

First Choice

List of Reimbursements & Policy Conditions

Valid from 2011 - USD

Insured by



Administered by



Index

Product Structure

List of Reimbursements

Policy Conditions

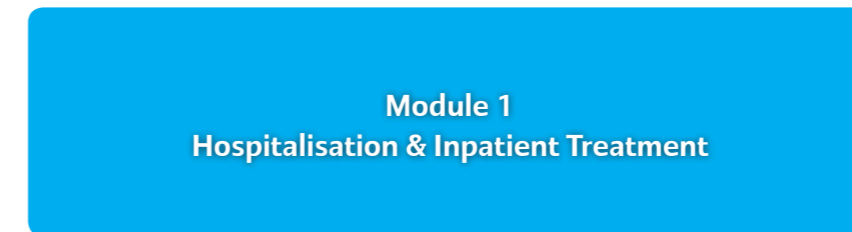
- [Art. 1](#) Acceptance of the insurance
- [Art. 2](#) Commencement date
- [Art. 3](#) Waiting periods in connection with new insurance contracts and extension of cover
- [Art. 4](#) Who is covered by the insurance?
- [Art. 5](#) Where is cover provided?
- [Art. 6](#) What is covered by the insurance?
- [Art. 7](#) Module 1 - Hospitalisation & Inpatient Treatment
- [Art. 8](#) Module 2 - Outpatient Treatment
- [Art. 9](#) Module 3 - Medicine & Appliances
- [Art. 10](#) Module 4 - Medical Evacuation
- [Art. 11](#) Module 5 - Rehabilitation & Nursing
- [Art. 12](#) Module 6 - Dental & Optical
- [Art. 13](#) Exceptions to cover
- [Art. 14](#) How to report a claim
- [Art. 15](#) Cover by third parties
- [Art. 16](#) Payment of premium
- [Art. 17](#) Information necessary to the Company
- [Art. 18](#) Assignment, cancellation and expiry
- [Art. 19](#) Complaints
- [Art. 20](#) Applicable law

Glossary

Product structure

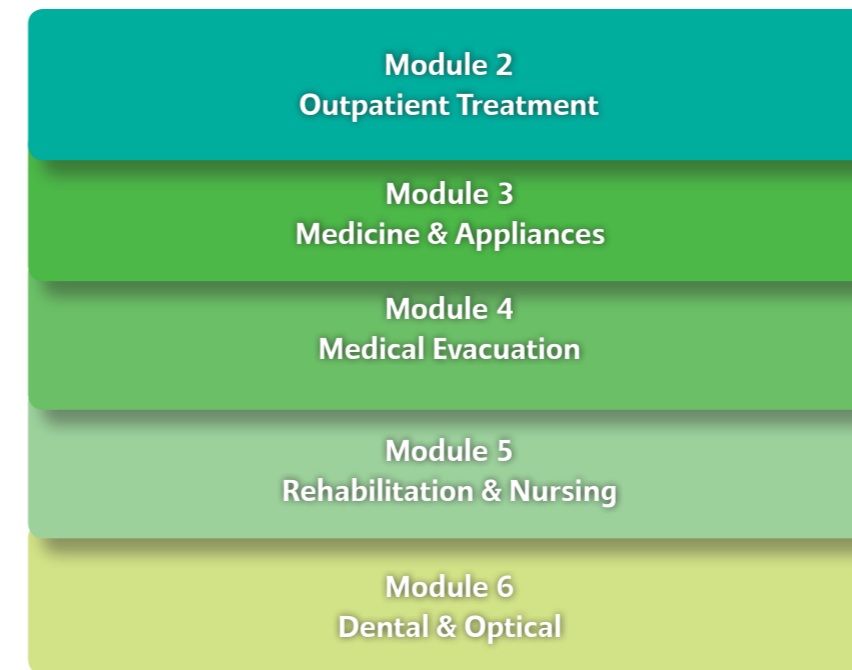
Module overview:

Mandatory module



Module 1
Hospitalisation & Inpatient Treatment

Optional modules



Module 2
Outpatient Treatment

Module 3
Medicine & Appliances

Module 4
Medical Evacuation

Module 5
Rehabilitation & Nursing

Module 6
Dental & Optical

List of Reimbursements

Valid from 1 January 2011

Reimbursement under the insurance is effected at the rates listed on the following pages.

