GDT3-2:Invalid property set operation; items doesn't have a default property

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 G0000011

Tokio Marine Life Insurance (Thailand) Public Company Limited (Hereinafter called “the Company”) Hereby agrees to insure **บริษัท โตเกียวมารีนประกันชีวิต (ประเทศไทย) จำกัด (มหาชน)** (Hereinafter called “the Policyholder”) who has submitted the application (a copy is attached hereto) which constitutes as part of this Policy, and has paid the premium to the Company.

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 01 January 2024

.....	.....
( )	( )
Director	Director
.....	.....
(ธมนวรรณ ทองสอดแสง)	(Ms. Sukanya Matangka)
Authorized Person / Witness	Vice President / Witness

☒ Agent ☐ Broker of this life insurance TOKIO MARINE LIFE INSURANCE .....

License no - .....

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
Group Yearly Renewable Term Insurance Policy

Item 1 HEREBY this Endorsement attached to this Policy, the Company agrees that if the Insured, Beneficiary (ies) or the statutory heir of the Insured as the case may be, made the written notice to the Company for;

(1) Request a claim or compensation for Accidental Insurance (not for death), Health Insurance or Medical Expenses.
(2) Request for claim others than item 1(1).

The above request can be made at the Head Office of the Company or any branch offices.

The payment under 1(1) and 1(2) shall be made within 15 days from the date on which the Company receives such request and complete required documents.

Item 2 If there is a reasonable cause to suspect that the claim according to item 1(1) and 1(2) are not related to the coverage provision of this Policy, the period specified above can be extended as necessary, but in any cases no longer than 90 days from the date on which the Company receives complete required documents.

Burden of proof for the claim unrelated to the Policy's provision belongs to the Company for finding the additional proves. In this case, the Insured or the Beneficiary (ies) must provide the truths and any conveniences for the Company, as it deems expedient.

Item 3 If the Company delays in payment longer than specified in item 1 or extended period specified in item 2, it shall pay the interest on payable amount according to the interest rate as 12 % per year.

Item 4 Required documents to submit to the Company for considerations are as follows:

(a) Natural Death Claim
- (1) Claim requisition of all Beneficiaries (Company's claim form)
- (2) Copies of ID Card and House Registration of the Beneficiary (ies). The original documents are needed to produce to the Company.
- (3) A copy of Death Certificate. The original document is needed to produce to the Company.
- (4) A copy of House Registration stated the death of the Insured. The original document is needed to produce to the Company.
- (5) Consent form by the Beneficiary (ies) or heir to disclose the Insured's past record.
- (6) Physician `s report (company format)
- (7) Job`s application, Time work recording or payroll slip of the last month that insured work.
- (8) Allowance `s letter by the beneficiary for the claim's examination
- (9) Documents or Evidence which is proof of insured`s qualification.

For Accidental Death or other causes, additional required documents are:

(1) A copy of Police Daily Report that is certified by the Police about the case.
(2) A copy of the Autopsy Report.

(b) Accidental Claim (but not death)

(1) Claim form.
(2) A copy of Police Daily Report that is certified by the Police about the case.
(3) Copies of ID Card and House Registration of the Insured. The original documents are needed to produce to the Company.
(4) Job`s application, Time work recording or payroll slip of the last month that insured work.
(5) Report from the doctor or nursing home.

(c) Medical Expenses Claim

(1) Claim form for medical expenses.
(2) Report from the doctor or nursing home.
(3) Original receipt and summary of voucher.

Tokio Marine Life Insurance (Thailand) Public Company Limited.

Policy Schedule

Attaching to and forming part of Group Yearly Renewable Term Policy No G0000011

Policy Effective Date	01 January 2024
Policy Anniversary	31 December 2024
Members	พนักงานประจำของ บริษัท โตเกียวมารีนประกันชีวิต (ประเทศไทย) จำกัด (มหาชน)
	1.TEST1
	2. OPTION
Waiting Period	
Classification and Plan	Details attached.
Amount of Insurance	
Changes in Classification to be Effective	When policyholders notified in writing.
Free Cover Limit	5,000,000.00 บาท
Mode of Payment	รายปี

Premium Due Date

Modal Premium Rates for First Policy Year

Group Term Life Benefit	=	180,190.00	Baht.
Group Accidental Death and Dismemberment Benefit	=	70128	Baht.
Group Permanent Total Disability Benefit	=	18,019.00	Baht.
Group Critical lllness Benefit	=	-	Baht.
In-patient Hospitalization and Surgical Benefit	=	124,675.00	Baht.
Group Major Medical Benefit Provisions	=	-	Baht.
Group Maternity Benefit Provisions	=	-	Baht.
Out-patient or Clinical Benefit	=	-	Baht.
OPD Lap test Benefit	=	-	Baht.
Hospital Benefit	=	-	Baht.
Medical Treatment Expenses caused by Accident Benefit	=	-	Baht.
Dental Treatment Benefit	=	-	Baht.

Eligible Period

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
Accident Death Disability and Dismemberment Benefit
(GAD3)

This Supplementary Contract is issued for forming a part of the Group Life Policy which this supplement is attached, and will be in force when the premium of this Supplementary Contract has been paid. Any terms and conditions stated in the Group Life Policy to which this Supplementary Contract is attached oppose or conflict with the wording in this Supplementary Contract, then the wording in this Supplementary Contract will be applied. Any other wording that is not oppose or conflict with the wording in this Supplementary Contract will be applicable mutatis mutandis with this Supplementary Contract.

