



Dai-ichi Life
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DAI-ICHI LIFE INSURANCE MYANMAR LTD.

POLICY PROVISIONS

Dai-ichi Health CARE
(Individual Health)

July 2023

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CHAPTER I: GENERAL PROVISIONS

Article 1: Definitions

The following words and phrases used throughout these provisions are consistently understood and interpreted as follows:

- 1.1 **Policy (Insurance Policy)** is a legally binding document issued by **Dai-ichi Life Insurance Myanmar Ltd.** stipulating the major substance and detailed terms and conditions that are agreed between **Dai-ichi Life Insurance Myanmar Ltd.** and the Policy Owner in the insurance contract. Insurance Policy shall be attached with insurance certificate or other related documents.
- 1.2 **Dai-ichi Life** means **Dai-ichi Life Insurance Myanmar Ltd.**
- 1.3 **Policy Owner** refers to a natural person or a legal entity who has legal title to this insurance policy.
- 1.4 **Life Insured** refers to a natural person on whose life the insured events of this insurance policy are contingent upon, and s/he could be one and the same person as the Policy Owner.
- 1.5 **Insurance Certificate** refers to document issued by **Dai-ichi Life** to certify the fact that Policy Owner has purchased this insurance policy from **Dai-ichi Life**.
- 1.6 **Beneficiary** refers to a party designated in this contract who is entitled to receive the insurance proceeds when s/he survives the Policy Owner, and the policy has not been assigned, and that the terms and conditions do not stipulate anything to the contrary.
- 1.7 **Entry Age** means the entry age of the Life Insured at his/her next birthday. 'Insurance Age' is the age used for the calculation of premiums, payment of insurance benefits, and is applied for all other relevant terms and conditions of this Policy. All the words 'age' in this Policy means 'Insurance Age'.
- 1.8 **Insurance Application** includes Life Insurance Application, the statement and any other information in writing signed and submitted by or on behalf of the Policy Owner to **Dai-ichi Life**, in connection with the application for this policy.
- 1.9 **Policy Effective Date** means the date as specified in the Insurance Certificate on which this Policy became effective.
- 1.10 **Policy Issuance Date** means the date **Dai-ichi Life** issues the policy document which includes the Life Insurance Certificate.
- 1.11 **Policy Expiry Date** means the last date of the insurance term as specified in the Insurance Certificate, if the Policy is still in force at that time.
- 1.12 **Renewal Date** is the annual recurring day of Policy Anniversary.
- 1.13 **Policy Year** is the period from the Policy Effective Date to the policy anniversary.
- 1.14 **Premium** means the amount paid by the Policy Owner to **Dai-ichi Life** under this policy as consideration for the obligations assumed by **Dai-ichi Life**.
- 1.15 **Premium Payment Obligation** means the Policy Owner shall be responsible to pay every premium in full and on time in accordance with the amount and Premium Due Date as specified in the Insurance Certificate or in any other endorsements.
- 1.16 **Overall Annual Limit** is the maximum amount paid for Medical Cost incurred for Medically Necessary Services per policy year.
- 1.17 **Overall Lifetime Limit** is the maximum amount paid for Medical Cost incurred for Medically Necessary over the lifetime of the Life Insured Person since the Policy Effective Date.
- 1.18 **Policy Limits** collectively refers to Overall Annual Limit and the Overall Lifetime Limit.
- 1.19 **Death Benefit** means the amount of insurance cover provided under this Policy as specified in the Insurance Certificate.

- 1.20 **Outpatient Hospital Benefits** shall mean the medical treatment that Life Insured received in an Outpatient Health Service Provider, or Hospital as indicated by the Doctor.
- 1.21 **Pre & Post-Hospitalisation Benefits** are medical cost incurred by Life Insured before being admitted into a hospital and after being discharged from the hospital.
- 1.22 **Co-Insurance** is the percentage share (as stated in the Schedule of Benefits) of the covered medical cost that Policy Owner is responsible for paying after any deductible amount. The payable co-insurance amount by the Policy Owner is subject to the deductible amount, coinsurance share, maximum co-insurance amount, and overall annual and lifetime limit according to the plan as specified in the Insurance Certificate.
- 1.23 **Deductible Amount** is the amount the Policy Owner pays for covered medical cost before insurance plan starts to pay. Covered medical cost incurred for the applicable Insured Benefits are subject to the Deductible amount per policy year (if any) whereby Life Insured will be responsible for paying the Deductible amount as stated in the Schedule of Benefits.
- 1.24 **Coverage Area** refers to the geographic area in which this insurance policy's benefits apply. **Dai-ichi Life** agrees to pay eligible costs under the scope of insurance, incurred when Life Insured has examination and treatment of Illness/Injury.
- 1.25 **Premium Due Date** means the date on which the Premium is due and payable to **Dai-ichi Life** as specified in the Insurance Certificate or any other written agreement.
- 1.26 **Premium Term End Date** means the date on which Policy Owner will stop paying Premiums to **Dai-ichi Life** as specified in the Insurance Certificate and any other policy endorsements.
- 1.27 **Insured Events** means objective event(s) that are stipulated under this Provisions that **Dai-ichi Life** will pay the insurance benefit, if the Insured Events happen to the Life Insured in accordance with the terms and conditions of this Policy.
- 1.28 **Illegal Activities** means deliberate or intentional acts of the Policy Owner or the Life Insured or the Beneficiary that are illegal as stipulated under the laws and regulations of Myanmar.
- 1.29 **Day Surgery** means any minor surgery that is a surgery which does not require general or spinal anesthesia and performed in the registered hospital and is carried out by a Surgeon but not on an inpatient basis.
- 1.30 **Accident** means an event that occurs at an identifiable time and place due to cause(s) of unforeseen, unwanted, involuntary, violent, external, and visible means, resulting in direct bodily injury of the Life Insured.
- 1.31 **Hospital** means an institution accredited and authorized by the Ministry of Health or Government to treat and admit patients.
Any licensed, lawfully operating institution duly constituted and registered as a hospital for providing medical care and treatment of sick and injured persons as bed-paying patients, and which:
- has facilities for diagnosis and major surgery,
 - provides 24 hours a day nursing services by registered nurse,
 - is always under the supervision of one or more physicians,
 - shall not primarily be a clinic, or hospital for treatment of alcoholics, drug addicts, or mentally ill people, a nursing, rest or convalescent home or home for the aged or similar establishment.
- 1.32 **Hospital admission** shall mean a period in which the Life Insured stays in a hospital for a **minimum period of eight (8) hours** (starting from admission till discharge letter signed) upon the recommendation of a Physician and continuously stay in a hospital prior to the Life Insured's discharge. Admission shall be evidenced by a Room and Board charge. The admission and medically necessary treatment must be consistent with the diagnosis and medical treatment for a covered condition.

