Room and Board (maximum of 100 days) , each day limit	\$630	\$1,450	\$2,800	Maximum annual overall limit is \$200,000 and 50% reimbursement for each claim and no item limit is applied. Note: This benefit will become invalid if the insured person does not own a valid hospital & surgical
	2. Physician's Visit Fees (maximum of 100 days) , each day limit	\$630	\$1,450	\$2,800	
	3. Hospital Services Fees	\$12,000	\$18,000	\$25,000	
	4. Surgical Expenses (payable in accordance with "Classification Schedule")				
	- Complex	\$32,000	\$48,000	\$68,000	
	- Major	\$18,000	\$28,000	\$45,000	
	- Medium	\$8,000	\$12,500	\$18,000	
	- Minor	\$3,800	\$5,500	\$6,500	
	- Post surgical treatment by qualified Chinese medical practitioner, 1 visit per day, maximum of 5 visits per disability , each day limit	\$120	\$150	\$180	
	5. Operating Theatre Fees	up to 30% of Surgical Expenses in A4			
	6. Anaesthetist's Fees	up to 30% of Surgical Expenses in A4			
	7. Specialist's Fees (Referral letter issued by the qualified attending physician is required. The time lag between the issuance date of referral letter and the relevant consultation date must not exceed 6 months)	\$3,000	\$5,000	\$8,000	
	8. Intensive Care	\$15,000	\$20,000	\$25,000	
	9. Post-Hospitalization Treatment (non-surgical only; within 6 weeks immediately after discharged from hospital)	\$1,200	\$2,500	\$4,500	

	10. Extra Bed Accommodation (accompany insured child(ren) hospital confinement; maximum of 100 days) , each day limit	\$500	\$800	\$1,000	insurance upon submission of claims.
	11. Accidental Emergency Out-patient Treatment Expenses	\$1,000	\$1,500	\$2,000	
	12. Home Nursing Fee (maximum of 100 days) , each day limit	\$200	\$500	\$800	
	13. Chemotherapy/Radiotherapy/Renal Dialysis Treatment	\$20,000	\$35,000	\$50,000	
	14. Cash allowance for health supplement (payable from the 8th day of hospital confinement onward after surgical operation, maximum 5 days per disability), each day limit	\$200	\$300	\$500	
	15. Special cash allowance for public hospital confinement in Hong Kong (maximum of 50 days) , each day limit	\$500	\$750	\$1,000	
	Annual overall limit for insured person aged 76 or above under Item A.	\$200,000	\$400,000	\$600,000	
B Supplementary Major Medical Benefit (per disability)					
	Applicable to the exhaustion of “Hospital and Surgical Benefits” payable under Basic Benefits Item A3 to A8 ⁸ (reimbursement in accordance with percentage)	\$150,000 80%	\$300,000 80%	\$500,000 a. 80% or b. 100%	N/A
C Hospital Daily Cash Benefits					
	<ul style="list-style-type: none"> Regardless of the basic benefits or plan selected, insured child(ren) will be covered under Plan 1 only. If hospital confinement is in the Mainland of China, maximum limit in this coverage will be reduced by half. For overseas hospital confinement, the claim of each insured person cannot exceed 90 days in each policy year. 				
	1. Daily hospital cash (maximum of 365 days per event)	\$300	\$500	\$1,000	\$300
	2. Double indemnity due to any one of following events (maximum of 365 days per event) <ul style="list-style-type: none"> i Confinement in the Intensive Care Unit (maximum of 90 days per event) ii Receiving major organ transplant surgery or first diagnosed with cancer disease iii Suffering from defined infectious disease⁹ (maximum benefit payable up to 30 days for each infectious disease) iv Temporary leaving Hong Kong but not exceeding 60 days and hospital confinement is required during this period (excluding the Mainland of China or Macau), maximum of 30 days per event v The insured and insured legal spouse are hospitalized at the same time due to the same accident 	\$600	\$1,000	\$2,000	\$600
Free Services					
	1. 24-hour Worldwide Emergency Assistance Service (in the event of emergency overseas hospital confinement, maximum HK\$40,000 overseas hospital deposit guarantee service can be arranged)	Please refer to policy for details			
	2. In the first policy year, each insured person is eligible to enjoy a basic health check-up plan ¹⁰ in accordance with the insured plan. Check-up items include blood group, rubella, cholesterol, urinalysis, triglycerides, diabetes screening, paediatric assessment, etc. For every two consecutive years of insurance thereafter, a comprehensive health check-up plan dedicated for male, female and child(ren) will be provided.	N/A			