Reimbursement will not in any case exceed the overall annual maximum sum per person per policy year of:

USD 1,800,000

If a deductible has been chosen for your policy, this is stated in your policy schedule. Depending on the currency of your policy, it will be one of the following options:

USD 0, USD 175, USD 1,750

You will be reimbursed as soon as the eligible expenses exceed the amount of the deductible. The deductible is applied per person per policy year irrespective of the number of modules chosen.

Please note that no deductible apply on Module 4 and Module 6.

All amounts are denominated in USD.

Please note that the List of Reimbursements is a part of the Policy Conditions. It is therefore recommended to read both the List of Reimbursements and the Policy Conditions carefully.

Please check the Glossary at the end of this product guide, where certain words are defined or explained further.

Module 1: Hospitalisation & Inpatient Treatment

Hospitalisation & Inpatient Treatment	USD
Maximum cover, per person per policy year	1,800,000
Hospitalisation & inpatient treatment	
Hospital accommodation Semi-private / private room*	100%
Intensive care room	100%
Parent(s) accommodation For insured children under age 18*	100%
Surgeons, anaesthetists and physicians fees	100%
Diagnostic tests incl.: Lab tests, X-rays, MRI, CT, PET scans, pathology	100%
Prescribed medicines and drugs while in hospital	100%
Prostheses Artificial body parts designed to form a permanent part of a person's body e.g. pacemaker	100%
Psychiatric treatment Max. of 40 days day case or inpatient treatment per policy year	100%
Cancer tests, drugs and consultants' fees for oncology	100%
Physiotherapy By a registered physiotherapist, when referred by a medical practitioner	100%
*cf. also Glossary "Hospital accommodation"	
Outpatient / day case treatment in a hospital or clinic	
Outpatient surgery	100%
Chemotherapy and radiotherapy	100%
Dialysis If available locally	100%
One day pre-surgical analyses preparing for anesthesia in connection with a scheduled surgery (diagnostic tests covered under Module 2)	100%
Post hospitalisation treatment Received within 90 days of being discharged from hospital or clinic	100%
Local transport by ambulance	
Medically prescribed transport to and from hospital	100%
Hospital cash benefit	
Must be pre-approved by the Company and applies only when treatment is received as inpatient for an eligible medical condition for a max. of 25 nights and when no costs are incurred for accommodation and / or treatment	130
Emergency room treatment	
Emergency room treatment in connection with acute illness or accident	100%
Acute emergency dental treatment Accidental damage to natural teeth (treatment as inpatient or day case patient) In case of doubt, the decision will be left with the Company's dental consultant	800

...continued USD

Crisis management

Crisis management: psychological first aid following a traumatic experience e.g. assault, war, accident, kidnapping Up to five treatments with a registered psychologist per incident Must be pre-approved by the Company	100%
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Organ transplant

Organ transplant - kidney, liver, heart, lung, bone marrow Only human organs. Costs of the procurement of the organ are not covered Must be pre-approved by the Company	100%
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Childbirth

Normal delivery Prenatal and postnatal examinations are reimbursed under Module 2 - Outpatient Treatment	7,200
Complicated delivery requiring hospitalisation	100%
Medically prescribed caesarean	100%
Home delivery, doctor / specialist, midwife	190
Home nursing in connection with home delivery	480
Delivery following fertility treatment is reimbursed according to the reimbursement rate for normal delivery of one child (cf. also Art. 13.2h) in the Policy Conditions)	

Newborn cover

Inpatient treatment of an acute medical condition, which presents symptoms at birth or which manifests itself within 28 days following birth as well as any associated costs for a period of up to 28 days after birth	45,000
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Emergency out of area cover

Worldwide cover of medical expenses in case of acute illness or injury during business or pleasure travel for up to 30 days per trip Must be pre-approved by the Company	100%
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Special Services

Wellness benefits

ihi Bupa offers a wide range of special services to companies and employees wanting to stay healthy. The services are offered through our website www.ihibupa.com and www.wellbeinguniversity.com. You will have access to individual and corporate assessments and you may use our online doctors and medical consultants for advice and planning

Read more in the product guide under Wellbeing University and Online services

Online services

- Manage your policy online, e.g. see status on recent claims
- General health advice from ihi Bupa's medical consultants
- Access to a range of health related information
- and much more...

