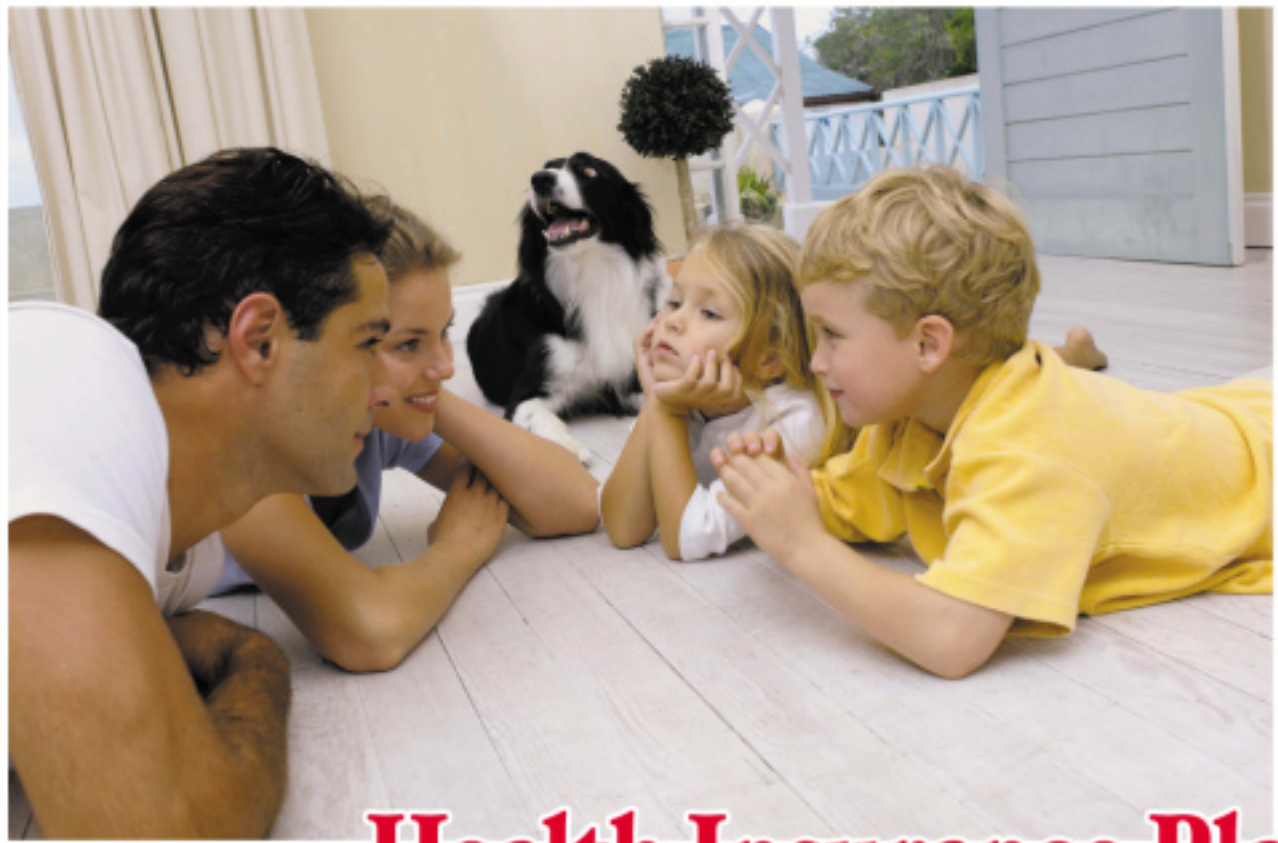




Pacific International
Insurance Company Limited



Health Insurance Plan

**Injury & illness
are never by choice**

Your health insurance can be!

