Tokio Marine Life Insurance (Thailand) Public Company Limited.

1 Empire Tower fl.26 South Sathorn Rd. Yarnnawa Sathorn Bangkok 10120
Tel. 66 2 619 4000 Fax. 66 2 619 4080 registered No. Plc 0107540000103

Group Yearly Renewable Term Insurance Policy

Policy Number G0003938

In accordance with and subject to the provisions of this Policy, the Company agrees to pay the benefits as provided by this Policy to the person or persons entitled thereto.

In witness whereof, the Company by the authorized persons has signed on this Policy with the Company seal at the headquarter of the Company, and issued the Policy on 05 September 2024

.....	.....
..( )	..( )
Director	Director
.....	.....
.... (null)	(·Ms. Sukanya Matangka)
Authorized Person / Witness	Vice President / Witness

☐ Agent ☐ Broker of this life insurance .....

License no -.....

Note: Only translation for an individual who does not familiar with Thai text. The Thai version shall prevail in the event of discrepancies

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Group Term Life Insurance Policy

Part 1

Definition

1. **"Policy"** shall mean this agreement, any supplementary contracts or endorsements herein, any amendments hereto signed by the Company, the application form of the Policyholder, required statements to the Company's medical examiners, health declaration and enrolment forms of each Insureds (if any), which shall together constitute the entire contract between the Policyholder and the Company.

2. **"Policy Schedule"** shall mean the schedule showing details of the Policy issued by the Company to accompany this Policy and is considered as part of this agreement.

3. **"Policy Effective Date"** shall mean the date from which the insurance coverage under this Policy becomes effective and shall be the date as specified in the Policy Schedule.

4. **"Policy Anniversary"** shall mean the anniversary date of the Policy Effective Date or the date otherwise specified in the Policy Schedule.

5. **"Policy Year"** shall mean a period of one year beginning with the Policy Effective Date or subsequent Policy Anniversary.

6. **"Members"** shall mean the persons that defined in the Policy Schedule attached hereto.

7. **"Eligible Members"** shall mean Members who, having completed the required Waiting Period and having had full Qualifications as specified in the Policy Schedule, are entitled to participate in the insurance plan under this Policy.

8. **"Insureds"** shall mean Eligible Members who, in accordance with the provisions of Part 2 - Participants, are participating in the insurance plan under this Policy.

9. **"Entry Date"** shall mean the date an Eligible Members become the Insureds under this Policy.

10. **"Non-contributory Insurance"** shall mean an insurance which the Policyholder takes full responsibility of premium payment.

11. **"Contributory Insurance"** shall mean an insurance which the Insured takes full responsibility of premium payment or both of Policyholder and Insured share some responsibility of premium payment.

Part 2
Participation and Termination

1. Participation

1.1. Employee/Member who fulfills the criteria set in the policy schedule shall be eligible to participate in this policy.

1.2. Employee/Member already eligible on the effective Date shall be eligible on such Effective Date.

1.3. Employee/Member not eligible as of the Policy Effective Date and new Employee/Member shall become eligible for participation hereunder on the day following the completion of the required Waiting Period and having full Qualifications as specified in the Policy Schedule.

1.4. Employee/Member whose insurance has been terminated and who re-applies for participation shall be considered as new Employee/Member.

1.5. Every Member who fulfills the conditions necessary to participate as set forth in paragraphs 1.1. to 1.4. above, must elect to do so in writing within the Eligible Period as specified in the Policy Schedule from the date on which he becomes eligible. Otherwise, he shall be able to start participation only after he shall have furnished, at his own expense, evidence of his insurability satisfactory to and approved by the Company.

1.6. Each Eligible Member shall be insured hereunder on the first day on which he becomes eligible provided the condition set forth in paragraph 1.5. of this Section has been satisfied and the duly completed application form has be received, unless agreed otherwise, and coverage confirmed by the Company.

2. Member Termination

The insurance hereunder of any Insured shall automatically cease on the earliest of the following dates:

2.1. The date on which the Policy is terminated.
2.2. The date on which the Insured is dead.
2.2. The Premium Due Date on which the premium payments for insured members are discontinued. (in case of contribution policy)

2.3. The end of the Policy Year on which the Insured's age exceeds the limit specified in the Policy Schedule.

2.4. The date on which the Insured is disqualified on any Qualifications as specified in the Policy Schedule.

2.5. The date on which the Insured lack of some qualifications as specified in the Policy Schedule.

3. Policy Termination

The insurance hereunder of this Policy shall cease on any of the following cases:

3.1. The Policyholder does not pay the premium within the grace period. This Policy shall be terminated on the day following the completion of the grace period.

3.2. The Company shall have the right to discontinue the Policy at any Policy Anniversary by written letter of notice and this Policy shall be terminated on such Policy Anniversary.

Part 3
Benefit Provisions

1. Sum Insured

The Company shall pay an amount determined in accordance with the Policy Schedule to the designated beneficiary in the manner herein provided, immediately upon due proof of death of any Insured in a form satisfactory to the Company.

2. Free Cover Limit (FCL)

Amount of insurance in excess of the Free Cover Limit as stated in the Policy Schedule or as re-determined at any Policy Anniversary may be accepted. All this, the company shall have the right to require evidences of insurability, and the right to decline or stipulate conditions, for accepting any increase in amount of insurance which is in excess of the Free Cover Limit. In the absence of evidence of insurability satisfactory to the Company, the amount of insurance shall be limited to the Free Cover Limit.

3. Total Disability Extended to Death Benefit

If, an Insured's insurance is terminated because he suffers from Total Disability while he is under fully 60 years old and this Policy is in full force and effect, the Company shall extend to such Insured the period of insurance not longer than the time such Insured's insurance hereunder had theretofore been continuously in force and in any event not longer than 12 months.

If the Insured, while being Total Disability, dies in the extended period and the Policy is still in force, the Company, upon receipt of due proof of such disability and death, shall pay to the Insured's designated beneficiary the amount of insurance for which the Insured was last insured under this Policy.

"Total Disability" shall mean the disability that prevents the Insured from engaging in any and every gainful occupation at all his remaining lifetime.

Part 4
General Provisions

1. Validity of Policy

This policy is made in consideration of the first year premium payment, in reliance upon the declarations of the Policyholder and the Insureds on the application form of the Policyholder, the enrolment form of each Insured, health declaration form, and any other declarations signed by the Insured. The Company then agrees to make the agreements and issues the Policy.

If the Policyholder and/or the Insureds intentionally make false statements in regard to the facts, or know of the facts but omits to disclose such facts, which would have induced the Company to raise the premium or refuse to enter into the insurance contract. This insurance contract may void under Section 865 of the Civil and Commercial Code and the Company shall have the right to void the contract.

The Company shall not deny its liabilities by using declarations rather than those, according to the first paragraph, declared by the Policyholder and/or the Insureds.

The life insurance agents or brokers shall have no authority to alter, modify, or change any of the terms and conditions of this Policy, or to extend credit or time of any premium due, or to waive the submission of any notices or due proofs required by this Policy. No alterations, modifications, or changes to and in the Policy shall be valid unless the Company has given the consent, and already issued the endorsement of such changes.

2. Incontestability / Unarguable of Validity of the Insurance Contract

Notwithstanding anything to the contrary stated heretofore in this Policy, this Policy shall be incontestable or unarguable except for non-payment of premium or for fraud, after it has been in force for one year from the Policy Effective Date.

The original insurance on any Insured or any subsequent additional insurance shall be incontestable or unarguable except for non-payment of premium or the Insured declares incorrectly age that it is out of the age limit according to the business practice, after such insurance has been in force during his lifetime for one year from his Entry Date and the date of each subsequent increase of insurance respectively.

3. Enrolment Form

The Policyholder shall furnish to the Company individual enrolment forms for each Insured (if any) in the form prescribed by the Company.

4. Individual Certificates

Unless provided otherwise, the Company shall issue to the Policyholder, for delivery to each Insured, an individual certificate certifying that such Insured has become insured under the Policy.

5. Data Required

5.1. The Policyholder shall keep a record with respect to each Insured under this Policy, showing the Insured's name, sex, age or date of birth, amount of sum insured, Entry Date, the date insurance terminated, beneficiary designation, and other pertinent information as may be necessary to carry out the terms of this Policy.

5.2. Clerical error in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated, but upon the discovery of such error, an equitable adjustment shall be made.

5.3. The Policyholder shall furnish the Company with documents and proofs, which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any persons in connection with the insurance, and other proofs as may have a bearing on the insurance under this Policy, shall be opened for inspection by the Company at all reasonable times.

6. Premium Rate

The Company shall have the right to change the rate at which the premiums shall be calculated:

6.1. On any Policy Anniversary, or

6.2. The date on which conditions, classification, number of Insureds, or amount of insurance are changed substantially from the original, and the Company notifies the Policyholder at least 31 days in advance.

In any event, the Company shall issue to the Policyholder the endorsement notifying such change.

7. Premium Adjustments

Premium adjustments (if any) shall be made on the Premium Due Date unless provided otherwise.

8. Premiums Payments

Premiums are payable by the Policyholder in accordance with the Mode of Payment as specified in the Policy Schedule, in advance or on the Premium Due Date, either at the Company's Head Office or at the branch office or to an authorized agent of the Company.

The first premium shall be payable at the Policy Effective Date and subsequent premiums shall be due and payable on the Premium Due Dates determined by the Policy Schedule. All this, the Company shall issue an official receipt for the payment of the premium.

If the Company allows to change payment of premium by an installment less than a year, the amount of the premium of the Insured who was dead to be paid to the Company and not yet completed a year shall be an indebtedness which the Company shall deduct it against the proceed under the Policy.

9. Grace Period

A grace period of 31 days following the Premium Due Date shall be allowed for the payment of any premium and not yet paid by the Policyholder, during which period this Policy shall remain in force. If any premium is not paid before the expiration of the grace period, this Policy shall be automatically terminated on the day following the completion of the grace period unless the Policyholder shall have written notification in advance to terminate the Policy before such date. The Policyholder shall be liable to the Company for the premium for the time the Policy was in force during the grace period.

10. Renewal Privilege

This Policy is issued for the term of one year and shall be renewed at the end of each Policy Year provided that the Company issues an official receipt for the payment of the premium due on the following Policy Anniversary, to be paid by the Policyholder on that date.

11. Notice of Death and Proofs of Death

If the Insured is dead, the Policyholder or the beneficiary shall promptly notify the Company of the death within 14 days from the date of death, except when he is not aware of the death of the Insured or that the Insured has had the insurance. In such case, he shall notify the Company of such death within 7 days from the date that he is aware of the death or the existence of insurance.

The Policyholder or the beneficiary shall furnish legal documents evidencing the death of the Insured to the Company and shall furnish the Company with any additional proofs at his own cost as may be requested by the Company.

The Company shall have the right to make the autopsy of the Insured Member while in the course of considering a claim as it may reasonably require where it is not forbidden by law.

The Company shall be liable under the Policy only after the Policyholder or the beneficiary or the Insured's party has fully complied with the provision in the above paragraph hereof.

12. Payment of Benefits

12.1. If the Insured is dead, payment of all benefits under this Policy shall be made at the written request of the designated beneficiary or beneficiaries or at the written request of the Policyholder for disbursement in accordance with the terms of the Policy.

12.2. Payment of any sum made by the Company as provided by the Section - 13. Beneficiaries shall be a valid discharge to the Company and shall release the Company of all claims and demands whatsoever in respect thereto.

13. Beneficiaries

13.1 Each Insured shall designate in writing to the Company a beneficiary or beneficiaries to whom the benefits under this Policy shall be payable in the event of death. If the Insured is dead, the Company shall pay the benefits in accordance with the terms of this Policy. If such beneficiary or beneficiaries predecease or decease simultaneously with such Insured and the Insured has not shown an intention to change the beneficiary, the benefits shall be payable to the estate of the Insured. But if there are many beneficiaries and some of them predecease or decease simultaneously with the Insured, the benefits shall be payable to the beneficiaries who are alive by equals or by proportions as provided by the Insured in his enrolment form.

13.2 The Insured shall be entitled to change the beneficiary by providing written notice to the Company, such change shall take effect on receipt of such notice and be accepted by the Company but shall relate back to the date of such notice without prejudice to the Company for any money paid prior to receipt of such notice.

14. Voluntary Suicide / Murder

The Company shall not pay any proceed under this Policy if:

14.1 The Insured voluntarily committed suicide within one year after the Entry Date. The Company is bound only to return premiums paid in respect of such Insured to the Company.

The above paragraph shall not be applied, if the Insured who committed suicide has been insured under the group life insurance of other insurance company and, from the date of committed suicide, such insurance along with the insurance under this Policy continue in force for more than 1 year.