II. Optional Benefits⁶ (Additional coverage under “Optional Benefits” can be added after Basic Benefits are applied)

Insured Items and Coverage		Maximum Limit (HK\$) (per insured person)		
		Plan 1	Plan 2	Plan 3
D	Out-patient Benefits (only 1 visit per day in total is allowed amongst item 1 to 4 below)			
	Network and Non-network doctor	Network doctor	Network doctor	Network doctor and Non-network doctor

	1. General Practitioner (3 days western medication) Maximum limit per visit Maximum visits per year Co-payment – Network doctor Co-payment – Non-network doctor	- Unlimited \$30 N/A	- Unlimited \$10 N/A	Non-network doctor \$350 Unlimited \$0 20%
	2. Specialist (referral letter is required, 5 days western medication) Maximum limit per visit Maximum visits per year Co-payment – Network doctor Co-payment – Non-network doctor	- Unlimited \$50 N/A	- Unlimited \$30 N/A	Non-network doctor \$700 Unlimited \$20 20%
	3. Chinese Medical Practitioner (include bonesetter & acupuncture) Maximum limit per visit Maximum visits per year Co-payment – Network doctor Co-payment – Non-network doctor	N/A	- 10 \$0 N/A	\$180 10 \$0 20%
	4. Physiotherapy and Chiropractor Treatment (referral letter is required) Maximum limit per visit Maximum visits per year Co-payment – Network doctor Co-payment – Non-network doctor	- 10 \$0 N/A	- 10 \$0 N/A	\$340 10 \$0 20%
	5. Diagnostic X-ray and laboratory tests (referral letter is required) Maximum limit per year Co-payment – Network doctor Co-payment – Non-network doctor	\$2,500 \$0 N/A	\$3,000 \$0 N/A	\$4,000 \$0 20%
E	Dental Benefits			
	Reimbursement in accordance with percentage:	80%	100%	
	1. Intra-oral small film radiograph (maximum limit per film)	\$60	\$70	N/A
	2. Scaling, polishing and prophylaxis (maximum limit per visit, maximum visit per year)	\$300 (1 visit)	\$400 (2 visits)	
	3. Fillings, extraction (maximum limit per tooth)	\$300	\$400	
	4. Drainage of abscess (maximum limit per tooth)	\$200	\$300	
	5. Root canal fillings (maximum limit per root)	\$600	\$1,200	
	Maximum aggregate limit per policy year	\$2,000	\$3,800	
F	Maternity Benefits (per pregnancy) (not applicable to child)			
	Including pre-natal and post-natal out-patient expenses. These benefits are not applicable to pregnancy or birth of a child within 9 months from the policy commencement date of these benefits.			
	1. Caesarian section	\$12,000	\$15,000	\$22,500
	2. Normal delivery	\$8,000	\$10,000	\$15,000
	3. Miscarriage	\$6,000	\$8,000	\$12,000
G	Critical Illness (not applicable to child)			
	1. A lump sum payment will be provided if first diagnosed with one of the covered Critical Illness ¹¹ . Before a claim becomes payable, the insured person must be alive for at least 30 days after being first diagnosed. 2. Upon approval of a claim for Critical illness from an insured person, such insured person's benefit under this "item G" will be terminated immediately. 3. A waiting period of 90 days: No benefit will be payable for Critical Illness where the signs or symptoms of which or the diagnosis of which first occurred within 90 days immediately followed the coverage effective date.	\$100,000	\$200,000	\$300,000
	Extended benefits			
	1. Medical Expenses for Critical Illness (due to the diagnosis of cancer, stroke or cardiomyopathy)	\$30,000	\$45,000	\$60,000