- 1.33 **Medically Necessary Treatment** means any treatment which is
- In consistence with the diagnosis and medical treatment.
 - In accordance with standards of good medical practice, consistent with current standards of professional medical care, and of proven medical benefits by Western medicine.
 - Not for the convenience of the Life Insured or the registered medical practitioner.
 - Not of an experimental, investigational or research nature, preventive or screening nature, medical technology/procedure, which has not been proven to be effective based on established medical practice and which has not been approved by an authority organization in the country in which the Life Insured receives the treatment.
 - Not exceeding the level of general reasonable medical cost provided by any medical provider which has the same standards in the locality when providing the same treatment or service.
 - The following example conditions will NOT be considered as “Reasonable and Medically Necessary Treatment”
 - Plastic/cosmetic/esthetic surgery, breast/hip augmentation, botox injection, facelifting, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness/far-sightedness, etc.
 - Any dental conditions, including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
 - Medical treatment for sex changes.
 - Hospitalisation primarily for investigatory purposes, diagnosis, X-ray and/or other imaging examinations, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is NOT Medically necessary, and any preventive treatments, preventive medicines or examinations carried out by a Physician and treatments specifically for but not limited to weight reduction or gain, vaccination, etc.
 - Medical treatment involving the donation of blood or any body organ by Life Insured.
- 1.34 **Intensive Care Unit (ICU)** means a section within a Hospital which is maintained on a **twenty-four (24) hour** basis solely for the treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
- 1.35 **Plan** at the discretion of the Policy Owner at the time of joining this policy and recorded in the Certificate of Insurance or other amendments (if any), the Policy Owner may choose one of the medical plans. Each plan includes: (i) in-hospital care benefit (ii) pre & post-hospitalisation benefit(s) (iii) outpatient hospital benefit and (iv) optional deductible and co-insurance benefit.
- 1.36 **Schedule Benefit** means a list of insurance benefits, with details of insurance benefits corresponding to each Plan chosen by the Policy Owner, attached to these Terms and Conditions.
- 1.37 **Waiting Period** means the period during which covered events for in-hospital care and/or pre & post-hospitalisation and/or outpatient due to Illness occur are not paid.
- 1.38 **Injury** means bodily injury of the Life Insured caused by Accident which means an event that occurs at an identifiable time and place due to cause(s) of unforeseen, unwanted, involuntary, violent, external, and visible means, resulting in direct bodily injury of the Life Insured.
- 1.39 **Illness** means the poor health or poor physical condition of the Life Insured compared to normal health status, caused by disease or sickness diagnosed by a Doctor.
- 1.40 **Clinic** means a medical facility, licensed and operates under the laws and regulations of the local country and does not have function or authority of keeping patient overnight.



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- 1.41 **Doctor** means a person who has medical degree and licensed or recognized by a competent authority to practice medicine within the scope of his/her degree and license under the laws and regulations of the country in which s/he practices. Doctor must not be the spouse, parent, child, sibling of the Life Insured and/or of the Policy Owner or Life Insured.
- 1.42 **Dentist** means a person qualified by degree and licensed to practice dentistry within the scope of the license under the laws and regulations. Dentist must not be the spouse, parent, child, sibling of the Life Insured and/or of the Policy Owner or Life Insured.
- 1.43 **Nurse** means a person qualified by degree in nursing and licensed to perform the duties of a nurse within the scope of the license under the laws and regulations. Nurse must not be the spouse, parent, child, sibling of the Life Insured and/or of the Policy Owner or Life Insured.
- 1.44 **Outpatient** means a person who receives treatment for Illness/Injury in a Clinic, outpatient department of a Hospital, or an emergency room or undergoes a treatment without the need to be admitted to Hospital as Inpatient according to the Medical Necessity.
- 1.45 **Emergency** means a sudden, unexpected change in the Life Insured's health condition due to Illness/Injury, which requires urgent, immediate medical treatment according to the advice of a Doctor to prevent the Life Insured from dying or suffering serious harm to health or physicality, or to maintain vital signs of circulation and breathing. The severity will be assessed based on the circumstances of each locality, the nature of emergency treatment and the availability of emergency facilities in each locality.
- 1.46 **Pre-existing Condition** means – The Life Insured's Illness/Injury has been consulted, examined, diagnosed or treated by a Doctor prior to the effective date and/or the reinstatement date of this policy; or Medical condition or medical history is recorded in the medical record or medical document at a Hospital or Clinic, or information declared by the Life Insured; or The existence of any signs and symptoms which would have caused an ordinary prudent person to seek treatment, diagnosis or cure provided by medical institution to the Life Insured.
- 1.47 **Surgery** means a medical method for the treatment of Illness or Injury according to the Medical Necessity and Rationality, indicated and performed by a Doctor with appropriate expertise for the purpose of treating Illness/Injury and is performed in the operating room of a Hospital.
- 1.48 **Surgery Fee** means the costs related to Surgery including the costs for surgeon's fee, anaesthetist, operating room, surgical appliances and devices; and standard prostheses fitted, and drugs used during the surgery.
- 1.49 **Telemedicine** means specifically to the practice of medicine via remote means which is a blanket term that covers all components and activities of healthcare and the healthcare system that are conducted through telecommunications technology.
- 1.50 **Eligible Costs** mean the covered costs that actually incurred within the Policy Limits during the period of coverage.
- 1.51 **Specified Diseases** mean
- a. All tumors, cancers, cysts, nodules, and polyps
 - b. Stones of the urinary system and biliary system
 - c. All ear, nose (including sinuses), throat and thyroid conditions
 - d. Hernias, hemorrhoids, fistulae, hydrocele, varicocele
 - e. Diseases of the reproductive system
 - f. Vertebro-spinal disorders (including disc) and knee conditions
 - g. Hypertension, diabetes mellitus and cerebrocardiovascular disorders
- 1.52 **High Dependency Ward/Unit** means an area in a hospital, usually located close to the intensive care unit, where patients can be cared for more extensively than on a normal ward, but not to the point of intensive care.
- 1.53 **Reasonable and Customary Charges** means the level of fees or charges which providers of the geographical area concerned usually charge for the same or similar medical/surgical services.