14.2 The beneficiary intentionally killed the Insured. The Company is bound only to return premiums paid of that Policy Year in respect of such Insured to the Company.

If there are more than one beneficiary, the Company may pay the proportional proceed to the beneficiary or beneficiaries who not taking part in intentionally killing the Insured, after deduct the proportion of the one who kills the Insured and is not entitled to receive. The Company shall not return all premiums in connection with this proportion.

15. Misstatement

15.1. If the age or date of birth or other relevant facts relating to an Insured shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the terms and conditions of this Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the benefits payable therefrom; and an equitable adjustment of premiums shall be made.

15.2 Where a misstatement of age has caused the Insured to be insured hereunder when he is otherwise ineligible for any insurance, or when he would otherwise be disqualified from the insurance, the Company shall return premiums paid in respect of such Insured.

16. Appointment of Arbitration

In the case of the controversy arising out of this Policy between the claimant and the Company, and if the claimant want to extinguish that controversy by arbitration, the Company consents to use an appointment of arbitration according to the agreement of “Appointment of Arbitration” of Insurance Department.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Endorsement of Evidence Documents for the Claim and the Timeframe for Claim Payment under the Group Insurance Contract.

Item 1 Claims for benefits under insurance contracts

In the event that a policyholder, an insured individual, beneficiaries, or an individual entitled to claim under the insurance policy, whichever the case may be, expresses the intention to claim benefits under the insurance contract, the claim submission can be made through the company at its head office, branches, or electronic channels specified by the company.

Item 2 Evidence documents for claim

The company may request a policyholder, an insured individual, beneficiaries, or an individual entitled to claim under the insurance policy to submit necessary evidence documents for the claim, whichever the case may be. However, the request should not extend beyond the following specified evidence documents.

(1) Request for the surrender of insurance policy to receive the surrender value, and policy loan, the following evidence documents shall be submitted:

(a) Group insurance policy, group insurance certificate, or a letter of certification of group insurance, whichever the case may be. Unless the company has issued these documents via electronic channels for the policyholder or insured individual, the return of physical copies is not required.

(b) Policy loan request form or policy surrender request form, as provided by the company, and in accordance with the company's specified method, whichever the case may be.

(c) Evidence for identity verification of the policyholder or insured individual, whichever the case may be, issued by government officials.

(2) Claim under insurance policy in the event of death caused by disease, the following evidence documents shall be submitted:

(a) Group insurance policy, group insurance certificate, or a letter of certification of group insurance, whichever the case may be. Unless the company has issued these documents via electronic channels for the policyholder or insured individual, the return of physical copies is not required.

(b) A claim request form for every beneficiary or individual entitled to claim under the insurance policy, as provided by the company.

(c) Evidence for identity verification issued by government officials and house registration of every beneficiary or individual entitled to claim under the insurance policy.

(d) A copy of the death certificate or evidence of death certification issued by government officials, hospitals, or other agencies authorized to provide such documentation.

(e) A copy of the house registration with the record of the insured individual's death.

(f) Evidence of consent from the beneficiary or individual entitled to claim under the insurance policy for the disclosure of the medical records of the insured individual.

(g) A physician's report in the event of death at a hospital or infirmary.

(3) Claim under insurance policy in the event of death caused by accident or other reasons, the following evidence documents shall be submitted:

(a) Group insurance policy, group insurance certificate, or a letter of certification of group insurance, whichever the case may be. Unless the company has issued these documents via electronic channels for the policyholder or insured individual, the return of physical copies is not required.

(b)A claim request form for every beneficiary or individual entitled to claim under the insurance policy, as provided by the company.

(c) Evidence for identity verification issued by government officials and house registration of every beneficiary or individual entitled to claim under the insurance policy.

(d) A copy of the death certificate or evidence of death certification issued by government officials, hospitals, or other agencies authorized to provide such documentation.

(e) A copy of the house registration with the record of the insured individual's death.

(f) Evidence of consent from the beneficiary or individual entitled to claim under the insurance policy for the disclosure of the medical records of the insured individual.

(g) A physician's report in the event of death at a hospital or infirmary.

(h) A copy of the police report and a summary report of the case investigation (if any), certified by the police officer.

(i) A copy of autopsy report certified by a police officer, or a copy of autopsy report certified by government officials, hospitals, or other agencies authorized to provide such documentation (if any).

(4) Accidental claim in the event of no death, the following evidence documents shall be submitted:

(a) A claim request form as provided the company.

(b) Evidence for identity verification issued by government officials

(c) A medical certificate or physician's report.

(d) A copy of the police report related to the case, certified by the police officer (if any).

(e) Evidence of consent from the insured individual for the disclosure of the medical records of the insured individual.

(5) Medical expenses claim, the following evidence documents shall be submitted:

(a) A claim request form as provided the company.

(b) Evidence for identity verification issued by government officials

(c) A medical certificate or physician's report specifying major conditions, diagnosis, and treatment.

(d) Original receipt showing itemized expenses or a billing summary and receipt.

(e) Evidence of consent from the insured individual for the disclosure of the medical records of the insured individual.

(f) Critical illness claim, the following evidence documents shall be submitted:

(a) A claim request form as provided the company.

(b) Evidence for identity verification issued by government officials

(c) A medical certificate or physician's report that is necessary for consideration of each critical illness.

(d) Evidence of consent from the insured individual for the disclosure of the medical records of the insured individual.

(g) Contract maturity claim, the following evidence documents shall be submitted:

(a) Group insurance certificate or a letter of certification of group insurance. Unless the company has issued group insurance certificate or a letter of certification of group insurance via electronic channels for an insured individual, the return of physical copies is not required.

(b) Evidence for identity verification issued by government officials

Item 3 Timeframe for underwriting and payment under insurance contract

When the company receives the claim request under the insurance contract along with evidence stated in item 2, whether complete or incomplete, and deems the submitted evidence sufficient for underwriting and payment of the claim, the company shall proceed to complete the underwriting and payment process. Subsequently, the company will notify the underwriting result to the policyholder, insured individual, beneficiary, or individual entitled to claim under the insurance policy, whichever the case may be, within the following timeframe:

(1) In the event of a policy surrender to receive the surrender value, the company shall complete the consideration and payment within 20 days from the day of receiving complete evidence.

(2) In the event of policy loan, the company shall complete the consideration and payment within 15 days from the day of receiving complete evidence.

(3) In the event of accidental claim (no death), medical expenses claim, or critical illness claim, the company shall complete the consideration and payment within 15 days from the day of receiving complete evidence.

(4) In the event of payment under insurance policy, extended from item 3 (1) (2) and (3) but excluding the payment under (5), the company shall complete the consideration and payment within 15 days from the day of receiving complete evidence.

(5) In the event of policy maturity or dividend payment, the company shall complete the payment under insurance policy or dividend to the insured individual within 15 days from the maturity date or the payment due date, whichever the case may be.

Item 4 Extension of timeframe for underwriting and payment under insurance contract

In the event that there are reasonable grounds to suspect that the claim for payment under insurance contract by item 3 (3) and (4) is not in accordance with the coverage conditions of the insurance contract, the company may extend the specified timeframe as necessary. However, it shall not exceed 90 days from the day of receiving complete documents by item 2. The responsibility of proving that such claim does not comply with the coverage conditions of the insurance contract falls on the company, which involves acquiring additional evidence.

Item 5 The delay of payment under insurance contract

In the event that the company delays the payment under the insurance contract beyond the timeframe specified in item 3 or item 4, the company shall be liable for interest during the delay period at a rate of 15% per annum.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Policy Schedule

Attaching to and forming part of Group Yearly Renewable Term Policy G0003938

Policy Effective Date 05 September 2024

Policy Anniversary 05 September 2025

Members Permanent employee of null

Qualification of eligible member

1.Be a regular permanent employee of บริษัท นิฮง อะกรี (ไทยแลนด์) จำกัด

2.A new applicant according to qualification no. 1, any person who is not active at work on the date they are eligible to join under this insurance contract, shall be deemed not to have the qualification to be eligible to join until the date they commence duties and start working in full time.

3.Be a healthy person.

4.Ages under 65 years old.efore insurance effective.

5.Whilst the insured member is performing duties as a member of armed forces or a volunteer for a period of over 30 days, in such even the company shall return the prorated premium for the period in duty.

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Waiting Period

Classification and Plan	Details attached.
Amount of Insurance	300,000.00 Baht
Changes in Classification to be Effective	When policyholders notified in writing.
Free Cover Limit	.00 Baht
Mode of Payment	Annual

Premium Due Date	: 05 September 2024		
Modal Premium Rates for First Policy Year			
Group Term Life Benefit	=	1,698.00	Baht
Group Accidental Death and Dismemberment Benefit	=	546.00	Baht
Group Permanent Total Disability Benefit	=	168.00	Baht
Group Critical lllness Benefit	=	2,739.00	Baht
In-patient Hospitalization and Surgical Benefit	=	21,633.00	Baht
Group Major Medical Benefit Provisions	=	-	Baht
Group Maternity Benefit Provisions	=	-	Baht
Out-patient or Clinical Benefit	=	40,173.00	Baht
OPD Lap test Benefit	=	2,409.00	Baht
Hospital Benefit	=	-	Baht
Medical Treatment Expenses caused by Accident Benefit	=	-	Baht
Dental Treatment Benefit	=	5,346.00	Baht

Eligible Period	28 days after qualified
Special conditions	-

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Supplementary Contract
Permanent and Total Disability Benefit
(GPTD)

This Supplementary Contract is issued for forming a part of the Group Life Policy which it is attached, and will be in force when the premium of this supplementary has been paid. Reference in such provisions to the Basic Policy and any attached documents shall be deemed, unless the context otherwise requires, to include a reference to this Supplementary Contract.

Part 1
Definitions

"Permanent Total Disability" means disability to the extent of being unable to perform and/or engage the work duty in the Insured's regular occupation or any other occupation totally and permanently. This disability should be consecutively continuous at least 180 days and occurred before the end of policy year on which the Insured is 0 of age.
And including with the disabilities as following:

1. Loss of 2 eyes, total blind and can not be recovered or
2. Loss of 2 hands or 2 feet or
3. Loss of 1 hand and 1 foot or
4. Loss of 1 eyes that can not be recovered and loss of 1 hand or 1 foot

"Loss of Hand or Foot" means amputation at or above wrist or ankle or permanent loss of use caused by accident.

"Loss of Eyesight" means complete blindness, which is permanently incurable.

Part 2
Benefits

If, while this Supplementary Contract is in force, when the Company received and accepted the evidences that the Insured become to be Permanent Total Disability as the definition on part 1. The Company shall pay the sum insured of Permanent Total Disability benefit as stated in the policy schedule.

Part 3
General Provisions

1. Claim declaration

1.1. The Policyholder or the Insured or their representative shall declare to the Company in writing within 180 days from the date that Insured become disability. Unless it can be proved that circumstance necessarily and reasonably make it is impossible to declare as required but the declaration was given as soon as it is possible to do so.

1.2. The Policyholder or the Insured or their representative shall submit the evidences of disability to the Company by writing in the Company's form which declare about the disability and include medical treatment's evidence from specialist.

1.3. The Company shall have the right to examine the Insured when and so often as it may reasonably require during the pending of claim hereunder.

1. Extended Coverage

While this Supplementary Contract is in force, when the Insured become Permanent Total Disability and is unemployed caused by such Permanent Total Disability and haven't sent the due proof of Permanent Total Disability or being proof of Permanent Total Disability. The Company shall extend the coverage's period, which not more than 180 days, after unemployment date in order to proof of Permanent Total Disability.

3. Termination

The insurance hereunder of any Insured shall automatically cease when

3.1. The Insured dies, or

3.2. The Insured is disqualified on any Qualifications as specified in the Policy Schedule, or

3.3. The Premium for this Supplementary Contract is not paid within grace period, or

3.4. The Policy anniversary date on which the Insured is completed 0 years of age, or

3.5. The group term life policy, which it's attached, has terminated.

Cessation and termination of this Supplementary Contract shall not result to any incurred claim that is a precedent for such cessation and termination. Any premiums that company has received after cessation or termination shall not result to any responsible but the company shall reimburse this premium only.

