



Well Link Insurance
立橋保險

Health Insurance

The Policy

Please read this Policy carefully

Important

Please report any accident to us immediately at **+852 2884 8899** so we can tell **You** what to do next and resolve any claim.

Well Link General Insurance Company Limited 立橋保險有限公司

t (852) 2884 8888 **w** www.wli.com.hk

a Suites 2414-2416, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong

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1 > your health insurance policy

Your health insurance policy tells you what you need to know about your health insurance.

We explain your health insurance, what happens if you have to make a claim and what you need to do when you insure with Us.

At any time, if you encounter any difficulty or have any questions about your cover or your policy, you can visit us at www.wli.com.hk, email us at CustomerService@wli.com.hk or call us on 2884 8888.

important notice

Before we provide cover, you must fully and faithfully tell us everything you know or could reasonably be expected to know that is relevant to our decision to give you the insurance, otherwise you may receive no benefit from your policy.

your policy

Your Policy is the contract between You and Us based on the information You gave Us when applying for Your insurance cover. We will take it that You promise all information You have provided to Us is true and accurate, forming the basis of this contract. If there are any changes that may affect the insurance provided, please notify Us immediately.

Your Policy details out the cover of Your Well Link Health insurance provided to You during the Period of Insurance. The cover is subject to payment of Your Premium and to any Limits and Excess detailed in this policy document, Your Certificate of Insurance and Policy Schedule. The currency of this Policy is in Hong Kong dollars. This Policy is construed according to the laws of Hong Kong SAR and is subject to the exclusive jurisdiction of courts of Hong Kong SAR.

Please carefully read this Policy wording together with Your Certificate of Insurance, Policy Schedule and Policy Amendment to make sure You have the protection You need.

You can obtain Your policy documents electronically except for those, due to legal or security concerns or upon Your special request is to be delivered by Us by post.

It is Your responsibilities to keep Your email account active and capable of receiving new emails and to inform Us of any change to Your

email address. We are not responsible for emails sent to an inactive or obsolete email account.

Any person or entity who is not a party to Your policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance Cap. 623 to enforce any terms of Your Policy.

your duty to tell us

The insurance cover under your policy is based on the information you have given to us.

When we agree to insure you, to renew or vary your policy, or to pay your claim, our decision relies on the accuracy of the information you give us.

If that information is not accurate, we can reduce or deny any claim you make. We can also cancel your policy and treat it as if it had never existed and would be under no obligation to make any payment of benefits under your policy.

To avoid any cancellation of your policy or non-payment of your claim you must answer honestly, correctly and completely the questions we ask about:

- you;
- the person who will be insured under your policy;
- the insured person's current medical condition(s) and medical history; and
- any pre-existing conditions.

Following the policy start date, if we find out that you have given incorrect information about your age such that the premium is insufficient, we reserve the right to continue the policy by charging the additional premium from you based on the correct age. If at the correct age, you would not have been eligible for cover under your policy, we will cancel the policy and no benefit shall be payable, and our liability shall be limited to the refund of the premium paid without interest.

You must comply with:

- all of the terms and conditions in your health insurance policy;
- any amendments to your health insurance policy; and
- all of the terms and conditions set out on or in our website and which are and shall be deemed to be incorporated by reference in these policy details.

free look period

We give you a period of twenty-one (21) days from the date you receive your policy to review it. If your policy is delivered by post, it is considered to have been received by you seven (7) days from the date of posting.

If you decide to cancel your policy, you must write to us and return the policy documents within the period of twenty-one (21) days.

We will refund the premium provided that no claims have been made during this period.

This free look period does not apply to renewals.

at renewal

In order to offer you continued cover on your policy, we may renew your policy automatically at the premium and on the terms determined by us and provided the plan or policy you are on is still available. You should be aware that we can only consider automatic renewal when:

- you have made us aware of and we have accepted any changes to your policy details;
- the credit card details given to us by you have not changed; and
- there are no outstanding payments or other breaches of your policy.

Unless we hear to the contrary, we are entitled to assume that the details provided by you to us have not changed and that you have the consent of the credit card holder.

We may then automatically debit the credit card we have on file with the renewal premium.

You may opt out of automatic renewal at any time by writing to us at least fourteen (14) days before the expiry of your policy.

who we are

Our health insurance in Hong Kong is issued by Well Link General Insurance Company Limited 立橋保險有限公司 of Suites 2414-2416, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

2 > where we cover you

We cover you in the following countries when the area of cover is stated as "Asia" in your policy schedule: Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Laos, Macau, Malaysia, Myanmar, Philippines, Singapore,

South Korea, Sri Lanka, Taiwan, Thailand and Vietnam.

When the area of cover is stated as "Hong Kong" in your policy schedule, we only provide cover under your policy in Hong Kong.

3 > your benefits

your policy cover

Your final policy cover depends on the health insurance plan you choose from Us and is subject to the things that we cover and do not cover as described in these policy details.

Your policy cover and ability to claim are subject to payment by you of the total premium. This amount will be shown on your invoice.

All limits and amounts that may be payable by us to you or as shown in these policy details and on your policy schedule are in Hong Kong dollars. We shall not be liable for any bank or credit charges.

important note

To be eligible to buy a health insurance policy from Us:

- **you must be aged at least fifteen (15) days old. For a child aged between fifteen (15) days old to nine (9) years old, the child must enrol with a parent or a guardian. A Child who is aged ten (10) years to seventeen (17) years is eligible for cover without a parent or guardian covered on a policy.**
- **you must not be aged more than sixty (60) years of age at the time of insurance application.**
- **unless otherwise agreed in writing by us, your principal country of residence must be in Hong Kong, by which the insured person must reside in Hong Kong for at least one hundred eighty-five (185) days in a year.**

your cover selections

When you purchase your health insurance policy, you will be able to select the room-type and the hospital network.

benefits description

Your policy covers the insured person against the cost of medically necessary treatment carried out by a medical practitioner for an eligible medical condition within the hospital tier

applicable to the insured person's plan as stated in your policy schedule.

Please note that all co-payment and/or deductible and annual excess (where applicable), limitations and terms apply to all these benefits exactly as for the main in-patient/daycare patient, outpatient depending on whether treatment is received as part of an in-patient, daycare or outpatient.

Reasonable and customary charges will apply in all circumstances and at all events.

Please refer to the benefits table in section 13 for further information on the availability and benefit levels, and also your policy schedule for the benefits applicable to your plan.

We will pay up to the maximum annual limits shown for each insured person each policy year. All benefits paid during the policy year will count against the overall policy benefit allowance (including the charges for the eligible room and board applicable to your plan), unless otherwise stated.

your available core health insurance covers

Described below are details of the core insurance covers that a our health insurance policy will provide you.

These covers are subject to payment by you of your premium and to any limits and excess that are detailed in these policy details and on your policy schedule.

in-patient treatment and daycare surgery benefits

You are covered for the reasonable and customary charges (R&C) associated with in-patient treatment and daycare surgery as described in the table below. Each benefit is subject to the availability and benefits levels that apply to your plan.

Plan Benefits	Descriptions																
Room and Board	<p>While admitted as an in-patient or daycare for an eligible medical condition, we will pay for the costs of your accommodation in the type of room shown on your policy schedule applicable to your plan.</p> <p>Wherever you receive treatment for an eligible medical condition, if the hospital offers several classes for the room type you are entitled for, we will only pay for the cost of a room of a standard class. This corresponds to the lowest cost room class offered in that hospital for that type of room.</p> <p>If you stay in a room which is more expensive than the standard room, you may have to pay for the difference in room charges. You may also have to pay for a share of other medical expenses wherever these increase as a result of the room upgrade. Please check with us prior to admission to avoid unnecessary out of pocket expenses.</p>																
Daily Meal Allowance	<p>For in-patient treatment, the maximum meal allowance limit per day for the insured person is based on his/her plan type insured on this policy as follows:</p> <table border="1"> <thead> <tr> <th>Hospital Network</th> <th>Ward</th> <th>Double Occupancy</th> <th>Single Occupancy</th> </tr> </thead> <tbody> <tr> <td>Hospital Tier 1</td> <td>HK\$ 150</td> <td>HK\$ 200</td> <td>HK\$ 250</td> </tr> <tr> <td>Hospital Tier 2</td> <td>HK\$ 175</td> <td>HK\$ 250</td> <td>HK\$ 325</td> </tr> <tr> <td>Hospital Tier 3</td> <td>HK\$ 200</td> <td>HK\$ 300</td> <td>HK\$ 400</td> </tr> </tbody> </table>	Hospital Network	Ward	Double Occupancy	Single Occupancy	Hospital Tier 1	HK\$ 150	HK\$ 200	HK\$ 250	Hospital Tier 2	HK\$ 175	HK\$ 250	HK\$ 325	Hospital Tier 3	HK\$ 200	HK\$ 300	HK\$ 400
Hospital Network	Ward	Double Occupancy	Single Occupancy														
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Hospital Tier 2	HK\$ 175	HK\$ 250	HK\$ 325														
Hospital Tier 3	HK\$ 200	HK\$ 300	HK\$ 400														
Accompanying Bed	<p>We will pay the charges by the hospital for the parent's accommodation in the hospital if the insured child is receiving an eligible in-patient treatment. The child must also be aged below fifteen (15) years old to be eligible for this benefit and this will be taken from the child's benefit.</p>																
Surgical and Non Surgical Cover - Hospital Charges	<p>We will pay for hospital charges given between admission to and discharge from hospital as follows:</p> <ul style="list-style-type: none"> o Diagnostic procedures; 																

