ไทยสมุทร
OCEAN LIFE INSURANCE

# Manual
## Group Life Insurance

# Preface

According to your group life insurance policy, Ocean Life Insurance Public Company Limited welcomes you to the group life insurance manual under the conditions and coverage.

For the maximum benefit you will receive, please study this manual carefully to understand the benefits, conditions of coverage, guidelines for using group health insurance cards, and claims because messages in this manual are only a summary. Details of the actual coverage you receive are stated in the central policy issued on behalf of your organization as the policyholder.

**If you have any questions or for more information, please contact:**

- Your Human Resources official
- Contact us Ocean Life Insurance Public Company Limited
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  Ratchadaphisek Road, Khlong Toei District,
  Bangkok 10110
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|---|---|---|---|---|
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ไทยสมุทร OCEAN LIFE INSURANCE

# Contents

# Definition

| Definition | Definition |
|---|---|
| **“Company”** | Ocean Life Insurance Public Company Limited |
| **“Policy Holder”** | The organization or person named as a holder is the person who holds the policy in this policy schedule which provides insurance under this insurance policy for the benefit of the insured. |
| **“Insured”** | Employees or members eligible to join the insurance under this insurance contract must have all the qualifications specified in the policy schedule. |
| **“Insurance Policy”** | Insurance contract, Rider, Attachment, Additional message, Endorsement, or request form for amendment, signed by the company. Group insurance application form for the policyholder, Medical examination report, Health statement, and Group Life Insurance application form for an individual insured of the applicant (if any) are all considered insurance contracts between the policyholder and the company. |
| **“Policy Schedule”** | The schedule shows details about the insurance policies issued by the company as a supporting document of the insurance policy and is considered part of this insurance contract. |
| **“Insurance Effective Date”** | The contract date on which the insurance plan under this policy comes into force is specified in the policy schedule. |
| **“Insurance Anniversary Date”** | The anniversary date of the policy’s effective date or the date specified in the policy schedule. |
| **“Policy Year”** | The one-year period from the policy’s effective date or starting from the anniversary of the policy year in the following year. |

## Essence

The coverage benefits that the insured will receive depend on the benefit schedule in the primary life insurance policy, which is issued to the policyholder. Group insurance, generally, consists of the following coverages:

| Central Policy | Rider |
|---|---|
| ✓ Group Life Insurance | ✓ Group Insurance, accident protection<br>✓ Rider of group insurance for total permanent disability protection<br>✓ Rider of group health insurance cover inpatient treatment and surgery insurance<br>✓ Endorsement of outpatient medical benefits<br>✓ Maternity benefits<br>✓ Dental treatment benefits<br>✓ Daily compensation in case of hospitalization<br>✓ Daily Income Compensation |

## Initiation of coverage

According to the policy terms, coverage shall be adequate from the policyholder's date to begin the scope after the company has been notified of the insured name and specifying the "Initiation of Coverage" from the Human Resources Department.

## Termination of the Insured's insurance

The insured's insurance will automatically terminate on any following dates, whichever occurs first.

- ✓ The expiration date of the insurance policy
- ✓ Date of death of the insured
- ✓ Due date of an insurance premium payment and the insured does not pay the premium, in case of contributions insurance
- ✓ End of the policy year when the insured is over the age specified in the policy schedule
- ✓ The date the insured loses any one of the qualifications as defined in the policy schedule

**** The insurance will expire on the date the Insured retires from employee status under any circumstances. The Insured must return the Group Health Insurance Card to the organization's Human Resources Department immediately upon termination of employment. ****

# Group Life Insurance

## Coverage

Group Life Insurance protects against death in all cases 24 hours a day, both during inside and outside working hours. The company will pay the sum assured as stipulated in the insurance policy to the beneficiary as soon as it is proven that the insured's death.

## Coverage Period

Group Life Insurance shall provide one year, 12 months continuous coverage from the policy's effective date. It is year-on-year insurance that can be renewed in the following years.

## Payment of Benefits

1. If the insured has died, the company will pay any benefits under the insurance terms and conditions at the written request of the beneficiaries as stated or of the policyholder by paying according to the requirements outlined in this insurance policy.

2. Payment of any amount as stated in the beneficiary's terms is deemed a company's release from any litigation and claims related to it.

## The company will not have any payment under this insurance policy when it appears that:

1. The insured commits suicide (the act of suicide) voluntarily commit suicide within one year from the date of entering into the insurance. In this regard, the company's liability will be only the refund of premiums that have been paid for the portion of the Insured only.

**** The above text will not be used. If the suicide insured already has group Life Insurance with another company and is continuing with this insurance for more than one year from the date of suicide ****

2. The insured was killed by the beneficiary intentionally. However, the company's liabilities are only the refund of the premiums paid of such policy year, only the part of such insured.

**** In case of more than one beneficiary, if one of the beneficiaries does not participate in the intentional killing of the insured, the company will pay the insured amount to the beneficiary who does not participate in the killing of the Insured in proportion when deducting the part of the person who kills the insured who is not entitled to receive it, the company will not return all the premiums in this part as well. ****

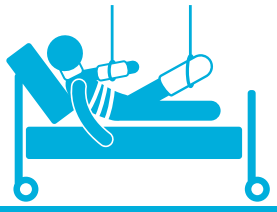
## Rider for group insurance, accident coverage

| Definition | Meaning |
|---|---|
| **"Schedule"** | Schedule of the coverage under this Rider. |
| **"Accident"** | An event that occurs suddenly from factors outside the Insured's body and causes consequences that the Insured does not intend or expect. |
| **"Injury"** | Bodily injury is a direct result of an accident that occurs independently and independently of other events. |
| **“Losing a Hand or Foot”** | Excision of the wrist or ankle and shall include permanent total functional loss of that organ which was caused by an accident. |
| **"Loss of Sight"** | Completely blind, and there is no cure for it forever. |
| **"Total Permanent Disability"** | With disabilities, they cannot perform any duties in full-time and other occupations entirely forever. |
| **"Partial Permanent Disability"** | With disabilities, they cannot perform any duties in a typical career as usual forever but can perform other work for wages. |
| **"Total Temporary Disability"** | With disabilities to the extent of being unable to carry out the duties of a regular occupation entirely for some time. |
| **"Some Temporary Disability"** | With disabilities to the extent that it is unable to perform some normal duties in a regular occupation for some time or as a consequence of total temporary disability which has been relieved but still unable to complete all parts of the routine work for some time. |

**Coverage**

Suppose such injury results in the insured’s death by the date of the accident or injuries received, causing the Insured to be hospitalized continuously as an inpatient and die because of such damage. In that case, the company will pay compensation according to the sum assured as specified in the table.

**Please check your benefits from the attached benefit schedule, whether your benefits are Or. Bor.1 or Or.Bor.2.**



| Or. Bor. 1 | | |
|---|---|---|
| **No.** | **% of Insured Amount** | **For the loss** |
| 1.1 | 100 | two hands from the wrist or feet from the ankle or both sights |
| 1.2 | 100 | one hand from the wrist and one foot from the ankle |
| 1.3 | 100 | one hand from the wrist and one sight |
| 1.4 | 100 | one foot from the ankle and one sight |
| 1.5 | 60 | one hand from the wrist |
| 1.6 | 60 | one foot from the ankle |
| 1.7 | 60 | one sight |

**** Total permanent loss shall include total permanent loss of the functions of the organ, the company will pay only one of the highest compensations under this item ****

| Or. Bor. 2 | | |
|---|---|---|
| **No.** | **% of Insured Amount** | **For the loss**  |
| 2.1 | 100 | two hands from the wrist or feet from the ankle joints or both sights |
| 2.2 | 100 | one hand from the wrist and one foot from the ankle |
| 2.3 | 100 | one hand from the wrist and one sight |
| 2.4 | 100 | one foot from the ankle and one sight |
| 2.5 | 60 | one hand from the wrist |
| 2.6 | 60 | one foot from the ankle |
| 2.7 | 60 | one sight |
| 2.8 | 75 | one arm from the shoulder |
| 2.9 | 65 | one arm from the elbow |
| 2.10 | 75 | one leg from the thigh |
| 2.11 | 65 | one leg from the knee |
| 2.12 | 50 | loss of hearing and loss of speech |
| 2.13 | 15 | loss of hearing of one ear |
| 2.14 | 25 | thumbs (both joints) |
| 2.15 | 10 | thumb (one joint) |
| 2.16 | 10 | three knuckles of the forefinger of one hand |
| 2.17 | 8 | two knuckles of the forefinger of one hand |
| 2.18 | 4 | one knuckle of the forefinger of one hand |
| 2.19 | 5 | at least two knuckles of any finger other than thumb and forefinger |
| 2.20 | 5 | one great toe |
| 2.21 | 1 | at least one knuckles of any toes other than the great toe |

Total permanent loss shall include total permanent loss of function of the organ.

