

Supplement to “PRUHealth VHIS VIP Plan - Benefits”

This Supplement shall form part of the Terms and Benefits of the PRUHealth VHIS VIP Plan. The Terms and Benefits of the policy document named “PRUHealth VHIS VIP Plan – Benefits” shall be supplemented as follows. Save as amended by this Supplement, all other Terms and Benefits contained in the policy document named “PRUHealth VHIS VIP Plan – Benefits” shall be unchanged and remain in full force and effect. For the avoidance of doubt, Part 7 (General Exclusions) of these Terms and Benefits shall be subject to this Supplement.

Benefit limitations and benefit calculation

(Sections 1 to 4 below are to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

- | | |
|---|--|
| Territorial scope of cover | <p>1. 1.1 For any Medical Services performed other than in the circumstances of Section 1.2 below, Eligible Expenses and/or costs charged shall be payable in accordance with the Benefit Schedule of these Terms and Benefits.</p> <p>1.2 For any Medical Services performed outside Asia not solely and directly due to Accidents occurred outside Asia, the Eligible Expenses and/or costs charged shall be payable in accordance with the Standard Plan Terms and Benefits as stated in Section 3.2 below and are not subject to the benefit adjustment as stated in Section 2.1 below. For the avoidance of doubt, no benefit shall be payable under Sections 5 to 18 below.</p> <p>1.3 “Asia” shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.</p> <p>1.4 The benefit payable under Section 18 below shall only be applicable to the Confinement in Hong Kong private Hospitals in accordance with these Terms and Benefits.</p> <p>1.5 The benefit payable under Section 19 below shall be applicable to the death at any territorial location in accordance with these Terms and Benefits.</p> |
| Choice of ward class and adjustment for voluntary upgrade | <p>2. 2.1 If the Insured Person’s Confinement is of a higher level than Semi-private Room upon voluntary choice, then for the purpose of Section 3.1 below, any benefits payable in respect of such Confinement will be multiplied by the following adjustment percentage, except for the ward upgrade arises from (i) shortage of Semi-private Room while in need of Emergency Treatment, or (ii) isolation reasons that require a specific class of accommodation, or (iii) other reasons not involving individual preference (e.g. by the Policy Holder(s) or the Insured Person).</p> |

Type of room of Confinement	Covered room	Adjustment percentage
Private Room	Semi-private Room	50%
Above Private Room		25%

“Private Room” shall mean a room for Insured Person’s private use during the Confinement with its own private facilities including a bedroom and bath/shower room(s) only, but excluding any room of upper class with its own kitchen, dining or sitting room(s).

“**Semi-private Room**” shall mean a single or two-bedded, or a room with maximum double occupancy and with a shared bath / shower room in a Hospital but excluding any room of upper class with its own kitchen, dining or sitting room(s).

2.2 If the benefits payable under these Terms and Benefits after applying the above adjustment percentage calculated in accordance with Section 3.1 below is lower than the benefits payable according to the Standard Plan Terms and Benefits calculated in accordance with Section 3.2 below, the Company shall pay the higher payable amount.

Overall benefit limit and benefit payable (not applicable to the daily hospital cash for staying below the Semi-private Room in Hong Kong and death benefits)

3. 3.1 Subject to these Terms and Benefits, the benefit amount payable under these Terms and Benefits, except for Sections 1.2 above and 18 and 19 below, shall be calculated as set out below:

The benefit amount payable
= (A – B) x C, subject to the Annual Benefit Limit and Lifetime Benefit Limit

where:

A = amount of Eligible Expenses and/or costs payable in accordance with the Terms and Benefits, after applying the exclusion and respective remaining balance of benefit limits (the benefit limits are as stated in the Benefit Schedule, less the benefit amount(s) previously paid)

B = the higher of:

(i) the Balance of Deductible; and

(ii) the Eligible Expenses and/or costs that have been reimbursed in respect of the concerned claim under any other insurance coverage or as otherwise described in Section 13 of Part 7 of these Terms and Benefits, if applicable

C = adjustment percentage as specified under Section 2.1 above, if applicable

“**Balance of Deductible**” shall mean the remaining amount of Deductible for which the Policy Holder must pay before the Company shall reimburse within the relevant Policy Year. It equals to the full amount of Deductible reduced by any Deductible used as a result of previous claims under Sections 3(a) to 3(l) of Part 6 of these Terms and Benefits and Sections 5 to 17 below (including those defined in the next paragraph) during the relevant Policy Year. The Balance of Deductible will not be less than zero (0).

