

CTF Life
周大福人壽

MediCorp

Employee Wellness Plan





About CTF Life

Chow Tai Fook Life Insurance Company Limited (“CTF Life”) is proud of its rich, 40-year legacy in Hong Kong. CTF Life is a wholly-owned subsidiary of CTF Services Limited (“CTFS”) (Hong Kong Stock Code: 659) and one of the most well-established life insurance companies in Hong Kong. As a member of Chow Tai Fook Enterprises Limited, CTF Life consistently strengthens its collaboration with the Chow Tai Fook Group (“CTF Group”) ecosystem to support customers and their loved ones in navigating life’s journey with personalised planning solutions, lifelong protection and diverse lifestyle experiences. By leveraging the Group’s robust financial strength and strategic investments across the globe, CTF Life aspires to become a leading insurance company in Asia while continuously creating value beyond insurance.

MediCorp Employee Wellness Plan

We offer flexible and comprehensive group medical insurance plans with as few as three employees aimed at keeping your team strong, motivated, and resilient. Explore the features of our plan, which goes beyond traditional coverage. From mental health support to preventive healthcare measures, our goal is to prioritize the well-being of your employees and foster a work culture that promotes overall health.

Discover how our group medical insurance plans cultivate a healthy mindset by elevating employee welfare, attracting talents and unlocking the full potential of your organization together.

Join us and unlock the full potential of your employees!

Eligibility



Companies registered in Hong Kong
with **minimum of 3 employees**



Health underwriting process can be **waived**
for companies with **6 or more employees**

Who can be Covered?



Full-time employees & dependents

- Lawful spouses under aged 70 and children between 14 days to aged 23
- Including domestic partner with same gender

Plan Features



Birthday Well-Being

Enjoy a tailored selection of wellbeing perks during birthday month



Dental treatment



Vaccination



Eye examination



Check-up



Nutritional advice



CTF Life - CIRCLE¹

Elevate group medical membership benefits with diverse experiences, lifestyle privileges, and membership alliances, including a Premium Discount up to HK\$2,000 and 1-year free Personal Accident Plan with coverage up to HK\$600,000



Mental Wellness Hotline²

Dedicated 24x7 mental wellness hotline service provides non-emergency mental health assistance with both Cantonese and English support



Flexible Grouping

Flexible grouping of core hospitalization benefits with optional benefits, while offering 80% and 100% reimbursement choices for outpatient benefit



Coverage for Pre-existing³ and Congenital Health Conditions⁴

- Cover Pre-existing Conditions³ after a one-year of waiting period
- Congenital Conditions⁴ which have manifested or been diagnosed after attaining aged 8



Cashless Day Case Colonoscopy and Gastroscopy Procedures⁵

Enjoy seamless experience on cashless Day Case Colonoscopy and Gastroscopy at the shortlisted high-end Healthcare Service Providers without concerning any unexpected charges incurred during the day procedure session



Conversion Privilege⁶

Resigned or retired staff member who is being covered by this plan for over a year is eligible for converting to the designated individual medical insurance plan



CTF Life Online Customer Service Platform

Allow your employees to manage their group medical insurance needs anytime, anywhere



Extensive Doctor Network

Access to more than 1,500 health professional Network doctors and options of the qualified Network Day Case Centres



Service Pledge

Provide prompt claims handling within 10 working days, and hotline call reply within 1 working day

Schedule of Benefits⁷

Hospitalization and Day Procedure Benefits

Plan Code		Reimbursement Limit (HKD)				
		HS1	HS2	HS3	HS4	HS5
Term Life Benefit						
1	Compassionate Benefit – Employee only Maximum amount per life	10,000	10,000	10,000	10,000	10,000
Hospitalization and Day Procedure Benefits						
	Room Level	Ward	Ward	Semi-Private	Semi-Private	Private
2	Daily Room and Board Daily maximum Maximum days per Disability	450 180	850 180	1,200 180	1,800 180	3,500 180
3	In-hospital Physician's Visit Daily maximum Maximum days per Disability	450 180	850 180	1,200 180	1,800 180	3,500 180
4	Miscellaneous Hospital Services (Extend to cover day case CT scan, MRI, PET scan, Chemotherapy, Radiotherapy, Targeted Therapy and kidney dialysis) Maximum per Disability	5,000	12,000	18,000	30,000	40,000
5	Surgical Fee, Maximum per Disability Complex operation Major operation Intermediate operation Minor operation	42,000 15,000 7,500 3,000	50,000 25,000 12,500 5,000	72,000 36,000 18,000 7,200	120,000 60,000 30,000 12,000	216,000 108,000 54,000 27,000
6	Anaesthetist's Fee, Maximum per Disability Complex operation Major operation Intermediate operation Minor operation	12,600 4,500 2,250 900	16,000 8,000 4,000 1,600	21,600 10,800 5,400 2,160	38,400 19,200 9,600 3,840	64,800 32,400 16,200 8,100
7	Operation Theatre Fee, Maximum per Disability Complex operation Major operation Intermediate operation Minor operation	12,600 4,500 2,250 900	16,000 8,000 4,000 1,600	21,600 10,800 5,400 2,160	38,400 19,200 9,600 3,840	64,800 32,400 16,200 8,100
8	In-hospital Specialist's Fee Limit per Disability	1,200	2,400	3,600	4,300	10,000
9	Intensive Care Unit Daily maximum Maximum days per Disability	1,500 15	2,500 15	3,600 15	5,000 15	9,000 15
10	Private Nursing Care Daily maximum Maximum days per Disability	- -	- -	- -	900 15	1,800 15
11	Home Nursing Care Daily maximum Maximum days per Disability	225 15	425 15	700 15	- -	- -
12	Pre & Post Hospitalization Treatment¹⁴ Maximum amount per Disability	-	1,200	2,700	2,500	4,500
13	Daily Cash for Confinement in General Ward of Government Hospital (for admission in ward room level of confinement in HA hospital only) Daily maximum Maximum days per Disability	225 90	425 90	600 90	900 90	1,500 90
14	Hospital Cash for Second Claim Incentive Daily maximum Maximum days per Disability	225 90	425 90	600 90	900 90	1,500 90
15	Day Case Surgery Cash Allowance⁹ Limit per Disability	450	850	1,200	1,800	3,200