	<ul style="list-style-type: none"> ○ Operating theatre charges; ○ Nursing care; ○ Drugs and medicines prescribed by the attending medical practitioner and consumed in the hospital; ○ Dressings, ordinary splints and plaster casts; ○ Medical Practitioner's and anesthetist charges where the consultation is directly related to the in-patient treatment or daycare surgery; ○ intensive care unit charges; ○ computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques; and ○ physiotherapy while admitted for treatment of a medical condition and when such treatment directly relates to it. <p>For avoidance of doubt, there is no benefit for all forms of appliances, prosthesis, orthosis or durable medical equipment regardless whether it is fitted/used internally or externally.</p>
Deductible per each disability claim	The deductible stated on your policy schedule will apply to each disability claim per policy year.
Hospital Cash	<p>This is payable for eligible in-patient treatment only when the insured person receives treatment, within the area of cover, and provided no cost is borne by us.</p> <p>No other benefit will be payable in respect of the period for which the cash benefit has been claimed.</p> <p>For avoidance of doubt, if the policy has an annual excess in this policy, the policyholder must fulfil the annual excess first. You will then become eligible on the next claim you make during the same policy year.</p>

Please also refer to section 5 for further information on the exclusions and limitations applicable.

outpatient treatment benefits

You are covered for post hospitalisation outpatient treatment benefits. We will pay for follow-up treatment after an eligible in-patient treatment or daycare surgery by the same medical practitioner within sixty (60) days immediately following the date of the last discharge from hospital for which the insured person was confined as an in-patient treatment or the date of the daycare surgery

Please also refer to section 5 for further information on the exclusions and limitations applicable.

cancer treatments benefits

We will pay for radiotherapy and chemotherapy received for an eligible medical condition at the hospital from the hospital tier applicable to your plan.

For avoidance of doubt, no benefit shall be payable for any consultation by a medical practitioner or diagnostic or imaging or laboratory tests under this benefit.

Please also refer to section 5 for further information on the exclusions and limitations applicable.

kidney dialysis treatment benefits

We will pay for kidney dialysis received for an eligible medical condition at the hospital from the hospital tier applicable to your plan.

For avoidance of doubt, no benefit shall be payable for any consultation by a medical practitioner or diagnostic or imaging or laboratory tests under this benefit.

Please also refer to section 5 for further information on the exclusions and limitations applicable.

private nursing benefits

Following discharge from hospital where surgery had occurred for the insured person or if the insured person has been warded in intensive care unit for an eligible medical condition, the full-time or part-time services of a registered and licensed nurse for the convalescence of the insured up to a maximum of sixty (60) days when prescribed by a medical practitioner for the continued treatment for the eligible medical condition which the insured was hospitalized for, and only when such services are essential for medical as distinct from domestic reasons.

Pre-authorisation is required before this benefit can be considered.

Please also refer to section 5 for further information on the exclusions and limitations applicable.

Our health insurance cover - your optional benefits

Our health insurance gives you the choice to add extra insurance cover to the core health insurance we have described above.

These optional benefits are described below and are subject to payment by you of your premium and to any limits and excesses that are detailed on your policy schedule.

These optional benefits are only applicable to you if they are stated on your policy schedule.

upgrade of room and/or hospital tier

For any in-patient treatment or daycare surgery for an eligible medical condition, where the insured person opts to stay in a room type and/or hospital tier different from what is specified in his/her plan on your policy schedule, you have to pay the co-payment in accordance with the following table:

Co-payment on eligible medical expenses in the event of a room and for hospital tier upgrade

	Hospital Tier 1 - Ward	Hospital Tier 2 - Ward	Hospital Tier 3 - Ward	Hospital Tier 1 - Double Occupancy	Hospital Tier 2 - Double Occupancy	Hospital Tier 3 - Double Occupancy	Hospital Tier 1 - Single Occupancy	Hospital Tier 2 - Single Occupancy	Hospital Tier 3 - Single Occupancy
Hospital Tier 1 - Ward		15%	25%	50%	55%	60%	75%	80%	85%
Hospital Tier 2 - Ward	0%		15%	45%	50%	55%	70%	75%	80%
Hospital Tier 3 - Ward	0%	0%		40%	45%	50%	65%	70%	75%
Hospital Tier 1 - Double Occupancy	0%	0%	0%		20%	30%	50%	55%	65%
Hospital Tier 2 - Double Occupancy	0%	0%	0%	0%		20%	45%	50%	60%
Hospital Tier 3 - Double Occupancy	0%	0%	0%	0%	0%		35%	40%	50%
Hospital Tier 1 - Single Occupancy	0%	0%	0%	0%	0%	0%		25%	35%
Hospital Tier 2 - Single Occupancy	0%	0%	0%	0%	0%	0%	0%		25%
Hospital Tier 3 - Single Occupancy	0%	0%	0%	0%	0%	0%	0%	0%	

We will apply the co-payment on all the eligible charges, by multiplying the co-payment factor against the insured person's eligible charges claimable under the policy for that in-patient treatment or daycare surgery for which he/she has upgraded his/her room and/or hospital tier. This will apply on the entire hospitalisation bill for all the eligible charges even if the upgrade of the room type and/or hospital tier was done during the in-patient treatment or daycare surgery, and not from the start of the in-patient treatment or daycare surgery.

your health insurance top-up plan

In exchange for the annual premium discount, you may select to include an annual excess at policy inception. In order to claim indemnity or compensation under your health insurance top-up plan, the insured person must be able to provide

evidence that expenses have been incurred on a primary plan and that such expenses would have been covered by your policy had it not been for the application of the annual excess.

Please refer to your policy schedule for details on the annual excess applicable on your plan.

4>pre-existing conditions

As with all insurance policies your plan is there to cover you for costs arising from an unforeseen event. For health insurance this means the cost of treatment resulting from an unexpected illness, injury or accident.

A pre-existing condition is commonly referred to as a medical condition the insured person is

affected by or is suffering from prior to the policy commencement date or policy reinstatement date (whichever date is later), and that he/she should reasonably be aware of when he/she is applying for cover. Some of these pre-existing conditions may require medical attention after the policy commencement date or policy reinstatement date (whichever date is later).

We may sometimes, for those pre-existing conditions, consider the medical attention required after the policy commencement date or policy reinstatement date (whichever date is later) a foreseen event. As the purpose of your policy is to cover you against the costs of unexpected illness, injury or accident, we will assess claim for pre-existing conditions differently.

For the avoidance of doubt, we will assess a medical condition associated with a pre-existing condition as a pre-existing condition. We will determine that a medical condition is associated with a pre-existing condition when this pre-existing condition is commonly recognized as a risk factor, however small, or if it is directly or indirectly related to such medical condition. We reserve the right to determine whether a medical condition is associated with a pre-existing condition or not.