Any Eligible Expenses and/or costs paid under any other insurance coverage or as otherwise described in Section 13 of Part 7 of these Terms and Benefits, which would have been paid under these Terms and Benefits if there is no such other insurance coverage, shall be counted towards and reduced from the Balance of Deductible for the subsequent claim calculation in the same Policy Year.

- 3.2 The benefit amount payable in accordance with the Standard Plan Terms and Benefits as a result of the limitations stated in Section 1.2 above shall be calculated as set out below:

The benefit amount payable

= D – B, subject to the Annual Benefit Limit and Lifetime Benefit Limit

where:

D = amount of Eligible Expenses payable in accordance with the Standard Plan Terms and Benefits, after applying the exclusion and respective remaining balance of benefit limits (the benefit limits are as stated in the benefit schedule of Standard Plan, less the benefit amount(s) previously paid)

B = the higher of:

(i) the Balance of Deductible; and

(ii) the Eligible Expenses and/or costs that have been reimbursed in respect of the concerned claim under any other insurance coverage or as otherwise described in Section 13 of Part 7 of these Terms and Benefits, if applicable

For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 of these Terms and Benefits.

- 3.3 Any actual benefits reimbursed in accordance with Section 3.2 above shall be counted towards the applicable benefit limits, Annual Benefit Limit and Lifetime Benefit Limit of the relevant Policy Year as specified in the Benefit Schedule.

- 3.4 For the avoidance of doubt, the daily hospital cash for staying below the Semi-private Room in Hong Kong and death benefits shall be payable in accordance with Sections 18 and 19 below subject to these Terms and Benefits.

Change of Deductible

4. 4.1 The Policy Holder has the right to reduce the Deductible without providing further evidence of the Insured Person's health upon written request to the Company provided that such written request is submitted within thirty-one (31) days before or after the Renewal Date on or immediately following the respective Ages of fifty (50), fifty-five (55), sixty (60), sixty-five (65), seventy (70), seventy-five (75), eighty (80) and eighty-five (85) of the Insured Person. The amount payable for Eligible Expenses, costs and/or hospital cash incurred on or after the relevant Renewal Date shall be subject to the reduced Deductible.
- 4.2 This right can only be exercised once during the lifetime of the Insured Person, subject to the Deductible options available at that time (including a guaranteed zero (0) Deductible option). The Policy Holder must complete and submit the appropriate application form as prescribed by the Company and meet all the administrative rules as determined by the Company from time to time.
- 4.3 The Policy Holder's right to increase the Deductible is not affected. Upon any Renewal Date, the Policy Holder has the right to increase the Deductible, subject to the Deductible options available at that time, without providing further evidence of the Insured Person's health.
- 4.4 Upon reduction or increase of the Deductible, the premium shall be adjusted according to the prevailing Standard Premium schedule and the Age of the Insured Person on the relevant Renewal Date. Any Premium Loading imposed at the inception of the Terms and Benefits shall remain applicable to the calculation of premium.

Enhanced benefits

(Sections 5 to 17 below are to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

Medical devices
(benefit item II (a) in the
Benefit Schedule)

5. This benefit shall be payable for the Eligible Expenses charged for the medical devices placed inside or on the surface of the Insured Person's body during the surgical procedure by a Registered Medical Practitioner provided that such medical devices must be non-transferable. These medical devices include but not limited to stents for percutaneous transluminal coronary angioplasty, pacemaker, artificial cardiac valve, external artificial limb and artificial ear / eye ball.

If reconstructive surgery is payable under Section 14 below, this Section 5 shall be payable for the Eligible Expenses charged for the medical devices used during such reconstructive surgery.

For the avoidance of doubt, the Eligible Expenses so incurred and payable under this Section 5 shall not be payable under Section 3(b) of Part 6 of these Terms and Benefits.