Module 2: Outpatient Treatment

Outpatient Treatment Maximum cover, per person per policy year	USD 35,000
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General practitioners, specialists and therapists

General practitioner consultations Medicine is covered under Module 3 - Medicine & Appliances	10,000
Specialist consultations: E.g. psychiatrist, eye and ear specialist, oncology	
Therapist consultations: Dietetic guidance (max. four consultations per policy year), speech therapy, oculomotor therapy, ergotherapy, complementary medicine, physiotherapy (max. 40 consultations per policy year), chiropractors, osteopaths, homeopaths, acupuncturists and traditional chinese medicine (registered to practise locally).	
Only if referred by a medical practitioner or specialist, and only treatment by a registered practitioner	

Examination and other medical assistance

Diagnostic tests and procedures: Incl. X-rays, ECG, CT, PET, MRI scans, pathology and laboratory tests	100%
Hormone replacement therapy (e.g. menopause before age 40)	100%
Surgical intervention / outpatient surgical operations	100%

Module 3: Medicine & Appliances

Medicine & Appliances Maximum cover, per person per policy year	USD 1,000
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Medicines and drugs

Prescribed medicines and drugs Medicine which could have been purchased without a medical prescription is not covered	100%
Injections and vaccinations	50

Appliances

Prescribed slings and bandages / dressings	100%
Prescribed arch support	50%
Prescribed hearing aids Max. two appliances are reimbursed per policy year	50%

Module 4: Medical Evacuation

Medical Evacuation - must be pre-approved by the Company Expenses are covered up to the overall annual insurance sum of your policy	USD
Medical Evacuation	
Transport expenses by aeroplane or helicopter	100%
Repatriation	
Repatriation or return journey to residential address abroad within three months after completion of treatment	100%
Accompanying person	
Travel and accommodation expenses for one person accompanying an evacuated or repatriated person	100%
Statutory arrangements	
Statutory arrangements in case of death such as embalming, zinc coffin, urn	100%

Module 5: Rehabilitation & Nursing

Rehabilitation & Nursing - must be pre-approved by the Company Maximum cover, per person per policy year	USD 5,000
Rehabilitation	
Medically prescribed rehabilitation at an authorised rehabilitation center following hospitalisation	100%
Home nursing	
Expenses incurred for medically prescribed assistance in your private home by a certified nurse after inpatient treatment	100%
Hospice	
Hospice accommodation For max. 30 days The accommodation must be prescribed by a physician	100%

Module 6: Dental & Optical

Dental & Optical Maximum cover, per person per policy year	USD 1,200
Routine dental treatment	
Examinations, cleaning, fillings, root treatment, tooth extractions, X-rays, anesthesia	50%
Major restorative dental treatment	
Bridge work, crowns, periodontitis, orthodontics, dentures	90%
Glasses and contact lenses	
Prescribed glasses and prescribed contact lenses Frames and sunglasses are not covered	50%

Policy Conditions

Valid from 1 January 2011

Art. 1 Acceptance of the insurance

1.1: The insurance policy is insured and underwritten by PT Kurnia Insurance Indonesia, hereinafter called the Company and administered by Ihi Bupa. The Company shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become your insurer, the application must be approved by the Company and the necessary premium paid to the Company.

1.2: In the event of a change in the applicant's state of health after the application has been signed and before the Company's approval thereof, the applicant and/or the Policyholder shall be under the obligation to notify the Company of such change immediately. The terms of acceptance are stated in the policy schedule.

Art. 2 Commencement date

2.1: The commencement date of the insurance is stated in the policy schedule.

Art. 3 Waiting periods in connection with new insurance contracts and extension of cover

3.1: When a new insurance contract is entered into, the right to reimbursement under the new insurance contract shall only take effect four weeks after the commencement date of the insurance. However, this does not apply when the Policyholder can prove simultaneous transference from an equivalent group scheme with another international health insurance company.

3.1.1: In the event of acute serious illness and/or serious injury, the right to reimbursement shall, however, take effect concurrently with the commencement date of the insurance.