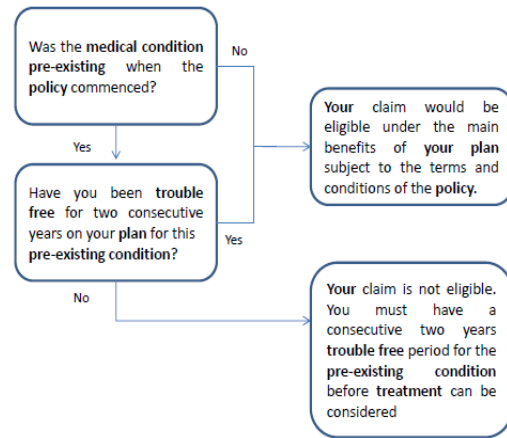
Once the insured person has been covered under your policy or his/her plan for two (2) consecutive years, the insured person may be able to claim for treatment of pre-existing conditions including associated medical conditions as long as the insured person has had a trouble free period of two (2) consecutive calendar years for the relevant pre-existing condition immediately before the need for such treatment arises.

Our definitions for "pre-existing condition" and "trouble free" in section 12 are very important to read as they will affect the way we will pay your claims, if any, so we recommend you take some time to read and understand them.

Some pre-existing conditions may continue or keep recurring and hence the insured person may not fulfil the trouble free period requirement. In such cases, the insured person will not be able to claim for any condition or associated condition to do with a pre-existing condition.

Please do not hesitate to contact our Customer Care Centre to check whether a treatment will be eligible for cover before receiving treatment and incurring costs.

The following diagram shows the process we go through when we assess your claim on a covered medical condition:



5 > what we do not cover

As mentioned in section 3, there are additional things that your health insurance policy does not cover.

fraudulent or false claims

We will not pay a claim which is in any part fraudulent, false, exaggerated or if you or anyone acting for you, makes a claim in a fraudulent or false way, or where we have been given documents or information that are false or stolen or incomplete.

If a claim is in any respect of false or fraudulent, we have the right to do any or all of the following at our discretion:

- refuse to pay any benefits in relation to the claim;
- vary the terms and condition of your policy;
- revoke your policy immediately and retain all premiums paid;
- refuse to renew your policy; and/or
- recover the claims paid if the fraud is detected afterwards.

general exclusions

The following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses are excluded from your policy and we shall not be liable for:

- ✗ pre-existing condition including any treatment and complication arising from the pre-existing condition, and its associated medical conditions unless as specified in section 4 – pre-existing conditions;
- ✗ any treatment which only offers temporary relief of symptoms rather than dealing, when it is reasonable to do so, with the underlying medical condition;



- x normal pregnancy or childbirth (delivery), caesarean section and any complications related to it;
- x termination of pregnancy or any consequences of it;
- x treatment begun, or for which the need has arisen, during the first ninety (90) days after birth for any child conceived by artificial means or any form of assisted conception including artificial insemination;
- x investigations into and treatment of infertility, contraception, assisted reproduction, sterilization (or its reversal) or any consequence of any of them or of any treatment for them;
- x impotence or any consequence of it;
- x sexually transmitted diseases;
- x sex change including treatment which arises from or is directly or indirectly made necessary by a sex change;
- x Human Immunodeficiency Virus(HIV) infection and Acquired Immune Deficiency Syndrome (AIDS);
- x treatment of obesity (defined as Body Mass Index or BMI equal to 30 and above) or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons; weight reduction or improvement programs or breast reduction (regardless whether they are considered medically necessary);
- x the costs of collecting donor organs for transplant surgery or any administration costs involved even if such transplants are allowed by the terms of this plan;
- x treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide;
- x treatment which arises from or is in any way connected with alcohol abuse or drug or substance abuse;
- x any treatment to correct the refractive defects of the eyes, such as long or short-sightedness or astigmatism;
- x developmental delay whether physical or psychological or learning difficulties ;
- x preventive (i.e.: prophylactic) treatment;
- x treatment for all types of sleep disorders including sleep apnoea, sleep study test, insomnia, snoring;
- x treatment for alopecia; all forms of acne;
- x ear or body piercing and tattooing including any treatment needed as a result of any of these;
- x in-patient treatment for medical condition which can be properly treated as an outpatient;
- x cryopreservation; implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor;
- x harvesting or storage of stem cells. For example ovum, cord blood or sperm storage;
- x vaccinations, routine or preventative medical examinations, including routine follow-up consultations;
- x the costs of providing or fitting any form of appliance, prosthesis or orthosis or durable medical equipment regardless whether it is fitted/used internally or externally;
- x outpatient drugs or dressings except those as prescriptions and where your policy provides this cover; vitamins or supplements;
- x standard toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures, which may be bought over the counter, without prescription, at a local pharmacy nor do we pay for telephone calls;
- x all forms of dental treatment (regardless whether it is due to accident or injury or illness); Orthodontics, periodontics, endodontics, preventative dentistry, and general dental care including fillings, no matter who gives the treatment;
- x claims in respect of treatment received outside the area of cover or if the insured person travelled against medical advice even inside the area of cover;
- x injuries sustained from playing professional sport or from base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, hot air balloon, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 meters, trekking to a height of over 2,500 meters, bungee jumping, canyoning, hang gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste;
- x any treatment specifically excluded by the terms shown on your policy schedule or the endorsements/schedules forming part of your policy;
- x any charges for treatment which is not medically necessary; treatment which are incurred for social or domestic reasons or for reasons which are not directly connected with treatment; treatment which is considered as a matter of personal choice; any incidental charges;
- x any charges from health hydros, spas, fitness centre, nature cure clinics (or practitioners) or any similar place, even if it is registered as a hospital;
- x any claim or part of a claim in respect of which you have to pay an excess (or deductible or co-payment). In this case we will only pay the balance of the claim after we have deducted the excess (or deductible or co-payment) amount;
- x any charges made by medical practitioner, hospital, laboratory or any such medical

services which are not reasonable and customary charges (R&C);

- x any charges for treatment related to and/or the correction of congenital conditions and/or deformities whether or not manifest and/or diagnosed or known about at birth;
- x any charges for items not listed in the benefits table and/or policy schedule applicable to your plan;
- x charges for treatment incurred during a period for which the premium due has not been paid;
- x genetic tests, including any counseling made necessary following genetic tests, even when those tests are undertaken to establish whether or not the insured person may be genetically disposed to the development of a medical condition in future;
- x charges associated with hormone replacement therapy;
- x psychiatric or mental illnesses;
- x any administration costs or reports of any kind (unless otherwise advised by us) or any other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services;
- x bank or credit charges when reimbursement of claims is made other than policy currency;
- x any charges for treatment required as a result of any illegal action on the part of the insured person requiring treatment;
- x treatment as a result of proven medical negligence or malpractice, we may, at our absolute discretion, consider the claims provided we are able to recover such costs;
- x treatment whilst staying in a hospital for more than ninety(90) continuous days for permanent neurological damage or if insured person is in a persistent vegetative state. **We** define persistent vegetative state as condition of profound non- responsiveness, with no sign of awareness or consciousness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery;
- x any treatment which is outside the hospital tier which is applicable to the insured person's plan as specified in your policy schedule unless otherwise agreed between us.

other exclusions

These are exclusions with special terms.

The following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses are excluded from your policy and we shall not be liable for:

- x cosmetic (aesthetic) surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment. However we will pay for initial reconstructive surgery if:
 - (a) it is medically necessary and carried out to restore function after an accident or following surgery for a medical condition, provided that the insured person has been continuously covered under the policy since before the accident or surgery happened; and
 - (b) it is done at a medically appropriate stage after the accident or surgery; and
 - (c) we agree the cost of the treatment in writing before it is done.
- x special nursing in hospital;
- x in-patient rehabilitation except when:
 - (a) it is an integral part of treatment; and
 - (b) it is carried out by a medical practitioner specialising in rehabilitation; and
 - (c) it is carried out in a rehabilitation hospital or unit which is recognised by us; and
 - (d) the costs have been agreed, in writing, by us before the rehabilitation begins.

We will not pay for in-patient rehabilitation for more than twenty-eight (28) days except in cases such as in severe central nervous system damage caused by external trauma.

- x treatment which has not been established as being effective or which is experimental. However we will pay if, before the treatment begins, it is established that the treatment is recognised as appropriate by an authoritative medical body and we have agreed in writing, with the medical practitioner, what the fees will be.

x **War and Civil War Exclusion Clause**

This insurance does not cover any liability assumed by an Insured Person for loss or damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to popular rising, military rising, insurrection, rebellion, revolution, military or usurped power, martial law, confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority, or any act of any person or persons acting on behalf of or in connection with any organisation the objects of which are to include the overthrowing or influencing of any de jure or de facto government by terrorism or by any violent means except where the Insured Person is a Passive Participant.