Private nursing
(benefit item II (b) in the
Benefit Schedule)

6. This benefit shall be payable for the Eligible Expenses charged for nursing services provided to the Insured Person by a Registered Nurse following the surgery or discharge from an Intensive Care Unit and while the Insured Person is still Confined in a Hospital, provided that such service is recommended by the Insured Person's attending Registered Medical Practitioner in writing in addition to the general nursing services provided by the Hospital.

This benefit is restricted to nursing services provided by a maximum of one (1) Registered Nurse during any given time slot; and up to two (2) time slots per day. Regardless of whether nursing services are provided for all or part of one (1) particular day, that day will be counted as one (1) day for the purpose of counting the maximum number of days per Policy Year allowed for this benefit. In the event that more than one (1) Registered Nurse provides nursing services in the same time slot, the one (1) with the highest Eligible Expenses shall be payable; and if there are more than two (2) time slots on the same day, the two (2) time slots with the highest Eligible Expenses shall be payable.

For the purpose of this benefit, "**Registered Nurse**" shall mean a person who is legally authorised by the government of the geographical area of his/her practice to render nursing services but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the nurse is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such nurse shall nonetheless be considered qualified and registered.

Hospital companion bed
(benefit item II (c) in the
Benefit Schedule)

7. If room and board or intensive care is payable under Section 3(a) or 3(e) of Part 6 of these Terms and Benefits respectively, this benefit shall be payable for the costs charged for one (1) extra bed for the Insured Person's immediate family member where the Insured Person is Confined.

- Post-surgery home nursing (benefit item II (d) in the Benefit Schedule)
8. If Surgeon's fee is payable under Section 3(f) of Part 6 of these Terms and Benefits, this benefit shall be payable for the Eligible Expenses charged for post-surgery home nursing service provided that such service:
- (i) is recommended by the Insured Person's attending Registered Medical Practitioner in writing;
 - (ii) is provided at the Insured Person's home by a Registered Nurse within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure; and
 - (iii) must be directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.

This benefit is restricted to nursing services provided by a maximum of one (1) Registered Nurse during any given time slot; and up to two (2) time slots per day. Regardless of whether nursing services are provided for all or part of one (1) particular day, that day will be counted as one (1) day for the purpose of counting the maximum number of days per Policy Year allowed for this benefit. In the event that more than one (1) Registered Nurse provides nursing services in the same time slot, the one (1) with the highest Eligible Expenses shall be payable; and if there are more than two (2) time slots on the same day, the two (2) time slots with the highest Eligible Expenses shall be payable.

For the purpose of this benefit, "**Registered Nurse**" shall mean a person who is legally authorised by the government of the geographical area of his/her practice to render nursing services but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the nurse is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such nurse shall nonetheless be considered qualified and registered.

- Dialysis (benefit item II (e) in the Benefit Schedule)
9. This benefit shall be payable for the Eligible Expenses charged for haemodialysis or peritoneal dialysis performed on the Insured Person due to chronic and irreversible kidney failure during the Confinement or in a setting for providing Medical Services to a Day Patient, which must be recommended in writing by the Insured Person's attending Registered Medical Practitioner.

For the avoidance of doubt, the Eligible Expenses for all dialysis as a result of chronic and irreversible kidney failure shall only be payable under this benefit.

- Accidental outpatient treatment (benefit item II (f) in the Benefit Schedule)
10. If the Insured Person sustains an Injury as a result of an Accident and is treated in the outpatient department of a Hospital within twenty-four (24) hours of the Accident, this benefit shall be payable for the Eligible Expenses charged for such treatments.

For the avoidance of doubt, when the Eligible Expenses under this Section 10 are also covered under Section 3 of Part 6 of these Terms and Benefits, such Eligible Expenses shall not be payable under this benefit.

Accidental dental treatment (benefit item II (g) in the Benefit Schedule) 11. If the Insured Person sustains an Injury as a result of an Accident and receives Emergency Treatment which is necessitated to natural tooth / teeth within two (2) weeks of the Accident, this benefit shall be payable for the costs charged for dental treatment provided by a Registered Dentist performed in a dental clinic or Hospital including staunch bleeding, X-ray, tooth extraction and root canal work. This benefit shall not cover any restorative treatment for the purpose other than Emergency Treatment, the use of any precious metals and orthodontic treatment.

For the avoidance of doubt, when the costs under this Section 11 are also covered under Section 3 of Part 6 of these Terms and Benefits, such costs shall not be payable under this benefit.