**** The company will pay compensation under this item only for the highest thing in the case where there is a permanent loss of a finger or toe under items 2.14 to 2.21 and a claim for compensation under items 2.1 to 2.11 cannot be claimed, the Company will pay compensation based on the loss. The actual loss in each item is combined but does not exceed the sum assured specified in table ****

## Double Compensation

The amount to be paid according to the benefits Or. Bor.1 or Or. Bor.2 above will be doubled if such dismemberment or death is caused by accident; and

A. While the insured is traveling as a passenger in a public land vehicle powered by a mechanical in which public transport operators are contracted to perform transport regularly or

B. While traveling as a passenger in an elevator that is built to receive passengers regularly (except the construction elevator or elevators used in mining) or

C. Due to fire in the theater, hotel, or any other public building which the insured was in that place during the fire.

## Insurance exceptions according to a Rider of group insurance. This accident coverage does not cover:

1. Loss or damage caused by bodily injury caused by or due to the following reasons:

a. Actions of the insured while under the influence of alcohol, or narcotics are to blame until they cannot control their sanity. The term “while under the influence of alcohol” means that in the case of a blood test, a blood alcohol level of 150-milligram percent or more is considered.

b. Suicide or self-injury or attempting to do so while feeling guilty or insane or not.

c. Exposure to germs except for infection with tetanus or rabies, which occurs from accidental injuries.

d. Medical or surgical treatment unless necessary due to injury which is covered under this Rider and has been done within the period specified in this Rider.

e. Miscarriage

f. War (whether declared or not), aggression, or act of the foreign enemy. Civil wars, revolutions, rebellions, uprisings against the government, riots, strikes. terrorist operations.

g. Nuclear weapons, radiation, or radioactivity from nuclear fuel or any nuclear waste due to the combustion of nuclear power and from any process of nuclear fission which is carried out in contact with each other by itself.

h. Willful murder or bodily harm.

i. Back pain caused by intervertebral disc herniation spinal shift (Spondylolisthesis), degenerative spine (Degeneration or Spondylosis), spinal inflammation (Spondylitis), and Spondylolysis, unless there is a fracture or dislocation of the spine due to an accident.

2. Loss or damage resulting from a bodily injury occurring in the following time:

a) While the insured hunting in the forest, racing or boat racing, horse racing, skiing of any kind, skating, boxing, parachuting (except parachuting for life) while going up or down, or riding in balloons or gliders bungee jumping, climbing, or hiking that requires the help of tools, diving requires an underwater tank and breathing apparatus.

b) While the insured is driving or riding a motorcycle.

c) While the insured is going up or down or traveling in an aircraft that is not registered to carry passengers and not operated by commercial airlines while the Insured is driving or performing duties as a permanent employee on any plane.

d) While the insured joins the quarrel or provokes an argument.

e) While the insured commits a crime or is arrested or escaping arrest.

f) While the insured is on duty as a soldier, police officer, or volunteer and engage in war or war action in such event, if the Insured performs such responsibilities for more than 30 consecutive days, the company shall refund the accident premium in proportion to the period stipulated in this Rider.

## Rider for group insurance, total permanent disability coverage

| Definition | Meaning |
|---|---|
| **"Total Permanent Disability"** | Disability to the extent of being unable to perform any duties in a full-time occupation or any other occupation forever and such total permanent disability shall continue for not less than 180 days, and the following cases shall be deemed to be utterly endless with:<br>1) lost both hands or feet or eyesights<br>2) lost one side of hands and one side of feet<br>3) lost one side of hands and one of the eyesights<br>4) lost one side of feet and one of the eyesights |
| **"Losing Sight"** | Completely blind, and there is no cure for it forever. |
| **"Losing Hand or Foot"** | Removal from the body at the wrist or ankle shall include total permanent loss of function of that organ. |

## Coverage benefits and compensation payments

While this Group Life Insurance policy and Rider are in effect, if the insured becomes a person with total permanent disability and total permanent disability continues for not less than 180 days, provided that the company has received and accepted evidence proving that total permanent disability. The company will pay compensation in an amount equal to the sum insured under the Group Life Insurance policy to the insured upon the expiration of the proof waiting period of not less than 180 days unless the insured becomes permanently disabled due to a verifiable loss or there is a clear medical indication that the insured is a person with a total permanent disability. The company may pay the compensation before the proof waiting period has expired.

When the company has paid benefits under this Rider to any insured, this Rider, only for the part of the insured, shall be effective immediately.

## The effectiveness of the Rider

This Rider shall be effective when the company has agreed to take the insurance and receives full payment of the premiums of the Group Life Insurance policy and this Rider, based on the date specified in this Rider as the initiation of the coverage unless the insured joins the insurance after the initiation of coverage, the scope of such an insured shall be started on the date the company has accepted the insured's an insurance policy.

For this additional contract to be effective during the waiting period proving the total permanent disability of any insured, the policyholder must first pay the premium due of such an insured. Suppose the company accepts the total permanent disability of that guaranteed. In that case, the company shall return the insurance premium of the Insured, which has been paid after the date of commencement of total permanent disability.

## Petition and Evidence

The insured must submit a request to the company to report total permanent disability within 90 days from the date of the onset of Total Permanent Disability along with documents or medical evidence proving the cause, date time, and total permanent disability.

Failure to file the claim within the stipulated time will not prejudice the right of claim for compensation if it is evident that the claim cannot be made with reasonable grounds and the claim is filed as soon as it can.

During the waiting period for proof of total permanent disability, the company has the right to arrange a doctor for examination or inform the insured for review or submit evidence of the inspection of the condition, causing total permanent disability as requested by analysis at any time or as often as necessary and reasonable to prove total permanent disability, including seeking medical approval or proof of disability completely permanent.

## Termination of Coverage

This Rider will expire when the policyholder fails to pay this Rider premium, or together with the termination of the coverage of the Group Life Insurance policy. Insurance of each insured under this Rider, under a group insurance policy, will be terminated in any of the following cases:

1. Upon the termination of this Rider, whether terminated by the policyholder or the company by giving written notice to the policyholder or the insured in advance, in such case, the policyholder is entitled to the premium refund (if any) in proportion to the remaining term after the termination of this Rider.
2. The expiration date of the insured's insurance under the Group Life Insurance policy.
3. The date that the company has fully paid the benefits under this Rider.

## Coverage exclusions , Rider total permanent disability insurance group

This Rider does not cover any disability arising directly or indirectly, in whole or in part, or as a result of any cause or appearing in the following times:

1. Suicide, suicide attempt, or self-injury.
2. Injury while the Insured commits a severe crime or while being arrested or escaping arrest.
3. War, whether declared or not, aggression or acts of foreign enemies, civil war, revolution, rebellion, uprising, terrorism.
4. Injury while the insured is taking off or landing or boarding an aircraft that is not registered to carry passengers and is not operated by a commercial airline.
5. Injury while the insured drives or performs duties as a crew member of any aircraft.
6. Injury while the insured is on duty as a soldier, police officer, or volunteer and engage in war operations or suppression.
7. Physical disability, illness, or injury that the insured was already aware of when the insurance contract became effective but did not notify the company. unless the insured has been insured under this contract for at least 12 months.
8. Injury arising from the act of the insured while under the influence of alcohol or narcotics until the inability to maintain consciousness. The term “under the influence of alcohol” is, in the event of a blood test, holds a blood alcohol level of 150-milligram percent or more.

## Rider of group health insurance for treatment cost and surgery cost, inpatient type

This Rider is deemed part of the Group Life Insurance policy to which this Rider is attached and will be effective only after the company has received the premium payment as specified by the company.