Part 4
Exclusions

This Supplementary Contract does not cover loss arising from or due to the consequence or occurring during the time as specified below

1. **War (whether declared or otherwise), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion assuming the proportion of or amounting to a popular rising against government, riot and strike, terrorist operation.**
2. **Horse racing or any racing with wheel usage.**
3. **Whilst the Insured is boarding or alighting from or traveling as a passenger in an aircraft not licensed for carriage of passengers and not operated by a commercial airline.**
4. **Suicide or self-destruction or attempt for such whether when consciously or insanely.**
5. **Whilst the Insured is performing duties as a member of armed forces, police or as a volunteer operated in war or subjugation. If such performing is continued consecutively for a period over 30 days, the Company shall repay the pro-rata premium for the period the Insured has been performing such duty. Afterwards, this Supplementary Contract shall be re-in force continually till the end of the insurance period specified in the Policy Schedule of Basic Policy.**
6. **Whilst the Insured is in the course of committing a felony or while under arrest by authorities because of commission of a felony.**
7. **Nuclear weapons, radiation or radio activity from any nuclear fuel arising from the combustion of nuclear fuel and self sustaining process of nuclear fission.**
8. **If Insured had Total Disability before insuring or Total Disability caused by which Insured has been cured or diagnosed from Doctor, or ever had Doctor Consultancy, or had been treated by authorized Doctor within 90 days before this contract will be in force. But Insured shall have right to insure, if he had been insured follows by this contract at least 12 months.**

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Group Accidental Supplementary Contract
Coverage for Special Conditions of Death, Total Permanent Disability, Dismemberment or Loss of Sight
(Continental Scale)
(GAD4)

This Supplementary Contract is issued and served as an integral part of the Group Life Insurance Policy to which this Supplementary Contract is attached, and shall be in force once the premium of this Supplementary Contract has been paid. Should any terms and conditions provided in the Group Life Insurance Policy to which this Supplementary Contract is attached or any supporting documents which are a part of the Group Life Insurance Policy oppose to or conflict with this Supplementary Contract, the statements of this Supplementary Contract shall prevail. Any other statements that are not oppose to or conflict with the terms and conditions of this Supplementary Contract shall remain in force together with this Supplementary Contract.

Part 1
Definitions

"Insured" means members who are eligible to join the insurance in accordance with the Group Life Insurance Policy to which this Supplementary Contract is attached.

"Accident" means an event which occurs suddenly due to an external factor(s) and results in unintended or unanticipated event of the Insured.

"Injury" means bodily injury caused directly by an accident which happens solely and independently of any other incidents.

"Total Permanent Disability" means disability to the extent that the Insured being unable to perform duties of their regular occupation and any other occupation entirely and permanently.

"Total Permanent Dismemberment" means the loss of a body part including the loss of use of a body part that will never be able to function again according to apparent medical indication.

"Loss of Sight" means complete blindness, which is permanent irrecoverable loss of the sense of sight**.**

Part 2
Benefits

While this Supplementary Contract remains in force, any injury sustained by the Insured causes loss of life, total permanent disability, dismemberment or loss of sight within 180 days from the date of the accident, or for the injury sustained by the Insured necessitates continuous treatment in a hospital as an in-patient and loss of life occurs because of such injury, the Company shall pay compensation at the percentage of the sum insured of this Supplementary Contract in accordance with the benefit Schedule as follows:

Benefit Schedule	Percentage of the Accidental Sum Insured
1. Death	100
2. Total Permanent Disability continued not less than 180 consecutive days	100
3. Dismemberment or loss of sight	
3.1 Loss of both hands at or above the wrist joint or both feet at or above the ankle joint, or loss of sight in both eyes	100
3.2 Loss of one hand at or above the wrist joint and one foot at or above the ankle joint or loss of one hand at or above the wrist joint and loss of sight in one eye or loss of one foot at or above the ankle joint and loss of sight in one eye	100
3.3 Permanent loss of one arm at or above the shoulder	75
3.4 Permanent loss of one arm at or above the elbow	65
3.5 Permanent loss of one thigh	75
3.6 Permanent loss of one leg or one leg below the knee	65
3.7 Loss of one hand at or above the wrist joint or loss of one foot at or above the ankle joint or loss of sight in one eye	60
3.8 Loss of hearing in both ears or dumbness	50
3.9 Loss of hearing in one ear	15
3.10 Loss of a thumb (Two joints)	25
3.11 Loss of a thumb (One joint)	10
3.12 Loss of an index finger (Three joints)	10
3.13 Loss of an index finger (Two joints)	8
3.14 Loss of an index finger (One joint)	4
3.15 Loss of each finger (not less than two joints) other than a thumb and an index finger	5
3.16 Loss of a big toe	5
3.17 Loss of each toe other than a big toe	1

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Group Accidental Endorsement
Accidental Double Indemnity Benefits

This endorsement is attached and forming a part of the Group Accidental Supplementary Contract. Hereby agrees, while the Group Accidental Supplementary Contract which this endorsement is attached, is in force, The Company shall extended its coverage to pay double compensation for any loss of life, dismemberment or loss of eye sight according to accidental supplementary contract which this endorsement is attached and caused by the following:-

Case 1. The accident is occurred in vehicle or lift

A. Accident in a public vehicle, which is operated by machine and conveyor that, is entitled to carry passengers according to the regulations of the department of land transport, or

B. Accident in a public elevator excluding elevators used on a construction site or a mine.

Case 2. Accident in a burning theatre, hotel or similar public meeting place which the insured member is present at the time the fire starts.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Group Accidental Endorsement
Murder, Assault, Riot and Civil Commotion Benefit
(GRC)

This Endorsement is attached and forming a part of the Group Accidental Supplementary Contract. Hereby agrees, while the Group Accidental Supplementary Contract which this Endorsement is attached, is in force, the Company shall extended its coverage for any loss of life, permanent and total disability, dismemberment or loss of eye sight according to the Group Accidental Supplementary Contract which this endorsement is attached that caused directly or indirectly from war (whether declared or otherwise), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion assuming the proportion of or amounting to a popular rising against government, riot and strike terrorist operation.

Tokio Marine Life Insurance (Thailand) Public Company

Group Critical Illness Supplementary Contract
One year renewable term
(GCI1)

This Group Critical Illness supplementary contract is issued by Tokio Marine Life Insurance (Thailand) Public Company Limited (herein after referred to as "Company") in order to annex to and serve as an integral part of the Group Term Life insurance provision contract. Company agrees to provide coverage to the insured under terms and conditions set forth herein upon the inception of premium stipulated.

Terms and conditions specified in the supplementary contract should be prevailed as any conflict terms and conditions between the Group Term Life insurance provision contract and this supplementary contract arises. Terms and conditions of Group Term Life insurance shall be applied for the non-conflict parts, mutatis mutandis.

Part 1 Definitions

1. "Diagnosis" means Opinion of Specialist Medical Practitioners under acceptable medical fundamental and last opinion which applies medical evidences specified in definition of Critical Illness. In case of no evidence, medical examination e.g. x-ray or abnormal result of laboratory test should be applied.

2. "Diagnosis Date" means the first Date that Specialist Medical Practitioners have an opinion that Insured has Critical Illness according to the definition.
3. "Specialist Medical Practitioners" means a physician, who obtains an authorization card or certificate from the Medical Council or an equal institution and is Specialist practitioner for the disease or illness who gives advice, consultation, or medical treatment. Moreover, Specialist Medical Practitioners must not be Insured's beneficiary or family member of the Insured.
4. "Accident" means an event which occurs suddenly,caused by external factor(s) and results in an unintended or undersigned event of the insured.
5. "Ability to perform daily activities" means Ability to perform 6 types of physical routine movements according to the criteria that the doctors use to diagnose the patient who cannot perform such routine movements.
   (1) An ability to make a movement such as moving from a chair to a bed by oneself without assistance from others or aiding equipment.
   (2) An ability to walk or to move from one room to the other by oneself without assistance from others or aiding equipment.
   (3) An ability to dress up such as to put on or to take off clothes by oneself without assistance from others or aiding equipment.
   (4) An ability to wash and to walk in and out of the bath room by oneself without assistance from others or aiding equipment.
   (5) An ability to feed oneself without assistance from others or aiding equipment.
   (6) An ability to use toilet by oneself without assistance from others or aiding equipment.

Part 3.
General Provisions

1. Claim declaration

The policy holder or the insured or the representative of above person shall declare to the company in writing within 14 days from the date that insured have received treatment in the hospital. Unless it can be proved that circumstance necessarily and reasonably make it is impossible to declare as required but the declaration was given as soon as it is possible to do so.

2. Evidence of medical treatment

The policy holder or the insured or the representative of above person have submitted the evidence of treatment as an inpatient in the hospital or as an outpatient by the company format to company' by insured's expense within 30 days after the end of treatment. It should be include medical expense statement and payment receipt. If insured reimburse this benefit from other welfare or insurer, the copy of payment receipt of previous welfare or other insurer which is certified and declare the amount of paid claim can apply.

3. Coverage from other insurer or welfare

If policy holder or the insurer or the representative of above person chooses to reimburse this benefit from other welfare or other insurance, the benefit from this supplementary is deducted by previous reimbursement. The company shall pay only in excess of previous reimbursement but the total should exceed than actual medical expense.

Although the insured ignore the welfare other insurance, it will not destroy the right from this supplementary contract.

4. Examination

The company shall have the right to examine the insured who suffer from injury or illness resulting in this claim as appropriate by company's expense.

5. Termination

The insurance hereunder of any Insured shall automatically ceased when

5.1 The insured dies. Or

5.2 The insured is disqualified on any qualifications as specified in the policy schedule. or

5.3 The premium for this supplementary contract is not paid within the grace period. or

5.4 The anniversary immediately after the Insured attained age **65**

5.5 The group insurance policy which this supplementary contract is attached, is terminated.

Termination of this supplementary contract shall not destroy the right existing before termination of this supplementary contract any premiums that company has received after the termination shall not result to any responsible but the company shall return this premium only.

Part 4.
Exclusions

This Supplementary Contract does not cover loss arising from or due to the consequence or occurring during the time as specified below

1. **War (whether declared or otherwise), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion assuming the proportion of or amounting to a popular rising against government, riot and strike, terrorist operation.**
2. **Horse racing or any racing with wheel usage.**
1. **Whilst the Insured is boarding or alighting from or traveling as a passenger in an aircraft not licensed for carriage of passengers and not operated by a commercial airline.**
2. **Suicide or self-destruction or attempt for such whether when consciously or insanely.**
3. **Whilst the Insured is engaging in a brawl or taking part in inciting a brawl.**
4. **Infections except pyrogenic infection or tetanus or rabies which occurs through an accidental wound.**
5. **Medical or surgical treatment except such as may be necessary because of injury sustained which is covered by this Supplementary Contract and treated within the time specified in this Supplementary Contract.**
6. **Abortion.**
7. **Whilst the Insured is performing duties as a member of armed forces, police or as a volunteer operated in war or subjugation. If such performing is continued consecutively for a period over 30 days, the Company shall repay the pro-rata premium for the period the Insured has been performing such duty. Afterwards, this Supplementary Contract shall be re-in force continually till the end of the insurance period specified in the Policy Schedule of Basic Policy.**
8. **Whilst the Insured is in the course of committing a felony or while under arrest by authorities because of commission of a felony.**
9. **Painful back caused by a piece of spine presses a nerve, spondylolisthesis, degeneration or spondylosis, spondylitis or spondylolists except fracture or dislocation of the spine due to accident.**
10. **Dental or Root canal treatment except such treatment due from the accident event which happen within 7 days since the occurred date.**
11. **Dental changing or prosthesis, Crown, Prosthodontics.**

6. New York Heart Association (NYHA) Classification of Cardiac Impairment is classification system of Heart Failure according to the severity of their symptoms by New York Heart Association from America. It places patients in one of four categories based on how much they are limited during physical activity as follows:

Class 1 No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath) or Angina Pain

Class 2 Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath) or Angina Paid which normal person do not have these symptoms.

Class 3 Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea or Angina Pain

Class 4 Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

7. "Critical Illness" means illness described in following

1. Invasive Cancer

Occurrences of tumor or cell that confirmed by the pathology to be a cancer. The invasive is deep into the basement membrane or metastasis to the peripheral tissue or metastasis to the other organs. It also includes leukemia, lymphoma, bone marrow cancer and Gestational Trophoblastic Disease, but except the following diseases:

(1) Prostate Cancer, Thyroid Cancer and Urinary Bladder Cancer at T1N0M0 followed by TNM Classification.

(2) Chronic Lymphocytic Leukemia less than RAI at stage 3.

(3) Non-invasive cancer, Carcinoma in Situ.

(4) Any Skin Cancers except the malignant melanoma in stage II or more by referring to malignant melanoma classification made by American Joint Committee on Cancer

(5) Tumor in borderline type or tumor in low malignant potential type

(6) Pre-malignant such as CIN I, CIN II, CIN III

(7) Cancer in the presence of HIV infection.