This also includes the supplying, transporting or otherwise handling facilities,

equipment, devices, vehicles, weapons or other materials intended for use in war by a party engaged in hostile actions;

x NCB Terrorism Exclusion

This Policy does not cover any act of nuclear, chemical, biological terrorism ("NCB Terrorism") regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For purpose of this clause, an act of "NCB terrorism" shall mean an act, including but not limited to the use or the threat thereof, of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and or Biological agent during the Period of Insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

"Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which cause illness and/or death in humans, animals or plants.

This clause also exclude loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of NCB terrorism.

If We allege that by reason of this clause, any loss, damage, cost or expenses is not covered by this Policy, the burden of proving the contrary shall be upon You.

In the event of any portion of this clause is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

- x** In any claim suit or other proceedings where We alleges that by reason of this General Exclusion any damage or liability is not covered by the Policy the burden of proving that such liability is covered shall be upon the Insured Person.any treatment if we have not received a properly completed claim

form and original invoices within ninety (90) days of the treatment being given.

- x** treatment needed as a result of work related accident or injury, which should be recovered from a Workman's Compensation policy or similar cover required by Government Act prevailing in the country where the work related accident or injury took place or elsewhere at the time of injury or accident. We may consider the claims provided we are able to recover such costs. You must advise us if any claim is work related.

- x** any upgraded benefit levels for treatment of any medical condition which arose or should reasonably have been foreseen by the insured person prior to a requested upgrade of the level of cover under your policy becoming effective. Where such a medical condition is, or becomes, apparent benefits for such a medical condition will be restricted to the level of cover that would have been applicable to such a medical condition prior to the upgrade.

x Sanction Limitation and Exclusion Clause

Under no circumstances shall this insurance contract be deemed to provide cover and no liability be incurred to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

6 > claims

Important Note: As a condition precedent to our liability, you, any insured person and/or your representatives shall co-operate fully with us and our medical team (including the independent appointed medical practitioner) and will fully and faithfully disclose all material facts and matters which you and/or insured person knows or ought to know and will upon request to execute any document to empower us to obtain relevant information, at your or the insured person's expense from any medical practitioner or hospital or clinic or other source.

rights to examine

We reserve the right to appoint and pay for an independent appointed medical practitioner to advise us on the medical issues relating to any claim.

The independent appointed medical practitioner, when required by us, can also medically examine

the insured person making the claim and provide us with a report. Please note that this is needed very rarely and we use this right only where there is uncertainty as to the nature or extent of the medical condition and/or our liability under your policy.

You and/or the insured person must co-operate with the independent appointed medical practitioner otherwise we reserve the right not to pay your claim.

Further, we may ask for an explanation of why a particular method of treatment was chosen if, in the opinion of our medical team or independent appointed medical practitioner appointed by us, it would have been more appropriate for treatment to have been given differently. Our intention in questioning such matters is to be able to fairly and accurately assess any claim.

In the event of any difference in opinion between our medical team (including the independent medical practitioner appointed by us) and the attending medical practitioner, our medical team's opinion shall prevail.

providing information

To ensure an efficient and speedy claim process we will take instruction from you or any other person provided that they are named on your policy. If you would like someone else to deal with your policy or claim on a regular basis please let us know.

If you give us information about another person, in doing so you confirm that other person has given you permission to provide the information to us to be able to process that information and also that you have told that other person who we are and that we will use that information.

what you have to do – treatment at a private hospital

Here we explain what you have to do to make a claim for treatment at a private hospital within the hospital tier in Hong Kong or Asia, as the case may be under your policy.

Our payment of your claim is dependent on your doing the following:

Direct settlement arrangement

- You can take advantage of direct billing facilities for eligible in-patient treatment and daycare surgery within the listed hospitals from the hospital tier applicable to your plan. If you would like us to arrange direct settlement, you should arrange for pre-authorization ideally five (5) working days prior to commencement of the planned treatment. We will issue a letter of guarantee to the hospital on your

behalf. Costs incurred that are not directly related to treatment will be borne by you.

- We should be advised of any proposed treatment before it begins. This is to protect you from unexpected costs which may not be eligible for reimbursement by us.
- In the event that we are obliged to pay for any item not covered by the policy, we reserve the right to recover that amount from you.

Note: for an eligible treatment at a public hospital, the claim will be considered on a reimbursement basis.

Pre-authorization for treatment

We recommend pre-authorization of planned treatment to protect you from unexpected costs.

- Before receiving any planned in-patient treatment or daycare surgery recommended by your medical practitioner, you should contact us, ideally five (5) working days prior to the commencement of the planned treatment, to obtain our authorisation for your proposed treatment.

You can obtain the pre-authorization request form from www.wli.com.hk.

- For treatment where you are seeking our pre-authorization, such authorisation must be received from us, in writing, prior to treatment commencing. A copy of that authorisation must be provided when you make your claim.
- When issuing confirmation of cover in this way, we confirm the following:
 - the planned treatment is eligible under your policy;
 - the planned treatment is medically necessary;
 - the planned treatment is within reasonable and customary (R&C) cost; and
 - the planned treatment cost falls within the remaining benefit limit of your plan.
- You should seek our written pre-authorization for the following treatment and services:
 - all in-patient and daycare surgery admissions;
 - all non-emergency tests, diagnostics, treatment, surgery and other medical services;
 - cancer or kidney dialysis treatment;
 - private nursing; and
 - reconstructive surgery.

- If pre-authorisation is not obtained, this may prevent us from settling all or part of any claim. In the event that we are obliged to pay for any item not covered by our confirmation we will recover that amount from you. Costs incurred that are not directly related to treatment will be borne by you.

Emergency treatment

If the treatment requires an emergency admission, you may not be able to contact us beforehand. Do, however, ask somebody to contact us as soon as possible.

what you have to do – treatment at a public hospital and outpatient treatment

Here we explain what you have to do to make a claim for treatment at a public hospital in Hong Kong or for outpatient treatment.

Our payment of your claim is dependent on your doing all of the following:

- you must notify us of a claim within thirty (30) days from the date of the claim;
- provide us with the completed claim form, duly signed, within sixty (60) days after you notify us of a claim. The claim form must be accompanied with the original bills which detail type of service, medical practitioner's diagnosis, proof of payment, cost of each service provided and a copy of the prescription if medicine has been purchased. These must be submitted for any visit made whether this is to a medical practitioner, hospital, clinic, pharmacy, diagnostic centre or any other facility where medical services may be received.

You can visit our website at www.wli.com.hk to obtain a printable claim form or call the 24-Hours Claims and Emergency Hotline number as shown on the policy schedule;

- provide us with information, evidence or supporting documents including receipts, medical certificates or medical reports which we may require to be supplied at your own expense;
- provide us with the insured person or his/her legal personal representative's written consent to allow us to receive the results of any medical examinations and/or tests and/or the insured person's medical history or records;
- provide us with such other information that we may reasonably require.

It may be necessary for us to obtain a medical report from the attending medical practitioner. If the medical practitioner does not respond quickly to such a request your claim may be delayed. We do not pay for medical reports;

Incomplete claim forms will not be accepted for processing of claims and payment. Originals of all relevant documents including investigative reports and bills must be submitted with the completed claim forms. Photocopies are not acceptable. An incomplete or unsigned claim form may delay settlement of your claim and in some cases may lead to the claim form being returned to you for completion.

Your completed claims documents (claim form, original bills, medical reports) must be submitted to Us:

A fully completed claim form with all relevant supporting documents will ensure that your claim is processed promptly. An incomplete or unsigned claim form may delay settlement of your claim and in some cases may lead to the claim form being returned to you for completion.

claims conditions

If you/the insured person makes a claim which is in any way dishonest, we reserve the right to not pay any benefits, or if we have already paid benefits before we discovered the dishonesty, we reserve the right to recover those benefits from you, or terminate the policy.

The payment of any claim does not discharge your/the insured person's obligations on the fulfillment of the terms and conditions under your policy.

We are not obliged to pay the ongoing costs of continuing, or similar, treatment, even where we have previously paid for this type of or similar treatment, if it is subsequently noted that this claim is not an eligible treatment.

