

Important:

This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you.

Conditions for Assist Rider

1 What your rider covers

This rider covers the following **benefits**.

This rider applies as well as **your policy**. Our responsibility to pay the **benefits** under this rider will only arise if **you** are eligible to make a claim under **your policy**.

Paying the **benefits** under this rider depends on the **limits of compensation, limits on special benefits** (if it applies), **limit for each policy year** of **your policy** and all other limits listed in the **schedule of benefits**, where it applies.

1.1 Deductible and co-insurance

While this rider is in force, there is no **deductible** or **co-insurance** due under **your policy**. However, **you** will have to make a co-payment for each claim, as set out below, unless **you** have already paid up to the maximum amount for each **policy year**.

a Co-payment

For each claim under **your policy**, **you** will have to make a co-payment of 10% of the **benefits** due under **your policy** or the maximum amount for each **policy year** shown in the table below for the relevant **plan**, whichever is lower. This co-payment also applies to claims for 'Outpatient hospital treatment'.

Maximum co-payment for each policy year			
Enhanced Preferred or Plan P	Enhanced Advantage or Plan A	Enhanced Basic, Plan B or Standard Plan	Enhanced C or Plan C
\$3,000	\$2,500	\$2,000	\$1,500

You must make the co-payment before **we** pay any **benefit**. **We** will only pay the amount of **your** claim which is more than the co-payment.

For each **stay in a hospital** of 12 months or less, **you** must pay the co-payment for one **policy year** (even if the **stay in a hospital** runs into the next **policy year**). If the **stay in a hospital** is for a continuous period of more than 12 months and up to or less than 24 months, **you** must also pay the co-payment for the next **policy year**. And, for each further period of 12 months or less that the **stay in a hospital** extends for, **you** must pay the co-payment for one extra **policy year**.

1.2 Hospital cash benefit

If the **insured** is admitted to a ward which is a lower class than the class they are entitled to under **your policy**, **we** pay a daily hospital cash benefit for each full day as follows.

Hospital cash benefit		
Plan	Admitted ward	Cash benefit for each day
Enhanced Preferred	Restructured hospital ward class B1,B2 or C	\$150
Enhanced Preferred	Restructured hospital ward class A	\$125
Enhanced Advantage	Restructured hospital ward class B1, B2 or C	\$100
Enhanced Basic	Restructured hospital ward class B2 or C	\$75

If the **insured** is in **hospital** for only part of a day, **we** will pay half of the hospital cash benefit for that day (based on the rates in the table above). Whether **we** class the **stay in**

hospital as a full day or part of a day will depend on whether the **hospital** charges the room rate for a full day or for half a day, for the day in question.

Hospital cash benefit applies to the Enhanced IncomeShield plan only and is paid on top of the **benefits** covered under **your policy**.

1.3 Extra bed benefit

If during the **insured's stay in hospital** their parent or guardian stays and shares the same room, **we** will refund up to \$80 for each day the parent or guardian stays. This applies as long as the following conditions are met.

- The **insured** is a child aged 18 or below on the date a claim is made for this benefit.
- **We** will pay up to 10 days for each **stay in hospital**.
- If the **insured** is in **hospital** for only part of a day, **we** will pay half of this benefit for that day.

The co-payment under clause 1.1 (a) of this rider does not apply to any claim for this benefit.

2 Our responsibilities to you

Our responsibilities to **you** are only for the cover and period shown in this endorsement or **renewal certificate** (as the case may be) and depend on the terms, conditions and limits of this rider.

3 Your responsibilities

3.1 Premium

The amount of **premium for the rider** which **you** have to pay to **us** to receive the **benefits** in clause 1 is set out above. If this rider is added to **your policy** during a **policy year**, the **premium for this rider** for that **policy year** will be pro-rated. **You** must pay the **premium for the rider** every year.

We give **you** 60 days' grace from the **renewal date of this rider** to pay the **premium for this rider**. During this **period of grace**, this rider will stay in force. **You** must first pay any outstanding **premium for this rider, premium for your policy** or amounts **you** owe **us** before **we** pay any claim under this rider.

If **you** still have not paid the **premium for this rider** after the **period of grace**, this rider will be cancelled. This cancellation will apply from the **renewal date of this rider**.

You are responsible for making sure that the **premium for this rider** is paid up to date.

3.2 Refunding the premium when this rider ends

We will refund the unused pro-rated portion of the **premium for this rider** to **you** in cash when this rider ends.

3.3 Change in premium

The **premium for this rider** that **you** pay can change from time to time. If **we** change the **premium for this rider, we** will write to **you** at **your** last known address, at least 30 days before the change is to take place, to tell **you**

what **your** new **premium for this rider** is. **We** will change the **premium for this rider** only if the change applies to all policies within the same class.

4 What you need to be aware of

4.1 Cancelling the rider

You may cancel this rider by giving **us** at least 30 days' notice in writing. **We** will tell **you** the date it will end. Cancelling **your** rider will not affect the validity of **your policy**.

4.2 Ending the rider

If **your policy** is cancelled, ends or has lapsed for any reason, this rider will automatically and immediately end even if the **period of grace** has not come to an end.

4.3 Reinstating the rider

If this rider is cancelled because **you** have not paid the **premiums**, **you** may apply to reinstate **your** rider.

You can do this if **we** agree and **you** meet all of the following conditions.

- a **You** must pay all **premiums for the rider** **you** owe before **we** will reinstate **your policy**.
- b **We** will not pay for any expenses which happen between the date this rider ends and the date immediately before the **reinstatement date** of this rider.
- c If there is any change in the **insured's** medical or physical condition, **we** may add exclusions or charge an extra **premium for this rider** from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium for this rider** after this rider has ended, it does not mean **we** will not enforce **our** rights under this rider or create any liability for **us** in terms of any claim. **Our** responsibility to pay will only arise after **we** have reinstated this rider.

4.4 The terms and conditions of your policy

Unless they are changed by this rider:

- a all other terms and conditions of **your policy** will not change and will apply to this rider, if it applies; and
- b words defined in the definitions section of the conditions of **your policy**, if used in this rider, will have the same meanings.

If there is any inconsistency between the terms and conditions of this rider and **your policy**, the terms and conditions of this rider will apply.

4.5 Exclusions

All exclusions under **your policy** will apply to this rider.