For the purpose of this benefit, “**Registered Dentist**” shall mean a person qualified by degree in dentistry and legally authorised by the government of the geographical area of his/her practice to render dental services but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the dentist is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such dentist shall nonetheless be considered qualified and registered.

Ancillary services (benefit item II (h) in the Benefit Schedule) 12. If room and board, intensive care or Surgeon's fee is payable under Sections 3(a), 3(e) or 3(f) of Part 6 of these Terms and Benefits respectively, this benefit shall be payable for the Eligible Expenses or costs charged for physiotherapy, occupational therapy, speech therapy or chiropractic treatment by a Registered Physiotherapist, Registered Occupational Therapist, Registered Speech Therapist or Registered Chiropractor respectively within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure. Such visit must be directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.

Physiotherapy, occupational therapy and speech therapy must be Medically Necessary and recommended in writing by the attending Registered Medical Practitioner as part of the Insured Person's rehabilitation treatment.

For the avoidance of doubt, the Eligible Expenses so incurred shall first be paid under Section 3(k) of Part 6 of these Terms and Benefits; and this Section 12 shall be payable only if the limit on the number of visits in relation to post-Confinement / Day Case Procedure outpatient care under Section 3(k) of Part 6 of these Terms and Benefits is exhausted.

For the purpose of this benefit, “**Registered Chiropractor / Registered Physiotherapist / Registered Speech Therapist / Registered Occupational Therapist**” shall mean a person who is legally authorised by the government of the geographical area of his/her practice to perform chiropractic treatment / physiotherapy / speech therapy / occupational therapy services respectively but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the chiropractor / therapist is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such chiropractor / therapist shall nonetheless be considered qualified and registered.

Traditional Chinese medicine
(benefit item II (i) in the Benefit Schedule)

13. This benefit shall be payable for the costs charged for traditional Chinese medicine treatment:
- (i) during the Insured Person's Confinement by a Registered Chinese Medicine Practitioner who is arranged by the Hospital; or
 - (ii) within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure by a Registered Chinese Medicine Practitioner as part of the Insured Person's rehabilitation treatment; provided that such traditional Chinese medicine treatment is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.

For the purpose of this benefit, "**Registered Chinese Medicine Practitioner**" shall mean a person who is registered with the Chinese Medicine Council of Hong Kong or legally authorised by the government of the geographical area of his/her practice to practise Chinese medicine on the basis of traditional Chinese medicine in general practice, acupuncture or bone-setting but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

Reconstructive surgery for Specified Cancer
(benefit item II (j) in the Benefit Schedule)

14. This benefit shall be payable for the Eligible Expenses or costs charged for the reconstructive surgery on the Insured Person during Confinement provided that such surgery:
- (i) is recommended in writing by a Registered Medical Practitioner to restore the appearance of organs or regions above the neck (defined as above the inferior margin of mandible) or of the breast(s) that were damaged previously due to the Specified Cancer and its treatment; and
 - (ii) must be completed within twelve (12) months from the date of surgical procedure to remove the Specified Cancer from the Insured Person.

For the avoidance of doubt, surgery for restoring appearance solely performed on or below the neck (except for the breasts); or for isolated dental restorations is excluded. Notwithstanding the above, if the reconstructive surgery is performed due to damage caused by Specified Cancer arising from regions above the neck, with extension to the neck or beyond the neck, the Eligible Expenses or costs charged for such surgery shall also be covered under this benefit.

This benefit shall cover the Eligible Expenses or costs that are:

- (a) charged by the Hospital for the accommodation and meals in relation to such surgery;
- (b) charged for the doctor's visit fee by the attending Surgeon in relation to such surgery;
- (c) charged for the below miscellaneous charges in relation to such surgery:
 - anaesthetic and oxygen administration;
 - administration charges for blood transfusion;
 - dressing;
 - medicine and drug prescribed and consumed;
 - medical disposables and consumables;
 - diagnostic imaging services, including ultrasound and X-ray, and their interpretation, other than Prescribed Diagnostic Imaging Tests which shall be covered under Section 3(i) of Part 6 of these Terms and Benefits;
 - intravenous ("IV") infusions including IV fluids;

- laboratory examinations and reports necessary for such surgery; and
 - rental of walking aids and wheelchair for Inpatients;
- (d) charged for the private nursing after such surgery;
- (e) charged by the attending Surgeon in respect of such surgery;
- (f) charged by the Anaesthetist in relation to such surgery; and
- (g) charged for the use of operating theatre (including but not limited to a treatment room and a recovery room) in relation to such surgery.