	2. Diagnosed with 5 female Critical Illness or serious disease (lump sum payment will be made payable to female insured person if first diagnosed with breast cancer, cervix uteri cancer, ovarian cancer, uterine cancer or system lupus erythematosus (SLE) ¹²)	\$50,000	\$80,000	\$100,000
	3. Diagnosed with 5 male Critical Illness (lump sum payment will be made payable to male insured person if first diagnosed with lung cancer, liver cancer, colon cancer, prostate cancer or cardiomyopathy)	\$50,000	\$80,000	\$100,000

- Remarks :**
6. All charges incurred must be reasonable and customary.
 7. Plan 4 “Medical top up plan” provides the insured person(s) with supplementary top up Hospital and Surgical insurance protection to supplement the inadequate protection of the existing insurance (e.g. medical insurance offered by your employer). Compensation will only be made on the shortfall of the first hospital and surgical insurance policy and subject to 50% reimbursement for each claim and up to the maximum annual overall limit. Maximum enrollment age is 65 years old with renewal age up to 70 years old. Insured person aged 71 or above can convert insured plan to Plan 1 or Plan 2 (If the insured person opts to convert to Plan 3, he/she is required to submit documentary proof, showing that his/her coverage is equivalent to or better than Plan 3’s coverage limit before the conversion).
 8. If the insured daily maximum limit for Room & Board is less than the actual amount charged for Room & Board by the hospital for hospital confinement, BOCG Insurance reserves the right to adjust the benefit payable under Supplementary Major Medical Benefit.
 9. Defined infectious disease includes malaria, cholera, meningococcal infection, dengue fever, tetanus or SARS.
 10. Health check-up will be conducted at BOCG Insurance’s designated clinics or medical centres. BOCG Insurance will not be liable for the services provided or negligence of the relevant clinics or medical centres.
 11. 40 types of Critical Illness coverage includes Cancer, Cardiomyopathy, Coronary Artery Bypass Grafting, Heart Valve Replacement, Primary Pulmonary Arterial Hypertension, Surgery To Aorta, Heart Attack, Alzheimer’s Disease, Bacterial Meningitis, Tuberculous Meningitis, Benign Brain Tumor, Coma, Encephalitis, Brain Damage, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia/Paralysis, Parkinson’s Disease, Poliomyelitis, Stroke, Progressive Bulbar Palsy, Blindness, Loss of Hearing, End Stage Lung Disease, Fulminant Viral Hepatitis, Kidney Failure, Loss of Independent Existence, Loss of Speech, Major Burns, Major Organ Transplant, Loss of Limbs, Total And Permanent Disability, Liver Failure, HIV Through Blood Transfusion, Aplastic Anaemia, Elephantiasis, Severe Rheumatoid Arthritis, Terminal Illness, Vegetative State (persistent).
 12. SLE: Subject to 90 days waiting period and once a claim being made in this benefit, item “G” benefit will be terminated immediately for the insured person receiving such claim.

Premium (calculated in HKD and on per insured person basis. If two or more family members² are insured under the same policy, 10% premium discount will be provided)

I. Basic Benefits – Hospital and Surgical¹³ + Supplementary Major Medical¹⁴ (A+B Benefits)

Age Group	Monthly				Annual			
	Plan 1	Plan 2	Plan 3 a ¹⁴	Plan 3 b ¹⁴	Plan 1	Plan 2	Plan 3 a ¹⁴	Plan 3 b ¹⁴
15 days – 17 years old	\$144	\$206	\$310	\$355	\$1,649	\$2,352	\$3,544	\$4,060
18 – 30 years old	\$154	\$246	\$410	\$455	\$1,755	\$2,813	\$4,686	\$5,202
31 – 45 years old	\$196	\$313	\$522	\$567	\$2,242	\$3,582	\$5,964	\$6,480
46 – 55 years old	\$257	\$415	\$721	\$782	\$2,942	\$4,747	\$8,236	\$8,933
56 – 60 years old	\$280	\$464	\$819	\$880	\$3,199	\$5,301	\$9,365	\$10,063
61–70 years old*	\$380	\$612	\$1,014	\$1,075	\$4,341	\$6,991	\$11,592	\$12,289
71–75 years old*	\$573	\$947	\$1,275	\$1,336	\$6,553	\$10,821	\$14,573	\$15,271
76 years old or above*	\$509	\$864	\$1,153	\$1,153	\$5,815	\$9,874	\$13,178	\$13,178