If, in our opinion, any cost or expense is not covered by your policy including by reason of any of the exclusions set out in section 5, then the burden of proving the contrary shall be upon you and/or the insured person.

who we can pay

Unless otherwise advised, reimbursement for eligible claims will be paid to you.

We shall not be bound to take notice of any trust, charge, assignment or other dealing with or relating to your policy, but the payment by us to you/an insured person, his/her nominee or legal representative, as the case may be, of any compensation or benefit under your policy shall in all cases be an effectual discharge to us.

The acceptance by that legal owner of our payment absolves us of all further liability to you and/or to any other person in respect of such loss or damage.

if there is other insurance

If you have other insurance which covers the same injury or illness, we will only pay you our share of the claim and we will have no obligation to pay you any amount if you are entitled to indemnity under any other insurance policy.

The policy will not provide compensation cover other than on a proportionate basis or for Cash Benefit if you or the insured person has any other insurance in force or is entitled to indemnity from any other source in respect of the same injury or illness.

We shall have full rights of subrogation and may take proceedings in your name, at our expense, to recover the amount of any payment made under your policy and/or to secure an indemnity from a third party.

7 > discount or loading on premium – your no claim discount or loading

Your policy has a no claim discount or loading and your current discount or loading level is shown on your policy schedule, this means that in any discount or loading year where an insured person covered on the policy:

- o does not make a claim: the discount or loading for that insured person is increased by one level at the following policy anniversary date until level thirteen (13) is reached.
- o does make a claim: the discount or loading for that insured person is reduced by three levels at the following policy anniversary date until level one (1) is reached.
- o does make two or more claims: the discount or loading for that insured person is reduced by six (6) levels at the following policy anniversary date until level one (1) is reached.

Discount or Loading Level	Discount/Loading
Level 1	30% Loading
Level 2	25% Loading
Level 3	20% Loading
Level 4	15% Loading
Level 5	10% Loading
Level 6	5% Loading
Level 7	0%
Level 8	5% Discount
Level 9	10% Discount
Level 10	15% Discount
Level 11	20% Discount
Level 12	25% Discount
Level 13	30% Discount

For the purposes of the discount or loading, a claim is any amount of money we pay, no matter how small, with the exception of cash benefit.

Your discount or loading level is calculated up to two (2) months prior to your policy anniversary date. This means that a claim paid in the discount or loading calculation period may not impact on your discount or loading until the following year's renewal.

If you do not make a claim, excluding cash benefit, in a policy year, you will get an extra five percent (5%) discount up to a maximum of thirty percent (30%) on your policy at the next policy anniversary.

If you make a claim as a result of an illness, excluding cash benefit, your discount goes down by three (3) levels, up to a maximum of thirty percent (30%) premium loading until level 1 is reached on your policy at the next policy anniversary.

If you make a claim as a result of an accident, your discount stays the same on your policy at the next policy anniversary.

no transfer of your no claim discount

Your no claim discount is not transferable to any other person.

8 > what you need to do

your duty to tell us

You must fully and truthfully disclose to us the facts as you know or ought to know them, otherwise, you may receive no benefit from the policy.

When you answer our questions, it is important that you answer fully and truthfully as you are obliged under the law to tell us anything you know or should know that is necessary for us in

making our decision to insure you or anyone else under your health insurance policy and the terms on which we will insure you.

This includes answers to questions we ask when you apply for a policy, renew, or alter your policy, and any other matters which might affect whether we insure you and on what terms.

We use the information you give us to decide whether to insure you, or anyone else, so it is important you understand this when you are answering our questions for yourself and for anyone else who you want us to cover.

If you do not answer our questions fully and truthfully and do not disclose all relevant information to us then your claim could be reduced or refused (either totally or in part). We may even cancel your policy and treat your policy as never having existed.

You must inform us immediately of any changes in the information you have given us previously. If you do not, you may not receive any benefits under your policy on any claim and /or we may cancel your policy. In addition, we may also seek to recover any costs we have incurred.

payment of your premium

The premium payable for your policy will be calculated in accordance with the rates specified in the premium rate table and the no claim discount structure stated in section 7. This will be determined by the insured person's age on the commencement date for the first policy year and his/her age on each of the following policy anniversaries if the policy is renewed for subsequent years.

Your insurance premium will be shown on your policy schedule and you must pay your premium directly to us by the due date specified in the relevant confirmation sent by us to you.

Where you are paying your premium in full, then if the total premium is not paid and received in full by us on or before the start date, the policy will be deemed to be immediately and automatically cancelled and no benefits will be payable by us. Any premium payment received after the start date shall have no effect on the cancellation of your policy.

Where you are permitted to pay your premium by instalment payments, then if the required instalment payments are not paid and received in full by us on or before the specified due date, the policy may be deemed to be cancelled and no benefits will be payable by us. Any premium payment received after the specified due date shall have no effect on the cancellation of your policy.

All payments for any insurance products, renewals, or other services purchased via our website must be paid in full by the due date specified in the relevant confirmation. Unless otherwise provided for, all payments are required to be made by you using a type of credit card accepted by us at the time of purchase or renewal of the applicable insurance policy or service. You must therefore provide to us through our website, details of your current and valid credit card, including:

- credit card type;
- name on credit card;
- credit card number; and
- expiry date.

You should not send us sensitive financial information like your credit card number by email.

Unless you ask us to change your payment details, we will debit the card we have on file to collect any money due on your policy.

Any renewal notice we send to you is for your information only and does not prejudice your liability to pay the renewal premium on or before the policy anniversary.

Please note that the premium rates for your policy are not guaranteed. These rates may be adjusted based on the future experience at policy anniversary.

refunds and reimbursements

You must pay or refund to us any amount for which we would not otherwise be liable under your policy.

9 > keeping your health insurance up to date

If there is a material change in your circumstances, then you must tell us immediately. We may calculate any difference in premium from the date your circumstances changed even if this happened in a previous period of insurance.

If you do not tell us about changes in your circumstances, then this could result in an additional premium being payable by you, affect the amount you are able to claim or may even mean that you are unable to make a claim. If your changed circumstances differ materially from what you have previously told us, then a failure to tell us of these changes could also result in your policy being declared void and as having never existed.

making changes to your policy – by you

You may contact us to request a change to be made to your policy. We do not have to accept any changes but if we do accept a change, we will confirm it in writing to you or amend it on your policy schedule.

If the accepted change reduces your premium, we will refund the difference owing to you, provided that such difference exceeds \$60.

If the accepted change increases your premium, you will need to pay us the additional premium, provided that such additional premium exceeds \$60.

The changes you requested will only take place and be effective when we have confirmed them in writing to you and you pay any additional premium that may be required.

You can contact us to make changes to your policy online, by e-mail or phone.

making changes to your policy – by us

We may change the terms and conditions of your policy, including the premium payable. We will give you at least thirty (30) days' notice before such change is effected.

We may also change any terms and provisions of your policy at the end of your policy such that the change will be applicable from the next period of insurance. Your continued payment of the premium after we give you notice of any change to your policy will mean that you accept such change.

However, we will not change the terms of your policy simply as a result of your personal claims except as defined in section 7 on your no claim loading/discount. We may make changes to reflect any past or foreseeable change in medical practice or procedures and the type and frequency of claims made generally by all those of our insured persons covered under the same plan as you. We may also change your premium if cost, taxation, regulations or benefit changes make this necessary. In the event that we are required by law to make a change during the policy year, for example, if a new tax is introduced, we will be obliged to do so before the next period of insurance.

changing the plan level or annual excess

You can change your level of cover or annual excess subject to our approval. Such application must be made at least thirty (30) days prior to

any policy anniversary provided that:

- (a) the plan type applied for is still available at the time of your application,
- (b) for a change to a plan type with higher benefits or removal of annual excess to nil annual excess, you must provide us with a satisfactory evidence of the insurability of the insured person at your own expense, which must be acceptable to us; and
- (c) you pay any additional premium applicable for the new plan type.

We will not allow any change in the level of cover or annual excess amount during the policy year.

Any condition known about or that should reasonably be known at the time of an amendment or upgrade must be advised to us before the policy amendment takes effect.

In the event that we do accept a request for an upgrade including amendment on the annual excess, we may restrict cover for medical conditions existing at the time of the upgrade to the level of benefits under the original policy. In any event, final acceptance of any amendment by us and particularly the application of upgraded plan including amendment on the annual excess will only be made at the next policy anniversary following such a request.