All the terms and conditions appearing in the Group Life Insurance policy to which this Rider is attached, if they are contrary to or inconsistent with this Rider, the conditions under this Rider shall apply. The states that are not contrary to or inconsistent with the group insurance policy shall use this Rider.

| Definition | Meaning |
|---|---|
| **"Illness"** | Symptoms, abnormalities, illnesses, or diseases occurring to the Insured |
| **"Physician"** | Graduates receive a Doctor of Medicine degree have been duly registered by the Medical Council and licensed to practice in the local medical field providing medical or surgical services (Does not include the insured's physician or father, mother, children, and spouse of the insured) |
| **"Medical Specialist"** | Doctor who received a certificate from Medical Council or equivalent institutions and not primary doctor which is a consulting physician take care or treat with the primary doctor (Does not include the insured's physician or father, mother, children, and spouse of the Insured). |
| **"Nursing Service Fee"** | Hospital expenses or a medical facility, regularly charged for services provided by professional nurses who provide services to the Insured while they are inpatients. |
| **"Inpatient"** | People who need to be hospitalized or a medical facility for not less than 6 hours in a row, which must be registered as an inpatient with diagnosis and advice from a physician in line with the indications which are of the medical standard and for an appropriate time suitable for the treatment of the injury or illness; and to include in the case of being admitted as an inpatient and later dying before 6 hours have passed. |
| **"Hospital"** | Any medical facility that provides medical services that can accept patients overnight has a facility component with a sufficient number of medical personnel and comprehensive management of services. In particular, it has rooms for major surgery and is permitted to operate as a “hospital” under the territory's medical facility law. |

| Definition | Meaning |
|---|---|
| **"Medical Hospital"** | Any medical facility that provides medical services that can accept accrued patients. Returned and allowed to register as a legal medical facility of that territory. |
| **"Medical Necessity"** | Various medical services with the following conditions:<br>1) Must be consistent with the diagnosis and treatment according to the injury or illness of the Insured.<br>2) There must be a clear medical indication according to current medical practice standards.<br>3) It must not be for the convenience of the insured or of the insured's family, or of the healthcare provider solely; and<br>4) Must be a medical service according to the standard of patient care appropriate as necessary for the condition of injury or illness of the insured. |
| **"Alternative Medicine"** | Diagnosis medical treatment or prevention of disease through Thai traditional medicine, Thai Local Medicine, Traditional Chinese Medicine, or other non-traditional medicine methods. |
| **“Once an Admission”** | A stay in a hospital or medical facility for treatment as an inpatient at any one time and includes being admitted to a hospital or medical facility two or more times for any cause or disease or condition complications from the same disease, where the length of stay in a hospital or medical facility is not more than 45 days apart from the last date of discharge from the hospital or medical facility, it is deemed to be a stay for treatment at the same time. |

**** Each hospital stay for illness/disease/injury from an accident requires registration and at least six consecutive hours of visit as an inpatient upon the recommendation of a physician, are protected under this Rider. ****

## Details of the benefits to be received from Rider of group health insurance for treatment cost and surgery cost, inpatient type

While this Rider is effective if the insured is injured from an accident or sickness resulting in being admitted as an inpatient or needing to be examined under the advice of a doctor, the company will pay benefits for necessary and reasonable expenses which arise from medical treatment according to medical necessity and medical standards to the amount paid, but not exceeding the maximum benefit as specified on the benefits schedule of this Rider for the following benefits:

## 1. Room and board benefits

**1.1 Normal patient room fees per day**

The company will pay benefits for room and board benefits, the cost of food through the tube where the insured is admitted as an inpatient at a hospital or medical facility shall be paid for a maximum of the number of days specified in the benefits schedule for each admission in the hospital.

**1.2 Intensive Care Unit (ICU) room fees per day**

Suppose the insured has to be treated in an Intensive Care Unit (ICU) by medical standards. In that case, the company will pay benefits according to the benefits schedule of this Rider to 2 times of the standard patient room rate by paying a maximum of not more than the number of days specified in the benefits schedule and when combined with the benefits in 1.1, must not exceed the number of days specified in the benefits schedule per stay for each treatment in 1.1.

## 2. Other medical expenses

While the insured is admitted as an inpatient in a hospital, the company will pay other medical benefits based on actual expenses but not exceeding the maximum benefit as stated in the benefits schedule per stay for the following medical expenses:

2.1 Daily nursing service fee hospital service fees.

2.2 Medication and nutrients intravenously, fee for blood and blood components, includes the cost of different preparation and analysis for transfusion of blood or blood components.

2.3 Laboratory and pathological examination fees, radiology diagnostic cost, other special diagnostic tests, including doctor's readings.

2.4 Emergency ambulance charges for going to and/or coming from the hospital for medical reasons are not more than the benefit rate for room and board per day for any medical stay.

2.5 Expenses for using or providing services medical supplies and equipment outside the operating room.

2.6 Cost of medical consumables (medical supplies 1), costs of materials or medical equipment worn inside the patient (medical supplies 3), except for Defibrillator or Pacemaker or Orthotics, prosthetic device, medical device, and durable medical supplies, such as hearing aids, eyeglasses, lenses, respirators oxygen equipment, vital signs (pulse, blood pressure, temperature), various support devices, wheelchairs, or prosthetic organs, such as prosthetic arms, prosthetic legs, prosthetic sights, etc.

2.7 Physical therapy fees, occupational therapy fees, physicians in rehabilitation medicine, or physical therapist fees. The cost of tools and equipment for medical necessity by the aforementioned physical therapy must directly consequence and consistent with injury or illness.

2.8 Take home medicine according to medical necessity, not more than 7 days from the date of discharge from the hospital or medical facility. However, not more than 1,000 baht per treatment each time. However, regardless of whether the insured has more than one contract to cover medical expenses.

**** Provided that the costs above combined must not exceed the maximum benefit specified in the benefits schedule for each illness. ****

## 3. Doctor fees for hospitalization

The company will pay benefits of doctor fees per day for medical practitioners who provide medical treatment for the insured while the insured is admitted to the hospital or medical facility for the amount of expenses that are actually paid but not more than the maximum daily benefit as specified on the benefits schedule.

This also will not exceed the maximum number of days as specified on the benefits schedule per one time of admission.

## 4. Operation and surgical fees

### 4.1 Pay according to the surgery fee table

The company will pay benefits for doctors and procedures fees for doctors and physician assistants to perform surgery or procedures at a rate not exceeding a percentage of the surgical fee benefit. Such portions are shown in the surgical fee schedule at the end of this Rider.

In the case of two or more surgeries in one operation through the same opening, the company will pay the actual cost incurred for a single operation based on the highest surgical fee rate as the basis for payment. For any other surgery, those not listed in the surgical fee schedule will be reimbursed to an appropriate amount comparable to the closest type of surgery as listed in the surgical fee schedule.

**4.2 Actual payment**

The company will pay surgeon and procedure benefits for physicians and physician assistants performing surgery or medical procedures resulting from injury or illness, up to the amount paid but not exceeding the maximum benefit amount per stay of treatment as specified on the benefits schedule of this Rider.

Suppose the insured has an injury or illness that requires treatment by surgery or procedures as medically necessary as an inpatient. In that case, medical examinations do not require hospital stays due to the evolution of medicine. The company will pay the expenses incurred for the examination by surgery or the following procedures. It is considered as if the insured has undergone medical examinations as an inpatient:

1) Stone Dissolution (ESWL: Extracorporeal Shock Wave Lithotripsy)
2) Coronary Angiogram/ Cardiac Catheterization
3) Cataract Surgery (Extra Capsular Cataract Extraction with Intra Ocular Lens)
4) Laparoscopic surgery (Laparoscopic) of all kinds
5) All types of endoscopic examinations
6) Surgery or sinus puncture (Sinus Operations)
7) Hemorrhoid treatment by injection or binding (Injection or Rubber Band Ligation)
8) Excision Breast Mass
9) Bone Biopsy
10) Diagnostic tissue biopsy from any organ (Tissue Biopsy).
11) Amputation of fingers or toes
12) Aligning the bones (Manual Reduction)
13) Liver Puncture/ Liver Aspiration
14) Bone Marrow Aspiration
15) Lumbar Puncture
16) Perforation of the pleural cavity (Thoracentesis/ Pleuracentesis/ Thoracic Aspiration/Thoracic Paracentesis)
17) Perforation of the peritoneum (Abdominal Paracentesis/ Abdominal Tapping)
18) Curettage (Curettage, Dilatation & Curettage, Fractional Curettage)
19) Cervical biopsy (Colposcope, Loop diathermy)
20) Healing Bartholin's Cyst (Marsupialization of Bartholin's Cyst)
21) Gamma knife treatment

In cases where two or more medical examinations are required, patients (inpatients or outpatients under this Rider) with the exact cause of disease with a maximum interval of 45 days each time shall be deemed the same treatment.

**** In case of having to perform two or more surgeries simultaneously, the cost for those surgeries must not exceed the amount set for a single operation. The amount with higher compensation shall be considered the primary payment method. For minor surgeries, the company permits no need to stay in hospital for at least 6 hours ****

## 5. Operating room and equipment fees in the operating room

The company will pay benefits for operating room and functional room equipment, anesthesia device, using room staff fees, rehabilitation fee for the amount paid but not exceeding the maximum benefit amount per stay as stated on the benefit schedule of this Rider. The payment of this benefit is included in item 2, Other medical expenses.

## 6. Anesthesia fee

The company will pay anesthesia benefits for anesthesiologists and nurses who perform anesthesia or anesthesia in the amount paid but not exceeding the maximum benefit amount per specified treatment stay on the benefit schedule of this Rider. The payment of this benefit is included in item 2 Other medical expenses.

## 7. Consultation fee for specialized physicians

The company will pay benefits for specialist consultation fees based on the actual expenses paid during the stay in a hospital or medical facility but does not exceed the maximum benefit amount per medical stay specified on the benefits schedule of this Rider.

In the event of no surgery, the cost of specialist medical consultation will be added to the total price of benefits item 2, Other medical expenses.

In surgery, consulting a specialist doctor will be combined with the total cost of benefit item 4, Doctor Operation and surgical fees.