(8) Recurrent Cancer, or metastasis cancer, from cancer in other organ, given that the primary malignant tumor has been onset prior to the policy become effective or within 90 days after policy effective.

2. Benign Brain Tumor

Tumor that is not brain cancer. It will be clinically confirmed by imaging studies such as CT scan or MRI, and there are the symptoms as follow:

(1) The tumor is hazard to the life.

(2) The tumor devastates to the brain, increasing the intracranial pressure, mental symptom such as seizure, papilledema and loss of sensorimotor.

(3) The patient is treated by the surgery or treated by radiation gamma knife. Cysts, Granuloma, Vascular malformations,

Hematomas, and tumor of the pituitary gland or spinal cord and tumor of the acoustic nerve are excluded.

1. Chronic Liver Disease / End-Stage Liver Disease / Liver Failure

End stage liver failure that causes the cirrhosis,and have all of the following symptoms:

(1) Permanent jaundice
(2) Ascites
(3) Encephalopathy or hepatorenal syndrome

Liver disease arises from alcoholic cirrhosis, drug abuse or drug addict are excluded.

2. Fulminant Viral Hepatitis

Hepatitis that is depleted liver cells by the hepatitis virus, causing to the liver failure with all of the following:

1. a rapidly decreasing liver size
2. the blood test shows the rapid deterioration of liver function
3. severe jaundice

The fulminant viral hepatitis causes by the alcohol, toxin or drug are excluded.

3. Severe Ulcerative Colitis or Crohn's Disease

Severe ulcerative colitis or Crohn's Disease has at least 2 characteristics of the following:

(1) Getting the colon surgery, for the total colectomy surgery.
(2) Getting the partial colectomy surgery from the different timing of surgery.
(3) Ascending sclerosing cholangitis.
(4) Autoimmune chronic active hepatitis and cirrhosis, the diagnosis must be certified by the document from the pathology.
(5) Carcinoma in Situ of large intestine.

4. Major Organs Transplantation or Bone Marrow Transplantation

Organ transplant or bone marrow transplantation to the recipient as following:

(1) Organs in this definition means heart, lung, kidney, liver and pancreas that is in its end stage which cannot be recoverable to normal functionality.
(2) Bone marrow transplantation by using Haematopoietic stem cells after doing bone marrow ablation.

Transplantation of other stem cells and transplantation of partial of the organ are excluded.

5. HIV through Blood Transfusion or Occupationally Acquired HIV

7.1 HIV through Blood Transfusion: The Insured is infected by Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome provided that:

- The infection is due to a blood transfusion received after commencement of the policy.
- The institution which provided the transfusion admits liability.
- The infected life assured is not a hemophiliac.
- The conditions must be life threatening and no known cure exists

7.2 Occupationally Acquired HIV

Infection with the Human Immunodeficiency Virus (HIV) where the virus is acquired as the result of an accident occurring during the course of the Life Insured's normal occupation and where serum-conversion to the HIV infection occurs within 180 days after the accident. Any accident causing a potential claim must be reported to the Company within 14 days of the accident and be supported by a negative HIV antibody test taken immediately after the accident. The Company must be given access to independently test all the blood samples used and to take such additional samples as may be deemed necessary.

This benefit will not apply if

- treatment has become available prior to the accident or
- Insured should refused to take any Vaccine or any necessary prevention medicine which had become available prior to the accident.

- HIV infection resulting from or transmitted by any other means, including sexual activity or recreational intravenous drug use**.**

8. Aplastic Anemia

Irreversible persistent bone marrow failure. It is diagnosed by the bone marrow biopsy. The patient becomes pale, neutropenia and Thrombocytopenia and needs to be treated by one of the following method:

(1) Blood product transfusion
(2) Bone marrow stimulating agents
(3) Immune suppressive agents
(4) Bone marrow transplant

9. Acute Heart Attack

Acute heart attack will have all of the 3 symptoms as follows:

(1) Chest pain record is typical characteristic of acute heart attack.
(2) Increasing of cardiac troponin (T or I at least 3 times of normal range or increasing of CKMB at least 2 times of normal range.)
(3) Transforming of Electrocardiography and having specific syndrome of acute heart attack for the first time.

10. Coronary Artery By-Pass Surgery

Heart surgery by opening the chest to treat the Coronary Stenosis by the method of by-pass surgery, excluding Dilated Coronary Stenosis by angioplasty method, stent insertion, laser or other intra-arterial procedures.

11. Cardiomyopathy

Cardiomyopathy must have 2 characteristics:
(1) The cardiomyopathy causing impaired permanently the left ventricular function at least 90 days,even after full treatment and it certified by echocardiogram, except the insured member died before the specified period by Critical Illness or as a direct result of Cardiomyopathy.
(2) Heart failure or physical activity impairment should be classified in level 4 according to The New York Heart Association Classification of cardiac impairment.
The cardiomyopathy causes by drinking alcohol or drug abuse are excluded.

8. Other Serious Coronary Artery Diseases

Narrowing of each of the lumen of three major coronary arteries (right coronary artery, left anterior descending artery, left circumflex artery) by a minimum of 60 percent or more.
If the narrowing of left main stem is 60 percent, it can be equal to narrowing of 2 main coronary arteries (left anterior descending and left circumflex artery) that can be proved by the coronary angiogram.
Diagnoses by non-invasive diagnosis procedure, such as, computer tomography (CT) or magnetic resonance imaging (MRI) are excluded.

9. Open Heart Surgery for the Heart Valve

Open heart surgery to replace or repair cardiac valve as a consequences of heart valve defects. Coronary balloon, catheter techniques or intra-arterial procedures are excluded.

10. Surgery to Aorta

It means a surgery via a thoracotomy or abdominal to repair or correct an aorta around the thorax and abdomen by using graft techniques, as a result of aortic aneurysm,aortic stenosis,aortic occlusion, aortic dissection. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Minimally invasive surgery or intra arterial techniques are excluded.

11. Lupus Nephritis from Systemic Lupus Erythematosus

Lupus nephritis from level three or more as classified by WHO. It can be certified by the evidence of renal biopsy or the urine examination, urine protein, BUN and creatinine. Lupus Nephritis diseases causes by systemic lupus erythematosus.

Note: Systemic lupus erythematosus must be diagnosed by rheumatologist or immunologist or nephrologist, and there is diagnostic check that is followed by American College of Rheumatology.
WHO Lupus nephritis classification:

- WHO class 1 Minimal change Glomerulonephritis
- WHO class 2 Pure Mesangial Alterations (Mesangiopathy)
- WHO class 3 Focal segmental glomerulonephritis (associated with mild or Moderate mesangial alterations)
- WHO class 4 Diffuse glomerulonephritis (Severe mesangial, endocapillary, or mesangiocapillary proliferation, and / or extensive subendothelial deposits. Mesangial deposits are present invariably and subepithelial deposits often, and may be numerous)
- WHO class 5 Diffuse Membranous glomerulonephritis
- WHO class 6 Advanced Sclerosing glomerulonephritis

16. Chronic Kidney Failure

End stage renal failure presenting chronic renal failure of both kidneys irreversible to function, as a result of which regular renal dialysis is initiated, or renal transplant.

17. Medullary Cystic Disease

The genetic diseases of the renal must have all of the following characteristic:

(1) Finding the cystic renal disease in medulla level of the renal.

(2) Tubular atrophy and interstitial fibrosis

(3) Having chronic renal failure

Diagnosis must be confirmed by renal biopsy.

18. Major Stroke

Defects of the nervous system unexpectedly, resulting from cerebral thrombosis or intracerebral haemorrhage or extracranail embolism. The medical evidence that certify the continuous neurological abnormality (the numbness is excluded) at least 45 days after diagnosis together with the CT Scan or MRI, except the Insured member died within this specified period from Critical Illness or as a direct result of Major Stroke.

Infarction or bleeding in skull from external incident or transient ischemic attack or reversible ischemic neurological deficits are excluded.

19. Cerebral Aneurysm Requiring Brain Surgery

Treatment by the brain surgery with the craniotomy to cramp or repair or take the aneurysm out. The diagnosis must be confirmed by the MRA Brain, and it must be treated by the neurosurgeon.

The infection and micotic aneurysm, the treatment of cerebral aneurysm by the craniectomy and burr hole are excluded.

20. Primary Pulmonary Arterial Hypertension

Idiopathic primary pulmonary hypertension with substantial right ventricular enlargement which is diagnosed by the cardiologist by the way of the cardiac catheterization. This unusual status effects to the abnormal of the heart or the permanent physical impairment to the degree of at least class 4 of the New York Heart Association Classification of cardiac impairment.

21. Severe Chronic Obstructive Pulmonary/End-Stage Lung Disease

Severe chronic obstructive pulmonary disease or end-stage lung disease is diagnosed, and certified by the specialist of respiratory system and with all of the following symptoms:

(1) It needs oxygen all the time. Indicator for needs on the oxygen is the pressure in the artery blood is less than or equal to 55 mmHg when the patient breathes in the normal air.

(2) Force Expiratory Volume 1st second (FEV1) is less than 1 litre consecutively.

22. Progressive Scleroderma or Diffuse Systemic Sclerosis / Scleroderma

Syndrome of the blood vessel and collagen spread in the body, causing these symptoms as all follows:

(1) There are many fascia on the skin, blood vessel and internal organs cause to decrease effective function of the heart, kidney or esophagus.

(2) The diagnosis must be confirmed by the pathology in the laboratory and serological test.

Linear scleroderma or Morphea, Eosinophillic fasciitis and CREST syndrome are excluded.

23. Alzheimer's Disease

Diagnosed by the neurologist to be Alzheimer's Disease together with the defect of neurological system that cause a permanent disability to perform at least three (3) types or more of the activities of daily living.

The Alzheimer's Disease causes as a result of drug, alcohol and psychiatric illness are excluded.

24. Parkinson's Disease

Parkinson's idiopathic disease, It is diagnosed by neurologist and must have all of the following supportive evidences.

(1) Cannot be controlled by medication

(2) Cannot permanently perform at least 3 daily living for at least 180 days, unless the Insured died by Critical Illness before the specified period or directly caused by Parkinson's Disease.

Parkinson's Disease caused by using drugs or toxin are excluded.

25. Severe Rheumatoid Arthritis

Severe Rheumatoid Arthritis must have all of the following characteristics:

(1) It matches with the criterion of diagnosis of rheumatoid arthritis according American College of Rheumatology, and it is diagnosed by the rheumatologist.

(2) Many joints that are destroyed and out of shape at least 3 joints, such as, knuckle, wrist, elbow, knee, hip, ankle, cervical spine or toe which can certify by the clinical and radiographic evidence. There are the abnormal physical that causing to be not able to perform at least three (3) of daily living activities in minimum period of 180 days, unless the Insured died by Critical Illness before the specified period or directly caused by Severe Rheumatoid Arthritis.

26. Multiple Sclerosis

Symptom of neurological system with all of the following:

(1) Diagnosis should be confirmed by the neurologist that it is the multiple sclerosis Type definite multiple sclerosis according to standard medical criterion.

(2) Irreversible neurological deficiencies in many parts of body at least 180 days from the first day of symptom, unless the Insured died by Critical Illness before the specified period or directly caused by Multiple Sclerosis.

27. Muscular Dystrophy

Muscular dystrophy must have all of following characteristic:

(1) Diagnosed and strongly confirmed by the neurologist to be muscular dystrophy which is transferred by the genetic.

(2) Unable to perform at least three (3) of the activities of daily living permanently in minimum period of 180 days, unless the Insured died by Critical Illness before the specified period or directly caused by Muscular Dystrophy.

28. Motor Neuron Disease

Motor neuron disease, such as, spinal muscular atrophy, progress bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis that cause to be incapable to perform permanently at least three (3) of daily living activities needs to be diagnosed by the neurologist.

29. Paget's Disease of Bone

A bone disorder by unknown causes resulting in thickening and deformity of several bones. The condition must be widespread and not focal, and should be progressed to complete fractures.

30. Necrotising Fasciitis and Gangrene

Necrotising fasciitis and gangrene must have all of following characteristics:

(1) Having the symptoms that match with the criterion of necrotising fasciitis follow by the current standard of the practitioner.

(2) Getting Bacteria which is the cause of this disease.

(3) Muscle is severely destroyed resulting in permanent disability in that part of body.

31. Loss of Independent Living

Loss of independent daily living from injury, illness or degeneration,resulting in permanent inability to perform at least three (3) daily living activities, either with or without use of mechanical equipment, special devices or other aids and adaptations for disabled persons. The word “permanent” shall mean no chance to recover with current medical knowledge and technology. The loss of independent living will stay continuously at a minimum period of 180 days, unless the Insured died by Critical Illness before the specified period or directly caused by this disease.

