

TERMS AND CONDITIONS

PRODUCT NAME – PRUBusiness – Accidental Hospital Income Benefit Rider

1. BRIEF PRODUCT DESCRIPTION

PRUBusiness – Accidental Hospital Income Benefit Rider is a one-year term Hospital inpatient protection insurance, providing a daily income benefit for Hospital visits caused by Accidents.

This Rider provides additional benefits on top of the Term Life Basic Plan and these Terms and Conditions should be read in conjunction with the Basic Plan's Terms and Conditions which apply equally to this Rider.

All benefits and considerations under the Policy are denominated in Lao Kip (LAK).

2. DEFINITIONS

The definitions in the Basic Plan's Terms and Conditions will also apply to this Rider's Terms and Conditions.

2.1 Hospital means an institution duly licensed and operating as one according to law, to care and treat sick or injured bed patients. It must have facilities for diagnosis, major surgery and a 24-hour per day professional nursing service supervised by one or more Registered Medical Practitioners. This definition does not include any institution operating as a convalescent or nursing home, rest home, community hospital, home for the aged, a place for alcoholics or drug addicts and psychiatric hospitals, which are primarily for the treatment of mental illness and/or psychiatric disorders or any similar purpose.

2.2 Hospital Confinement means at least 24 hours of inpatient confinement in a Hospital.

2.3 Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which is required for the medical management of the illness or injury suffered by the Insured Member/Dependent; should not be of an experimental, investigational, research, cosmetic, preventive or screening nature; must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; must have been prescribed by a Registered Medical Practitioner, must conform to the professional standards widely accepted in international medical practice or by the medical community in Laos. The hospitalization should not be for the convenience of the person covered or the physician, and unable to be reasonably rendered out of hospital (if hospitalized).

3. BENEFITS

3.1 Rider Sum Assured is the amount of money for which an Insured Member/Dependent has as insurance coverage under this Rider, to be payable when the relevant insured event(s) below occurs, subject to the Terms and Conditions herein. The amount is stated in the Master Insurance Certificate.

3.2 Accidental Hospital Income Benefit (AHIB)

The Insurer shall pay this Rider Sum Assured to the Insured Member as a daily allowance amount for each day the Insured Member/Dependent suffers a Hospital

Confinement due to Accidental Injuries, up to a maximum of 30 days per Accident, up to a maximum of 5 Accidents per year per Insured Member/Dependent.

Injury must occur within 180 days of the Accident.

The Hospital confinement should be deemed to be Medically Necessary by a Registered Medical Practitioner. At the time of evaluation of the claim, we shall have the right to have the Insured Member/Dependent examined by a Registered Medical Practitioner of our choice.

4. EXCLUSIONS

The Insurer reserves the right to decline a 'AHIB' claim as stipulated in Article 3.2 if the Accident leading to the 'AHIB' claim of the Insured Member/Dependent is caused directly or indirectly by any of the following:

- i. Suicide or attempted suicide, self-inflicted injury, whether sane or insane; or
- ii. Any Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof; or
- iii. Committing or attempting to commit a criminal offence by the Policy Owner, the Insured Member/Dependent, or the Beneficiary; or
- iv. Drugs or stimulants or alcohol abuse, or their complications. This includes driving vehicles under the influence of alcohol as defined in current laws and regulations;
- v. Participation in dangerous sporting activities, including but not limited to scuba diving, mountain climbing, parachuting or any high-speed races, or in professional sporting activities; or
- vi. Participation in aviation activities except as a fare-paying passenger on a multi-engine, scheduled and licensed commercial aircraft; or
- vii. Pregnancy, birth-giving or their complications; or
- viii. War, invasion, acts of foreign countries (whether with or without war declaration), hostilities, act of terrorism, civil war, rebellion, participation in illegal acts, revolution, insurrection, military or usurped power, riot or civil commotion; or
- ix. Any disease or infection caused by worm infestation or insect/animal bite including but not limited to mosquito bite.
- x. Pre-existing conditions, sickness, disease or impairment from which the Insured Member/Dependent is suffering due to an Accident prior to the Insured Member/Dependent's Entry Date unless the Insured Member/Dependent was insured under this Policy at the time the Accident took place.

5. Claims Procedure

The rider benefits will be paid in accordance with the following provisions:

- i. Claim submission for benefits needs to be completed with the following information/documents:
 - Claim Request Form
 - Accident Scene Examination Report
 - Medical Report
 - Family Book (original or certified copy)
 - Family Book (or one of these: ID card, passport, house registration book)
 - Other documents, evidence and/or any documents which are important for the claim assessment might be requested depending on the claim

The claimant will be responsible for all costs involved in collecting and providing to the Insurer the related documents.

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- ii. The time limits for claiming the benefits under the Policy shall be as following:
 - Three (3) months from the issuance of the assessment of the health authority on the TPD of an Insured Member/Dependent.
- iii. The Insurer is responsible for assessing the claim request within 15 (fifteen) working days after all the required documents have been submitted to the Insurer.

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