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## 8. Emergency medical expenses for outpatient

The company will pay for emergency medical treatment while being an outpatient. If the Insured requires emergency medical treatment in an outpatient department of a hospital or medical facility or clinic for injury resulting directly from the accident within the number of hours specified in the benefit schedule of this Rider from the time of the accident; and the company will pay for medical expense due to the same accident within the number of days specified in the benefit schedule of this Rider from the time of the accident. The maximum benefit amount is determined on the benefit schedule of this Rider.

**** Under this condition, the company will repay until the maximum amount of benefits stipulated above, but limited within the period specified in the primary policy from the date of the accident ****

## Coverage exclusions, the company will not pay compensation for treatment, expenses, and/or under the following conditions:

This Rider insurance does not cover expenses for medical treatment or damage resulting from injury or illness (including complications), symptoms, or disorders caused by:

1. Chronic disease, illness, or injury that has not been cured before the effective date of this Rider, or the effective date of the insured's protection. Screening and treatment for congenital or developmental problems or genetic disease.

2. Examination or surgery for cosmetic purposes or to solve skin problems, acne, blemishes, freckles, dandruff, hair loss or weight control or elective surgery, except for wound dressing caused by accident covered.

3. Pregnancy, miscarriage, abortion, childbirth, pregnancy complications resolving infertility problems (including investigation and treatment), sterilization, or contraception.

4. AIDS or venereal or sexually transmitted diseases.

5. Examination or prevention, the use of drugs or substances to slow down the deterioration of aging or hormone replacement therapy at near menopause or menopause. Sexual dysfunction in a woman or man, sexual dysfunction treatment and gender change.

6. General health check, request to be admitted to a hospital or medical facility or request surgery, recovery, rehabilitation or resting therapy, diagnostic investigations for any cause not directly related to hospitalization, or a medical facility or clinic for the diagnosis of injury or illness. Treatment or diagnosis for reasons that are not medically necessary or is not a medical standard.

7. Sight examination, LASIK, cost of equipment to assist in vision.

8. Treatment or surgery on teeth or gums, dentures, crowns, root canal treatments, fillings, orthodontics, scaling, tooth extraction, dental implants, except in cases of necessity due to accidental injury. This does not include the cost of dentures and crowns and root canal treatment or implants.

9. Treatment or treatment of addiction to narcotics, tobacco, alcohol, or psychotropic substances.

10. Examination and treatment of symptoms or diseases related to mental, psychiatric, or behavioral conditions or personality disorder including attention-deficit hyperactivity, autism, stress, eating disorders, or anxiety.

11. Treatment that is still in trial examination or treatment of disease or sleeps apnea, assessment or treatment of sleep disorders, snoring.

12. Vaccination or vaccination against disease except for rabies vaccination after being attacked by an animal and tetanus vaccine after injury.

13. Non-current treatment including alternative medicine.

14. Expenses arising from medical examinations that the insured is a doctor ordered for himself, including expenses incurred from medical examination from a doctor who is the father, mother, spouse, or child of the insured.

15. Suicide, suicide attempt, self-harm, or attempting to harm one's own body, whether it is an act of self or allow others to act, whether they are amid insanity or not, including accidents caused by the insured eating, drinking, or injecting drugs or poisonous substances into the body. Using more drugs than your doctor prescribes.

16. Injury arising from the act of the insured while under the influence of alcohol, narcotics, or narcotics until he cannot maintain consciousness. “While under the influence of alcohol,” in the case of a blood test, a blood alcohol level of 150 milligrams per cent or more shall be considered.

17. Injury incurred while the insured participates in a brawl or takes part in inducing a dispute.

18. Injury incurred while the insured commits a crime or while being arrested or escaping arrest.

19. Injuries that occur while the insured racing or boat races of all kinds, horse races, ski races of all kinds. This includes jet skiing, skating, boxing, parachuting (except for lifesaving parachutes) while going up or down or riding in a balloon, glider, bungee jumping, scuba diving, and breathing apparatus.

20. Injuries that occur while the insured is going up or down or boarding in an aircraft that is not registered to carry passengers and is not a commercial airline.

21. Injury incurred while the insured is driving or performing duties as a crew member of any aircraft.

22. Injury incurred while the insured is on duty as a soldier, police officer, or volunteer and engage in war operations or suppression.

23. War, invasion, malicious acts of foreign enemies or acts of hostility like war whether war has been declared or not civil war, uprising, rebellion, strike terrorism, revolution, coup, declaration of martial law, or any event which will cause the proclamation or maintenance of martial law.

24. Terrorism.

25. Radiation or radioactive emission from nuclear fuel or any nuclear waste resulting from the combustion of nuclear power and from any process of nuclear fission which proceeded in contact with each other by themselves.

26. Radioactive explosion or nuclear components or any other dangerous substance that could explode in nuclear processes.

## Endorsement for continuous outpatient treatment after the inpatient

### Coverage

While the Group Life Insurance Policy, Supplementary Contract attached to the Group Life Insurance Policy and this Endorsement have still been enforceable, if an insured member/family member of the insured member has been injured or sick to the extent of being admitted for treatmemt by Medical Doctor in a medical clinic or out-patient department of a hospital, the Company shall pay the benefit according to a medical necessity for each injury or sickness in accordance with the amount of money actually spent provided that it must not exceed the maximum benefit per day as prescribed in the Table of Benefit which, in this connection, the requisition for drawing medical treatment expenses can be made not exceeding once per day and not exceeding 31 times per policy year.

## Endorsement for the daily compensation in case of hospitalization (HB Incentive)

### Coverage

Suppose the insured is injured or sick and has to be treated as an inpatient in a hospital or a medical facility for at least six consecutive hours. The insured chooses benefits, social security, compensation funds, government officials, state enterprises, the Third Person Act, the medical golden card, or other benefits.

In that case, the company will pay daily compensation benefits under one of the following conditions:

**Case 1** The insured does not exercise the right to claim all benefits from the company throughout illness or injury. In any medical stay, the company will pay the daily compensation benefit in the amount equal to the use, room, and food expenses that have not been reimbursed based on the number of days the insured is hospitalized but not exceeding the maximum number of days of room and board benefits.

**Case 2** The insured exercises the right to reimburse room and board benefits from the company but does not claim any other benefits throughout illness or injury during any one medical stay. The company will pay the daily compensation benefit equal to the undrawn room and board benefit based on the number of days the insured is hospitalized but not exceeding the maximum number of days of room and board benefits.

## Daily compensation methods in case of hospitalization

| In case there is no excess room and board expenses | |
|---|---|
| **Procedure** | **Supporting Document** |
| 1. Submit documents for claiming daily compensation in case of hospitalization at your organization's Human Resources department.<br>2. The company considers paying daily compensation according to the rights received.<br>3. Wait for daily compensation (please specify in the document for applying for the right to claim HB Incentive) | 1. A copy of the list of medical expenses.<br>2. A copy of the medical certificate and certified copy stamped by the agency that the insured pays for medical expenses. |

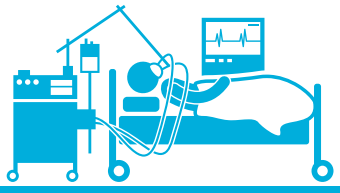
| If there is an excess of room and board expenses | |
|---|---|
| **Procedure** | **Supporting Document** |
| 1. Submit documents for claiming daily compensation in case of hospitalization at your organization's Human Resources department.<br>2. The Company considers paying daily compensation according to the rights received.<br>3. Wait for daily compensation.<br>(Please specify in the document for applying for the right to claim HB Incentive) | 1. Receipt (original)<br>2. Medical certificate (original) |

## Endorsement for radiology diagnostics and outpatient laboratory tests before entering and after leaving the hospital.

### Coverage

While this endorsement is in effect, the company will pay the radiology diagnostic benefit and outpatient laboratory fee. If the insured has to undergo a radiology diagnosis, electrocardiogram, or laboratory examinations related to the treatment of that disease on the advice of a physician due to bodily injury caused by accident, or by disease or illness that the test was performed because the insured had to undergo inpatient treatment at a hospital or medical facility and such action takes place within 31 days before and after being admitted to the hospital as an inpatient according to the actual expenses paid. However, this shall not exceed the maximum benefit per stay at any one time as stipulated in the benefits schedule of the Rider attached to this endorsement record.