32. Paralysis

Permanent and total loss of function of two or more limbs in minimum period of 180 days, as a result of injury or illness. unless the Insured died by Critical Illness before the specified period or directly caused by this disease

33. Coma

Unconsciousness that is diagnosed by the neurologist or neurosurgeon, and with all of the following symptoms:

(1) Non response to the external stimulator at least 96 hours.

(2) Need live-saving machine to rescue the life.

(3) Being assessed that brain is destroyed permanently, resulting in inability to perform any daily activity permanently after 30 days of unconsciousness.

unless the Insured died by Critical Illness before the above specified period (1) or (3) or directly caused by this disease

However, Coma as a direct result of alcohol or drug abuse are excluded.

34. Major Head Trauma

Head injury caused by an accident that affected the brain and resulting in inability to perform at least three (3) of daily living activities continuously at least 180 days. The status must be diagnosed and assessed by the physician, unless the Insured died by Critical Illness before the above specified period (1) or (3) or directly caused by this disease

35. Major Burn

Burned tissue at the third degree burn and covers at least 20% of the body surface area as measured by the medical standard. It will be diagnosed by the surgeon; the burned injury must be caused by fire, hot water, electricity, chemical and radiation.

36. Blindness

Loss of sight and total irreversible of both eyes, certified by an ophthalmologist that the loss of sight is permanent and unable to recover. The both visual field is less than 3/60 or the visual field captures less than 10 degrees.

37. Loss of Hearing

Total and irreversible loss of hearing in both ears and unable to recover, as a result of illness or accident. Medical evidence in the form of audiometric and sound-threshold test must be provided and certified by the Ear, nose, and throat specialist doctor. The total loss of hearing must be at least 80 decibels or more in all frequency, and the loss will stay continuously at least 180 days.

38. Loss of Speech

Completely and irrecoverable loss of speech for the continuous period at least 12 months as the result of the disease or the accident. It needs to have medical's report to certify by the Ear, Nose, Throat specialist doctor about the reason and the permanent status of loss of speech.

Loss of speech as a result of psychosis or brain disease that affects an ability to speak are excluded.

39. Total and Permanent Disability (TPD)

Total and Permanent Disability from injury or illness resulting in permanent incapacity to perform at least three (3) of daily living activities and unable to work or make a living to earn any remuneration or any profit. The total and permanent disability must be in the continuous period at least 180 days, unless the Insured died by Critical Illness before the specified period or directly caused by this disease.

This also includes the loss or disability caused by an injury or illness, resulting in the following conditions:

1. Loss the both of eyesight.
2. Loss the both hands or both feet, or one hand and one foot.
3. Loss the one of eyesight and one hand, or loss the one of eyesight and one foot.

However, the Company will cover TPD caused from injury or illness occurred after the policy effective date.

40. Apallic Syndrome or Vegetative State

Syndrome with vast necrosis of the cerebral cortex resulting that brain cannot control all physical functions permanently. The diagnosis must be confirmed by a neurologist or a neurosurgeon according to criterion of the current practitioner. This symptom must stay continuously and be medically documented for at least 30 days since it is diagnosed by the neurologist, unless the Insured died by Critical Illness before the specified period or directly caused by this disease.

41. Poliomyelitis

Infection with the Polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness lasting at least 90 days and it must be diagnosed by the neurologist, unless the Insured died by Critical Illness before the specified period or directly caused by this disease.

42. Viral Encephalitis

Viral encephalitis to brain tissue causes the neurological abnormality and severe and persistent complication. The Insured cannot perform at least one (1) of the activities of daily living in minimum period of 60 days after the diagnosis by the neurologist, unless the Insured died by Critical Illness before the specified period or directly caused by this disease.

43. Bacterial Meningitis

Bacterial infection to membranes of brain and spinal cord, clinically confirmed by cerebrospinal fluid by lumbar puncture. causes the neurological defect continuously at least 60 days and the infected person cannot perform daily activity permanently at least one activity, unless the Insured died by Critical Illness before the specified period or directly caused by this disease.

The Bacterial meningitis infects from acquired immunodeficiency syndrome is excluded.

44. Elephantiasis

Chronic Filanais Infection must have all of following characteristics:

(1) Swelling of arm, leg or any part of body to massive proportion permanently from lymphatics obstruction

(2) Laboratory results in infection by Microfilariae.

Excludes lymphatics obstruction by other causes or congenital disease.

Part 2 Benefits

1. Living Benefits

While this Supplementary Contract is in force, Insured has been diagnosis by Specialist Medical Practitioners to have Critical Illness according to Definition as specified in no.7, providing that Diagnosis date must be occurred after Waiting Period, the company will pay claim amount equaled to Sum Assured of this Supplementary Contract to the Insured.

In case that the Insured has suffered more than 1 Critical Illness at the same time, the company will pay benefit up to only one disease.

2. Death Benefit

While this Supplementary Contract is inforce and Insured died from Critical Illness as specified in Definition no. 7, the company will pay Sum Assured of this Supplementary Contract to the beneficiary.

Part 3 General Term & Condition

1. Insurance Contract

This supplementary contract shall deem as integral part of group term life provision contract and comes into force upon the receipt of premium stipulated therein. Terms and conditions specified in the supplementary contract should be prevailed for the conflict terms and conditions between the group term life insurance contract and this supplementary contract and the non-conflict parts shall be accommodated likewise.

2. Claim Notification and Declaration

The policyholder or the insured or their representatives shall notify company in writing within 14 days from Diagnosis Date that the Insured suffers Critical Illness which will be cause of claiming benefit from this Supplementary Contract without delay or immediately in case of death, unless reasonable proof is justified that the prior notification could not be performed but is proceed as soon as possible.

3. Proof of Medical Treatment Submission

The policyholder or the insured or their representatives shall submit explicating and completed evidences to the company within 30 days upon receiving diagnosis from Specialist Medical Practitioner that the insured suffers Critical Illness.

In claiming the benefit, the Policyholder or Insured or representatives have to submit proof of Critical Illness in the form stipulated by the company together with written evidences which explains characteristics and level of severity of the disease as specified in Claim Form.

The company will be liable according to this policy after beneficiary or Insured has completed no. 3 and contents in previous paragraph.

The submission of evidences that is not performed within the stipulated timeline shall not forfeit the claim entitlement. However it shall be executed as soon as it could be.

4. Waiting Period

Waiting Period shall mean condition that this supplementary contract will not cover the Insured if loss or damage occurred within the period, considered case by case or depends on any other conditions which lead to the same result. Waiting Period will be counted from

effective date of this supplementary contract or renewal date of this supplementary contract, whenever the latest date and it will be difference as follows:

4.1 Waiting Period is 90 days from effective date of this supplementary contract or renewal date of this supplementary contract, whenever the latest date for following diseases:

- Multiple Sclerosis
- Invasive Cancer

4.2 No Waiting Period in case that following Critical Illness happens as a result of accident:

- Major Organs Transplantation or Bone Marrow Transplantation
- Loss of Independent Living
- HIV through Blood Transfusion or Occupationally Acquired HIV
- Blindness
- Loss of Hearing
- Loss of Speech
- Major Head Trauma
- Coma
- Major Burn
- Paralysis
- Total and Permanent Disability

In case that the above Critical Illness do not cause by accident, Waiting Period will be 60 days.

4.3 Waiting Period is 60 days from effective date of this supplementary contract or renewal date of this supplementary contract, whenever the latest date for other Critical Illness which are not specified in 4.1 and 4.2

1. Examination Right

Company shall have the right to examine medical records and diagnosis the insured upon necessity and appropriateness for the insurance.

If the insured denies physical examination, including medical history investigation and diagnosis procedure of the insured that shall be performed to support claim assessment, company shall have right to decline the coverage to the insured.

2. Benefit Payment

All benefits under this supplementary contract shall be paid to the insured. Any payment made to the insured deems to release company from all legal obligations under this supplementary contract.

In the event of death of the insured, company shall pay benefit to the beneficiary (ies).

3. Termination of Supplementary Contract for the Insured.

The coverage under this supplementary contract of any insured shall automatically be ceased upon any of the following conditions:

7.1 The insured died; or

7.2 The insured is not eligible on any qualifications determined in the policy schedule; or

7.3 The insured, in case of contribution scheme, does not remit the contribution premium on due; or

7.4 The policy anniversary date that the insured attained age is fully 65 years; or

7.5 The group term insurance provision contract to which this supplementary contract is attached is terminated.

Termination of this supplementary contract shall not prejudice any rights existing before termination of Supplementary contract. Any premiums the company has received after termination of this supplementary contract shall not constitute any liability to the company besides the company will refund the premium.

1. Termination of Supplementary Contract

This supplementary contract shall be terminated upon any of the following conditions:

8.1 The expiry date of Group Term Life contract which this Supplementary Contract attached with.

8.2 In the event that the policyholder does not pay the premium of this supplementary contract within grace period, the supplementary contract shall be terminated on the following date after grace period expires.

8.3 Company reserves right to deny the supplementary contract renewal as of any policy anniversary date by giving a written notice. As such, the termination shall take effect on the anniversary date.

Termination of this supplementary contract shall not prejudice any rights existing before termination taking effect. Any premiums company receives after the termination of this supplementary contract shall not constitute any obligation to the company besides refunding such amount of premium.

2. Guarantee Renewal

The Policyholder may renew this supplementary contract at policy anniversary by paying premium on the date or before due date or within grace period of Group Term Life Policy that this Supplementary Contract attached with according to premium rate that the company enforced during that time. The company shall be liable to Critical Illness as specified in this Supplementary Contract without waiting period upon renewal.

In that that policyholder request to increase sum assured, this supplementary contract will be effective upon approval by the company on the approved date to increase sum assured.

3. Supplementary Contract Termination Notice

10.1 The company shall terminate this supplementary contract by giving the advance notification at least 30 days via registered mail to the policyholder at the latest address that has been informed to company, upon presenting of explicit proofs of fraud the insured commits for benefit of insured himself or others from this insurance. The company shall not be obliged to any claim arising out of such act. In this regard, company shall refund premium for the amount during the period that the coverage has not provided proportionately to the policyholder or the insured.

10.2 The policyholder or the insured shall terminate this supplementary contract by giving written that shall take effect on the date company receives such notice and is entitled to premium refund for the amount during the period that the coverage has not provided.

Any premiums company receives after the termination of this supplementary contract shall not constitute any obligation to company besides refunding the remitted premium.

11. Change of Definition

Medical evolution in the future may cause the definition is not proper to be Critical Illness for the Insured anymore, therefore, the company reserves the right to change definition of Critical Illness upon approval of OIC registra to be proper with medical technology at the time. In case of changes, the company will issue endorsement to notify the Insured.

12. Precedent Condition

Company shall not be responsible for benefit reimbursement set forth in this supplementary contract unless the policyholder, the insured or beneficiary entirely complies with terms and conditions of insurance provision contract and this supplementary contract.

13. Assignment

An assignee of the insurance policy shall not be entitled for any payable benefit under this supplementary contract.

14. Adjustment of Premium

14.1 On the policy anniversary date; or

14.2 On the date of changing term of insurance that comprises age, gender, number of insured, insurance risk and claims record which is greater than company views appropriate, or change of coverage condition that is different from the previous or set out by the registrar. Provided that company shall inform the policyholder at least 30 days in advance.

Exclusions

Critical Illness under this supplementary contract has exclusions which do not cover Critical Illness occurs directly or directly from the following causes:

1. Suicide or self-destruction or attempt for such whether when consciously or insanely.
2. Intentionally assault
3. War (whether declared or otherwise), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion assuming the proportion of or amounting to a popular rising against government, riot and strike, terrorist operation.
4. Whilst the Insured hunting in the forest, any car or boat racing, horse racing, playing or competing skiing, skating, boxing, parachuting (except parachuting to save life), whilst taking on or off or in balloon or glider, buggy jumping, climbing hill using assisted tools, scuba diving with air tank.
5. Any actions whilst the Insured under influence of alcohol, drugs or additive substances and being unconscious.
   "Whilst the insured under influence of alcohol" means level of alcohol in blood is more than 150 mg. percent in case that there is blood examination,
6. Whilst the Insured is in the course of committing a felony or while under arrest by authorities because of commission of a felony.
7. The Insured refused to take medical treatment or accept any treatment or not follow instruction of Special Medical Practitioner.
8. Critical Illness occurred before effectiveness of this Supplementary contract and did not have medical treatment to be recovered before such date.
9. The Insured infected by HIV Positive, except HIV through Blood Transfusion or Occupationally Acquired HIV

In case of death, the company shall not cover

Suitcide within 1 year or murdered by beneficiary from the effective date of this supplementary contract or renewal date of this supplement contract, whenever the latest date.