Article 2: Insurance Purchasing Procedure

- 2.1 When applying for insurance cover, the Policy Owner must fully and truthfully complete the Insurance Application, sign it off with his/her own signature, attach identification documents as required and pay the initial Premium.
- 2.2 In order for the Insurance Application to be accepted, insurable interest must exist between the Policy Owner and the Life Insured.

In accordance with terms and conditions of this Policy, insurable interest exists if the relationship between Policy Owner and Life Insured is:

- a. His/herself, or
 - b. His/her legally recognized wife, husband, child, father, mother, or
 - c. His/her grandchild if the Policy Owner is their maternal/paternal grandfather or grandmother, or
 - d. Any other people where an insurable interest is deemed to exist as defined in the **Insurance Business Law of Myanmar**.
- 2.3 In accepting the insurance cover, **Dai-ichi Life** will issue a Policy that comes into effect from the date shown on the Insurance Certificate. If the insurance Application is postponed or rejected, **Dai-ichi Life** will refund the Policy Owner any premium paid less any medical cost.

Article 3: Disclosure Obligations

- 3.1 Disclosure Obligation by the Policy Owner
- a. The Policy Owner must provide complete and truthful information in the Insurance Application, Health Statement, and requests for adjustment or supplementary information as required by **Dai-ichi Life**. This information forms part of the basis of the insurance contract between the two parties. **Dai-ichi Life** may at its discretion request the Life Insured to undergo a health check. However, the health check will not replace the Policy Owner's obligation to provide complete and truthful information as required in this Article.
 - b. In case the Policy Owner violates Article 3.1.a above, or if there has been any non-disclosure misrepresentation or misstatement of any material fact, **Dai-ichi Life** has the right to unilaterally cancel the Policy and collect any debts. In addition, **Dai-ichi Life** will not pay any insurance benefits nor refund any premium(s) paid.

Article 4: Waiting Period and Free-look Period

4.1 Waiting Period

Type of Benefits	Waiting Period from the policy effective date
In-hospitalisation (non-accidental hospitalisation)	30 days 90 days for Specified Diseases:
Pre & Post-hospitalisation	
Day surgery	
Outpatient treatment	

Note: There is no waiting period for any death and/or any medical reimbursement benefit caused by accidental means.

Waiting period shall not be applicable for renewal policies.

4.2 Free-look Period

Within 21 (twenty-one) days from the Policy Issuance Date, provided that there has been no insured event or claim occurring during the period, the Policy Owner may request that the Policy be cancelled.

During this period, if the Policy Owner returns the Policy with written instruction to cancel the Policy, **Dai-ichi Life** will refund all the premiums paid without any interest, less any medical examination cost incurred.

During free-look period (21 days from policy issue date), Policy Owner can request to alter the policy details. This has the effect of reverting the policy to the proposal stage, changing the policy details, re-underwriting (if necessary), and re-issuing the policy. Premium may be refunded or additionally collected, depending on the impact of the alteration.

CHAPTER II: PAYMENT OF PREMIUMS

Article 5: Premium Payment Obligation

- 5.1 The Policy Owner shall be responsible to pay Premiums in full and on time in accordance with the amount and the Premium Due Dates as specified in the Insurance Certificate or any other endorsements, whether s/he receives a reminder to pay the premiums. In accordance with the Insurance certificate or any other endorsements, the Premiums can be paid by the Policy Owner to **Dai-ichi Life** either:

- Monthly, or
- Quarterly, or
- Semi-Annually, or
- Annually.

The Policy Owner may choose to pay the Premiums by:

- Cheque,
- Bank transfer into **Dai-ichi Life's** bank account (including via standing order, direct debit authorization, mobile payment platforms such as mobile banking or mobile money, POS, debit card, credit card, etc.)

The maximum annual premium paid for the policy at inception shall be the MMK equivalent of USD 15,000 based on the prevailing Central Bank of Myanmar exchange rate.

5.2 Change in premium frequency

Policy Owner may request to change premium frequency.

- Premium frequency can be changed not more than once per policy year.
- Policy Owner may request to change premium frequency on the policy anniversary date.

Article 6: Grace Period

- 6.1 A Grace Period of thirty (30) days from the Premium Due Date for Quarterly, Semi-Annually and Annual payment modes, and fifteen (15) days for Monthly payment mode, shall be allowed for the payment of each instalment Premium.

During the Grace Period, the Policy shall remain in force. The Policy Owner shall be liable to **Dai-ichi Life** for any unpaid Premiums due will first be offset against any eligible claim amount in the event of a claim occurring during the grace period.