## Endorsement for costly medical treatment coverage



| Definition | Meaning |
|---|---|
| **“Initial Liability”** | The insured's the initial liability that the insured must be responsible for, including the insured’s portion reimbursed from welfare or other insurers or another person for each coverage. |
| **“Total Expenses”** | The liability between the insurance company and the insured must be mutually responsible for the cost in the treatment of the hospital, which must be paid according to the amount of the benefit after deducting the amount of the use (if any). |
| **“Max. Beneficial Amount”** | According to this endorsement, the company’s maximum amount to be paid is per hospital stay or a medical facility. |

## Coverage

While this endorsement is in effect, the company will pay medically necessary medical expenses over the maximum benefit amount stated in the benefits schedule attached to this endorsement. However, it must be subject to the terms of the amount of deductible, joint expenses, and the maximum benefit amount per stay of this endorsement as specified in the benefits schedule of the Rider attached to this endorsement for the following benefits:

## 1. Room fees and board benefits

The company will pay benefits for room and board if the insured receives treatment in a standard patient room per day, only for expenses incurred after the maximum number of days as detailed in the coverage terms of the Rider recorded that this endorsement is attached.

Suppose the insured must be admitted to the Intensive Care Unit (ICU) according to medical standards. In that case, the company will pay the number of expenses incurred, collected, and paid, but not more than two times the benefit of room and board as specified in the benefits schedule of the Rider attached to this endorsement.

## 2. Doctor fees for hospitalization

The company will pay benefits for medical examinations per day in hospitals as detailed in the Rider attached to this endorsement record by paying only for expenses incurred after the maximum number of days covered under the Rider to which this endorsement is connected and does not exceed the maximum benefit per day of the hospital doctor's fee as stated in the benefits schedule of the Rider attached to this endorsement record.

## 3. Operation and surgical fees

The company will pay benefits for doctors and guidelines for physicians and physician assistants performing surgeries or medical procedures due to injury or illness. It will be paid according to the number of expenses incurred, collected, and paid over the benefits for the surgeon and procedure of the Rider to which this endorsement record is attached.

## 4. Outpatient physical therapy after discharge from the hospital

The company will pay benefits for material therapy fees if it is treated as an outpatient of a hospital or medical facility for physical therapy, occupational therapy fees, fees for a regenerative medicine doctor or physical therapist, cost of tools and equipment for medical necessities incurred within 31 days following the date of discharge from the hospital or medical facility, such physiotherapy must be a direct consequence and consistent with the injury or illness causing the medical treatment as an inpatient of that hospital or medical facility.

## 5. The cost of prosthetic devices or support aids

The company will pay benefits for prosthetic devices or braces based on the amount incurred, collected, and paid, but not exceeding 10 percent of the maximum benefit amount per treatment for the prosthetic arm. prosthetic leg , prosthetic eye, orthopedic braces, crutches, or similar prostheses This is required due to the loss of body parts that occur after this endorsement comes into force. This does not include the necessary transitions during maturity or replacement to replace the original equipment.

## 6. Outpatient diagnosis fee

The company will pay benefits for outpatient diagnosis fees of hospitals for diagnosis by using Computerized Tomography (CT Scan) or Magnetic Resonance Imaging (MRI) or Position Emission Tomography (PET Scan) or Ultrasound examination (Ultrasound) or Electrocardiogram (EKG/ECG) or exercise stress test (EST) or clinical laboratory examination by the diagnosis of such diseases must occur within 31 days before or after being admitted to a hospital or medical facility. It must be a direct consequence and consistent with the injury or illness causing the medical treatment as an inpatient of a hospital or medical facility at that time.

## Endorsement for outpatient treatment benefits

### Coverage

While the Group Life Insurance Policy, the Rider attached to the Group Life Insurance Policy, and this endorsement record are in effect if the insured is injured or ill that requires treatment by a doctor at a clinic or hospital outpatient department, the company will pay medically necessary benefit for each injury or illness based on the actual amount paid, which can be reimbursed for treatment up to one time per day and up to the maximum benefit per policy year stated in the benefits schedule.

### Coverage exclusions, the company will not pay compensation for treatment, expenses, and/or under the following conditions:

The company will not pay benefits under this endorsement record for receiving services, inspections, equipment or condition as follows.

1) Drugs, treatments, or diagnostic tests unrelated to the diagnosis, symptoms, or abnormal conditions specified in the medical certificate. This includes medicines purchased without a prescription from a doctor.

2) Defibrillator or Pacemaker.

3) Orthotics, prosthetic devices, medical devices, and all durable medical supplies including hearing aids, speech aid, goggles, lens, respiratory oxygen equipment vital signs (pulse, blood pressure, temperature), diabetic pump, or injection device, supporting devices, wheelchairs, prosthetic organs, etc.

4) Annual health check-up or general health check-up including internal examination and analytical examination for any causes not directly related to hospitalization. Diagnostic testing for reasons that are not medically necessary or does not meet medical standards.

5) Treatment of dentures and gingivitis, oral and endodontic treatment, orthodontics, crowns, malocclusion, scaling, fillings, or dentures.

6) All methods of contraception or detection of the cause of infertility or treatment for fertility, pregnancy, childbirth, abortion, miscarriage, or any reason for pregnancy.

7) Vaccination or prevention, treatment, or surgery for congenital or hereditary symptoms. Medicine or cosmetic surgery or plastic surgery or elective surgery or surgery to correct congenital abnormalities.

8) Examination and treatment of refraction of the sight (Refraction), auditory examination treatment for sleep apnea sleep disorder treatment.

9) Treatment of growth and development disorders such as slow growth, underweight, short stature, and slow brain development, including hormonal abnormalities relating to the growth and development of the brain, including natural aging symptoms such as wrinkles, sex hormone depletion (menopause) or premature puberty, sexual dysfunction treatment, sexual dysfunction, and gender change.

10) Medical treatment that is not modern, including alternative medicine (Alternative Treatment), such as acupuncture and natural therapy. Treatment by massage and acupressure, orthopedic alignment, etc.

11) Physiotherapy, except with a prescription from a physician licensed to practice medicine, including non-essential medical services.

12) Injury due to insanity, treating psychosis or anxiety or neurosis or the normal functioning of the mental or thought system. Treatment for drug addiction or alcoholism. Injury caused by one's intentional actions.

13) Injuries incurred while serving as a soldier, police officer, or volunteer, and engage in war operations or suppression.

14) Injury/illness caused by pre-existing diseases in which the insured member receives treatment any diagnosis, consultation, or prescription of medicine is given during ninety (90) days before the effective date of this endorsement record of each insured member. Unless the insured member who suffers such injury/illness has been insured for at least two hundred and seventy (270) days according to this endorsement record.

**** Other terms and conditions to be as specified in the central policy ****

# Rider for Daily Income Compensation (DAB)

## Coverage

Suppose the insured becomes ill after the waiting period or is injured from the date this coverage becomes effective until having to be treated as an inpatient in a hospital under the advice of a physician. In that case, the company will pay daily income compensation benefits under the following conditions:

1. In case of staying in a standard patient room, the company will pay benefits according to the amount shown in the benefits schedule by paying according to the number of days the insured is admitted to the hospital for each injury or illness.

2. In the case of being admitted to the Intensive Care Unit (ICU), the company will pay benefits twice the benefit in the case of staying in a standard patient room (according to item 1.), with a maximum payment of not more than 7 days for each injury or illness.

3. In the case of an inpatient who does not require hospitalization (Day Case), if the insured is injured or sick, which must be examined by surgery or procedures as medically necessary as an inpatient without the need to stay in the hospital, the company will pay daily income compensation as in the case of staying in a standard patient room for 1 day for each injury or illness. For examinations and treatments that occur by surgery or procedures as follows:

1) Stone Dissolution (ESWL: Extracorporeal Shock Wave Lithotripsy)
2) Coronary angiogram / Cardiac Catheterization
3) Cataract Surgery (Extra Capsular Cataract Extraction with Intra Ocular Lens)
4) Laparoscopic surgery (Laparoscopic) of all kinds
5) All types of endoscopic examinations
6) Surgery or sinus puncture (Sinus Operations)
7) Excision Breast Mass
8) Bone Biopsy
9) Amputation of fingers or toes
10) Liver Puncture / Liver Aspiration
11) Bone Marrow Aspiration
12) Lumbar Puncture
13) Perforation of the pleural cavity (Thoracentesis / Pleuracentesis / Thoracic Aspiration / Thoracic Paracentesis)
14) Abdominal Paracentesis / Abdominal Tapping
15) Curettage (Curettage, Dilatation & Curettage, Fractional Curettage)
16) Cervical biopsy (Colposcope, Loop diathermy)
17) Healing Bartholin's Cyst (Marsupialization of Bartholin's Cyst)
18) Gamma Knife Treatment

## Waiting Period

The waiting period means 30 days from the effective date of this coverage. If the insured suffers any illness during that period, the company will not pay benefits under this coverage.

The number of days paid under the insuring agreements item 1, item 2, and item 3 combined for each hospitalization Must not exceed the number of days specified in the benefits schedule of this coverage and a maximum of 365 days per policy year.

## Coverage exclusions, the company will not pay compensation for treatment, expenses, and/or under the following conditions:

1. Direct or indirect injury or illness in whole or in part caused due to the following reasons:

1.1 Screening and treatment for congenital or developmental problems or genetic disease.

1.2 Treatment or surgery for cosmetic purposes or to solve skin problems, acne, blemishes, freckles, dandruff, hair loss or weight control, or elective surgery except for wound dressing caused by accident covered.