Tokio Marine Life Insurance (Thailand) Public Company Limited

Summary
Group Critical Illness Supplementary Contract
1 year renewal Term
(GCI1)

1. Benefits

1.1 Living Benefits

While this Supplementary Contract is in force, Insured has been diagnosis by Specialist Medical Practitioners to have Critical Illness according to Definition as specified in no.7, providing that Diagnosis date must be occurred after Waiting Period, the company will pay claim amount equaled to Sum Assured of this Supplementary Contract to the Insured.

In case that the Insured has suffered more than 1 Critical Illness at the same time, the company will pay benefit up to only one disease.

1.2 Death Benefit

While this Supplementary Contract is inforce and Insured died from Critical Illness as specified in Definition no. 7, the company will pay Sum Assured of this Supplementary Contract to the beneficiary.

1.3 Critical Illness means sickness from following diseases

1. Invasive Cancer
2. Benign Brain Tumor
3. Chronic Liver Disease/End-Stage Liver Disease/Liver Failure
4. Fulminant Viral Hepatitis
5. Severe Ulcerative Colitis or Crohn's Disease
6. Major Organs Transplantation or Bone Marrow Transplantation)
7. HIV through Blood Transfusion or Occupationally Acquired HIV)
8. Aplastic Anemia

See more details in Definitions and Benefits of Group Critical Illness Supplementary Contract.

7. Acute Heart Attack
8. Coronary Artery By-Pass Surgery
9. Cardiomyopathy
10. Other Serious Coronary Artery Diseases
11. Open Heart Surgery for the Heart Valve
12. Surgery to Aorta
13. Lupus Nephritis from Systemic Lupus Erythematosus
14. Chronic Kidney Failure
15. Medullary Cystic Disease
16. Major Stroke
17. Cerebral Aneurysm Requiring Brain Surgery
18. Primary Pulmonary Arterial Hypertension
19. Severe Chronic Obstructive Pulmonary Disease/End-Stage Lung Disease
20. Progressive Scleroderma or Diffuse Systemic Sclerosis/Scleroderma
21. Alzheimer's Disease
22. Parkinson's Disease
23. Severe Rheumatoid Arthritis
24. Multiple Sclerosis
25. Muscular Dystrophy
26. Motor Neuron Disease
27. Paget's Disease of Bone
28. Necrotising Fasciitis and Gangrene
29. Loss of Independent Living
30. Paralysis
31. Coma
32. Major Head Trauma
33. Major Burn

See more details in Definitions and Benefits of Group Critical Illness Supplementary Contract.

34. Blindness
35. Loss of Hearing
36. Loss of Speech
37. Total and Permanent Disability
38. Apallic Syndrome or Vegetative State
39. Poliomyelitis
40. Viral Encephalitis
41. Bacterial Meningitis
42. Elephantiasis

1. Exclusions

Critical Illness under this supplementary contract has exclusions which do not cover Critical Illness occurs directly or directly from the following causes:

1. Suicide or self-destruction or attempt for such whether when consciously or insanely.
2. Intentionally assault
3. War (whether declared or otherwise), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion assuming the proportion of or amounting to a popular rising against government, riot and strike, terrorist operation.
4. Whilst the Insured hunting in the forest, any car or boat racing, horse racing, playing or competing skiing, skating, boxing, parachuting (except parachuting to save life), whilst taking on or off or in balloon or glider, buggy jumping, climbing hill using assisted tools, scuba diving with air tank.
5. Any actions whilst the Insured under influence of alcohol, drugs or additive substances and being unconscious.
   "Whilst the insured under influence of alcohol" means level of alcohol in blood is more than 150 mg. percent in case that there is blood examination,
6. Whilst the Insured is in the course of committing a felony or while under arrest by authorities because of commission of a felony.
7. The Insured refused to take medical treatment or accept any treatment or not follow instruction of Special Medical Practitioner.
8. Critical Illness occurred before effectiveness of this Supplementary contract and did not have medical treatment to be recovered before such date.
9. The Insured infected by HIV Positive, except HIV through Blood Transfusion or Occupationally Acquired HIV

In case of death, the company shall not cover

Suitcide within 1 year or murdered by beneficiary from the effective date of this supplementary contract or renewal date of this supplement contract, whenever the latest date.

See more details in Definitions and Benefits of Group Critical Illness Supplementary Contract.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Group Health Insurance Supplementary Contract
Hospital and Surgical Benefit (Non-Schedule)
(GNHS)

This group health insurance supplementary contract is issued by Tokio Marine Life Insurance (Thailand) Public Company Limited (herein after referred to as "Company") in order to annex to and serve as an integral part of the group term life insurance provision contract. Company agrees to provide coverage to the insured under terms and conditions set forth herein upon the inception of premium stipulated.

Terms and conditions specified in the supplementary contract should be prevailed as any conflict terms and conditions between the group term life insurance provision contract and this supplementary contract arises. Terms and conditions of group term life insurance shall be applied for the non-conflict parts, mutatis mutandis.

Part 1
Definitions

Accident means an event which occurs suddenly caused by external factor(s) and results in an unintended or undersigned event of the insured.

Injury means bodily injury which is caused directly and solely from an accident and is independent from other causes.

Illness means morbidity symptoms, sickness or disease occurred to the Insured.

Physician means a person, who graduates with Doctor of Medicine, precisely registered with the Medical Council and is licensed for medial practitioner in the medical practice or surgery servicing locality.

Dentist means a person, who graduates with Doctor of Dental, precisely registered with the Dental Council and is licensed for dental practitioner in the dental servicing locality.

Specialist Medical Practitioners means a physician, who obtains an authorization card or certificate from the Medical Council or an equal institution. Specialist medical practitioner is not the attending physician but is a physician who gives advice, consultation, or medical treatment in coordination with the attending physician.

Nurse means a person, who is licensed to nurse practitioner under the law.
Nursing Fees means a regular expense that a hospital or a medical facility charges to an inpatient for nursing care provided while hospitalized.

In-patient means a person, who registered as an in-patient admitted to a hospital under the care of a licensed medical practitioner and who needs to be accommodated in a hospital bed according to the medical necessity for a minimum of 6 hours for medical treatment and also be appropriate in length of stay. This also includes the circumstance when an in-patient dies before 6 hours after hospitalized.

Out-patient means a person, who receives medical treatment in a clinic, hospital out-patients department, or emergency room or undergoes a procedure without the need according to medical necessity to be accommodated in a hospital bed.

Hospital means any medical facility that provides medical services, can accommodate overnight patients, has an adequate number of medical personnel and facilities and a complete range of services, particularly a major operating room, and is registered as a hospital in accordance with the law on medical facilities in that locality.

Medical Facility means any medical facility that provides medical services, can accommodate overnight patients; and is registered as a medical facility in accordance with the law on medical facilities in that locality but does not include a sanitarium for elderly, chronic patient and midwifery.

Clinic means a conventional medical facility that is permitted by law to provide medical treatment and diagnoses by medical practitioners but does not provide overnight care.

Medical Standard means international rules of practice of modern medical providers, rules of Medical Council is applied if it is certified by the Medical Council, for creating suitable treatment plans that are based on medical necessity and appropriateness, taking into account the conclusions drawn from injury or sickness record, medical findings, diagnosis results and other pertinent information (if any)

Medical Necessity means any medical service based on following conditions:
(1) must be consistent with diagnosis and treatment in relation to injury and illness conditions of the Insured;
(2) must have apparently medical indication in accordance with conventional medical standard;
(3) must not be a service for sole convenience purpose of the insured, insured's family or medical service provider; and
(4) must be medical treatment service that is in accordance with appropriation of clinical practice standard based on and necessity of condition of injury or illness conditions of the insured.

Non-Conventional Medicine means a variety of therapeutic or preventive health care practices by means of Thai traditional medicine, Thai local medicine, Chinese traditional medicine or other practice(s) that is not conventional medical, regardless of licensed or non-licensed medical practitioner by the Ministry of Public Health.

Each treatment means the admission in hospital or medical facility for in-patient treat as any given time, including the admission in hospital or medical facility for two times or more for medical treatment under the same cause, disease or the same disease complication that addresses the interval of each admission is not greater than 45 days from the last discharge date from hospital or medical facility which shall be defined as the same admission.

Aids means acquired Immune Deficiency Syndrome (AIDS) caused by the Human Immunodeficiency Virus (HIV). It also refers to Opportunistic Infections, Malignant Neoplasm, and any infection or illness that reveals an HIV (Human Immunodeficiency Virus) positive blood test result. Opportunistic Infections include, but are not limited to,

Pneumocystic Carinii Pneumonia, Organism or Chronic Enteritis, Virus and/or Disseminated Fungi Infection. Malignant Neoplasm includes, but is not limited to, Kaposi's Sarcoma, Central Nervous System Lymphoma and/or any severe disease which is presently known to be a symptom of Acquired Immune Deficiency Syndrome, or which causes sudden death, illness, or disability to infected persons. AIDS shall include HIV (Human Immunodeficiency Virus), Encephalopathy Dementia, and viral epidemics.

Necessary and Reasonable Expenses means medical treatment costs and other expenses that correspond to the amounts normally charged for similar services by the hospital or clinic where the insured has been admitted.

Deductible means the first fixed amount of eligible medical expenses per visit or per disability for which the insured is responsible for paying as stated in the insurance contract.

Co-payment means co-responsibility, or part of loss borne by, between the insured and company on a payable medical charge in accordance with policy benefit, after the deductible up to a certain limit (if any).

Waiting Period means the periods specified in the policy schedule which is not greater than 30 days from the commencement date of this supplementary contract or an effective date of each insured, whichever is later.

Part 2
Benefit Provisions

Term of Benefits

If the insures suffers an injury or illness during this supplementary contract is in force and the waiting period elapses, that, as being advised by physician, results in necessitates to be treated as in-patient in the hospital or medical facility, Company, upon its receiving and approval of the proof of claim, shall pay the following benefits for its actual imperative and due expenses, occurring based on medical necessity and medical standard practice, but will not be greater than the benefit amount specified in the schedule of benefits after the deductible up to a certain limit (if any) and Co-Payment (if any).

1. Room and Board Benefit

The Company will pay the charges of room, board, other medical service or hospital daily services occurring during inpatient admission of insured in a hospital for the amount that will not greater than room and board benefit per day and maximum day(s) as specified in the schedule of benefits.

2. Intensive Care Unit Benefit (ICU)

The company will pay policy benefit in accordance with intensive care unit (ICU) room, board, other medical services or hospital daily services, upon the admission in hospital as inpatient in the intensive care unit (ICU) based on necessity, but not greater than the maximum amount per day and number of days as specified in the schedule of benefits for each treatment.

The maximum of day for intensive care unit (ICU) shall not be counted in number of maximum day(s) defined in item 1.
In the event that the expenses mentioned in item 1 and 2 occur in the same day, company shall compensate as follows:

2.1 Company will pay the actual expenses in accordance with item 1 and 2 above but not greater than the maximum of intensive care unit benefit per day and of number of days per each treatment as specified in the schedule of benefits.

2.2 If company paid the intensive care unit (ICU) benefit up to the maximum number of days per any given each treatment as specified in the schedule of benefits, company will pay the actual expenses paid in accordance with item 1 and 2 above but not greater than the maximum of room and board benefit per day and the maximum number of days per each treatment as specified in the schedule of benefits.

3. Other Medical Benefits

Company shall pay for other medical benefits at the maximum amount of not greater than actual expenses paid; and not greater than the benefit specified in the schedule of benefits for each treatment for medical expenses incurred and spent during in-patient admission in hospital or medical facility on the same day as the expenses in item 1 or 2 incurred, excluding any other medical expense, except items specified below, that incurs during in-patient admission in hospital or medical facility but is brought for using after discharging from the Hospital unless otherwise provided herein.