Part 1
Definitions

"Accident" means an event that happens suddenly caused by external factors and gives result that is not intended or expected by the Insured

"Injury" means bodily injury directly caused by an accident that happens on its own course and independently.

"Permanent and 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.

"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, any injury sustained by the Insured causes loss of life, permanent and total disability, dismemberment or loss of eye sight within 180 days from the date of accident or the injury sustained by the Insured necessitates continuous treatment in a hospital as in-patient and loss of life occurs because of such injury, the Company shall pay compensation in accordance with the benefit's Schedule as following:

Benefits	Percentage of Accidental Sum Insured
1. Loss of life	100
2. Permanent and Total Disability which continued consecutively not less than 180 days	100
3. Dismemberment	
3.1 both hands or both feet or sight of both eyes	100
3.2 1 hand and 1 foot or 1 hand and 1 sight of 1 eye or 1 foot and 1 sight of 1 eye	100
3.3 1 hand or 1 foot or 1 sight of 1 eye	60
3.4 hearing in both ears or dumbness	50
3.5 hearing in one ear	15
3.6 a thumb (two joints)	25
3.7 a thumb (one joint)	10
3.8 an index finger (three joints)	10
3.9 an index finger (two joints)	8
3.10 an index finger (one joint)	4
3.11 a finger (not less than two joints) other than a thumb or an index finger	5
3.12 a great toe thumb or an index finger	5
3.13 a toe other than a great toe	1

Part 3
General Provisions

1. Claim declaration.

The one who have the rights of this policy:

1.1 Declare such accident to the Company in writing within 30 days from the date of accident or immedeatly in case of death. 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 possible to do so. The rights of this policy will not lose caused by not declare such accident to the Company within this period.

1.2 Send the evidence of such accident follow to the company's form within 90 days from date of
   a. Death
   b. Permanent and Total Disability
   c. Dismemberment

1.3 The Company shall have the right to examine the Insured when and as often as it may reasonably require during the pending of claim hereunder, and also the right and opportunity to request for an autopsy in case of death by company where it is not prohibited by law or canon.

2. Termination of the Supplementary Contract for the insured

The coverage within the scope of this Supplementary Contract shall automatically cease when

2.1The Insured dies. or

2.2The Insured is disqualified on any Qualifications as specified in the Policy Schedule. or

2.3The Insured have received the benefit 100% of sum insured within one policy year or

2.4The Premium for this Supplementary Contract is not paid within the grace period.or

2.5The anniversary immediately after the Insured attained age 65 or

2.6The Group Life Policy which this Supplementary Contract is attached is terminated.

Termination of this Supplementary Contract shall not destroy the right that existed before termination of this Supplementary Contract, any premiums that the Company has received after the termination shall not result to any responsibility but the company shall return this premium only.

Part 4
Exclusions

This Supplementary Contract does not cover loss arising from or due to the consequences 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 travelling as a passenger in an aircraft not licensed for carriage of passengers and not operated by a commercial airline or whilst the Insured work as a pilot or a crew in an aircraft.**
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.**
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, bacteriological weapon, radiation or radio activity from any nuclear fuel arising from the combustion of nuclear fuel and self sustaining process of nuclear fission.**

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.**

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 **(-)** 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 of
Group Hospital and Surgical Supplementary Contract
Outpatient Benefit (Limited Maximum Compensation per Year)
(GHOO)

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

"Outpatient benefit" means medical expense paid for outpatient benefit of hospital or clinic which not includes any dental treatment expense.

"Basic dental treatment benefit" means the dental treatments which are provided by dentist for extracting, filling, routine oral examination, scaling and general expense.

"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 pay the outpatient benefit and basic dental treatment benefit for necessary medical treatment in the hospital or clinic that is paid by the Insured but not more than maximum benefit per year of each benefit as stated in the benefit schedule.

Part 3
Extended benefits to basic dental treatment benefits

The company shall extended the benefits to the basic dental treatment benefits other than those benefits specified in Section 2 as follows :……...……...
……
……
……

Anyhow, the company shall pay the basic dental treatment benefit and other benefit defined under this extended benefit not more than the maximum benefit per year of basic dental treatment benefit as specify in Benefit Schedule.

Part 4
Exclusion

This Endorsement shall not cover all dental treatment expenses which occur by direct or indirect of these following causes.

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
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.

Endorsement

Extended to coverage of expenses from Medical Treatment symptoms or diseases in related to Mental Disorders annexed to Outpatient Benefit (Maximum per visit)

Group

(MENTAL)

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 expenses from medical treatment symptoms or diseases in related to Mental Disorders, Psychopathy, Stress, Anxiety. 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 amount of benefit specified in the below Benefit Schedule.

Benefit Schedule

Benefit	Plan **1**	Plan **2**	Plan **3**	Plan **4**	Plan **5**
Limit 3 visits per policy year and each OPD claim payment will be counted as a visit of OPD Benefit as stated in the policy, anyway the company will not pay over 3 visits per policy year of Out-patient Benefit	1000.00	1100.00	1200.00	1400.00	800.00
Percentage of co-payment by Insured	-	-	-	-	-