If the new plan type has lower benefits, we will not refund any part of the previously premium paid in respect of the higher benefits under the former plan type.

cancelling your policy

Both you and we have the right to cancel your health insurance policy at any time by giving the other seven (7) days' notice.

The effective date of cancellation will be based on the date the other party is informed in writing of the cancellation.

If you cancel your health insurance policy you must pay to us all of the outstanding or due premium.

Delayed payments will be subject to interest and added charges.

We will not refund any premium if on or before cancellation of your policy any one or more of the following has occurred:

- you have reported or notified us of a claim;
- we have paid a claim; and/or
- you owe us any money.

You will not be entitled to any refund of premium if the refund amount is less than \$60.

If your policy is cancelled and:

- o you have not reported or notified us of a claim;
- o we have not paid a claim; and
- o you do not owe us any money.

then we will return any proportionate part of the premium for the unexpired period of insurance subject to deduction of an administration fee to cover the cost of setting up the policy. You can check the current administration fee on our website.

cancellation for dishonesty

If we cancel your policy because you have not honestly answered the questions we have asked you or if there is any material misrepresentation by you or an insured person, we shall have the right to terminate your policy and recover any claims that might have been paid earlier or review your benefits in accordance with the declarations made by you which may lead to reduction in benefits or coverage as we may deem to be appropriate. In addition, you must pay to us on demand an administration fee of \$1,000 and we may debit your credit card for this amount without the need to obtain any additional authorisation from you.

interest of other persons

You are not allowed to transfer or assign your interest in this health insurance policy to any other person without first obtaining our written approval.

You must tell us if anyone else has an interest in your policy.

We will extend to them the insurance under your policy only after you have informed us of their interest and we have agreed in writing to enter their name and interest on your policy. However, by our doing this it does not make you an agent or trustee for them or assign your rights and interests to them.

10 > customer care

We are committed to providing **You** with quality insurance products and services, however any dispute, controversy, difference or claim arising out of or relating to **Your Policy**, including the existence, validity, interpretation, performance, breach or termination thereof or any dispute regarding non-contractual obligations arising out of or relating to it shall be referred to the Hong Kong Mediation Council for mediation in accordance with its guidelines. **You** and **Us** agree to take part in the mediation in good faith and

undertake to honour the terms of any settlement reached through the mediation.

If any dispute, controversy, difference or claim arising out of or relating to **Your policy** is not referred to mediation or if mediation fails, the dispute, controversy, difference or claim arising out of or relating to **Your Policy**, including the existence, validity, interpretation, performance, breach or termination thereof or any dispute regarding non-contractual obligations arising out of or relating to it shall be referred to and determined by arbitration administered by the Hong Kong International Arbitration Centre ("HKIAC") under the HKIAC Administered Arbitration Rules in force when the Notice of Arbitration is submitted. The parties shall jointly appoint one (1) arbitrator. If the parties fail to agree upon the choice of one (1) arbitrator within one(1) month from the date of the Notice of Arbitration, then the choice of one (1) arbitrator shall be referred to the Chairman for the time being of the HKIAC. The law of this arbitration clause shall be the law of the Hong Kong Special Administrative Region. The seat of arbitration shall be the Hong Kong Administrative Region. The arbitration proceedings shall be conducted in the English language.

It is expressly stipulated that it is a condition precedent to any right of action or suit upon **Your policy** that an arbitration award shall be first obtained.

If **We** disclaim liability to **You** for any claim under **Your policy** and such claim is not, within twelve (12) calendar months from the date of such disclaimer, have been referred to arbitration under the provisions of this policy document then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Subject to the mediation and arbitration clause above, **Your policy** is subject to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region and is to be construed according to the laws of the Hong Kong Special Administrative Region.

Your health insurance policy is governed by and interpreted in accordance with the laws of Hong Kong.

If these policy details have been translated into a language other than English then in the event of any inconsistency the English language version of these policy details will always prevail.

You should not start legal proceedings against us unless sixty (60) days have elapsed after proof of loss has been provided to us in writing in accordance with the requirements of your policy.

Our liability under your policy is limited solely to the payment of the amounts you are entitled to receive.

We assume no liability for the availability, quality or results of any service or for your failure to obtain any treatment or service covered by the terms of your policy.

No third party who has not agreed to be bound by the terms and conditions contained in this health insurance policy shall have any right to enforce any of its terms or conditions.

We will not be bound by any judgments which are not in the first instance delivered by or obtained from a court of competent jurisdiction within Hong Kong.

our website

On our website, you can make certain transactions online. This may be purchasing your policy, administering your policy, making a renewal payment or other transactions. These transactions will not be final until we receive and process your confirmation.

Your confirmation means any communication issued or transmitted by you to us via our website or other electronic means (including your offer to purchase or your confirmation of payment).

It is your responsibility to inform us of any change to your email address. It is also your responsibility to keep your email account active and capable of receiving new emails. We are not responsible for emails sent to an inactive or out of date email account, unless we are solely negligent for using an incorrect email address.

Your confirmation of payment may not be received by us for reasons including mechanical, software, computer, telecommunications or electronic failure, or the omission or failure of other providers or systems which are outside the control of either party. You acknowledge that to the extent permitted by law, we are not liable to you in any way for loss or damage, however caused, directly or indirectly, in connection with the transmission of an electronic instruction through our website or any failure to receive an electronic instruction for any reason.

The credit card details that you provide to us may be retained after payment is made. Any refund we provide to you for any product you have purchased by credit card will be made back to the credit card account used to make the initial purchase unless otherwise agreed.

We may refuse or decline to process a transaction at any time and for any reason. We will not be liable to you or to any third party if we do this except where it constitutes a breach of your policy. We will also not be liable to you or to any third party for any failure to process a transaction that is beyond our control.

general

A clerical error by us shall not invalidate insurance otherwise validly in force nor continue insurance not validly in force.

The headings used in these policy details do not affect its interpretation.

notices

All notices shall be in writing and shall be deemed to have been received:

- on the same day if delivered by hand or sent by email or fax supported by a confirmation slip; and
- two (2) working days from the date of posting if sent by registered post to the addressee's last known address.

11 > questions and feedback

If there is anything about our products and services that you would like to ask us or if you want to provide feedback about us, please get in touch with us via our website www.wli.com.hk, by email, by phone or in person at our office at Suites 2414-2416, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

We make every effort to provide a good standard of service to all **Our** policyholders. If on any occasion **Our** service falls below the standard **You** would expect **Us** to meet, **You** may

- submit **Your** feedback to **Our** manager in charge of the matter **You** are raising; or
- if subsequent to above, **You** require further assistance then please write to

Chief Executive Officer
Well Link General Insurance
Company Limited
Suites 2414-2416, Cityplaza One,
1111 King's Road,
Taikoo Shing, Hong Kong

An acknowledgement that **Your** complaint has been received will be sent to **You** and **Your** complaint will be investigated.

*Important – Please remember to quote **Your** Policy reference in any communication*

12 > definitions

Your health insurance policy gives special meanings to a number of words that we use in your policy.

We have put together the following explanations to help you understand what we mean by those words:

application form	means the application to cover the insured person under your policy you make to us and this is declared by you or the insured person either through our web based portal or applying through our customer service centre or any other methods or form as determined by us.
accident	means a sudden, unforeseen and unexpected physical event beyond your control or that of the insured person resulting in bodily injury, caused by external, visible and violent means.
age	for the purposes of this policy, the insured person's age shall be deemed to be his/her attained age, and any premium tables or other material we provide in this connection shall be read accordingly.
appointed medical practitioner	means a medical practitioner chosen by us to advise us on your medical condition.
alternative practitioner	means a practitioner (other than you, the insured person or a member of the policyholder or insured person's immediate family) who is recognised by us and registered to practice alternative medicine.
area / area of cover	Asia: Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Laos, Macau, Malaysia, Myanmar, Philippines, Singapore, South

	Korea, Sri Lanka, Taiwan, Thailand, Vietnam. Hong Kong: Hong Kong Special Administrative Region
annual limits	means the maximum amount set out in the benefits table applicable to your plan which we will pay for the relevant policy year.
annual excess	means the accumulative total amount of medical expenses incurred by the insured person during any one policy year in excess of which amount your policy will indemnify or compensate the insured person for medical expenses covered by your policy.
benefits table	means the table applicable to your policy showing the maximum benefits we will pay under your chosen plan.
co-payment	this is applicable when you opt to upgrade your room type or hospital tier for each eligible treatment. This is a share of the eligible medical expenses that you need to pay after the deductible. Please refer to your policy schedule and section 3 on the co-payment percentages.
daycare or daycare surgery	means an eligible treatment at a hospital or daycare unit where the insured person requires a surgery, necessitating admission to a hospital bed but not requiring an overnight stay.
deductible	means the part of the benefit you are claiming that you must pay before we will pay any benefit. The deductible is shown in your policy schedule (where applicable) and this applies on each claim.