3.1.2:

a) For expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to reimbursement shall only take effect 10 months after the commencement date of the insurance.

b) Expenses incurred in connection with treatment of a newborn child shall only be reimbursed if one of the parents of the child has been insured with the Company for a period of at least 10 months prior to the birth of the child.

3.1.3: For expenses incurred in connection with a psychiatric condition and consequences thereof, the right to reimbursement shall only take effect 24 months after the commencement date of the insurance.

3.1.4: For expenses incurred for major restorative dental treatment, the right to reimbursement shall only take effect 24 months after the commencement date of the insurance.

3.2: If extended cover is taken out by the Policyholder, the right to reimbursement under such extension shall become effective concurrently with the commencement date of the extension. However, Art. 3.1.1, 3.1.2, 3.1.3 and 3.1.4 shall still apply. During the waiting period, the previous cover shall apply.

Art. 4 Persons covered by the Insurance

4.1: The insurance shall cover the Insured person(s) named in the policy schedule.

4.2: An application must be submitted for newborn children and/or adopted children.

4.2.1: However, if the insurance of one of the parents has been valid for a minimum of 10 months, newborn children of the parent can be insured without submitting an application, cf. however Art. 13.2 h. A copy of the birth certificate must, however, be submitted within three months after the birth.

If the birth certificate is not submitted to the Company within three months after the birth, a Medical Questionnaire must be submitted for the child who has to undergo the standard underwriting procedure. Registration of the child will take place from the date the Medical Questionnaire has been signed.

Art. 5 Territorial limits

5.1: The insurance shall provide cover in the chosen region as stated in the policy schedule (see definition of "region" in the Glossary table).

5.1.1: The policyholder may change the region for the entire group as from the policy anniversary by giving one month's written notice and subject to approval by the Company. However, any change of an Insured's permanent residential address must be informed to the Company immediately and if the change of address causes a change of region for the insured, this change will take effect as from the date of change of address.

5.2: The insurance shall cover acute illness and injury during business and/or pleasure travels in countries outside the region stated in the policy schedule for a period of 30 days per trip. The cover shall begin from the time the Insured leaves his/her residence or working place to conduct the travel.

Art. 6 Insurance coverage

6.1: The insurance shall cover the Insured's medical expenses in accordance with the cover chosen and the applicable reimbursement rates. The valid reimbursement rates are stated in the List of Reimbursements.

6.2: Reimbursement shall be paid following the Company's approval of the expenses as being covered by the insurance after a fully completed claim form with receipted and itemised bills enclosed has been submitted to the Company.

6.3: Once the covered expenses have met the annual deductible, the reimbursable amount will be paid. The deductible shall be reduced with amounts not exceeding the maximum rates specified in the valid List of Reimbursements. The deductible shall apply per person per policy year.

6.3.1: In case of accident where three or more family members insured with the Company are involved, only one deductible, the highest, is applied.

6.4: Physicians, specialists, etc. performing the treatment must have authorisation in the country of practice cf. also art. 13.2p). Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research will only be covered if approved in advance by the Company's medical consultants.

6.5: In no event shall the amount of reimbursement exceed the amount shown on the bill. If the Insured receives compensation from the Company in excess of the amount to which the Insured is entitled, the Insured shall be under the obligation to repay the Company for the excess amount immediately.

6.6: Reimbursements shall be limited to the usual, customary and reasonable charges in the area or the country in which the treatment is provided.

6.7: Any discount, which has been negotiated directly between the Company and providers, will be specifically used by the Company for the overall benefit of the insured persons within the insurance product as a whole.

6.8: Any ex-gratia payments are at the Company's discretion. If the Company makes a payment to which the Insured is not entitled under the insurance, this will still count toward the annual maximum cover per person per policy year.

Art. 7 Module 1: Hospitalisation & Inpatient Treatment

7.1: Module 1 must be taken out before any other supplementary module(s) can be added. The conditions below shall also apply:

7.1.1: Module 1 shall cover the medical expenses incurred by the Insured's hospitalisation in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements. It is required that the Insured is hospitalised in order to get reimbursement under this module.

7.1.2: The Company shall be notified immediately of any stays in hospital in accordance with Art. 14.3.