HOSPITAL, OUTPATIENT & EMERGENCY MEDICAL PLAN

	STANDARD MEDICAL PLAN	COMPREHENSIVE MEDICAL PLAN
MAXIMUM BENEFIT FOR ANY ONE DISABILITY AND SEQUELAE	US\$1,000,000	US\$2,000,000
Covers normal, usual and customary charges for:		
Room and Board	Semi-Private in E.U. Countries/HK/ N. America/Switzerland (Private Room option) or Private in other countries	Private
Parent Accommodation An extra bed in the same room for a parent accompanying an insured child under 12 years old	100%	100%
Intensive Care Unit, Coronary Care Unit and Operating Room	100%	100%
Surgeon's Fee Includes pre-surgical assessment and normal post-surgical care	100%	100%
Organ Transplant Fees for kidney, heart, liver and bone marrow transplants (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person) to a total of This benefit is a lump sum maximum per organ and no other policy benefits are payable in respect of Organ Transplant	US\$200,000	US\$200,000
AIDS Coverage will apply when signs or symptoms present for the first time after 5 years continuous coverage under the Policy and any renewal thereof, with lifetime limit of	US\$100,000	US\$100,000
Anaesthetist's Fee	100%	100%
Private Nurse Fee When certified necessary by the attending physician (at home for up to 30 days immediately after hospitalization)	100%	100%
Miscellaneous Inpatient Charges For required diagnostic laboratory fees, x-rays, prescribed medicines; professional fees; blood and plasma; wheel chair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company)	100%	100%
Hospice Care For terminal illnesses with lifetime limit of	US\$10,000	US\$10,000
Maternity Benefit Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up to	US\$5,000	US\$6,000
Medical Check-up Annual limit for routine medical check-ups	Not Available	US\$500
Psychiatric and Mental Disorders Hospital charges of US\$5,000 per year with lifetime limit of	US\$10,000	US\$10,000
Accidental Damage to Teeth Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth	100%	100%
Outpatient Benefit Physician and specialists' fees for office visits; physiotherapist, chiropractor and acupuncturist when referred by the attending physician; and, for required diagnostic laboratory fees, x-rays and prescribed medicines	100%	100%
Alternative Medicines (as part of "Outpatient Benefit") Consultation fees for homeopath, bonesetter, herbalist and Chinese medicine practitioner; and prescribed herbs up to an annual limit of	US\$1,000	US\$1,000
Emergency Room Treatment and Emergency Local Ambulance Service	100%	100%
24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service Additional Travel Expenses (following Evacuation) One economy class airline ticket to return an Insured Person to the Country of Residence	Included	Included

Note: "100%" herein means full reimbursement of the normal, usual and customary charge in accordance with the eligible room type or other localized circumstances or customs.

ADDITIONAL BENEFIT PLANS

Covers normal, usual and customary charges for eligible expenses:

Dental Benefit

80% reimbursement up to

Vision Benefit

80% reimbursement for eye examinations and prescription lenses annually for each Insured Person (this option is only available to groups of 21 or more people with 100% of the group participating) up to

Personal Accident Benefit

Covers loss of life, loss of one or both hands or feet, loss of vision in one or both eyes, or permanent and total disability caused directly and solely by an accident.

(Maximum benefit is US\$100,000 after age 65 and coverage is terminated after age 75. Child benefit limits are US\$10,000 to US\$50,000)

Travel Benefit

Covers the following eligible expenses worldwide when travelling outside your country of residence on trips lasting up to 90 days:

Emergency Medical Expenses - covers illness or injury including

“Emergency Evacuation” - (up to US\$25,000) with a maximum of US\$300 per day for hospital room and board which is doubled when the room fee includes medical service costs and tripled when the room fee also includes all professional services; and

“Get You Home Benefit” - covers the additional cost of your own travel and accommodation necessarily incurred as a result of a covered disability to get you back home.

Baggage & Travel Documents - covers loss and damage of baggage and personal items; and loss of travel documents up to

Baggage Delay - covers purchase of essential clothing and toiletries if your checked baggage is delayed on arrival at your destination for over 12 hours up to

Personal Money - covers theft, burglary and robbery of cash, bank notes and travellers checks up to

Hospital Cash Income - pays US\$50 per day for each day you are hospitalized over 24 hours up to

Travel Delay - covers transportation expenses incurred as a direct consequence of travel delay resulting from serious weather conditions, industrial action, hijack, mechanical derangement if an Insured Person has to re-route his trip due to cancellation of a prior confirmed booking; or

“Cash Allowance” - pays US\$25 for each full 12 hours delay up to a maximum of US\$100.

STANDARD MEDICAL PLAN	COMPREHENSIVE MEDICAL PLAN
(US\$2,000 option)	US\$2,000
(US\$500 option)	US\$500
(US\$100,000 to US\$500,000 option)	US\$100,000 for an adult / US\$10,000 for a child (with added load for Class 2 and 3) (US\$110,000 to US\$500,000 option)
(option)	Included
US\$35,000	US\$35,000
US\$500	US\$500
US\$125	US\$125
US\$500	US\$500
US\$600	US\$600
US\$650	US\$650

DISCOUNT OPTIONS

(not applicable to Additional Benefit Plans and subject to US\$200 minimum per Insured Person)

20% Co-payment Option (you pay 20% and we pay 80% of eligible expenses)

Treatment Area Limit (excludes treatment in Hong Kong (SAR), Japan and North America where residents are ineligible for this discount)

Outpatient Exclusion Option (excludes outpatient coverage)

STANDARD MEDICAL PLAN	COMPREHENSIVE MEDICAL PLAN
25% Discount	20% Discount
25% Discount	20% Discount
25% Discount	Not Available

Note 1: Treatment Area Limit option is only available to residents in Indonesia, Korea, Malaysia, Philippines, Singapore, Taiwan, Thailand and Vietnam. Countries not listed will be given individual consideration.