* 66 years old or above is applicable to renewal only; 76 years old or above can be renewed on Hospital and Surgical Benefits only.

I. Basic Benefits – Hospital and Surgical¹³ + Hospital Daily Cash¹⁵ (A+C Benefits)

Age Group	Monthly				Annual			
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4
15 days – 17 years old	\$122	\$170	\$246	\$95	\$1,391	\$1,946	\$2,806	\$1,081
18 – 30 years old	\$145	\$235	\$391	\$117	\$1,659	\$2,684	\$4,468	\$1,339
31 – 45 years old	\$201	\$318	\$551	\$153	\$2,294	\$3,638	\$6,298	\$1,754
46 – 55 years old	\$291	\$456	\$861	\$199	\$3,329	\$5,206	\$9,842	\$2,273
56 – 60 years old	\$333	\$519	\$974	\$275	\$3,805	\$5,935	\$11,129	\$3,143
61–70 years old *	\$315	\$529	\$892	\$223	\$3,603	\$6,044	\$10,197	\$2,546
71 years old or above*	\$509	\$864	\$1,153	-	\$5,815	\$9,874	\$13,178	-

* 61 years old or above can be renewed on Hospital and Surgical Benefits only. Upon renewal of Plan 4, insured person aged 71 or above can convert insured plan to Plan 1 or Plan 2. If the insured person opts to convert to Plan 3, he/she is required to submit documentary proof, showing that his/her coverage limit is equivalent to or better than Plan 3's coverage limit before the conversion.

I. Basic Benefits – Hospital and Surgical¹³ + Supplementary Major Medical¹⁴ + Hospital Daily Cash¹⁵ (A+B+C Benefits)

Age Group	Monthly				Annual			
	Plan 1	Plan 2	Plan 3 a ¹⁴	Plan 3 b ¹⁴	Plan 1	Plan 2	Plan 3 a ¹⁴	Plan 3 b ¹⁴
15 days – 17 years old	\$159	\$223	\$341	\$379	\$1,817	\$2,545	\$3,897	\$4,336
18 – 30 years old	\$180	\$280	\$457	\$496	\$2,061	\$3,195	\$5,224	\$5,663
31 – 45 years old	\$234	\$361	\$610	\$648	\$2,674	\$4,120	\$6,971	\$7,410
46 – 55 years old	\$340	\$518	\$945	\$960	\$3,880	\$5,917	\$10,797	\$11,425
56 – 60 years old	\$379	\$580	\$1,056	\$1,111	\$4,335	\$6,629	\$12,069	\$12,696
61–70 years old *	\$380	\$612	\$1,014	\$1,075	\$4,341	\$6,991	\$11,592	\$12,289
71–75 years old*	\$573	\$947	\$1,275	\$1,336	\$6,553	\$10,821	\$14,573	\$15,271
76 years old or above*	\$509	\$864	\$1,153	\$1,153	\$5,815	\$9,874	\$13,178	\$13,178

* 61-75 years old can be renewed on Hospital and Surgical Benefits and Supplementary Major Medical Benefits only; 76 years old or above can be renewed on Hospital and Surgical Benefits only.