CHAPTER III: ALTERATIONS AND REINSTATEMENT

Article 7: Policy Alterations

7.1 Appointment and Change of Beneficiary for Death Benefit

- 7.1.1 The Policy Owner has the right to nominate one or more Beneficiaries to receive in whole or in part of the insurance benefits under this Policy only for death benefit. The Policy Owner may specify the share in percentage terms that each Beneficiary is to receive, and the shares must sum to 100%. If the Policy Owner does not specify the shares, all the Beneficiaries will receive the same share and share the insurance proceeds equally.
- 7.1.2 If the Policy Owner does not nominate any Beneficiary or there is no surviving Beneficiary at the time of a death claim, the Insurance benefits will be payable in accordance with the article 12 (g) of Insurance Business Law in Myanmar.
- 7.1.3 While this Policy is in force, the Policy Owner has the right to change any Beneficiary or the share of any Beneficiary at any time, but such change request must be in writing and be approved by **Dai-ichi Life** before it becomes effective.
- 7.1.4 **Dai-ichi Life** will take no legal responsibility for the nomination or change of Beneficiary(s).

7.2 Changing in case of Death of the Policy Owner

- 7.2.1 While the Policy is in force, if the Policy Owner passes away but the Life Insured is still alive, the Life Insured could decide to become the new Policy Owner, or he or she nominates one who is acceptable to **Dai-ichi Life**. Life Insured must give written application to **Dai-ichi Life** within 30 (thirty) days from the date the Policy Owner passes away. Otherwise, the policy will be terminated.
- 7.2.2 **Dai-ichi Life** will take no legal responsibility for any dispute arising from the nomination of the new Policy Owner by the heir(s)/heirress(es).

7.3 Change of Contact Information

- 7.3.1 If the Policy Owner and/or the Life Insured and/or the beneficiary change(s) their name(s), ID number, or correspondence address, the Policy Owner shall provide a notice in writing to **Dai-ichi Life** within 30 (thirty) days of the change.

If the Life Insured intends to reside outside Myanmar for at least 3 (three) months within any consecutive 12 (twelve)-months period, the Policy Owner shall provide a notice in writing to **Dai-ichi Life** within 30 (thirty) days from the date the Life Insured departs from Myanmar. **Dai-ichi Life** has the right to either continue the Policy with the same term and conditions, or change the Premium, or cancel the Policy. If the Policy Owner does not wish to continue the Policy, **Dai-ichi Life** will terminate the Policy.

If the Policy is terminated, **Dai-ichi Life** shall provide advance notice of termination with proper reason to the Policy Owners. The premium rates change for the portfolio subject to the Insurance Business Regulatory Board (IBRB)'s approval shall be informed in advance.

- 7.3.2 **Dai-ichi Life** has the right to reject insurance benefit payment if the Policy Owner violates the obligation to provide notice of the Life Insured's departure from Myanmar as specified in Article 7.3.1 above.

7.4 Change of Occupation

In case of the Life Insured changes to an occupational class with significant change in risk or ceases working for good, the Policy Owner must notify **Dai-ichi Life** within 30 days from the change of the occupation.

For such cases, **Dai-ichi Life** may adjust the premium rate from the next policy anniversary. **Dai-ichi Life** reserves the right to impose any other terms and conditions.

Dai-ichi Life will reassess the risk and decide within 15 days after the receipt of full risk information whether to continue the cover based on the same terms.

7.5 Change of coverage plan

Plan can be upgraded or downgraded at the next renewal of the policy. Plan upgrade is subject to underwriting requirements. **Dai-ichi Life** must receive this change request plan in writing at least 15 days prior to the next renewal date, and **Dai-ichi Life** reserves the right to approve for the upgrade or downgrade.

Life Insured is requested to disclose any medical condition when request for upgrade. Any reasonably foreseen medical condition by Life Insured will not entitle to upgraded benefit for treatment if such medical condition were to arise.

Once Life Insured upgraded or downgraded plan, the Overall Lifetime Limit follows new plan.

Article 8: Misstatement of Life Insured's Age and Gender

8.1 The Policy Owner shall provide the Life Insured's correct date of birth, age next birthday, and gender on the Insurance Application when making application for this Policy. However, if an error is found, after the Insurance Certificate has been issued by **Dai-ichi Life**, the Policy shall be adjusted according to the following rule:

- a. If the correct age and/or gender of the Life Insured attracted a higher Premium than specified in the Insurance Certificate, the Plan type shall be reduced to the level applicable to the correct age and/or gender and the Premiums already paid.
- b. If the correct age and/or gender of the Life Insured attracted a lower Premium than specified in Insurance Certificate, the Premiums payable shall be reduced to the level applicable to the correct age and/or gender and the selected Plan. **Dai-ichi Life** will refund to the Policy Owner any excess Premiums paid, without any interest. The benefits payable under this Policy will remain unaltered.
- c. If the correct age of the Life Insured at the Policy Effective Date was not within the eligible Entry Age for the issuance of the Policy (or any Riders attaching to it), the Policy (or the relevant Rider) will be void. In this case, **Dai-ichi Life** will refund all Premiums paid in respect of the benefits voided, without any interest, less any relevant and reasonable costs. Consequently, all relevant obligations by **Dai-ichi Life** under the voided benefits will cease.