2: After the Medical Plan premium is calculated, apply chosen discounts. Then, applications with 5 to 20 persons are eligible for a 10% group discount and 21 or more persons for a 20% group discount. The group discount is not applicable to Additional Benefit Plans.

PREMIUMS (in US\$)

AGE BANDS											For Renewal Only
	0-3	4-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65
STANDARD MEDICAL PLAN	964	964	1,737	1,860	1,986	2,109	2,232	2,357	2,661	2,994	3,660
Private Room Option	220	220	320	320	360	360	395	395	485	485	550
COMPREHENSIVE MEDICAL PLAN	1,616	1,876	2,862	2,991	3,121	3,251	3,382	3,511	3,848	4,196	4,893
ADDITIONAL BENEFIT PLANS											
Dental Plan	250	500	500	500	500	500	500	500	500	500	500
Vision Plan	125	125	125	125	125	125	125	125	125	125	125
Personal Accident Plan											
Travel Plan	75	75	75	75	75	75	75	75	75	75	75

Note 1: 15% geographical loading applies to residents in E.U. Countries and Switzerland.

2: 20% geographical loading applies to residents in Hong Kong.

3: Geographical loading for North American residents is available on request.

4: Medical premiums for age over 65 are available on request.

HEALTH INSURANCE APPLICATION

Name of Policyholder/Applicant Last _____ First _____ Middle _____
 Address _____ Phone Home _____
 _____ Office _____
 _____ Mobile _____
 E-mail _____ Fax _____

PERSONAL DETAILS	Insured Person #1	Insured Person #2	Insured Person #3	Insured Person #4
Last Name				
First & Middle Name				
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (MM/DD/YY)	/ /	/ /	/ /	/ /
Relationship to Applicant				
Occupation and Duties				
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Height	Cm/ Ft in	Cm/ Ft in	Cm/ Ft in	Cm/ Ft in
Weight	Kg/ Lb	Kg/ Lb	Kg/ Lb	Kg/ Lb
Passport or Government I.D. No.				
Country of Citizenship				
Country of Residence				

PERSONAL ACCIDENT (PA) BENEFICIARY INFORMATION

Name of Beneficiary				
Relationship to Insured Person				

PREMIUM CALCULATION

MEDICAL PLANS - Check box or write in premium based on age, plan, option chosen and geographical loading.

PREMIUM CALCULATION	Insured Person #1	Insured Person #2	Insured Person #3	Insured Person #4
Standard Medical Plan	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Private Room Option	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Comprehensive Medical Plan	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Geographical loading for residents in				
E.U. Countries / Switzerland - 15%	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Hong Kong - 20%	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
N. America - on request	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

DISCOUNTS - Check box or multiply chosen discounts by Medical Plan premium. Write in amount. Calculate Group Discount after deducting other Discounts from Medical Plan premium. Minimum premium US\$200 per Insured Person.

Standard Medical Plan	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
20% Co-payment - 25% discount	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Treatment Area Limit - 25% discount	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Outpatient Exclusion - 25% discount	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Comprehensive Medical Plan	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
20% Co-payment - 20% discount	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Treatment Area Limit - 20% discount	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
5-20 Person Group - 10% discount	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
21+ Person Group - 20% discount	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

ADDITIONAL BENEFIT PLANS - Check box or write in premium based on age, plan chosen and occupational class.

Dental	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Vision	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
PA - Sum Insured (in US\$10,000's)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Premium	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Travel	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Annual Premium = Medical Plan premium - Discounts chosen - Group Discount + Additional Benefit Plans premium

ANNUAL PREMIUM				
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TOTAL ANNUAL or SEMI-ANNUAL (52% of annual) PREMIUM DUE:

Policy Effective Date (MM/DD/YY): _____ / _____ / _____

PAYMENT METHOD

US Dollar (US\$) payment can be made by: 1. CHECK payable to **PACIFIC INTERNATIONAL INSURANCE COMPANY LIMITED**
2. TELEGRAPHIC TRANSFER to the bank account as noted below, or
3. CREDIT CARD using the Payment Authorization Form below.

Telegraphic Transfer Information

Beneficiary Bank: The Northern Trust International
(Paying Bank) ABA Code 026001122
Swift Code CNORUS33

Beneficiary Address: Harborside Financial Center Plaza
10 Suite 1401 3 Second Street
Jersey City, New Jersey 007311-3988

Beneficiary Account Name: Merrill Lynch, Pierce, Fenner & Smith, Inc.