For the purpose of this benefit, “**Specified Cancer**” shall mean a malignant tumour characterised by the uncontrolled growth of malignant cells and the Invasion of tissue. This includes leukaemia (other than chronic lymphocytic leukaemia of RAI Stage 0) but excludes non-invasive cancers in situ, tumours in the presence of any Human Immunodeficiency Virus and any non melanoma skin cancer of AJCC stage I or below. The diagnosis must always be confirmed by a histopathology report. “**Invasion**” hereinabove means an infiltration beyond the epithelial basement membrane.

For the avoidance of doubt, the Eligible Expenses or costs incurred relating to reconstructive surgery due to the Specified Cancer shall only be payable under this Section 14, except for (1) the medical devices used during such reconstructive surgery which shall be payable under Section 5 above; and (2) Prescribed Diagnostic Imaging Tests relating to such reconstructive surgery which shall be payable under Section 3(i) of Part 6 of these Terms and Benefits.

Rehabilitation
(benefit item II (k) in the
Benefit Schedule)

15. This benefit shall be payable for the Eligible Expenses or costs charged for a Stay in a Rehabilitation Centre and for rehabilitation treatment provided to the Insured Person during such Stay in a Rehabilitation Centre as recommended in writing by the attending Registered Medical Practitioner within the period stated in the Benefit Schedule after discharge from Hospital for the same cause (including any complications therefrom) necessitating such Confinement.

For the purpose of this benefit,

- “**Rehabilitation Centre**” shall mean an institution (other than a Hospital) registered to lawfully provide rehabilitation service in the locality or a rehabilitation unit in a Hospital which provides physiotherapy, occupational therapy and other rehabilitative treatment for Disability aimed at restoring full function following a Disability.
- “**Stay in a Rehabilitation Centre**” shall mean that the Insured Person is admitted into a Rehabilitation Centre as a resident bed patient for Medical Service under the recommendation of a Registered Medical Practitioner for a minimum period of six (6) consecutive hours and continuously stays in the Rehabilitation Centre whereby prior to his or her discharge a daily room and board is charged by the Rehabilitation Centre.

For the avoidance of doubt, the Eligible Expenses or costs incurred relating to rehabilitation shall only be payable under this benefit.

Hospice care
(benefit item II (l) in the
Benefit Schedule)

16. This benefit shall be payable for the Eligible Expenses or costs charged for a Stay in a Registered Hospice and for such care and nursing services provided by the hospice during such Stay in a Registered Hospice if the Insured Person is diagnosed with a terminal illness, in the opinion of the attending Registered Medical Practitioner that the advent of death of the Insured Person is highly likely within twelve (12) months. The Insured Person's admission to the registered hospice must be recommended in writing by the attending Registered Medical Practitioner.

For the purpose of this benefit, "**Stay in a Registered Hospice**" shall mean that the Insured Person is admitted into a registered hospice as a resident bed patient for Medical Service under the recommendation of a Registered Medical Practitioner for a minimum period of six (6) consecutive hours and continuously stays in the registered hospice whereby prior to his or her discharge a daily room and board is charged by the registered hospice.

For the avoidance of doubt, the Eligible Expenses or costs incurred relating to hospice care shall only be payable under this benefit.

Pregnancy complications
(benefit item II (m) in the
Benefit Schedule)

17. This benefit shall be payable under Sections 3(a) to (i) and 3(k) of Part 6 of these Terms and Benefits and Sections 5 to 8 above for the Eligible Expenses or costs arising from the Insured Person's Confinement and/or surgical procedure performed by a Surgeon in a Hospital due to the Covered Pregnancy Complications, provided that:
- (i) such Confinement and/or surgical procedure is recommended in writing by a Registered Medical Practitioner; and
 - (ii) the date of diagnosis of such complications must be at least three hundred (300) days after the Policy Effective Date.

For the purpose of this benefit, "**Covered Pregnancy Complications**" shall mean ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism, or pulmonary embolism of pregnancy.