Article 9: Reinstatement and Renewal

- 9.1 If this Policy is lapsed due to the non-payment of Premium, the Policy Owner may apply in writing to **Dai-ichi Life** for the reinstatement of the Policy, subject to insurability and provided that the following requirements are met:
- The Policy Owner shall submit the reinstatement request documentation to **Dai-ichi Life**.
 - The Policy Owner shall pay all Premiums in arrears plus any interest to **Dai-ichi Life** according to the terms and conditions of this Policy.
 - The Policy Owner and the Life Insured are still eligible to participate in a contract for insurance as specified in this Policy.
- 9.2 The Policy Owner must provide complete and truthful information in the Reinstatement Request Form, Health Statement, and other documents as required by **Dai-ichi Life**. **Dai-ichi Life** may at its discretion request the Life Insured to undergo a health check. However, the health check, if any, will not replace the Policy Owner's obligation to provide complete and truthful information as required in this Article.
- 9.3 If the reinstatement is approved, the effective date of the reinstatement shall be from the date shown on the reinstatement letter approved by **Dai-ichi Life**, provided that both the Policy Owner and the Life Insured are still alive at such time.
- 9.4 Any waiting periods may afresh again after the effective date of latest reinstatement on which **Dai-ichi Life** approved the reinstatement.
- 9.5 **Renewal**
This policy is Yearly renewable up to maximum renewal age. First and second renewals are guaranteed (although premium rates may be changed on a yearly basis starting from the first renewal), subsequent renewals are subject to **Dai-ichi Life's** approval and underwriting requirements. **Dai-ichi Life** reserves the right to change the premium throughout the term of policy at any point of time. The premium rates change for the portfolio subject to the Insurance Business Regulatory Board (IBRB)'s approval shall be informed in advance.

CHAPTER IV: INSURANCE BENEFITS

Article 10: Death Benefit

- 10.1 100% of Death Benefit is payable upon death. At the event of death of the Life Insured during the Policy Term, Death Benefit shall be paid out to the Beneficiary. If Policy Owner and Life Insured are different, at the event of death of the Life Insured during the Policy Term, Death Benefit shall be paid out to the Policy Owner.
- 10.2 If the beneficiary of the Death Benefit is younger than 18 years, the Death Benefit shall be paid to the natural parent or adopting parent or the lawful guardian in accordance with Section 12 (f) of the Insurance Business Law.
- 10.3 To claim the Death Benefit, the required documents are:
- True copy of the death certificate/conclusive evidence,
 - Attestation by Ward/Village Administrator for the death, if required
 - Duly completed claim form,
 - Any other documents or information required by **Dai-ichi Life**.
- 10.4 In the event of the death of the Life Insured but the body is not found, the waiting period is two (2) years before a Claim could be made. Upon receipt of the clear attestation from the ward/village administrator supporting that the Life Insured has not been seen for such a continuous period, then the Death Benefit may be paid in a lump sum.

Article 11: Medical Reimbursement Benefit

11.1 Overall Annual Limit

Total claims payout will be up to the overall annual limit of each plan as illustrated in the Schedule of Benefits. In the event the claims payout has reached the overall annual limit, any benefits from Appendix 1 and 2, (A) to (C) under the Schedule of Benefits, will not be payable under this policy for the remaining policy year.

11.2 Overall Lifetime Limit

The total amount of benefits payable to Life Insured under the Schedule of Benefits since Policy Effective Date shall not exceed the Lifetime Limit stated in the Schedule of Benefits.

Payment Limit Benefit(s) specified in Article 11.1; Article 11.2 shall be paid not exceeding the limit(s) for each item/benefit set out in the Schedule of Benefit corresponding to the chosen Plan. In all cases, the total amount paid for In-hospital Care under Article 11.3 and Pre & Post-Hospitalisation benefit (if any) under Article 11.4 and outpatient benefit under Article 11.5 for one Illness/Injury shall not exceed the limit for one Illness/Injury set out in the Benefits Schedule corresponding to the chosen Plan.

11.3 In-hospital Care Benefits

(A1) Daily Room & Board

If the Life Insured is hospitalised in a hospital as a result of injury or illness, **Dai-ichi Life** will pay the room and board charges for each day of hospital confinement, including High Dependency Ward charges, subject to the maximum of daily limit of room and board benefits and number of days per policy year as stated in the Schedule of Benefits.

(A2) Intensive Care Unit (ICU)

If the Life Insured is confined in the ICU due to injury or illness, **Dai-ichi Life** will reimburse the eligible costs incurred for room and board in the Intensive Care Unit of the hospital, subject to a maximum of 90 days per policy year.

(A3) Miscellaneous Hospital Services

Reimbursement of the eligible costs incurred provided they are Medically Necessary:

- i. Hospital Supplies and Services
- ii. Surgical Fees
- iii. Operating Theatre Fees
- iv. Anesthetist's Fee
- v. In-hospital Physician's Visit (up to 2 visits per day)

11.4 Pre & Post-Hospitalisation Benefits

These benefits are payable only if the inpatient hospitalisation or day surgery claim for the same injury or illness.

(B1) Pre-Hospitalisation Consultations and Diagnostic Laboratory Services

Any expenses incurred for general practitioner medications and diagnostic and laboratory tests service fees incurred within 30 days after the Policy Effective Date before the Life Insured's hospital confinement or day surgery for treatment of the same injury or illness.

(B2) Post-Hospitalisation Follow-up Treatment and Diagnostic/Laboratory Services

Any post-hospitalisation expenses incurred for dressing, consultations, physiotherapy, performed at a hospital or Specialist clinic, diagnostic and laboratory test services and medications consumed within 30 days following the Life Insured's discharge from hospital confinement or day surgery for treatment of the same Injury or illness. All alternative and traditional treatments are excluded. Examples of alternative and traditional treatments are Traditional Chinese Medicine treatment, Traditional Myanmar Medicine treatment, Chiropractic treatment and Osteopathic treatment.

11.5 Outpatient Hospital Benefits

These benefits cater to outpatient treatments (which do not require Hospital Confinement) as specified in the Schedule of Benefits.

(C1) Day Surgery

Reimbursement of the eligible costs incurred for Medically Necessary surgery due to a Disability at Hospital.

The following Reasonable and Customary charges incurred in relation to the Day Surgery:

- (a) operation theatre charges,
- (b) operating equipment charges,
- (c) surgical fees charged by a Physician or Specialist,
- (d) charges for any anesthesia used (including any charges incurred for its administration),
- (e) fees charged by an Anesthesiologist, and

In the event that the Physician or Specialist treating the Life Insured provides, in relation to the day surgery, any medical service for, or medical supply to, the Insured which does not fall in any of the above categories, **Dai-ichi Life** may, in absolute discretion, decide whether will reimburse the medical charges for such medical service/supply, and if decide to reimburse any medical charges for such medical service/supply, **Dai-ichi Life** may, in absolute discretion, decide on the amount of reimbursement for the medical charges incurred for such medical service.