1.3 Pregnancy, miscarriage, abortion, childbirth, complications from pregnancy, resolving infertility problems (including investigation and treatment), sterilization, or contraception.

1.4 General health check, request for hospitalization or a medical facility or requesting surgery, healing or resting or restive treatment. Analytical examination for any, because that is not directly related to hospital or clinic, visits diagnosis of injury or illness treatment or diagnosis to determine the cause which is not a medical necessity or is not a medical standard and special care services.

1.5 Eye-related abnormalities, LASIK, cost of equipment to assist in vision or treating vision disorders.

1.6 Treatment or surgery on teeth or gums, dentures, crowns, root canal treatments, fillings, orthodontics, scaling, tooth extraction, implant insertion except in case of necessity due to accidental injury. This does not include dentures and crowns. and dental implants or implants.

1.7 Treatment or treatment of addiction to narcotics, tobacco, alcohol, or psychotropic substances.

1.8 Examination and treatment of symptoms or diseases related to mental, psychiatric, behavioral conditions or personality disorders include attention deficit hyperactivity disorder, autism, stress, eating disorders, or anxiety.

1.9 Suicide, suicide attempt, self-harm, or attempting to harm one's own body, whether by self or allowing others to act, whether in the middle of insanity or not. This includes accidents caused by the insured eating, drinking, or injecting drugs or toxic substances into the body. Using more drugs than your doctor prescribes.

1.10 Injury arising from the act of the insured while under the influence of alcohol or narcotics until unable to maintain consciousness. The term “while under the influence of alcohol” means that in the case of a blood test, a blood alcohol level of 150-milligram percent or more is considered.

1.11 Injury incurred while the insured participates in a quarrel or is involved in provoking a quarrel.

1.12 Injury incurred while the insured commits a serious offense or while being arrested or escaping arrest.

1.13 Injury incurred while the insured is racing or racing any boat, horse racing, skiing of any kind, including jet skis, skating, boxing, parachuting (except parachuting for life) while going up or down or riding in balloons or gliders, bungee jumping diving that requires an underwater tank and breathing apparatus.

1.14 The injury that occurs while the insured is going up or down or a passenger in an unregistered aircraft to carry passengers and is not a commercial airline.

1.15 Injury incurred while the insured is on duty as a soldier, police officer, or volunteer and engage in war operations or suppression.

1.16 War, invasion, malicious acts of foreign enemies or acts of hostility like war whether war has been declared or not civil war, uprising, rebellion, uprising, strike terrorism, revolution, coup, declaration of martial law, or any event this will cause the proclamation or maintenance of martial law.

1.17. Terrorism.

2. Injury or illness resulting from pre-existing disease coverage is adequate. (Pre-existing Condition). The insured is treated diagnosis consultation or prescription of medication during the 90 days before the effective date of this coverage of the individual certified unless the insured injured or sick have been approved under this coverage for at least 270 days.

## Rider for Maternity benefits

### Details of benefits to be received from the Rider are as follows:

Upon receipt of the proof of the insured (female) or the insured's wife who is hospitalized in connection with maternity, miscarriage, and stays treated for at least 6 hours under the opinion of the doctor at the time of this Rider effective The company will indemnify the insured (female) or wife insured's in the amount of the actual expenses charged by the hospital for maternity expenses. This maternity indemnity is not related to the benefits under the contract. Other additions will pay no more than the maximum rate of maternity benefits such as miscarriage, normal delivery childbirth by surgical removal of the child, complications before and after birth, etc.

**** The company will pay the maternity benefit according to the items above to the insured (female) or the insured's wife only if the pregnancy has occurred after the effective date of this Supplementary Agreement ****

## Rider for dental treatment fees benefits

The company provides coverage if the insured must undergo dental treatment in a hospital or clinic based on medical necessity. When the company has received and approved the evidence, the company will repay benefits arising from such dental treatment expenses according to the amount paid by the insured. However, this must not exceed the maximum benefits per policy year as specified in the benefits schedule.

### 1. Coverage

1.1 The primary coverage, every plan shall be covered mainly as follows:

1) Tooth extraction
2) Filling
3) Scaling

1.2 Additional protection. It is an extension of coverage as the policyholder has requested to do with the company as detailed in the central policy.

### 2. Benefit Limitation

During one policy year, the company will pay compensation for dental treatment expenses incurred in item 1.1 and item 1.2 in aggregate, not exceeding the maximum benefit amount per policy year per person as detailed in the primary procedure.

## 3. Payment of Benefits

The company agrees to pay benefits for dental treatment of the insured and/or family members of the insured in the event covered under this Rider to the policyholder by an agreed method for dental treatment under the insuring agreement by a legally licensed dentist or dental services approved by the Ministry of Public Health; the company will pay compensation not exceeding the amount paid by the Insured per time. However, the payment above in one insurance policy year combined must not exceed the maximum benefit per insurance policy year per person at the company shall be liable according to the details of this Rider.

But if the insured and/or the insured's family members receive compensation from the welfare of the state or any other interest or other insurances, the company will be responsible for only the amount of dental treatment that is broken and not exceeding the maximum benefit per insurance policy year per person according to the details of this Rider.

## 4. Claims for benefits and submission of evidence

Claims: the policyholder must submit a written notice in the form prescribed by the company for dental treatment of the insured and/or family members of the insured within 20 days from the date of admission. Failure to submit the notice within the specified time does not preclude the claim if it shows that the notification cannot be filed.

Submission evidence of dental treatment: the policyholder submit the claim form according to the state that the company assigned with original expense receipts but in the case that the insured and/or the insured's family members receive compensation from the company not in the total amount that the insured and/or the insured's family members paid. The company will return the original certifying the amount paid for the insured and/or family members of the insured to claim the lack of state welfare or other welfare or other insurers but if the insured and/or family member of the insured receives from the welfare of the state or other welfare or other insurers have the policyholder submit a copy of the receipt along with the original certifying the amount reimbursed from the welfare of the state or other agencies to claim rights.

**Coverage exclusions, this Rider does not cover any dental treatment arising from or as a result of the following reasons:**

1. Medical treatment for congenital diseases or symptoms.
2. Medical treatment due to self-harm or intentional involvement in quarrels, alcoholism, drug addiction, sexually transmitted diseases, psychiatric disorders, stress.
3. Dental grafting, such as bone implants, etc.
4. Treatment of growth and development disorders such as cleft lip, cleft palate, etc.
5. Requesting dental treatment or surgery without a dentist's recommendation.
6. Medical treatment that is not modern includes acupuncture, natural therapy treatment by massage and acupressure (chiropractic), etc.
7. All kinds of prosthetic devices and prosthetic organs (except in the case of purchasing additional coverage).
8. Any dental treatment for beauty, such as teeth whitening, tooth gap treatment, treatment of abnormal teeth, orthodontics, etc.
9. Treatment of all kinds of bruxism, including sleep disorders.
10. All braces, including orthodontics, to correct abnormal occlusal teeth.

# สิทธิประโยชน์ กรณีทันตกรรม ที่ผู้ประกันตนจะได้รับ



ค่าบริการทางการแพทย์
เท่าที่จ่ายจริง ปีละไม่เกิน
**900 บาท**

**ไม่ต้องสำรอง หากเข้ารับบริการ ณ สถานพยาบาลที่ทำข้อตกลง

ยกเว้นค่ารักษาส่วนเกินต้องรับผิดชอบ

## กรณีใส่ฟันเทียมชนิดถอดได้

### ใส่ฟันเทียมถอดได้บางส่วน

เท่าที่จ่ายจริง
ตามความจำเป็นไม่เกิน
1,500 บาท ภายในเวลาไม่เกิน 5 ปี

1) **1-5 ซี่** เท่าที่จ่ายจริง
ตามความจำเป็นไม่เกิน
1,300 บาท

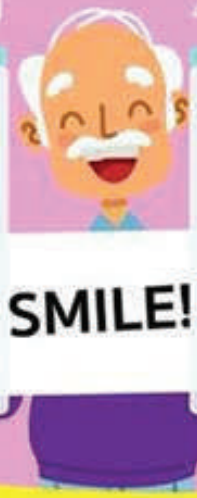
2) **มากกว่า 5 ซี่** เท่าที่จ่ายจริง
ตามความจำเป็นไม่เกิน
1,500 บาท

### ใส่ฟันเทียมถอดได้ทั้งปาก

เท่าที่จ่ายจริง
ตามความจำเป็นไม่เกิน
4,400 บาท ภายในเวลาไม่เกิน 5 ปี

1) ชนิดถอดได้ทั้งปาก
**บนหรือล่าง** เท่าที่จ่ายจริงไม่เกิน
2,400 บาท

2) ชนิดถอดได้ทั้งปาก
**บนและล่าง** เท่าที่จ่ายจริงไม่เกิน
4,400 บาท




ติดต่อสอบถามประกันสังคม สายด่วน 1506
ดูรายละเอียดเพิ่มเติมได้ที่ **www.sso.go.th**