II. Optional Benefits

Age Group/Benefits	Monthly			Annual		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
D. Out-patient¹³ Benefit	Network		Network & Non-network (80% Reimbursement)	Network		Network & Non-network (80% Reimbursement)
15 days – 4 years old	\$289	\$396	\$477	\$3,300	\$4,523	\$5,446
5 – 30 years old	\$232	\$331	\$468	\$2,656	\$3,780	\$5,349
31 – 45 years old	\$232	\$331	\$588	\$2,656	\$3,780	\$6,724
46 – 60 years old	\$232	\$331	\$746	\$2,656	\$3,780	\$8,528
61–70 years old	\$297	\$417	\$960	\$3,390	\$4,760	\$10,972

71 years old or above	\$297	\$417	\$1,119	\$3,390	\$4,760	\$12,792
E. Dental¹³ Benefit						
15 days or above	\$79	\$140	N/A	\$902	\$1,600	N/A
F. Maternity Benefit (not applicable to child)						
18 – 30 years old	\$344	\$431	\$646	\$3,936	\$4,920	\$7,380
31 – 40 years old	\$387	\$484	\$726	\$4,428	\$5,535	\$8,303
41 – 50 years old	\$301	\$377	\$565	\$3,444	\$4,305	\$6,458
G1. Critical Illness (non-smoking) (not applicable to child)						
18 – 30 years old	\$12	\$23	\$34	\$142	\$267	\$386
31 – 40 years old	\$35	\$66	\$98	\$397	\$757	\$1,122
41 – 45 years old	\$57	\$111	\$166	\$654	\$1,271	\$1,900
46 – 50 years old	\$85	\$168	\$251	\$969	\$1,922	\$2,867
51 – 55 years old*	\$122	\$242	\$362	\$1,393	\$2,769	\$4,142
56 – 60 years old*	\$177	\$352	\$526	\$2,022	\$4,017	\$6,015
G2. Critical Illness (smoking) (not applicable to child)						
18 – 30 years old	\$17	\$33	\$48	\$196	\$373	\$546
31 – 40 years old	\$51	\$98	\$145	\$578	\$1,115	\$1,658
41 – 45 years old	\$83	\$165	\$245	\$950	\$1,883	\$2,803
46 – 50 years old	\$124	\$245	\$366	\$1,412	\$2,801	\$4,184
51 – 55 years old*	\$177	\$352	\$527	\$2,022	\$4,022	\$6,020
56 – 60 years old*	\$256	\$509	\$763	\$2,923	\$5,819	\$8,717

*51-60 years old is for renewal only

Remarks :

13. Hospital and Surgical, Out-patient and Dental Benefits: enrolment age is up to 65 years old, aged 66 or above is for renewal only.
14. Supplementary Major Medical Benefits: enrolment age is up to 65 years old and renewal age is up to 75 years old. Claim reimbursement percentage for Plan 3a and Plan 3b are 80% and 100% respectively.
15. Hospital Daily Cash Benefits: both enrolment and renewal age is up to 60 years old. Regardless of the basic benefits or plan selected, insured child(ren) will be covered under Plan 1 only.

Premium payment methods

1. Auto-pay by Chiyu Banking Corporation Limited bank account
 - i. Annual payment: You can complete the Direct Debit Authorization Form together with cash or a crossed cheque made payable to “Bank of China Group Insurance Company Limited” for the first year premium and submit to any branch of Chiyu Banking Corporation Limited.
 - ii. Monthly payment: You can complete the Direct Debit Authorization Form together with cash or a crossed cheque made payable to “Bank of China Group Insurance Company Limited” for the first 3 month’s premium and submit to any branch of Chiyu Banking Corporation Limited.
2. Payment made by credit card
 - i. Annual payment: You can complete the Credit Card Authorization Form and submit to any branch of Chiyu Banking Corporation Limited. If the payment is settled by “BOC Credit Card 12-Month Interest-free Monthly Instalment”, you can complete the BOC Credit Card Interest-free Instalment Direct Debit Authorization Form and submit to any branch of Chiyu Banking Corporation Limited.
 - ii. Monthly payment: You can complete the Credit Card Authorization Form and submit to any branch of Chiyu Banking Corporation Limited. In the first month BOCG Insurance will collect 3 months advance premium from the client’s credit card account.
3. Payment made by cheque
 - i. Annual payment: You can make a crossed cheque payable to “Bank of China Group Insurance Company Limited” and submit to any branch of Chiyu Banking Corporation Limited.