(C2) Emergency Accidental Outpatient Treatment

Reimbursement of the eligible costs incurred for Medically Necessary treatment as an Out-patient at Hospital within 24 hours after the Accident causing the injury. Follow-up treatment within 60 days for the same covered injury can be reimbursed as stated in the Schedule of Benefits.

(C3) Accidental Outpatient Dental Treatment

Reimbursement of the eligible costs incurred for dental procedures performed by a duly qualified dental surgeon to remove, replace or restore natural teeth lost or damaged because of an Accident. This is provided that consultation is made to a Dentist at a dental clinic within 24 hours after the Accident causing the injury. Follow-up treatment within 60 days for the same covered injury can be reimbursed as stated in the Schedule of Benefits.

The Treatment following damage caused by any of the following will not be covered:

- (a) normal wear and tear,
- (b) eating or drinking something that contains a foreign body,
- (c) boxing or playing rugby without wearing suitable mouth protection,
- (d) brushing your teeth or any other oral hygiene procedure.

(C4) Outpatient Kidney Dialysis Treatment

Reimbursement of the eligible costs incurred for Medically Necessary outpatient kidney dialysis treatment, performed at a legally Registered Dialysis Centre and Hospital.

(C5) Outpatient Cancer Treatment

Reimbursement of the eligible costs incurred for outpatient cancer treatment, including radiotherapy, chemotherapy, stereotactic radiotherapy and immunotherapy.

11.6 Health Reward

Dai-ichi Life may offer the individual Life Insured at discretion with a 5% Health Reward if

- 1. No claim is made or incurred in the preceding policy year.
- 2. The policy is eligible to be renewed in the current policy year.

The Health Reward amount will be used to offset the renewal premium.

CHAPTER V: CLAIM SETTLEMENT

Article 12. Exclusions

Dai-ichi Life will not pay any benefit of this Policy if an event is caused to the Life Insured directly or indirectly by any one of the following. Instead, **Dai-ichi Life** may refund any premiums paid in respect of the relevant period (less any claim paid), at the time of claim unless the claim is fraudulent misrepresentation.

General exclusions

- 1. Pre-existing Conditions which the Life Insured did not declare and, if knowing this information, **Dai-ichi Life** would not approve insurance; or Pre-existing Conditions which are declared to and not accepted by **Dai-ichi Life** at the time of underwriting this policy; or
- 2. All expenses incurred by a Life Insured for the period of Hospital Confinement if admission into a hospital prior to the Policy Effective Date or any reinstatement date; or
- 3. Death caused by premeditated self-infliction, attempted suicide, or suicide, regardless of the mental condition of the Life Insured; or
- 4. Hospitalisation, hospital, clinic, or laboratory services, resulted from premeditated self-infliction, attempted suicide regardless of the mental condition of the Life Insured; or
- 5. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services resulted from the criminal/unlawful act committed by the Policy Owner, the Life Insured, or the Beneficiary(s); or while Life Insured is being arrested, under arrest or escaping the arrest; or

6. Any death or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services while the Life Insured performing duty as military armed forces, police or volunteers and participating in war or crime suppression; or
7. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by disease which the Life Insured knew s/he has, before buying policy but did not disclose at the time of applying for the Policy, where disclosure was required by **Dai-ichi Life**; or
8. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by the disability arises prior to the Policy Effective Date or any reinstatement date, unless it had been disclosed and accepted by **Dai-ichi Life** or where the disclosure was not required by **Dai-ichi Life**; or
9. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by the Life Insured's participation in aviation activities except as a fare-paying passenger on a multi-engine, scheduled and licensed commercial aircraft; or
10. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by any activity OR hobbies such as dangerous sports activities including but not limited to scuba diving, mountain climbing, parachuting or any high-speed races, or in professional sport activities, or professional activity of clearing unexploded ordnances and those which were not disclosed at the time of application or which are declared to and not accepted by **Dai-ichi Life** at the time of underwriting this policy, unless specifically accepted by the underwriter; or
11. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by war or war-like conflicts, aggressive acts, including invasions, acts of foreign countries, enemy's acts (whether with or without war declaration), civil wars, insurrections, revolutions, riots, interference by military authorities or usurpation.

Specific medical exclusions

1. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by or associated with any Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any disorders thereof; or
2. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services resulted from the abuse of drugs, or any other illegal addictive substances or abusively using alcohol or driving vehicles under the influence of alcohol as defined in the current laws and regulations; or
3. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by or associated with pregnancy, surrogacy, IVF (In vitro fertilization), elective C-sections, giving birth, miscarriage, intentional abortion or any of their complications; or
4. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by or associated with the event(s) fall under waiting periods clause as shown in above Article 4.1; or
5. Any death, or any expenses incurred from hospitalisation, hospital, clinic, or laboratory services caused by or associated with mental or psychiatric illness, anxiety, or nervous disorders; or
6. Any medical/surgical treatment and/or routine health screening which is **NOT Medically Necessary**. For elective surgical operations and/or hospitalisation/clinic/laboratory services due to elective surgical operations, **Dai-ichi Life** reserves the right to get the second opinion from the respective specialist(s); or
7. If Life Insured is currently receiving treatment for any mental or physical disability, or manifesting signs or symptoms of any mental or physical disability prior to the Policy Effective Date or effective date of latest Policy reinstatement date whichever happens later; or