- Costs for nursing service engaged by nurse(s), except costs in accordance with special nursing service (keeping vigil over a sick).
- Costs for drugs and parenteral nutrients as being prescribed by attending physician, charge for blood or plasma transfusion, including expenses relating to screening, preparation and analyze process for blood or plasma transfusion.
- Costs for laboratory and pathology test, x-ray test, and other special diagnoses by any mean, including fee for lab result interpretation. Nevertheless the result generated shall be used for medical treatment planning, treatment method determining or caring of the illness or injury that insured is directly suffering; or significantly impact medical treatment plan change.
- Costs for using or servicing medical supplies and medical equipment outside operating room.
- Medical supplies, based on purpose of product and prescription of attending physician, including medical equipment and supplies that go inside the patient's body i.e. prosthesis hip joints, prosthesis knee joints, cranioplastic implant, prosthetic valve ; but not including artificial organ i.e. prostheses extremities, eyes prosthesis, orthotic, medical instruments and durable medical supplies i.e. hearing aids, talking aids, glasses, contact lenses, respirators, CPAP(Continuous Positive Airway Pressure), oxygen device, vital signs monitor (pulse, blood pressure, temperature), any supportive aids, wheelchair unless considers otherwise subject to discretion of the company. If it is medical supplies which can be reused i.e. syringe or glass etc., policy benefit will cover only 1 syringe or glass, based on necessity by discretion of company.
- Costs for physical therapy and occupational therapy being provided, based on appropriateness and necessity prescribed by attending physical, due to direct cause(s) from injury or illness.

- Costs for ambulance to or from hospital for medical purpose but not greater than room and board benefit limited per one day for each treatment as specified in the schedule of benefits.
- Costs for take-home pharmaceutical upon the medical necessity but not greater than 14 days from the discharge date for each treatment. Nevertheless costs for take-home pharmaceutical which is greater than 14 days shall not be deemed as exceeded expenses covered under the benefits or expenses for treatment as in-patient.
- Fee(s) for wound dressing, ordinary and plaster splints by physician.
- Fee(s) for medicine injection into blood vessels by physician.

4. Surgical Fee

Company will pay costs of surgical fee comprising surgeon, surgery fee, operating room, operating equipment and anesthetist fee to the insured, who visits for in-patient treatment in the hospital or medical facility on the same day which the expenses in item 1or 2 occurs and is in need of surgery based on medical standard and necessity, but not greater than the maximum surgical benefits per each given treatment specified in the schedule of benefits.

Company shall extend the coverage of this benefit for the insured, which based on medical standard and necessity, is in need of out-patient surgery in hospital or medical facility or clinic.

5. Physician Fee

Company will pay the fee(s), subject to the actual basis and actual paid but not greater than the maximum physician benefits per day and the maximum number of day per each treatment as specified in the schedule of benefits, of attending physician, a physician who provides medical treatment to the insured, for an inpatient treatment in the hospital engaging on the same day which the expenses in item 1or 2 incurs.

6. Specialist Medical Practitioners Consulting Fee

Company will pay specialist medical practitioners consulting fee, subject to the actual basis and actual paid but not exceeding the maximum benefit per each treatment as specified in the schedule of benefits, while the insured is an inpatient treatment in the hospital or medical facility on the same day which the expenses in item 1or 2 incurs. Provided that the specialist physician under this item shall not be the attending physician or physician mentioned in item 5 but is a physician, who jointly provides medical consulting or treatment with the attending physician or physician mentioned in item 5 and is a direct specialist relating to injury or illness that the insured suffers or suffering during inpatient treatment in hospital.

7. Emergency Treatment Expenses as an Out-patient

Company will pay expenses, subject to actual basis and actual paid exceeding the maximum emergency treatment benefit as outpatient per each treatment as specified in the schedule of benefits, occurring of an accident and injury to the insured, who is in need of emergency outpatient medical treatment of a hospital or medical facility within 24 hours upon the accident happens, including consecutive expenses due to the need of continual treatment from the first treatment within 31 days from the accident date.

8. Physician Consulting Fee before or after In-patient treatment

Within 31 days before and after the Insured's treatment as an in-patient in the hospital or medical facility, if it is necessary for the insured to visits the physician for consultation diagnosis e.g. x-ray test, laboratory test, etc. , based on necessity and same cause with the injury or illness that the insured visits a hospital or medical facility for in-patient treatment, company shall pay such expense, subject to actual basis but not greater than the maximum physician consulting fee before or after treatment as an in-patient benefit per each treatment as specified in the schedule of benefits.

Part 3
General Terms And Conditions

1. Insurance Contract

This supplementary contract shall deem as integral part of group term life provision contract and comes into force upon the receipt of premium stipulated therein. Terms and conditions specified in the supplementary contract should be prevailed for the conflict terms and conditions between the group term life insurance contract and this supplementary contract and the non-conflict parts shall be accommodated likewise.

2. Claim Notification and Declaration

The policyholder or the insured or their representatives shall notify company in writing within 14 days from the admission date or immediately in case of death, unless reasonable proof is justified that the prior notification could not be performed but is proceed as soon as it could be.

3. Proof of Medical Treatment Submission

The policyholder or the insured or their representatives shall, within 30 days upon the hospital discharging of the insured, submit(s) the relevant explicating evidences; including original medical expenses and receipts issued by a hospital or medical facility, and addresses the inpatient hospitalization at a hospital or medical facility in the form stipulated by company. In case that the original proofs of claim are used for other welfare or insurance purposes, the photocopy of proofs of claims those are certified with the prior claim amount shall be agreeable, *mutatis mutandis.*

The submission of evidences that is not performed within the stipulated timeline shall not forfeit the claim entitlement. However it shall be executed as soon as it could be.

4. Coverage from other Insurer or Welfare

If policyholder or the insured or their representatives have placed the reimbursement of medical expenses with any government welfare, other institutions or other insurers prior exercising the benefit under this supplementary contract, the benefit to be paid under this supplementary shall be subtracted by the prior imbursement amount, but in total of the amount not greater than the actual loss or actual expenses.

The waving of receivable benefit from other welfares or insurances shall not deprive right and interest of the insured in accordance with benefit under this supplementary contract.

1. Examination Right

Company, upon necessity and appropriateness and by company's expense, shall have the right to medical examine the insured who suffers from an injury or illness resulting in claim demand

If the insured denies physical examination, including medical history investigation and diagnosis procedure of the insured that shall be performed to support claim assessment, company shall have right to decline the coverage to the insured.

2. Benefit Payment

All benefits under this supplementary contract shall be paid to the insured. Any payment made to the insured deems to release company from all legal obligations under this supplementary contract.

6.1 If the insured suffers the injury or illness, being in accordance with the coverage under this supplementary contract, that results in medical treatment performing outside Thailand, company shall pay the benefit based on currency exchange rate set by Bank of Thailand on date being indicated in the receipt of medical expenses.

6.2 In the event of death of the insured, company shall pay benefit to the beneficiary (ies) or the policyholder as agreed.

3. Cease of Coverage under Supplementary Contract

The coverage under this supplementary contract of any insured shall automatically be ceased upon any of the following conditions:

7.1 The insured passes away; or

7.2 The insured is disqualified on any qualifications determined in the policy schedule; or

7.3 The insured, in case of contribution scheme, does not remit the contribution premium on due; or

7.4 The policy anniversary date that the insured attained years of age is fully 65 ; or

7.5 The group term insurance provision contract to which this supplementary contract is attached into is extinct.

Cease of the coverage under this supplementary contract shall not prejudice any rights existing before cease of the coverage. Any premiums the company has received after the cease of this coverage shall not constitute any responsibility to the company besides refunding this premium only.

4. Supplementary Contract Termination

This supplementary contract shall be terminated upon any of the following conditions:

8.1 The expiry date that the Group Term Life provision contract.

8.2 In the event that the policyholder does not pay the premium in accordance with this supplementary contract within the grace period, the supplementary contract shall be terminated on the following date after grace period expires.

8.3 Company reserves right to deny the supplementary contract renewal as of any policy anniversary date by giving a written notice. As such, the termination shall take effect on the anniversary date.

Termination of this supplementary contract shall not prejudice any rights existing before termination taking effect. Any premiums company receives after the termination of this supplementary contract shall not constitute any obligation to the company besides refunding such amount of premium.

1. Supplementary Contract Termination Notice

9.1 Upon the present of explicit proofs of fraud the insured commits for the policy benefit of insured himself or others, company shall terminate this supplementary contract by giving the advance notification at least 30 days via registered mail to the policyholder at the latest address that has been informed to company. Provided that company shall not be obliged to any claim arising out of such act. In this regard, company shall refund premium for the amount during the period that the coverage has not provided proportionately to the policyholder or the insured.

9.2 The policyholder or the insured shall terminate this supplementary contract by giving written that shall take effect on the date company receives such notice and is entitled to premium refund for the amount during the period that the coverage has not provided.

Any premiums company receives after the termination of this supplementary contract shall not constitute any obligation to company besides refunding the remitted premium.

2. Precedent Condition

Company shall not be responsible for benefit reimbursement set forth in this supplementary contract unless the policyholder, the insured or beneficiary entirely complies with terms and conditions of insurance provision contract and this supplementary contract.

3. Assignment

An assignee of the insurance policy shall not be entitled for any payable benefit under this supplementary contract.

4. Adjustment of Premium

12.1 On the policy anniversary date; or

12.2 On the date of changing term of insurance that comprises age, gender, number of the insured, insurance risk and claims record which is greater than company views appropriate, or change of coverage condition that is different from the previous or set out by the registrar. Provided that company shall inform the policyholder at least 30 days in advance.

Part 4

Exclusions

This supplementary contract shall not cover any expense arising from or due to the consequences of injury or illness, symptoms including diseases and complications or abnormalities from the followings:

1. **Suicide or suicide attempt, self-inflicted injury or attempt of self-inflicted injury whether being his/her own action or allow others to perform while insane or not. This also includes the accident to the insured due to consuming, drinking, or injection of toxic substance into the body or drug overdose.**

2. **War, invasion, hostility act of foreign enemies, or malicious action similar to war whether declared or otherwise, civil war, rebel, insurrection, employment strike, riot, revolution, coup d'état, announcement of martial law or any situation that results in martial law announcement in action or continuity.**

3. **Injury while the insured is taking part in a brawl or taking part in inciting a brawl.**

4. **Pregnancy, miscarriage, abortion, child birth, complications from pregnancy and delivery, infertility solutions (including analysis and treatment), sterilization or contraception.**

5. **Medical treatment symptoms or diseases in related to mental disorders, psychopathy, behavior disorders, personality disorders that includes attention deficit hyperactivity disorders, autism, stress, eating disorders or anxiety.**

6. **Medical treatment or therapy in related to drug addiction, cigarette addiction, alcohol or psychoactive substances addiction.**

7. **Any cosmetic surgery or beautification treatment including treatment of acne, freckles, dandruff, weight reduction and weight gain, hair loss, hair transplants, reconstruction surgery is also excluded unless injury is sustained as a result of an accident.**

8. **Treatment or surgery in relating to dental or gum e.g. prosthodontics, crowns and bridges, root treatment, filling, orthodontic, scaling, extraction, dental implant, except the necessary dental treatment after an accident. However, the coverage does not include the costs for denture crowns and bridges, root treatment, dental implant.**

9. **Illness or injury of the insured occurs within 90 days before participating to this supplementary contract; whether the insured has been treated, diagnosed, consulted or prescribed during such period; except the insured, who suffers the illness or injury, has participated in this supplementary contract for a period of 12 months.**

Medical treatment which is in a trial stage or experiment and not announced or accepted as the medical standard by the Medical Council or The Royal Colleague related thereto.