Beneficiary Account Number: 106369-20010

Further Credit To: Pacific International Insurance Company Limited
Sub Account No. 137-06001

Credit Card Payment Authorization Form

Payment Mode: Annual Semi-Annual

Credit Card: VISA/MasterCard American Express

Name of Cardholder: _____ Credit Card Account No.: _____

Relationship to Applicant: _____ Expiry Date (Month/Year): _____ / _____

Until further notice (one month advanced written notice is required to terminate this payment instruction), I authorize **PACIFIC INTERNATIONAL INSURANCE COMPANY LIMITED** to charge the premium for this insurance policy to my credit card account.

Signature of Cardholder: _____ Date: _____ / _____ / _____
(MM/DD/YY)

Send completed application and payment to:

Pacific International Insurance Company Limited
c/o International Administrators Limited
1403 Kin Tak Fung Commercial Building
467-473 Hennessy Road
Hong Kong, SAR
Fax: (852) 2573-2917
E-mail: inquiry@ialhk.com

GENERAL INFORMATION

Coordination of Benefits

Benefits will not exceed 100% when combined with other insurance in force.

Dental Benefits

A completed Oral Examination Report must be submitted with the first dental claim. All conditions requiring treatment as of the first dental visit are deemed to be pre-existing conditions.

Exclusions (Extract from the policy)

Medical plans do not cover care, treatment, services or supplies for:

- ☛ Pre-existing conditions not declared to and accepted by the Company;
- ☛ Which the Insured Person is entitled to indemnity from a third party or other benefit plan;
- ☛ Birth control; treatment of impotence or infertility (including artificial insemination, in-vitro fertilization, embryo transfer); sterilization reversal or elective abortion;
- ☛ Congenital conditions;
- ☛ Custodial Care, routine medical check-ups, or any treatments considered unnecessary by the Company, vaccinations, counselling, hearing tests, refractive defects of the eye, corrective eye surgery for refractive error, corrective devices, or dental treatment unless covered under the optional benefits cover of this policy for vision, dental, or medical check-up;
- ☛ Disability resulting from war or any act thereof, service in the military, naval or air force, riot, civil commotion;
- ☛ Hazardous or professional sports unless declared to and accepted by the Company;
- ☛ Intentionally self-inflicted injury, suicide, abuse of alcohol, drug addiction or venereal diseases;
- ☛ Cosmetic or reconstructive surgery;
- ☛ Prosthesis, orthotic devices, corrective devices and medical appliances not required for a surgical operation;
- ☛ AIDS, AIDS Related Complex, or Human Immunodeficiency Virus (HIV) and related illness which manifests at any time within five years from the policy effective date; and
- ☛ Expenses incurred for provision of medical documentation required by the Company.

14-Day Free Look

You may return your policy within fourteen days after receipt for a full refund of the premiums paid.

FREE New Born Child Coverage

A child of an Insured Person is eligible for the same medical plan as the Insured Person 15 days after the later of the date of birth or the date of discharge on submission of application to the Company until the Insured Person's next renewal **for free**.

Geographical Loading

Applies to the Medical Plan (& Private Room Option) premium for residents to cover the high cost of medical care in that particular area.

Maternity Benefit

Expenses are covered where applicable after a 12-month waiting period. Miscarriage, therapeutic abortions, hydatiform mole and ectopic pregnancy are covered after 90 days. Benefit shall include all pre-natal and post-natal care, hospital room and board, professional fees, miscellaneous charges, and up to 7 days of nursery care.

Occupational Class

Personal Accident cover is based on the hazard class associated with an occupation and its duties. Class 1: very light hazards; Class 2: light hazards; Class 3: non-hazardous manual labor; and, Class 4: hazardous occupations. Class 3's are quoted on request and Class 4's have no cover.

Pre-existing Condition

Any Disability which existed before the policy effective date in respect of an Insured Person, which presented signs and symptoms of which the Insured Person was aware or should reasonably have been aware.

Premiums

Are based on the Insured Person's age on the first day of the policy year; the rate table in effect on the premium due date; and, residence, family status, payment mode and other factors which affect the cost of insurance. Premiums may be revised based on claims experience or other criteria which the Company, at its sole discretion, may determine. Policies renew automatically upon payment of renewal premium.

Treatment Area Limit

Does not apply to inpatient expenses incurred for emergency treatment of injury or acute illness which occurs wholly after the start of travel for up to 30 days of travel to the affected areas in any one policy year.

Waiting Period

Benefits are not paid for sickness during the first 30 days of coverage. Benefits for injuries due to covered accidents occurring wholly after the effective date are covered immediately.

This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself.

FOR QUESTIONS RELATED TO THIS FORM

Write to us care of our third party administrator at the following location:

International Administrators Limited
1403 Kin Tak Fung Commercial Building
467-473 Hennessy Road
Hong Kong, SAR
Tel: (852) 2573-2278, (852) 2573-2535
Fax: (852) 2573-2917
E-mail: inquiry@ialhk.com
Website: <http://www.insurance-pacific.com>