8. Hospitalisation due to medical check-up and rest; or
9. Check-up, screening, general health check, convalescence care including rest cures and recovery; or
10. Treatment at a healthcare facility which is **NOT** a registered hospital, clinic, or laboratory; or
11. Hospitalisation or any hospital/clinic/laboratory services related to fertility treatment and sterilization treatment; or
12. Dental surgery and treatment unless due to accident; or
13. Optical examination, surgery, and treatment or Treatment of their complications unless due to accident; or
14. Cosmetic surgery or Treatment, or Treatment of their complications, with the exception of reconstructive surgery due to accident; or
15. Congenital diseases or any birth defects; or
16. Obesity treatment; or
17. Nervous disorders, neurasthenia, sleep disorders, insomnia, mental disorders, anxiety, psychiatric problems, personality disorders, speech disorders, autism, stress, eating disorders, anorexia and attention deficit hyperactivity disorder (ADHD); or
18. Everything which is not medically necessary (**Dai-ichi Life** reserves the right to appoint medical expert(s) to examine the Life Insured, and to obtain any relevant information pertaining to the claim including from the Life Insured's attending Doctor(s)); or
19. Anything which is fraudulent claim; or
20. Virtual/Online consultation apart from getting treatment via Telemedicine (provided that the consultation is made for the 'Pre & Post-hospitalization', for the same cause of the hospitalization, and consulted from the registered medical doctor(s)); or
21. All the medical or laboratory receipts which are not original and physical; or
22. The total eligible claim amount across the insurance companies (when multiple policies are in-force either with **Dai-ichi Life** or any other insurance companies) exceeding the actual eligible cost incurred; or
23. Any other specific exclusion(s) imposed by **Dai-ichi Life**.

Article 13: Death Benefit Recipients

- 13.1 Insurance Benefits will be payable to the eligible recipient(s) below in order of priority below:
 - a. Policy Owner,
 - b. Policy Owner's legitimate heir(s)/heir(s) in accordance with the Insurance Business Law, Section 12 (g).

Article 14: Notice and Proof of Claim

- 14.1 Upon the occurrence of an insured event, the benefit recipient shall:
 - 14.1.1 Unless otherwise specifically stated in other Articles, provide a written notice of the claim within 30 (thirty) days from the date of event occurrence to the Claim Department of **Dai-ichi Life**.

14.1.2 At their own expense, give **Dai-ichi Life** such information and evidence that **Dai-ichi Life** requires to determine to its satisfaction:

- a. Duly completed claim Request Form,
- b. Copy of Death Certificate in the case of death claim,
- c. Consent Form (to obtain information from the hospital and attending physician(s)),
- d. Medical record from hospitals and clinics accredited by the Ministry of Health,
- e. ICU record, if admitted to an ICU
- f. Attending physician's statement, if any
- g. Copy of the documents such as ID Card, Household List, Birth certificate, Marriage certificate or other relevant documents that prove the relationship between Policy Owner and Beneficiary, if the Beneficiary is not the Policy Owner
- h. Police report and medical report, if relevant
- i. Confirmation letter or any other documents as may be required by **Dai-ichi Life** to assess the claim and ensure the payment to the rightful claimant(s).

In the case of a dispute related to a claim, **Dai-ichi Life** reserves the right to request additional evidence related to medical history or symptom recorded in the medical record being claimed. All expenses related to the provision of additional documents will be covered by **Dai-ichi Life** according to valid invoices and receipts. Claimant must comply with these results/evidence.

Article 15: Time-Limit for Claiming the Insurance Benefits

15.1 In case of death of the Life Insured, the time limit to claim for the benefits under this insurance Policy is one year from the occurrence of the death.

After one year has elapsed, the Policy Owner or the Beneficiaries will be deemed to have waived all rights to claim for any benefits associated with this policy.

In case of other health claims, the time limit to claim for the benefits under this insurance Policy is Ninety (90) days from the date of discharge or last consultation, unless due to special extenuating circumstance which causes the Policy Owner to unable to file the claim promptly. After that timeframe, **Dai-ichi Life** may not be able to settle the claims. The claimant may file the claim even after 90 days from the occurrence of the insured event. All the required documents shall be submitted to **Dai-ichi Life** in their entirety and with accuracy by the claimant. To proceed with the requested claim, it is essential to provide all necessary documents by the claimant. Failure to submit complete documentation or obtain approval from **Dai-ichi Life** will result in incomplete claim processing, and the benefit amount may not be paid out. Upon the receiving of complete documents as required, **Dai-ichi Life** shall be able to make the claim decision and provide the eligible claim benefit within 90 days, ensuring timely resolution and disbursement of benefits.

CHAPTER VI: OTHER PROVISIONS

Article 16: Termination of Policy

- 16.1 The Policy will be terminated upon the occurrence of any of the following event:
- The policy is terminated at the Policy Owner's request. The Policy Owner must submit a written request for termination at least 10 (ten) days prior to the termination date.
 - Policy Expiry Date.
 - The Life Insured dies.
 - The total amount of benefits payable reaches the Lifetime Limit.
 - Dai-ichi Life** decides not to continue the policy or not to renew the policy due to any reasons, except during the guaranteed renewability period.
 - Dai-ichi Life** decides not to continue the policy on special grounds such as Life Insured changing residence to a warring zone where **Dai-ichi Life** chooses not to insure.
 - The Policy will be terminated immediately, and action taken as required by authority from time to time, when any Policy Owner or Life Insured is listed on any sanctions, prohibitions or restrictions under existing laws in Myanmar, instructed by competent authority, United Nations Resolution and United States of America, Department of Treasury, Office of Foreign Assets Control (OFAC), United Kingdom (UK), and European Union (EU).

Article 17: Sanctions

- 17.1 **Dai-ichi Life** shall not be liable to pay any claim or provide any benefit under this Policy, when any Policy Owner or Life Insured or Beneficiary is listed on any sanctions, prohibitions or restrictions under existing laws in Myanmar, United Nations Resolution and Department of Treasury, Office of Foreign Assets Control (OFAC) in the United States of America, United Kingdom (UK), and European Union (EU).