1. **Examination or treatment of obstructive sleep apnea syndrome, sleep disorder, snoring; except the case that the insured has participated in this supplementary contract for a period of 12 months.**

2. **Any immunization or vaccinations; except rabies vaccine needed after an animal attack or tetanus shots needed after an accident or injury.**

3. **Treatment which is not conventional medicine, including alternative medicine.**

4. **Treatment to relieve symptoms commonly associated with anti-aging, menopause or precocious puberty, erectile dysfunction in women and men, sexual disorders treatment and sex reassignment.**

5. **Treatment for growth development abnormalities such as growth retardation, underweight, short stature including hormone disorder in relation to growth and brain development, etc.; or genetic diseases. This cause shall extend to the adaption of body malfunction or impairment that is not caused by illness or injury.**

6. **Venereal disease**

7. **Medical treatment for eyesight i.e. myopia, hyperopia, astigmatism, LASIK, corneal scrapping, strabismus or visual disorders; including equipment expenses relating to eyesight correction i.e. glasses, contact lenses.**

8. **Any medical treatment given by a medical practitioner who is the parent, spouse or child of the insured. The insured who is a registered medical practitioner may not be reimbursed for any self-administered treatment.**

9. **Health checkups, convalescent care including rest cures and rehabilitation, any treatment, drugs or medical supplies which are not related to the diagnosis; and diagnosis which is not related to the injury or illness or not by medical necessity and medical standard.**

Benefit Schedule

Benefit	Plan 1
1) ค่าห้องและค่าอาหารต่อวัน สูงสุดไม่เกิน 31 วัน ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	2,500.00
2) ค่าห้องผู้ป่วยหนัก (ไอ. ซี. ยู.) ต่อวันสูงสุดไม่เกิน 7 วัน ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	5,000.00
3) ค่ารักษาพยาบาลอื่นๆ ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	51,000.00
4) ค่าใช้จ่ายในการผ่าตัด ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	51,000.00
5) ค่าแพทย์ตรวจรักษาในโรงพยาบาลต่อวันสูงสุดไม่เกิน 31 วัน ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	1,450.00
6) ค่าปรึกษาแพทย์เชี่ยวชาญเฉพาะโรค ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	8,500.00
7) ค่ารักษาพยาบาลฉุกเฉินขณะเป็นผู้ป่วยนอกเนื่องจาก อุบัติเหตุต่ออุบัติเหตุแต่ละครั้ง	8,500.00
8) ค่าปรึกษาแพทย์และค่าตรวจวินิจฉัยโรคหรือหลัง การเข้ารับการรักษาพยาบาลในฐานะผู้ป่วยใน ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	-
9) ความรับผิดส่วนแรก ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	-
10) ค่าใช้จ่ายร่วมระหว่างผู้เอาประกันภัยและบริษัท ต่อการเข้าพักรักษาตัวครั้งใดครั้งหนึ่ง	-

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Endorsement
Annexed to Group Health Rider
Extended Coverage for Emergency Medical Expenses as an Outpatient due to Accident (GER)

This Endorsement is attached to and served as an integral part of the Group Health Insurance Supplementary Contract and it is agreed that, while the Group Health Insurance Supplementary Contract to which this Endorsement is attached remains in force, the Company shall provide the extended coverage for emergency medical expenses as an outpatient due to accident as follows;

The Company shall provide the coverage for incurring medical expenses in case that the Insured sustains accident and injury, and receives emergency medical treatment as an outpatient in a hospital or medical facility or clinic within **(72)** hours after the accident. In addition, the Company shall provide the coverage for incurring medical expenses in case that the Insured continues receiving medical treatment from the initial medical treatment **(Limited for the consecutive medical treatment period within - days from the date of the accident) / (Unlimited consecutive medical treatment period).** Nevertheless, the Company shall provide the coverage for actual medical expenses incurred. In the aggregate, the total amount shall not exceed the maximum amount of benefits for emergency medical expenses as an outpatient due to accident stated in the Benefit Schedule.

In case that the terms and conditions stipulated in the Group Life Insurance Policy or the Supplementary Contract to which this Endorsement is attached, including any documents which are a part of the Group Life Insurance Policy and such Supplementary oppose to or conflict with this Endorsement, the statements of this Endorsement shall prevail. Any other statements which are not oppose to or conflict with terms and conditions of this Endorsement shall remain in force together with this Endorsement.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Endorsement
Annexed to Group Health Supplementary Contract
Coverage for Continuous Medical Treatment as an Outpatient after hospitalization (GHOF)

This Endorsement is attached and served as an integral part of the Group Health Supplementary Contract and it is agreed that, while the Group Health Supplementary Contract to which this endorsement is attached remains in force, the Company shall provide coverage for continuous medical treatment to the Insured as an outpatient for the same cause after medical treatment as an inpatient as follows:

The Company shall provide continuous medical treatment to the Insured as an outpatient for the same cause after medical treatment as an inpatient provided that the Insured shall receive the medical treatment within **(30/31)** days from the date of discharge from hospital. The Company shall pay the benefits under the terms and the coverage based on other medical expenses according to the Group Health Supplementary Contract.

In case the terms and conditions stipulated in the Group Life Insurance Policy or the Supplementary Contract to which this Endorsement is attached, including any documents which are a part of the Group Life Insurance Policy and the Supplementary Contract opposes to or conflict with terms and conditions of this Endorsement, the statements of this Endorsement shall prevail. Any other statements which are not oppose to or conflict with terms and conditions of this Endorsement shall remain in force together with this Endorsement.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Endorsement
Annexed to Group Health Supplementary Contract on Benefits of Daily Medical Expenses in a Hospital in case of Exercising the Rights of Other Welfare Benefit
(CHB)

This Endorsement is attached to and served as an integral part of the Group Health Supplementary Contract and it is agreed that, while th**e** Group Health Supplementary Contract to which this Endorsement is attached remains in force and after the waiting period, if the Insured sustains injuries due to an accident or illness, leading to the admission and registration as an inpatient for medical treatment in a hospital or medical facility for not less than 6 consecutive hours based on the diagnosis and advice of a physicians in accordance with indication under medical standard, and exercises the rights of other welfare benefit; the Insured is eligible to the coverage according to the Supplementary Contract to which this Endorsement is attached. When the Company receives and approves any evidence for a compensation claim, the Company shall pay benefits and daily medical expenses in a hospital or medical facility under the terms and conditions in any of the following cases:

1. When the Insured exercises their rights of all medical expenses and expenses from any other welfare benefit and does not claim any additional medical expenses and all expenses from the Company, the Company shall pay benefits of daily medical expenses in a hospital or medical facility at a rate equivalent to the benefit rate of ward costs and meal fees according to the Supplementary Contract to which this Endorsement is attached.

2. When the Insured completely exercises their rights of partial medical expenses and expenses from the other welfare benefit and their right to claim for only the excess amount of ward cost and meal fees from the Company under the conditions of the Supplementary Contract to which this endorsement is attached, the Company shall pay the benefit for ward costs and meal fees according to the right stated in the Supplementary Contract. In cases where any differences arising out of the excess amount of ward costs and meal fees as mentioned above is less than the ward costs and meal fees according to the right stated in the Supplementary Contract to which this Endorsement is attached, the Company shall pay benefits for daily medical expenses in a hospital or medical facility at a rate equivalent to the difference.

Nevertheless, the benefit of daily medical expenses occurred in a hospital or medical facility stated in item 1 and 2 above shall be paid by the Company based on the number of day(s) admitted as an inpatient in a hospital or medical facility, with the amount not exceeding the ward costs and meal fees per day and the maximum number of days for each treatment as provided in the Benefit Schedule.

“Other Welfare Benefit” refers to medical expenses which the Insured receives from the Social Security Fund, Workmen's Compensation Fund, government officials, state-enterprises, local administrative organizations, national health security, Protection For Motor Vehicle Victims Act, personal health insurance, including any similar benefits of medical expenses.

In cases where the terms and statements stipulated in the Group Life Insurance Policy and the Supplementary Contract to which this Endorsement is attached, or any documents which are a part of the Group Life Insurance Policy and the Supplementary Contract opposes to or conflict with this Endorsement, the statements of this Endorsement shall prevail. Any other statements which are not oppose to or conflict with the terms and conditions of this Endorsement, shall remain in force together with this Endorsement.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Endorsement of
Group Hospital and Surgical Supplementary Contract
Outpatient Benefit
(GHO)

This endorsement is attached to and forming a part of the Group Supplementary Contract of Hospital and Surgical Benefits. Hereby agrees, during the period that this Group Supplementary Contract is in force, the Company shall pay outpatient benefit for necessary medical treatment in the hospital or clinic but not more than 1 visit per day. However, this benefit will be paid not exceed the maximum benefit per day and maximum number of day per year specified in the schedule of benefit.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Endorsement
Extended to Coverage of Illnesses or Injuries occurring within 90 days before participating to Insurance
Attached to
Endorsement attached to Group Health Insurance Supplementary Contract Extended to all types of Outpatient Benefit Without Insurance Premium Charged
(GHO)

This endorsement is attached to and formed a part of the endorsement attached to the Group Health Insurance Supplementary Contract extended to Outpatient Benefits. Hereby agrees, during the period that this endorsement attached to Group Health Insurance Supplementary Contract extended to Outpatient Benefit, to which this endorsement is attached, is in force, the Company shall extend the coverage as specified in this endorsement to the Insured.

The insurance under this endorsement shall extend the coverage of Outpatient Benefit for medical expenses arising from the treatment of illnesses or injuries occurring after having been insured and such illnesses or injuries are consequential or continuation of the illnesses or injuries, including any complications, symptoms or abnormal conditions arising from the illnesses or injuries that the insured has or has been treated, diagnosed, consulted, prescribed occurring within 90 days (ninety days) before participating to this Supplementary Contract.

Term and Conditions in any provision to the Group Insurance Policy, Group Supplementary Contract and Endorsement to which this endorsement is attached, or any attached documents shall be deemed, if they are contradictory to or inconsistent with this endorsement, the statements in this endorsement shall apply. As for statements that are not contradictory or inconsistent, the statements in the Group Life Insurance policy shall apply to this endorsement.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

(Translation)
Endorsement of Telemedicine
Attached to Out-patient/ Clinical Benefit

(GTM)

Regardless of statements otherwise specified in the Endorsement and Supplementary Contract to which this Endorsement is attached, it is understood and agreed that:

This endorsement extends coverage of endorsement and supplementary contract to which this Endorsement is attached to **Treatment through telemedicine.**

Definition

Telemedicine means exchange or communication of modern medical information by medical professional of government and/or private hospital from one location to another using electronic communication for consulting, recommending, providing treatment for medical operation under medical knowledge according to objective standard and behaviours under responsibility of sender or communicating of that medical contents.

Term, condition and exclusion of supplementary contract to which this endorsement is attached shall remain inforce.

Benefit Schedule

Benefit	Plan 1
ค่ารักษาพยาบาลในฐานะผู้ป่วยนอกต่อครั้งต่อวัน สูงสุด 30 ครั้งต่อปี(Baht)	2,000.00
อัตราร้อยล่ะของค่าใช้จ่ายร่วมรับผิดโดยผู้เอาประกันภัย	-

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Endorsement of
Group Hospital and Surgical Supplementary Contract
Extended Dental Treatment
(Limited Maximum Compensation per Year)
(GDT3)

This endorsement is attached to and formed a part of the Group Hospital and Surgical Supplementary Contract. Hereby agrees, during the period that this Group Supplementary Contract is in force; the Company shall extend the coverage as specified in this endorsement to the Insured. Reference in any provisions to the Group insurance Policy and any attached documents shall be deemed, unless the context otherwise requires, to include a reference to this Endorsement Contract.

Part 1
Definition

"Dentist" means a Bachelor Graduated in Dentistry, who is registered with the Dental Health Ministry and is licensed to practice in the geographical area at the time that treatment or servicing occurred and is not the Insured, beneficiary or dependent of the Insured.

"General expense" means any expenses that relevant with the treatment which are covered under this endorsement such as X-rays, local anesthesia, drug expense.

Part 2
Benefits

While this Endorsement is in force, the company shall extend the coverage of the Group Hospital and Surgical Supplementary Contract to cover dental treatments which are provided by dentist for extracting, filling, routine oral examination, scaling, general expense and other benefits (if any) as specified in additional benefit section. The Company will pay actual medical expense of the benefit but not exceed maximum benefit per year stated in the benefit schedule.

Benefit Schedule

Benefit	Plan 1
ค่ารักษาพยาบาลด้านทันตกรรม สูงสุดต่อปี(Baht)	2,000.00
อัตราร้อยล่ะของค่าใช้จ่ายร่วมรับผิดโดยผู้เอาประกันภัย	-

Part 3
Additional benefits

The company shall extended the benefits other than those benefits specified in Section 2 as follows :-
……...……...
……
……
……

Part 4
Exclusion

This endorsement shall not cover any dental benefit which caused by these following:-

1. **Tooth bleaching, composite or porcelain facing, veneer**
2. **Space closure or orthodontic treatment**
3. **Any cosmetic dental treatment**
4. **Any treatment which use gold or composite gold to be materials to fix with the tooth.**
5. **Dental prosthesis or rebase, repair and reline**

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Endorsement
Annexed to Group Health Supplementary Contract Coverage for Laboratory expenses as an Outpatient
to extend coverage of Endorsement of Medical Treatment as an Outpatient (GOL1)

Regardless of statements otherwise specified in the Endorsement and Supplementary Contract to which this Endorsement is attached, it is understood and agreed that, while the Group Health Supplementary Contract and Endorsement to which this Endorsement is attached remains in force, the Company shall pay the benefit of Laboratory expenses as an outpatient including X-ray test, Electrocardiograme (EKG), Blood test, Urine Analysis and other laboratory tests as well as using special tools for diagnosis according to doctor's opinion. The company will pay actual medical expenses incurred charged by doctor or hospital after deducting contribution amount (if any). However, the amount will not exceed the maximum amount of benefit specified in the below Benefit Schedule.

Benefit Schedule

Benefit	แผน 1
ค่ารักษาพยาบาลด้านทันตกรรม สูงสุดต่อปี(Baht)	6,000.00
อัตราร้อยล่ะของค่าใช้จ่ายร่วมรับผิดโดยผู้เอาประกันภัย	-