Major exclusions (For more details, please refer to the policy)

Congenital conditions, any latent illness or disease existed prior to the effective date of the policy, sickness occurred within 15 days from the effective date of the coverage, routine physical examination, dental treatment (except cover is provided under Dental benefit), eye tests, cosmetic or plastic surgery, pregnancy or childbirth (except cover is provided under maternity benefit), fertility or infertility treatment, AIDS, HIV related sickness or injury (except cover is provided under Critical Illness), alcoholism, mental disorders, drug addiction, venereal diseases, illegal acts, war, strike, riot, act of terrorism, professional sports or high risks activities, all hospitalization expenses incurred primarily for examinations (such as diagnostic scanning, X-ray examination, etc) or physiotherapy, etc.

Revisions, notice of termination and claims note

- Premium and term adjustment: Premium and terms is determined both by the plan selected at the date of application and by the age of the insured person, additional premium will be imposed upon the insured person entering into another pre-set age group at time of policy renewal. Regardless of the insured person's health or claims condition, BOCG Insurance will not impose any additional premium or terms on the insured person after the inception date of their cover. However, BOCG Insurance reserves the right to amend or adjust the premium and terms for all policies covered under Medical Comprehensive Protection Plan (Series 1).
- Plan revision: The insured can revise the policy simply by giving a written notice to BOCG Insurance 30 days prior to the expiry date of the policy. The new plan and premium will only become effective on the first day of the new policy year.
- Termination of policy and premium refund:
 1. If the insured terminates the policy or any one of the insured person's benefits before the expiry of the policy, no premium will be refunded, the insured should pay 100% of annual premium.
 2. If the insured person is covered under "Plan 4 - Medical top-up plan" and gives written notice to terminate the policy during the policy period for the reason of Company Medical insurance cancellation due to his/her termination of service, the insured person shall be entitled to the return of a proportionate part of the paid annual premium upon submission of evidence of proof document. At the same time, the insured person can request to convert his/her insured plan to Plan 1 or 2 or 3 (if Plan 3 is selected, insured person should submit documentary proof showing that his/her previous company medical insurance coverage is equivalent to or better than Plan 3 limit before the conversion).
- Claims note: If a claim has incurred, the insured person is required to provide BOCG Insurance as soon as possible with written notice together with the evidence of proof for the claim item. Claims payment and the settlement advice will be sent to the insured within 14 working days after the sufficient evidence of proof is received.

Eligibility and geographical limit

- Age: the insured and his/her spouse should be aged 18 or above.
- Child(ren): can be insured on his/her own but the application must be submitted by the parent.
- Insured person: must be a legal resident of the Hong Kong Special Administrative Region
- Geographical coverage: Worldwide. Applicable to below cover items
 1. Hospital and Surgical (include Medical top up plan), Dental, Maternity, Critical Illness;
 2. Supplementary Major Medical (limited to accidental emergency situation), Hospital Daily Cash (limited to 90 days hospital confinement in each policy year), Out-patient (limited to Plan 3).

Insuring and renewal age limit:

Insured Items	Insured age group	Renewal ages
A. Hospital and Surgical	15 days - 65 years old	lifetime
B. Supplementary Major Medical	15 days - 65 years old	up to 75 years old
C. Hospital Daily Cash	15 days - 60 years old	up to 60 years old
D. Out-patient	15 days - 65 years old	lifetime
E. Dental	15 days - 65 years old	lifetime
F. Maternity	18 - 50 years old	up to 50 years old
G. Critical Illness	18 - 50 years old	up to 60 years old

Terms & conditions:

- The Plan is underwritten by BOCG Insurance.
- Chiyu Banking Corporation Limited is the agent of BOCG Insurance.
- BOCG Insurance reserves the sole right to determine whether the application is acceptable or not in accordance with the information submitted at the time of application by the insured or insured person.
- BOCG Insurance reserves the right to amend or withhold any terms and conditions without prior notice.
- This promotional material is for reference only. Details of the coverage are subject to the terms and conditions stipulated in the policy by BOCG Insurance.