Article 18: Dispute Settlement

- 18.1 Any dispute arising in relation to this Insurance Policy, if after failing to be resolved through conciliation between the parties, either party may bring the case to the arbitration council for negotiation or filing a lawsuit to a local court which has jurisdiction according to the Arbitration Law 2016.

Any legal proceedings in respect of a dispute must be initiated within three (3) years from the date the dispute arises.

Article 19: Governing Law and Regulations

- 19.1 This Document shall be governed and construed in accordance with the existing laws and regulations of Myanmar.



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Appendix 1: Schedule Benefit 1

Benefits (MMK'000)		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Overall Annual Limit for Items (A) to (C)		5,000	10,000	20,000	35,000	50,000	100,000	150,000
Overall Lifetime Limit for Items (A) to (C)		50,000	100,000	200,000	350,000	500,000	1,000,000	1,500,000
Coverage Area		Myanmar				Myanmar, Thailand, Malaysia, India		
(A)	In-Hospital Care Benefits							
(A1)	Daily Room & Board (Limit per day, subject to a maximum of 60 days per policy year)	25	38	70	100	170	320	570
(A2)	Intensive Care Unit (Subject to a maximum of 90 days per policy year)	As Charged, subject to eligible costs up to Policy Limits.						
(A3)	Miscellaneous Hospital Services (i) Hospital Supplies and Services (ii) Surgical Fees (iii) Operating Theatre Fees (iv) Anesthetist's Fees (v) In-hospital Physician's Visit (up to 2 visits per day)							
(B)	Pre & Post-Hospitalisation Benefits							
(B1)	Pre-Hospitalisation Consultations and Diagnostic Laboratory Services (Within 30 days before Hospitalisation or Day Surgery)	As Charged, subject to eligible costs up to Policy Limits.						
(B2)	Post-Hospitalisation Follow-up Treatment and Diagnostic/Laboratory Services (Within 30 days after hospital discharge or Day Surgery)							
(C)	Outpatient Hospital Benefits							
(C1)	Day Surgery	As Charged, subject to eligible costs up to Policy Limits.						
(C2)	Emergency Accidental Outpatient Treatment (within 24 hours after the accident and follow-up treatment within 60 days)							
(C3)	Accidental Outpatient Dental Treatment (within 24 hours after the accident and follow-up treatment within 60 days)							
(C4)	Outpatient Kidney Dialysis Treatment							
(C5)	Outpatient Cancer Treatment							
(D)	Death Benefit	1,000	2,000	3,000	4,000	5,000	6,000	7,000
(E)	Health Reward	5% (stated in Article 11.6)						
Optional Deductible and Co-insurance Option								
<input type="checkbox"/> Yes								
<input type="checkbox"/> No								
(F)	Deductible Amount (per policy year)	50	50	200	200	300	300	300
(G)	Co-insurance	20%						



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Appendix 2: Schedule Benefit 2

Benefits (MMK'000)		Plan 8	Plan 9	Plan 10
Overall Annual Limit for Items (A) to (C)		250,000	500,000	1,000,000
Overall Lifetime Limit for Items (A) to (C)		2,500,000	5,000,000	10,000,000
Coverage Area		Worldwide		
(A)	In-Hospital Care Benefits			
(A1)	Daily Room & Board (Limit per day, subject to a maximum of 60 days per policy year)	700	900	1,500
(A2)	Intensive Care Unit (Subject to a maximum of 90 days per policy year)	As Charged, subject to eligible costs up to Policy Limits.		
(A3)	Miscellaneous Hospital Services (i) Hospital Supplies and Services (ii) Surgical Fees (iii) Operating Theatre Fees (iv) Anesthetist's Fees (v) In-hospital Physician's Visit (up to 2 visits per day)			
(B)	Pre & Post-Hospitalisation Benefits			
(B1)	Pre-Hospitalisation Consultations and Diagnostic Laboratory Services (Within 30 days before Hospitalisation or Day Surgery)	As Charged, subject to eligible costs up to Policy Limits.		
(B2)	Post-Hospitalisation Follow-up Treatment and Diagnostic/Laboratory Services (Within 30 days after hospital discharge or Day Surgery)			
(C)	Outpatient Hospital Benefits			
(C1)	Day Surgery	As Charged, subject to eligible costs up to Policy Limits.		
(C2)	Emergency Accidental Outpatient Treatment (within 24 hours after the accident and follow-up treatment within 60 days)			
(C3)	Accidental Outpatient Dental Treatment (within 24 hours after the accident and follow-up treatment within 60 days)			
(C4)	Outpatient Kidney Dialysis Treatment			
(C5)	Outpatient Cancer Treatment			
(D)	Death Benefit	10,000	25,000	50,000
(E)	Health Reward	5% (stated in Article 11.6)		

Optional Deductible and Co-insurance Option				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
(F)	Deductible Amount (per policy year)	500	500	500
(G)	Co-insurance	20%		

Note: Maximum total cumulative claim amount subject to Policy Limits.

The figures from the Benefit Schedule may be subject to change.

Maximum Co-insurance per policy year = 10 x Deductible Amount. Amount in excess of this Maximum Co-insurance up to the applicable Policy Limit shall solely be borne by Dai-ichi Life. Any remaining claim amount over this appropriate Policy Limit shall again be borne by the Policy Owner.

Appendix 3: Occupation Class Definition

Class	Description
1	White Collar / Office Worker: Professional, Senior Managerial, Clerical, Administrative, No manual work, no hazardous pursuits
2	Sales / Light Manual Worker: Professional/skilled occupations requiring light manual work, no hazardous pursuits
3	Skilled & Semi-skilled Manual Worker: Skilled occupations which involve a moderate amount of manual work, semi-skilled occupations involving limited amount of manual work
4	Heavy Manual / Unskilled Worker: Blue collar, tradesmen, skilled occupations which involve mostly manual work, and semi-skilled occupations involving a moderate amount of manual work