Disability/disabilities	All medical conditions resulting from an illness or injury arising from the same cause. Successive disabilities are treated as one disability unless they result from different or unrelated causes or unless separated by at least sixty (60) days from the date of discharge from the hospital.
eligible	means those treatments and charges which are covered by your policy before the application of any deductible, co-payment or annual excess that will be borne by you. In order to determine whether a treatment or charge is covered, all sections of your policy should be read together, and are subject to all the terms, benefits and exclusions set out in your policy.
facility	means a legally licensed hospital or a clinic that we recognise and where a range of medical services is provided for the treatment of an eligible medical condition.
hospital	means any establishment which is licensed as a medical or surgical hospital in the country where it operates, and which is recognised by us. It operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients, and it has a staff of one or more licensed medical practitioners available at all times, and also, it provides a twenty-four (24) hours a day nursing service by graduated nurses or qualified nurses. This excludes nursing homes, rest homes or convalescent homes,

	institutions for treatment of substance abuse, mental or psychiatric institutions, geriatric wards and places for drug addicts or alcoholics or for any similar purpose.
hospital tier	means the hospital network which the insured person can obtain an eligible treatment according to the selected plan as specified in your policy schedule.
injury	means bodily injury caused solely and directly by an accident.
illness	means a physical condition marked by a pathological deviation from the normal healthy state.
in-patient	means a patient who is admitted to a hospital, for a medically necessary treatment, for which room and board charges are made by the hospital. This excludes in-patient stays by the insured person under observation in a ward.
insured person	means the person whom the insurance coverage is provided for, with an insurable interest or insurable relation with you and who is named and identified in the policy schedule.
medical condition	means any disease, illness or injury, excluding psychiatric illness.
medical practitioner	means a person (other than you, an insured person or a member of your or an insured person's immediate family) who, being recognised by us, is qualified by degree in western medicine and surgery following attendance at a recognised medical school and who is

	licensed to practice medicine by the relevant licensing authority where the treatment is given, and who in rendering such treatment is practicing within the scope of his/her licensing and training. By 'recognised medical school' we mean a medical school which is listed in the current World Directory of Medical Schools published by the World Health Organisation.		been diagnosed; or (b) for which the insured person has received medication, advice or treatment; or (c) for which you/insured person should, in our opinion, have known about; or (d) for which the insured person has experienced signs or symptoms even if he/she has not consulted a medical practitioner.
outpatient	means an insured person who attends a hospital, consulting room, or outpatient clinic and is not admitted as a daycare patient or an in-patient.	primary plan	means the existing in-force health insurance provided by your employer or other health insurance companies.
plan	means the type of plan that you have chosen under your policy and which is shown in your policy schedule.	principal country of residence	means the country where the insured person lives or intends to live for most of the year, which in any event shall mean living in such country for one hundred eight-five (185) days or more in a year, and which will be shown as insured person's address and place of residence in our records.
policy year	means a period of one (1) year (unless otherwise agreed in writing by us) starting from: <ul style="list-style-type: none"> the original policy commencement date; or if your policy is renewed, the policy anniversary date. 	reasonable and customary charges (R&C)	this refers to charges for medical care which shall be considered by us or our medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment. We will base that calculation on a combination of our global experience, statistical information provided by local health authoritative body and
policy anniversary	means the same date and month following a year from the policy commencement date or last policy anniversary.		
policy commencement	means the date on which the insurance coverage under your policy starts, as state in the policy schedule.		
pre-existing condition	means any medical condition which during the five(5) years preceding your policy commencement date, or policy reinstatement date, whichever date is later, (a) for which the insured person has		

	<p>information collected from medical specialists and surgeons practising in the country or area where the treatment is received.</p> <p>For the avoidance of doubt when comparing treatment, we will take into account the complexity of the procedure and the standard of the medical facility where the treatment is received.</p> <p>If the charges are higher than is customary, we will only pay the amount which is, in our experience, customarily charged and you will have to pay the rest.</p>		<p>schedule. This includes:</p> <ul style="list-style-type: none"> • diagnostic procedures – treatment at a hospital for consultations and investigations needed to establish a diagnosis but not furnished primarily for diagnostic scanning purpose or imaging examination. • in-patient treatment – treatment at a hospital where the insured person has to stay in a hospital bed for one or more nights and where charges are made for room and board. • daycare surgery – treatment at a hospital or daycare unit where the insured person is admitted to a hospital bed for an eligible surgery but does not stay overnight.
room and board	<p>means the type of accommodation you are eligible for on the plan as specified in the policy schedule. If the hospital offers several classes for the room type you are entitled for, we will only pay for the cost of a room of a standard class. This corresponds to the lowest cost room class offered in that hospital for that type of room.</p>	trouble free	<p>means an insured person who :</p> <ul style="list-style-type: none"> (a) has not had any medical opinion from a medical practitioner including general practitioners, specialists or health professional or alternative practitioner; and (b) has not taken any medication (including over the counter drugs) or followed a special diet; and (c) has not had any medical treatment; <p>for the medical condition or any</p>
terrorist act	<p>means any clandestine use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.</p>		
treatment	<p>means a surgical procedure or medical procedure carried out by a medical practitioner at the hospital tier applicable to your plan as specified in your policy</p>		

	associated medical condition
you / your / policyholder	means the person that has entered into an insurance agreement with us and named on the policy schedule.
your policy or your health insurance policy	Refers to the insurance contract between you and us. Its full terms are set out in the current versions of the following documents as sent to you from time to time: <ul style="list-style-type: none"> (a) any form we ask you to fill in; (b) these terms and the benefits table setting out your/insured person's cover; (c) your policy schedule and our letter of acceptance; (d) any endorsements or communication or correspondences we have sent to you.
Well Link/ We/ Us/ Our	Well Link General Insurance Company Limited 立橋保險有限公司

13 > benefits table

Benefits		Hospital Tier 1			Hospital Tier 2			Hospital Tier 3		
Room and Board ^{5,6}	Private Hospital in Hong Kong	Ward	Double	Single	Ward	Double	Single	Ward	Double	Single
	Public Hospital In Hong Kong	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Double	Single
Area of Cover		Hong Kong	Hong Kong	Hong Kong	Hong Kong	Hong Kong	Hong Kong	Hong Kong	Hong Kong	Asia ^{6,7}
Overall Annual Limit/Basic Cover										
Overall Annual Limit but subject to the following sublimits ^{2,3,4}		150,000	200,000	300,000	200,000	300,000	400,000	400,000	600,000	800,000
In-patient and daycare treatment										
Daily Meal Allowance ²		150	200	250	175	250	325	200	300	400
Accompanying Bed Benefit		Included	Included	Included	Included	Included	Included	Included	Included	Included
Surgical and Non-Surgical Cover - Hospital Charges		Included	Included	Included	Included	Included	Included	Included	Included	Included
Hospital Cash per night ²		500	800	1200	600	900	1,300	700	1,000	1,400
Outpatient treatment										
Post hospitalization outpatient treatment		Included	Included	Included	Included	Included	Included	Included	Included	Included
Other benefits										
Private Nursing		Included	Included	Included	Included	Included	Included	Included	Included	Included
Cancer Treatment		Included	Included	Included	Included	Included	Included	Included	Included	Included
Kidney Dialysis Treatment		Included	Included	Included	Included	Included	Included	Included	Included	Included
Deductible (applicable only if this is shown in your policy schedule)										
Deductible per each disability claim		Please refer to your policy schedule for details								
Top-up insurance plan										
Top up - Annual Excess per insured person		Please refer to your policy schedule for details								

Important Notes:

1. Please refer to the policy terms and conditions for the benefits listed in the benefits table.
2. All amount stated above are in Hong Kong Dollars (HKD).
3. Benefit values are per insured person per year unless otherwise specified and are reduced each time you claim only by the next amount (less any annual excess, deductible or co-payment) we have already paid.
4. All limits payable are for an eligible medical condition and they are also subject to reasonable and customary charges.
5. Please refer to the section on 'upgrade of room and/or hospital tier' on Pg 8 for more details if you choose to upgrade your room type and/or hospital tier for an eligible in-patient treatment/daycare surgery.
6. Charges for eligible room and board charges will also be count against the overall annual limit.