Art. 8 Module 2: Outpatient treatment

8.1: If the insurance has been extended to include Module 2, the conditions below shall also apply:

8.1.1: Module 2 can only be taken out as a supplement to Module 1.

8.1.2: Module 2 shall cover the Insured's expenses in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements.

8.1.3: Any bill for expenses incurred by outpatient treatment shall be reported by submitting a claim form together with receipted and itemised bills with the policy number to the Company. Physician's bills must also include a diagnosis of the illness being treated.

Art. 9 Module 3: Medicine & Appliances

9.1: If the insurance has been extended to include Module 3, the conditions below shall also apply:

9.1.1: Module 3 can only be taken out as a supplement to Module 1.

9.1.2: Module 3 shall cover the expenses in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements.

9.1.3: Any bill for expenses incurred by outpatient medicine and appliances shall be reported by submitting a claim form together with receipted and itemised bills with the policy number to the Company.

9.1.4: Bills for medicine shall also be accompanied by a copy of the prescription.

Art. 10 Module 4: Medical Evacuation

10.1: If the insurance has been extended to include Module 4, the conditions below shall also apply:

10.1.1: Module 4 can only be taken out as a supplement to Module 1.

10.1.2: Module 4 shall cover the reasonable expenses incurred for the Insured's medical evacuation in the event of acute serious illness, serious injury or death in accordance with the applicable reimbursement rates as stated in the List of Reimbursements.

10.1.3: Cover shall be provided subject to the attending physician and the Company's medical consultants agreeing on the necessity of transferring the Insured. Transportation shall be to the nearest suitable place of treatment and only if no suitable treatment can be obtained locally. In case of disagreement, the decision of the Company's medical consultant shall prevail.

The evacuation expenses for an eligible transportation are only covered if the transportation is arranged by the Company.

10.1.4: The insurance shall cover reasonable and necessary transportation and accommodation expenses for one person accompanying the Insured for max. 14 days.

10.1.5: Only one transportation is covered in connection with one course of an illness.

10.1.6: Module 4 shall only apply if the illness is covered under the insurance.

10.1.7: In the event that the Insured is evacuated for the purpose of receiving treatment, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the Insured's place of residence. The return journey shall be made within three months after treatment has been completed. Cover shall only be provided for travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.1.8: In the event of the Insured's hospitalisation abroad, reimbursement shall be paid for expenses incurred by the Insured's spouse for emergency air travel to the place of hospitalisation and accommodation. The expenses covered include one return transportation on economy class. The return journey must be made at the latest at the time of the return journey of the patient.

10.1.9: In the event that the Insured has received treatment covered by the insurance, but now has reached the terminal phase, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the Insured's place of residence.

10.1.10: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin. The next of kin have the following options:

- a) cremation of the deceased and home transportation of the urn or
- b) home transportation of the deceased.

10.1.11: The Company cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the Company's control.

10.1.12: The expenses for transportation covered under the insurance, but not arranged by the Company, shall only be compensated with an amount equivalent to the expenses the Company would have incurred, had the Company arranged the transportation.

Art. 11 Module 5: Rehabilitation & Nursing

11.1: If the insurance has been extended to include Module 5, the conditions below shall also apply:

11.1.1: Module 5 can only be taken out as a supplement to Module 1.

11.1.2: Module 5 shall cover the Insured's expenses in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements.

11.1.3: Any bill for expenses incurred by rehabilitation and nursing shall be reported by submitting a claim form together with receipted and itemised bills provided with the policy number to the Company. Physician's bills must also include a diagnosis of the illness being treated.

Art. 12 Module 6: Dental & Optical

12.1: If the insurance has been extended to include Module 6, the conditions below shall also apply:

12.1.1: Module 6 can only be taken out as a supplement to Module 1.

12.1.2: Module 6 shall cover the Insured's expenses for dental treatments and glasses and lenses in accordance with the applicable reimbursement rates as stated in the List of Reimbursements.

12.1.3: Any bill for expenses incurred by dental treatment and glasses and lenses shall be reported by submitting a claim form together with receipted and itemised bills provided with the policy number to the Company.

Art. 13 Exceptions to cover

13.1: The insurance shall not cover medical expenses incurred for any disease, illness or injury known to the Policyholder and/or the Insured at the time of application, unless agreed upon with the Company.