Other benefits

(Sections 18 to 23 below are to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

Daily hospital cash for staying below the Semi-private Room in Hong Kong (benefit item III (a) in the Benefit Schedule)

18. If the room and board under Section 3(a) of Part 6 of these Terms and Benefits is payable, in addition to such Eligible Expenses, this benefit shall be payable for each day of Confinement which the Insured Person is Confined in a room of a class lower than Semi-private Room of a private Hospital in Hong Kong.

For the avoidance of doubt, this Section 18 shall only be payable for Confinement in Hong Kong and when the benefit amount payable in accordance with Section 3.1 above is greater than zero (0). This Section 18 shall not be payable for Confinement in Hong Kong's public Hospitals.

Death benefits (benefit items III (b) and (c) in the Benefit Schedule)

19. The Company shall pay the death benefits including compassionate death benefit and accidental death benefit upon the death of the Insured Person according to the following Terms and Benefits regardless of the territorial location of death:

(i) Compassionate death benefit

If the Insured Person dies due to any cause other than suicide committed within one (1) year from the Policy Effective Date, the compassionate death benefit shall be payable according to the Benefit Schedule.

(ii) Accidental death benefit

If the Insured Person dies as a result of and within ninety (90) days of an Accident, the accidental death benefit shall be payable according to the Benefit Schedule in addition to (i) above.

Deductible is not applicable to this benefit. For making a death benefit claim under these Terms and Benefits, the Policy Holder or, in case the Policy Holder is the Insured Person, the claimant must submit to the Company within a reasonable timeframe all of the following: (a) a completed claim form; (b) a medical report, at the expense of the Policy Holder or the claimant, issued by the attending Registered Medical Practitioner; (c) evidence that the claimant is entitled to receive the payment of death benefit proceeds (e.g. birth certificate, identity card, letter of administration or probate); (d) evidence of the Age of the Insured Person (e.g. birth certificate or identity card); and (e) the death certificate of the Insured Person.

Beneficiary

20. 20.1 Subject to these Terms and Benefits, the beneficiary(ies) named in the proposal form or any new beneficiary(ies) named subsequently ("Beneficiary") shall receive the death benefit proceeds payable in share percentage as specified by the Policy Holder under this Policy upon the death of the Insured Person.

20.2 During the lifetime of the Insured Person and while the Policy is in force, the Policy Holder may change the Beneficiary by completing and submitting the prescribed appointment form to the Company. Such request shall not be effective until it is recorded and endorsed on this Policy by the Company. Once the Company has endorsed the request for change of Beneficiary, such change will be effective from the date when the appointment form is signed, whether or not the Insured Person is alive at the time when the Company endorses such change. However, the Company shall not be responsible for the validity or legality of any designation of Beneficiary. The Company shall pay the death benefit proceeds to the Beneficiary(ies) named on the Company's latest record, subject to these Terms and Benefits.

20.3 Unless otherwise provided in this Policy or in a written request submitted to the Company by the Policy Holder, if any Beneficiary dies before the Insured Person dies, or if any Beneficiary is revoked for any reasons, such Beneficiary's share of the death benefit proceeds will be

paid in equal shares to other surviving Beneficiaries in the same Beneficiary classification, subject to these Terms and Benefits. The Company shall pay the death benefit proceeds to the secondary Beneficiary(ies) if both of the following conditions are met:

- (i) the Policy Holder has designated both primary and secondary Beneficiaries on the prescribed appointment form; and
- (ii) no primary Beneficiary survives the Insured Person.

20.4 If any Beneficiary dies simultaneously with the Insured Person, subject to these Terms and Benefits, the Company shall pay the death benefit proceeds as if the person who is older by age had died before the person who is younger by age as follows:

- (i) In case the Beneficiary is older than the Insured Person, the share of the death benefit proceeds for the deceased Beneficiary shall be paid to the other surviving Beneficiary(ies) according to Section 20.3, or the Policy Holder according to Section 23.2.
- (ii) In case the Insured Person is older than the Beneficiary, the share of the death benefit proceeds for the deceased Beneficiary shall be paid to the estate of such Beneficiary.