# Claims for group Life Insurance policies

## In case of ordinary death or death from illness

| Procedure | Supporting Documents |
|---|---|
| If the insured dies, the policyholder or beneficiary must notify the company, as soon as possible within 14 days from the date of the insured's death. Unless it can be proven that they do not know the insured's death or do not know there is insurance. In such a case, must notify the company within seven days from the date of death or the date that insurance is known. | 1. Copy of the insured's death certificate.<br>2. Copy of the house registration of the insured stamped "dead."<br>3. Copy of the insured's identification card (deceased person).<br>4. Copy of house registration of every specified beneficiary.<br>5. Copy of identification card of all specified beneficiaries.<br>6. Death Claim Form signed by all beneficiaries. If the beneficiary is a minor, the minor's father, mother, or guardian under the court order must also sign or in the case that the beneficiary is a juristic person/employer signed by an authorized person to act on behalf of such person with a seal affixed. |

## In the event of death due to accident, murder, suicide, or other causes, additional documents must be required from the case of ordinary death or death from illness as follows:

| Supporting Document |
|---|
| 1. Copy of police daily report which has been certified as a true copy by a licensed police officer.<br>2. Copy of autopsy report which has been duly certified by a licensed police officer or a doctor who performs an autopsy. |

**** In the case of the name and/or surname in the documents supporting the above consideration of the insured or the beneficiaries do not match, must attach a certificate of being the same person or a certificate of name/ surname change or a marriage certificate consisting of ****

**** All documents are photocopies. must be signed "Certified true copy" by the insured's Human Resources Officer ****

**** Accident notification: the insured, beneficiaries, or representatives of such persons, as the case may be, must notify the company for acknowledgment of the injury within 14 days from the date of the accident. In case of death, the insured must report to the company immediately before burial or cremation according to religious traditions, unless it is a reasonable necessity. Therefore, the insured cannot notify the company as mentioned above but has notified as soon as possible. In the case of claiming compensation due to death or disability, the insured must be submitted the above evidence within 30 days from the date of death or disability. In the case of claiming other compensation must submit evidence within 180 days from the date of the accident. ****

## Methods for reimbursement of medical and surgical expenses, both inpatient and outpatient

In the case of hospitalization or clinics in the network, there are 2 methods:

1. Using a group health insurance card issued by the Ocean Life Insurance Public Company Limited.
2. Not using a group health insurance card (Reserve payment in advance).

## 1. Using a group health insurance card

The group health insurance cards issued by Ocean Life Insurance Public Company Limited can receive services from hospitals or clinics that the company has made a contract only. The insured can use it for hospitalization and surgery as an inpatient and outpatient of the hospital or clinic with government-issued cards, such as ID cards, driver's licenses, or passports.

## Requirements for using a group health insurance card

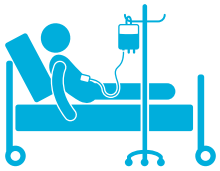
1. Group health insurance card expires on the date specified on the card or the termination of employment.

2. At the end condition as an employee, the employee must return the group health insurance card to the company. If the employee does not return it but uses it for medical treatment, they will not incur all expenses.

3. Group health insurance card used to show the right of medical expenses according to the agreement in the policy only with designated hospitals or clinics.

4. Other expenses, including the excess of right of medical expenses specified in the insured benefits schedule, must be paid directly to the hospital or clinic.

## Procedure for using group health insurance card



### In the case of inpatient treatment and surgery - hospitals in the network

| Procedure | Supporting Document |
|---|---|
| 1. The patient or the insured receives inpatient treatment at a hospital or clinic.<br>2. Show your group health insurance card along with your ID card when admitted.<br>3. Get medical treatment as appropriate and according to the doctor's orders.<br>4. The patient or the insured must wait for the receipt to confirm the right to receive from the company via the FAX CLAIM system.<br>5. The hospital informs about the expenses over rights on the date of discharge from the hospital (if any).<br>6. Pay for medical expenses over rights. | 1. Group health insurance card.<br>2. An identification card or government-issued identification card such as a driving license, passport. |

**** FAX CLAIM via fax system (FAX) number 02-0090088 press 1, 02-2617722 open every day from 8.00a.m. – 6.00 p.m. ****

### In the case of outpatient treatment – hospitals or clinics in the network

| Procedure | Supporting Document |
|---|---|
| 1. The patient or the insured receives treatment on an outpatient basis at a hospital or clinic.<br>2. Show your group health insurance card along with your ID card when admitted.<br>3. Get medical treatment according to injury/ illness.<br>4. The hospital or clinic informs about the expenses over rights (if any).<br>5. Pay for medical expenses over rights (if any). | 1. Group health insurance card.<br>2. An identification card or government-issued identification card such as a driving license, passport. |

## 2. Not using a group health insurance card (Reserve payment in advance)


| In case of inpatient or outpatient treatment – hospital or clinic outside the network | |
|---|---|
| **Procedure** | **Supporting Document** |
| 1. The patient or the insured receives treatment as an inpatient or outpatient treatment at a hospital or clinic.<br>2. Pay all medical expenses.<br>3. Submit claim evidence to your organization's Human Resources Department.<br>4. The company considers paying compensation according to the rights received.<br>5. Wait for compensation. | 1. Receipt (Original)<br>2. Medical certificate (original) |

## Overseas medical treatment

The insured must pay all medical expenses and claim according to the rights and conditions specified in the benefits schedule.

Documents used to make a claim are: original receipt and medical certificate. Compensation will be paid in Thai baht. The exchange rate will be according to the currency on the payment date for medical expenses as stated in the receipt.

**** The payment of the medical treatment over rights, if the insured has excess expenses over benefits or uncovered benefits and the insured does not pay such expenses directly to the hospital or clinic, the company will send an invoice to collect such costs to the insured's organization through the Human Resources Department. ****

## List of hospitals in the network

List of hospitals in the network of Ocean Life Insurance Public Company Limited. The insured can view the list of hospitals in the company' s network by scanning the QR Code below.

FLOWCODE

**Contracted Hospital**

If the insured is not convenient to exercise the right at the hospital or clinic, can contact the insured's Human Resources Department with the following details

1. Name of the hospital or clinic.
2. Name of relevant hospital or clinic staff.
3. The date of the incident and details of the inconvenience.

In case of emergency, it is not convenient to exercise the right at the hospital or clinic in the company's network and unable to contact Human Resources staff, the insured can get

CRM : Corporate & Group Life Insurance Division Tel. 0 2261 2300 Ext. 1234, 1238

Claim Service Tel. 1503 ***every day from 8:00 a.m. – 6:00 p.m.***

Contact Center, Ocean Life Insurance PCL. Tel. 1503

## Other Exercises of Rights

### Various rights that may be able to be used in joint disbursement

For the insured to receive the maximum medical benefits according to the proper rights, the guaranteed can use the claim from group health insurance in conjunction with the following rights (if any):

1. Social Security Fund (more information www.sso.go.th)
2. Compensation Fund (more information www.sso.go.th)
3. Spouse, father, and mother are civil servants
4. Personal Life Insurance
5. Third Person Act

**Proper selection of funds for medical treatment**

| Description | Social Security Fund | Compensation Fund | Personal Life Insurance |
|---|---|---|---|
| Sickness or accident due to work | | ✓ | |
| Illness or accidents that are not due to work | ✓ | | ✓ |

**** If the insured has insurance with other companies, or any welfare can inform the hospital or clinic that uses the service. For the hospital or clinic to help continue to provide information about benefits ****

**Remark**

- Using a receipt that exceeds social security rights or compensation fund to the hospital or clinic specifies which rights are surplus and attach the disbursement details.
- Copy of receipt cannot be used as evidence of the claim in any case unless the copy above of the receipt arises from a claim for medical expenses through a government agency first. That government agency has certified a copy and evidence of disbursement, such as claims for medical costs from the social security compensation fund, etc.
- If you want to get the original receipt for any claim from other benefits, please notify us along with the documents submitted by the insured to make a claim.