13.2: Furthermore, the Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- a) cosmetic surgery and treatment unless medically prescribed and approved by the Company,
- b) obesity surgery,
- c) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if proven to be contracted as the result of an accident occurring during the course of only the following occupations: doctors, dentists, nurses, laboratory personnel, ancillary hospital workers, medical and dental assistants, ambulance personnel, midwives, fire brigade personnel, policemen/-women, and prison officers. The insured shall notify the Company within 14 days after such accident and at the same time provide a negative HIV antibody test.
- d) any use or misuse of alcohol, drugs and/or medicines unless it can be documented that the illness or injury is unrelated thereto
- e) intentional self-inflicted bodily injury,
- f) contraception, including sterilisation,
- g) induced abortion unless medically prescribed,
- h) any kind of fertility test and/or treatment, including hormone treatment, insemination or examinations and any procedures related hereto, including expenses for pregnancy, prenatal and postnatal treatments of the newborn child/children. An application must therefore be submitted for children born as a result of fertility treatment and/or born by a surrogate mother. The application will undergo the standard underwriting procedure.
- i) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender re-assignments,
- j) any kind of care which is experimental, not part of a medical or surgical treatment, including stays in long-term care establishments, health resorts, convalescent homes and similar institutions,
- k) treatment by naturopaths and naturopathic medications and other alternative methods of treatment, unless specified in the List of Reimbursements or the policy schedule,
- l) routine medical examinations, the issuing of medical certificates and attestations and examinations as to suitability for employment or travel,
- m) treatment of diseases during military service,

- n) treatment for sickness or injuries directly or indirectly caused while actively engaging in:
 - war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations, whether war has been declared or not.
- o) nuclear reactions or radioactive fallout.
- p) treatment performed by an unrecognised physician or facility.
- q) epidemics which have been placed under the direction of public authorities.
- r) treatment by psychologists unless as part of Crisis management (Module 1 - Hospitalisation & Inpatient Treatment).
- s) treatment or surgery to correct refractive errors in your eyesight (due to e.g. myopia, hyperopia/hypermétropia, astigmatism and presbyopia) such as laser treatment, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses.

Art. 14 Claim procedure

14.1: A fully completed claim form must be submitted to the Company in respect of each claim. The claim form must be completed and signed by the insured and accompanied by the itemised bills and receipts for the treatment received. The Company scans submitted bills upon receipt. Any retrieval of the submitted bills is not possible.

The Company reserves the right at any time to require provision of original bills from the insured.

14.2: Written proof of claim must be submitted to the Company immediately and at the latest within 90 days of the insured event for which the claim is brought.

14.3: The Company shall be notified immediately of any stays in hospital, and such notification must include the physician's diagnosis. All notifications should be made by telephone, fax or email; the Company shall defray all expenses incurred in this connection.

Art. 15 Cover by third parties

15.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement, and the cover under this insurance shall be secondary to any such other insurance policy or healthcare plan.

15.2: In these circumstances, the Company will coordinate payments with other companies and the Company will not be liable for more than its ratable proportion.

15.3: If the claim has been covered in whole or in part by any scheme, programme or similar, funded by any Government, the Company shall not be liable for the amount covered.

15.4: The Policyholder or any Insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

15.5: Furthermore, the Policyholder or any Insured person shall keep the Company fully informed and shall take any reasonable steps in making a claim upon another party and to safeguard the interests of the Company.

15.6: In any event, the Company shall have the full right of subrogation.

Art. 16 Payment of premium

16.1: The premium shall be paid by the Policyholder within the due date.

16.2: The premium is age-related and will therefore be adjusted on the first due date after the Insured's birthday.

16.3: You may also have to pay other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of your residency country. If they apply to you, they will be included within the total that you have to pay on your invoice. The charges may apply from the commencement date or your anniversary of the commencement date. You must pay these charges to us when you pay your premiums, unless otherwise required by law.

Art. 17 Information necessary to the Company

17.1: The Policyholder and/or the Insured shall be under an obligation to notify the Company immediately in writing of the following:

- a) Any changes to the Insured's principal residence, as declared at the time of application or subsequently, either permanent or temporary, which is likely to persist over a period of more than 90 days.
- b) Any changes in name and in health insurance cover with another company, including a consolidated company, within one month.
- c) The death of the Insured within three months after the death.