Minor Beneficiary and trustee for minor Beneficiary

21. 21.1 Notwithstanding Sections 20.1 to 20.3 as shown in above, in case the Beneficiary appointed is a minor (i.e. below the age of majority as defined under the Age of Majority (Related Provisions) Ordinance (Cap 410. of the Laws of Hong Kong) as then in force) and such Beneficiary is still a minor by the time when the death benefit proceeds are paid, the death benefit proceeds will be paid to:

- (i) the appointed trustee for minor Beneficiary if trustee has been appointed for the purposes of receiving the death benefit proceeds on behalf of the minor Beneficiary; or
- (ii) the Guardian of the minor Beneficiary in case no trustee has been appointed or the appointment of trustee for minor Beneficiary has been revoked.

21.2 However, if the Beneficiary attains the age of majority by the time when the death benefit proceeds are paid, the death benefit proceeds will be paid according to Section 20.1 as shown in above.

21.3 During the lifetime of the Insured Person and while the Policy is in force, if the Policy Holder wishes to appoint an individual as the trustee for a minor Beneficiary, he/she may make such appointment by naming the trustee in the appointment form prescribed by the Company.

21.4 Such request under Section 21.3 shall not be effective until it is recorded and endorsed on this Policy by the Company. Once the Company has endorsed the request for the appointment of individual trustee of a minor Beneficiary, such appointment will be effective from the date when the prescribed appointment form is signed, whether or not the Insured Person is alive at the time when the Company endorses such appointment. However, the Company shall not be responsible for the validity or legality of any designation of trustee.

21.5 The appointment of trustee(s) for minor Beneficiary(ies) will be revoked automatically when:

- (i) the Beneficiary(ies) attain(s) the age of majority by the time the death benefit proceeds are paid; or
- (ii) there is a subsequent change of Beneficiary(ies) such that the appointment of such minor Beneficiary is no longer valid (as described in Section 20.2 as shown in above); or
- (iii) the trustee(s) for minor Beneficiary(ies) do(es) not submit a claim for the death benefit proceeds within one hundred and eighty (180) days from the date of death of the Insured Person; or
- (iv) the trustee(s) is(are) not living at the date of death of the Insured Person.

- Suicide 22. If the Insured Person commits suicide while sane or insane within one (1) year from the Policy Effective Date, the death benefit proceeds will be limited to a refund of the premiums paid under these Terms and Benefits without interest less any claims paid and any outstanding indebtedness including interest under these Terms and Benefits.
- Payment of the death benefit proceeds 23. 23.1 The Company shall pay the death benefit proceeds to:
- (i) the Beneficiary(ies) named on the Company's latest record in accordance with the respective share percentage. If the Beneficiary is a minor at the time when the death benefit proceeds are paid, such death benefit proceeds shall be paid to the appointed trustee or Guardian of the minor Beneficiary in accordance with Section 21.1 as shown in above; or
 - (ii) the trustee of Beneficiary(ies) if the Company has been notified of a trust. Such notification shall not be effective against the Company until it is recorded and endorsed on this Policy by the Company. The Company shall not be responsible for the validity of the trust.
- 23.2 If no Beneficiary has been designated, or the last surviving Beneficiary has died before the Insured Person dies, the Company shall pay the death benefit proceeds as follows:
- (i) if the Policy Holder is not the Insured Person, the Company shall pay the death benefit proceeds to the Policy Holder; or
 - (ii) if the Policy Holder is the Insured Person, the Company shall pay the death benefit proceeds to
 - the Policy Holder's executor if he/she has a will; or
 - the Policy Holder's administrator if he/she has no will.
- 23.3 Subject to these Terms and Benefits, the Company shall pay out the death benefit proceeds within one (1) month after the Company has received all required documents and reasonably satisfactory evidence of entitlement to the benefits under this Policy in accordance with Section 19 as shown in above. The Company will not pay interest on the death benefit proceeds in respect of the period between the notification of the death claim and the date of claim payment.

Multiple Policy Holders

(Section 24 below is to supplement Part 9 Provisions for Multiple Policy Holders of the Terms and Benefits.)

- Multiple Policy Holders 24. In case the **PRU**Health VHIS VIP Plan is attached to a basic plan as a supplementary benefit, Part 9 of the policy document named "**PRU**Health VHIS VIP Plan – Benefits" is not applicable.