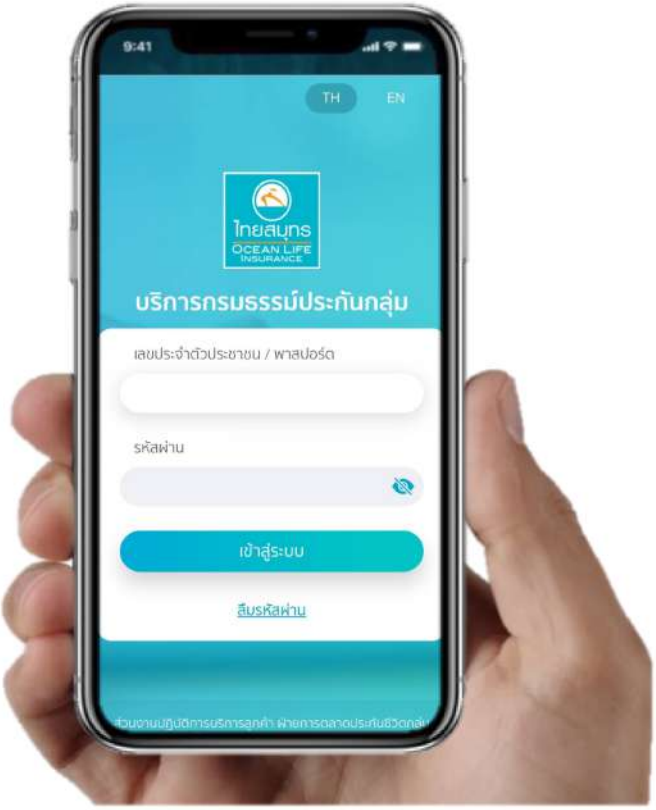
# พบกับบริการที่

# ทันสมัย

## Ocean Health card

บัตรประกันสุขภาพกลุ่ม

## และ Web Member




## สามารถเช็คข้อมูลการรักษา ผลประโยชน์ความคุ้มครอง และสถานพยาบาลเครือข่าย ได้ในมือเดียว

SCAN ME

## ศึกษาวิธีการใช้งาน Web Member ได้จาก QR Code

## เข้าใช้งาน Web Member ที่ webmember.ocean.co.th หรือ เพิ่มเพื่อน Line @Oceanlife ได้เลยนะครับ



ฝ่ายการตลาดประกันชีวิตกลุ่ม บริษัท ไทยสมุทรประกันชีวิต จำกัด (มหาชน)
170/74-83 อาคารโอเชี่ยนทาวเวอร์ 1 ถนนรัชดาภิเษก เขตคลองเตย กรุงเทพฯ 10110
โทร. 0 2261 2300 ต่อ 1222-1223 โทรสาร 0 2204 0092

# ขั้นตอนการเข้าใช้งาน Web Member

Step 1. ใช้โทรศัพท์มือถือ สแกน QR Code ระบบจะไปที่หน้า ระบุรายละเอียด เพื่อตรวจสอบผู้ใช้งาน ตามภาพ

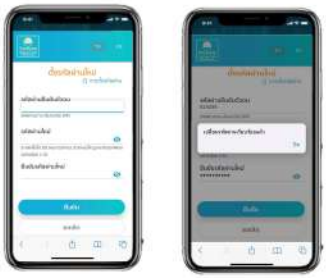
QR Code
ลงทะเบียนเข้าใช้งาน Web Member
สำหรับสมาชิกประกันกลุ่ม

Smart Phone

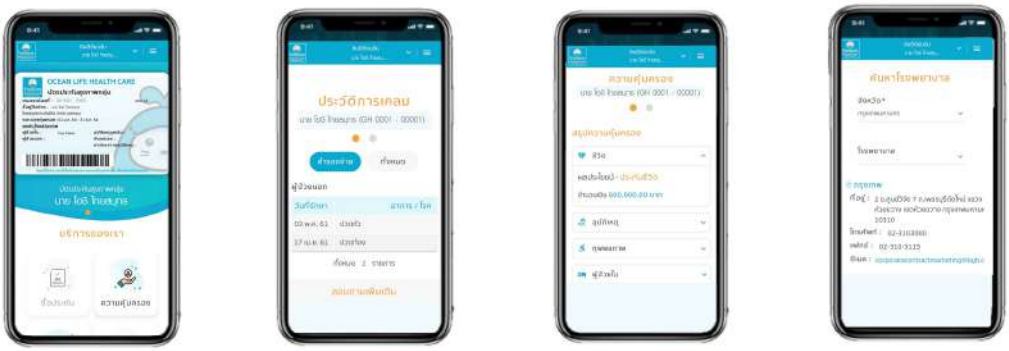
Step 2. ใส่ เลขบัตรประจำตัวประชาชน 13 หลัก ของท่าน กดปุ่ม ตรวจสอบ และกดปุ่ม ทำรายการ

Step 3. ให้ท่านเลือกช่องการจัดส่งส่งรหัส ยืนยันตัวตนตามที่ท่านสะดวก

Step 4. ระบบจัดส่ง รหัสยืนยันตัวตน ให้ทาง E-mail หรือ SMS ที่ท่านเลือกใน Step 3 และให้นำรหัสที่ได้รับมากรอก พร้อมเปลี่ยนรหัสใหม่ ตามเงื่อนไขที่ระบุ และกดปุ่ม ยืนยันทำรายการ ใน Link https://webmember.ocean.co.th/



Step 5. ท่านเข้าระบบโดยใช้เลขบัตรประชาชนและรหัสผ่านใหม่



หากมีข้อส่งสัยสอบถามได้ที่
โทร 02 2612300 ต่อ 1218 1219 และ 1234

QR Code คู่มือ Web Member



ฝ่ายการตลาดประกันชีวิตกลุ่ม บริษัท ไทยสมุทรประกันชีวิต จำกัด (มหาชน)
170/74-83 อาคารโอเชี่ยนทาวเวอร์ 1 ถนนรัชดาภิเษก เขตคลองเตย กรุงเทพฯ 10110
โทร. 0 2261 2300 ต่อ 1222-1223 โทรสาร 0 2204 0092

# ใหม่! OCEAN CONNECT

## เพื่อลูกค้าประกันกลุ่มโดยเฉพาะ

ลงทะเบียนเชื่อมผ่าน LINE เข้าถึงทุกบริการได้ง่ายๆ

รัก คือพลังของชีวิต

ไทยสมุทร OCEAN LIFE INSURANCE


## WEB MEMBER เวอร์ชั่นใหม่ล่าสุด

ผู้ช่วยใหม่ ที่จะช่วยให้การเข้าถึงกรมธรรม์ของคุณเป็นเรื่องง่ายได้ด้วยตนเอง

**โชว์หน้าบัตรประกันชีวิตกลุ่ม**

**เช็คผลประโยชน์ความคุ้มครอง**

**ส่งเคลมสินไหม & เช็คสถานะการเคลม**


**ค้นหาโรงพยาบาลเครือข่ายใกล้คุณ**


**แบบประกันที่น่าสนใจ**

## วิธีการลงทะเบียน

1. เปิดใช้งาน LINE OCEAN LIFE ไทยสมุทร
   @OCEANLIFE
2. คลิกที่ Banner "บริการลูกค้า"

3. คลิกที่ Banner "ลงทะเบียน"
4. กรอกข้อมูลในการลงทะเบียน
5. กรอกรหัส OTP ที่ได้รับจาก SMS
6. คลิกเลือกแบบประกันรายกลุ่ม

สแกน QR CODE เชื่อมต่อ LINE OCEAN CONNECT

สอบถามข้อมูลเพิ่มเติม : E-mail : CRM@OCEAN.CO.TH

# New! OCEAN CONNECT

รัก คือพลัง ของชีวิต

ไทยสมุทร OCEAN LIFE INSURANCE

## Exclusive For Group Insurance Customer

Registration via LINE access all services simply


## NEW VERSION OF WEB MEMBER

New assistant to access your policy simply by yourself

### SHOW MEMBER CARD

### SHOW BENEFIT AND COVERAGE

### EASY CLAIM & CLAIM STATUS

### SEARCH NEARBY HOSPITAL NETWORK

### INTERESTING INSURANCE

## Registration

1. Open app "Line" Ocean Life Official
   @OCEANLIFE
2. Click at Banner "Ocean Connect"

3. Click Banner "Registration"

4. Fill your information for registration

5. Fill OTP recieved from SMS

6. Click Group Insurance

SCAN QR CODE
CONNECT TO LINE
OCEAN CONNECT

For more information , please contact : CRM@OCEAN.CO.TH

NOTE 

FOR MORE INFORMATION PLEASE CONTACT
Corporate & Group Life Insurance Division

# Tel. 0 2261 2300

## Ext. 1222, 1223, 1242,1244

## Claims Service

# 1503

## Contact Center

OCEAN CLUB APP

@oceanlife

Ocean Gang
Ocean Group


ไทยสมุทร OCEAN LIFE INSURANCE

บริษัท ไทยสมุทรประกันชีวิต จำกัด (มหาชน)
OCEAN LIFE INSURANCE PUBLIC COMPANY LIMITED
สำนักงานใหญ่ 170/74-83 อาคารโอเชี่ยนทาวเวอร์ 1 ถนนรัชดาภิเษก เขตคลองเตย กรุงเทพฯ 10110
โทร. 0 2261 2300 โทรสาร 0 2204 0092 www.ocean.co.th E-mail : info@ocean.co.th