17.2: The Company shall not be liable for the consequences if the Policyholder and/or the Insured fail to notify the Company in accordance with Art. 17.1.

17.3: The insured shall be under the obligation to provide the Company with all information reasonably required for the Company's handling of the insured's claims against the Company, including provision of original bills upon request from the Company.

17.4: In addition, the Company is entitled to seek information about the Insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the Insured for physical or mental illnesses or disorders. Furthermore, the Company is entitled to obtain any medical records or other written reports and statements concerning the Insured's state of health.

Art. 18 Assignment, cancellation and expiry

18.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

18.2: The insurance is automatically renewed on each policy anniversary, unless terminated by the policyholder as of renewal with two months prior written notice.

18.2.1: The insurance shall automatically expire once the insured employee leaves the employment with the Policyholder through which the insurance has been taken out.

18.2.2: When the Insured is no longer covered under First Choice, the Company may offer the Insured another insurance on individual terms. If First Choice has been taken out with full medical underwriting, the new insurance may be offered on the basis of the Insured's medical state at the time of acceptance for First Choice.

18.3: Where, upon taking out the insurance or subsequently, the Policyholder and/or the Insured has fraudulently changed original documents or disclosed incorrect information or withheld facts which may be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.

18.4: Where, upon taking out the insurance or subsequently, the Policyholder and/or the Insured has disclosed incorrect information, the insurance contract shall be void, and the Company shall not be liable if the Company would not have accepted the insurance if the correct information had been disclosed. If the Company would have accepted the insurance but on other terms, the Company shall be liable to the extent to which the Company would have undertaken the obligations in accordance with the agreed premium.

18.4.1: In the event that the insurance contract is considered void, according to Art. 18.3 pr Art 18.4, the Company shall be entitled to a service charge which is set as a specified percentage of the premium paid.

18.5: Where, upon taking out the insurance, the Policyholder and/or the Insured neither knew nor should have known that the information disclosed by him/her was incorrect, the Company shall be liable as if such incorrect information had not been disclosed.

18.6: The Company can stop or suspend an insurance product at three months' notice prior to the policy anniversary, and, if possible, offer the Policyholder a similar insurance cover.

18.7: Country of Residence
The policyholder must inform the Company of any change of country of residence.

The Company is entitled to terminate the insurance if the change results in a breach of regulations governing the provision of health insurance cover to local nationals, residents or citizens.

18.8: The Company's liability in connection with the insurance, including liability for reimbursement for medical expenses for ongoing treatment, after-effects or consequential damages in connection with an injury or illness incurred or treated during the insurance period, shall automatically cease upon expiry, cancellation or termination of the insurance.

Accordingly, upon expiry, cancellation or termination of the insurance, an insured's right to claim reimbursement shall cease. Claims for reimbursement of medical expenses incurred during the insurance period must be filed within six months of the date of expiry, cancellation or termination of the insurance in order to be eligible for reimbursement.

Art. 19 Complaints

19.1: Making a complaint

We are always pleased to hear about any aspect of your insurance cover that you have particularly appreciated, or that you have had problems with. If something does go wrong, we have a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

If you have any comments or complaints, you can call the ihi Bupa Customer Service on +45 33 15 30 99, alternatively you can email at ihicom@ihi.com, or write to us at:

ihl Bupa
Palægade 8
DK-1261 Copenhagen K
Denmark

19.2: Taking it further

If we have not been able to resolve the problem and you wish to take your complaint further, please contact your insurer using the following contact details:

PT Kurnia Insurance Indonesia
Plaza GRI 12th Floor
Jl. H. R. Rasuna Said Blok X-2 No. 1
Jakarta 12950, Indonesia

Art. 20 Applicable law

20.1: Your policy is governed by the laws of Indonesia. Any dispute that cannot otherwise be resolved will be dealt with by courts in Indonesia. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. Please note this product is administered and serviced on a day to day basis in English.

Glossary

This glossary with definitions forms part of the Policy Conditions.