While admitted as an in-patient or daycare surgery for an eligible medical condition, we will pay for the costs of your accommodation in the type of room shown on your benefits table applicable to your plan. Wherever you receive treatment for an eligible medical condition, if the hospital offers several classes for the room type you are entitled for, we will only pay for the cost of a room of a standard class. This corresponds to the lowest cost room class offered in that hospital for that type of room. If you stay in a room which is more expensive than the standard room, you may have to pay for the difference in room charges. You may also have to pay for a share of other medical expenses wherever these increase as a result of the room upgrade. Please check with us prior to admission to avoid unnecessary out of pocket expenses.

7. If an insured is hospitalised for an eligible medical condition, the room and board charges is a single occupancy in a private within the hospital tier and public hospital (listed by the Hospital Authority of Hong Kong) in Hong Kong. In Asia, the room type is a single occupancy

-END-

Personal Information Collection Statement ("Statement")

Well Link General Insurance Company Limited 立橋保險有限公司(referred to hereinafter as "We", "Us", "Our") is a member of Well Link Group which is a well-established financial services group with associated, affiliated and subsidiary members companies as added from time to time (referred to hereinafter as "Our Group" or "Well Link Group"). We recognize Our responsibilities in relation to collection, holding, processing, use, transfer, disclose and/or share of personal data under the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong) (the "PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by Us is accurate and secure.

Purpose of Collection

This Statement is made by Us in accordance with the PDPO. This Statement is intended to notify you why personal data is collected, how it will be used and disclosed, and to whom data access and correction requests are to be addressed.

We may, from time to time, collect personal information from you to be able to supply you with Our insurance products and services or from Your existing insurer, if necessary, to enable our provision of products and services. We may also, from time to time, use, store, process, transfer, disclose or share Your personal data for purposes including but not limited to:

1. ensuring that content from Our website is presented in the most effective manner for you and for Your computer;
2. enabling Us to communicate with You, respond to Your queries and to verify your identity;
3. identifying policies of insurance issued by Us for which you may be eligible and to provide you with quotes;
4. assessing, processing any application for policies of insurance that you make and administering and carrying out variations, cancellations, endorsements or renewals of insurance products as the case may be;
5. assisting in the issuance, administration and processing of your insurance policies, payment instruction, Policy renewal notice and relating services;
6. assessing and processing claims handling;
7. matching any data held which relates to you from time to time for purposes as listed here;
8. conducting market research for statistical or other purposes to allow Us to improve our products and services for you and designing products/services for You;
9. carrying out Our obligations arising from any contracts entered into between you and Us;
10. promoting, managing, conducting and direct marketing the insurance products and services of Well Link General Insurance Company Limited 立橋保險有限公司 and Our Group;
11. allowing you to participate in interactive features of Our service, when you choose to do so;
12. notifying you about changes to Our products and services;
13. helping prevent and detect fraud or loss;
14. other purposes in connection with the provision by any of Our product or service to You, including but not limited to Policy underwriting, Policy servicing and other administration relevant to any policies of insurance issued by Us;
15. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
16. using or making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purpose, investigations by police or other government or regulatory authorities or bodies in Hong Kong or elsewhere and complying with the laws of any applicable jurisdiction in sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities within or outside Hong Kong; and
17. other purposes notified to you on or before the time of collection or use.

If you do not want Us to use your personal data in any of the above-mentioned ways, please contact Us.

Generally, the type of personal information We collect includes a person's name, identification number, mailing address, telephone number and e-mail address. It may, in certain circumstances, be obligatory for you to provide to Us certain categories of personal data (which shall be specified on or before the time of collection). If you do not provide any personal data marked as obligatory, We may not be able to process your case and/or provide you or continue to provide you with insurance products and services you have applied for.

Transferees

Personal data held by Us will be kept confidential but We may, for the purposes set out above, disclose and transfer your personal data to:

- any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, administrative and/or other services to us in connection with company's operations and provision of Policy administration and insurance services, including but not limited to insurance intermediaries, reinsurers, loss adjusters, claims investigations companies, lawyers, accountants, healthcare entities, other insurance companies, financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
- insurance industry associations/federations;
- any member of the Well Link Group;
- organizations conducting actuarial or research studies;
- government, judicial, law enforcement or competent regulatory bodies or any person to whom we are under a legal and/or regulatory obligation to make disclosure; and
- other persons as notified to you on or before the time of collection or use,

in each case both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

Direct Marketing

We may, from time to time, use, disclose or transfer your name and contact details (including but not limited to telephone number, email address, postal address and Policy details) ("Relevant Personal Data") to Well Link Group and Our business partners for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) of products and services in relation to the following classes of products and services that We, Our Group and our business partners may offer:

- Insurance, banking, financial services, securities and related product and services
- Products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, travel and transportation, social networking and media.

However, We cannot use your Relevant Personal Data and cannot disclose and transfer the same for the sake of direct marketing without your consent (which includes an indication of no objection) on or before the time of use.

You may exercise your right to withdraw your consent to the use and/or the disclosure of your personal data by Us to a third party for direct marketing purposes, and if you choose to exercise such right, We shall cease to use and disclose your personal data for direct marketing purposes, save and except for the purpose of Policy renewal and related services. If you object to the use and disclosure or transfer of your Relevant Personal Data for direct marketing, please indicate where specified at the time of collection.

Policy Renewal and Related Services

In order to ensure that you have continuance insurance cover, We shall at appropriate timing provide you with Policy renewal notice and related services. Such services may entail use of your personal data, and have been expressly listed as one of the purposes for collection of your personal data hereinabove. If you subsequently opt not to receive any renewal notice, you must bear the risk of failing to have your insurance renewed on time.

Access Requests

You have the right in accordance with the PDPO to request access to and correct your personal data held by Us. If We do not provide you with access, We will provide you with reasons for the refusal and inform you of any legal exceptions relied upon. If you wish to access or correct your personal data held by Us, please contact Us using the information below. your request to provide information will be dealt with in a reasonable time and We may recover from you our reasonable cost for processing your request and supplying the information to You. Any questions, comments and requests regarding this Statement and our Privacy Policy Statement should be addressed in writing to:

Data Protection Officer
Well Link General Insurance Company Limited
Suites 2414-2416, Cityplaza One,
1111 King's Road,
Taikoo Shing, Hong Kong

Security

All information you provide to Us is stored on Our secure servers and, are maintained, controlled, protected and retained for either the period of Our business relationship or, for the requisite retention periods as stipulated in any contractual arrangements or applicable laws (whichever is later). Any payment transactions and all pages that require personal information will be processed in secured way.

Privacy Policy Statement

Our Privacy Policy Statement is available at Security And Privacy at Our website, which includes details of Our Cookie Policy.

Reservation of Rights

We reserve Our rights to vary or amend this Statement and our Privacy Policy Statement at any time and at Our sole and absolute discretion to ensure that this Statement and Our Privacy Policy Statement is consistent with Our future developments, industry trends and/or any changes in legal or regulatory requirements.

My acknowledgment

You acknowledge and accept that your use of Our website and/or Our product(s) and service(s) indicates your acceptance of Our website terms of use and of this security and privacy statement.

This is Our current security and privacy statement. It replaces any previous security and privacy statement published on Our website. We are under no obligation to specifically notify you of any variation to this or any other security and privacy statement.

YOU AGREE AND ACCEPT, BY your USE OF OUR WEBSITE, and/or OUR PRODUCT(S) AND SERVICE(S) THIS SECURITY AND PRIVACY STATEMENT.

Similarly, after any variation to this statement, you agree and accept that We have provided you with sufficient notice of the variation and you are taken to have accepted every such new security and privacy statement.

*In event of any inconsistency between the English version and Chinese version, the English version shall prevail.