Accident: a fortuitous serious event occurring without the Insured's intention which has a sudden external and violent impact on the body, resulting in demonstrable bodily injury, and which requires hospitalisation.

Acute serious illness or injury: an "acute serious illness or injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultants.

Applicant: a person named on the Application Form and the Medical Questionnaire as an applicant for insurance.

Application: the Application Form and depending on the chosen underwriting method the Medical Questionnaire.

Claim: the financial demand covered in whole or in part by the insurance. In the Company's evaluation/ determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/ illness.

Commencement date: the date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.

Company, the: PT Kurnia Insurance Indonesia, Plaza GRI 1 2th Floor, H. R. Rasuna Said Blok X-2 No. 1, Jakarta 12950, Indonesia

Country of residence: any country where the insured is considered by the relevant authorities to be resident

Crisis management: crisis management is defined as treatment of a crisis caused by external events, e.g. serious accidents, catastrophes, terrorist acts, assaults, robberies, etc. Personal crisis, e.g. unemployment, change of jobs etc., and life crisis, e.g., divorces,

illnesses and deaths etc. is defined as psychology treatment and is thus not covered by the insurance, cf. Art. 13.2 r).

Deductible: the amount of money noted in the policy schedule which each Insured pay each policy year before being compensated by the Company.

Documents: any written information related to the insurance including bills, policy schedules, and the like.

Hospital accommodation: coverage of a room that is no more expensive than the hospital's standard single room with a private bathroom. Charges for the insured's meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the insured is admitted for and any accompanying relative (if covered under the insurance plan).

Hospitalisation: surgery or medical treatment in a hospital or clinic as an inpatient when it is medically necessary to occupy a bed overnight.

ihi Bupa (incl. we/us/our): Bupa Insurance Limited. ihi Bupa is a trading name of Bupa Insurance Limited.

Insurance: the Policy Conditions, policy schedule and any special terms agreed upon with the Company.

Insured: the person listed in the valid policy schedule.

Outpatient: surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.

Policy Conditions: the terms and conditions of the insurance, e.g. the List of Reimbursements.

Policyholder: the company or organisation taking out the insurance and identified as the Policyholder on the Application Form.

Policy schedule: policy details showing the type of insurance purchased, cover, deductible and any special terms.

Pre-existing condition: the medical history, including the illnesses and conditions listed in the Medical Questionnaire, which may affect the Company's decision to insure or not to insure or to impose special terms.

Region: the name of the region as stated in the policy schedule determines the area of cover as set out in the below table.

Region	Areas covered
Worldwide	Worldwide
China/Hong Kong	Worldwide, excl. USA/Canada
Switzerland	Worldwide, excl. USA/Canada/China/Hong Kong
Latin America	Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland
Europe	Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland
Middle East	Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland
Far East	Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland
Africa	Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland

Reimbursement rates: the maximum amount of money which will be paid by way of reimbursement of medical expenses in one year from the commencement date or from each anniversary date, as further detailed in the Policy Conditions.

Renewal: each anniversary of the date the Policyholder joined the plan.

Special terms: restrictions, limitations or conditions applied to the Company's standard terms as detailed in the policy schedule.

Subrogation: the insurer's right to enforce a remedy which the Insured has against a third party and the insurer's right to require the Insured to repay the insurer if the insurer has paid expenses recouped by the Insured from a third party.

Surgery: a surgical treatment/intervention, which does not include endoscopies and scannings even though these examinations may require anesthesia.

Terminal phase: when the advent of death is highly probable and medical opinion has rejected active therapy in favour of relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.

Unrecognised physician or facility: an unrecognised physician or facility includes:

- Treatment provided by a medical practitioner who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated.
- Treatment in any hospital, or by any medical practitioner or any other provider of services, to whom we have sent a written notice that we no longer recognise them for the purposes of our plans.
- Treatment provided by anyone with the same residence as the insured or who is a member of the insured's immediate family or an enterprise owned by one of the above mentioned persons.

Waiting period: a period of time from the commencement date where the insurance provides no cover unless as per specification in Art. 3.

We/us/our: PT Kurnia Insurance Indonesia, the insurer, and/or ihi Bupa, the administrator, acting on behalf of PT Kurnia Insurance Indonesia.

Valid from 1 January 2011

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