Schedule of Benefits⁷

Hospitalization and Day Procedure Benefits

		Reimbursement Limit (HKD)				
Plan Code		HS1	HS2	HS3	HS4	HS5
Hospitalization and Day Procedure Benefits						
Room Level		Ward	Ward	Semi-Private	Semi-Private	Private
16	Day Case Surgery for Colonoscopy / Gastroscopy at the Network Day Case Centre⁵ Procedure provided by Network medical clinic (Pre-authorisation by Insurer in advance is required)					
	Limit per Disability	-	-	-	Full Cover	Full Cover
17	Psychiatric Treatments Maximum amount per Policy Year	30,000	30,000	30,000	30,000	30,000
18	Mental Wellness Hotline²	Included	Included	Included	Included	Included
19	Home Health Care Daily maximum Maximum days per Disability	- -	- -	- -	1,000 15	1,800 15
20	Worldwide Emergency Assistance Service and Medpass Service⁹	Included	Included	Included	Included	Included
21	Top-up Benefits for Hospitalization Overseas (exclude Hong Kong, Macau, and China)¹⁰	Increase 50% of Basic Hospitalization Benefits				

Birthday Well-Being

		Reimbursement Limit (HKD)				
Plan Code		HS1	HS2	HS3	HS4	HS5
	Birthday Well-Being¹⁸ (Once per Policy Year) During birthday month, choose 1 from the following: <ul style="list-style-type: none"> Dental treatment Vaccination Eye examination Check-up Nutritional advice 	450	850	1,000	1,000	2,000

Optional Supplementary Major Medical Benefits¹¹

		Reimbursement Limit (HKD)				
Plan Code		MM1	MM2	MM3	MM4	MM5
Reimbursement Percentage		80%				
Room Level		Ward	Ward	Semi-Private	Semi-Private	Private
Maximum amount		20,000	60,000	80,000	100,000	150,000

Schedule of Benefits⁷

Optional Outpatient Benefits

Plan Code	Reimbursement Limit (HKD)											
	OP1	OP7	OP2	OP8	OP3	OP9	OP4	OP10	OP5	OP11	OP6	OP12
Reimbursement Percentage	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%
General Physician's Consultation												
Maximum amount per visit per day		120		160		200		260		380		450
Maximum visits per Policy Year		30		30		30		30		30		30
Network doctor co-payment		90		50		0		0		0		0
Physiotherapist's/ Chiropractor's Consultation¹²												
Maximum amount per visit per day		120		160		200		260		380		450
Maximum visits per Policy Year		10		10		10		10		15		15
Network doctor co-payment		90		50		50		50		0		0
Specialist's Consultation (extend to cover psychiatric consultation, treatment and cost of medicine prescribed)												
Maximum amount per visit per day		240		320		400		520		700		900
Maximum visits per Policy Year		10		10		10		10		15		15
Network doctor co-payment		160		80		60		20		0		0
Chinese Medicine Practitioner's Consultation (coverage includes treatment provided by Chinese herbalist, bonesetter, and the acupuncturist)												
Maximum amount per visit per day		100		150		200		250		300		400
Maximum visits per Policy Year		10		10		10		10		15		15
Network doctor co-payment		100		50		0		0		0		0
Diagnostic X-ray & Laboratory Tests¹²												
Maximum amount per Policy Year		1,000		1,000		2,000		2,500		5,000		5,000

Optional Dental Benefits

Plan Code	Reimbursement Limit (HKD)			
	DEN1	DEN2	DEN3	DEN4
Reimbursement Percentage	80%	100%	80%	100%
General Dental Treatment¹³				
Maximum amount per Policy Year		2,000		3,000
Scaling /Polishing/Oral Examination				
Maximum amount per Policy Year		400		700
Maximum visit per Policy Year		1		1

Remarks:

- Each member will be eligible for this exclusive offer for once. If you have already registered as a CTF Life - CIRCLE member before, this offer will not be applied.
- The Mental Wellness Hotline service and the face-to-face or online counselling services offered by the Counselling Psychologist are not designed to provide the Insured Person with medical diagnoses, advice, treatment, or prescriptions for medication. The Company shall not bear any phone charges or roaming fees incurred for using the hotline services. The Company shall not be liable to the Policyholder and / or the Insured Person in any respect of any loss, damage, expense, suit, action or proceeding suffered or incurred by the Insured Person, whether directly or indirectly, arising from or in connection with the service provided or advice given by the Provider, or any fault or omission of the Provider or its appointed agents which is out of the Company's reasonable control. Each Insured Person can enjoy up to a maximum number of four (4) face-to-face counselling services per Policy Year. For any visits exceeding the maximum limits per Policy Year or any services recommended by the Counselling Psychologist which is not covered by the Policy, the Insured Person shall be responsible for the costs of the services and all fees must be settled with the Provider directly. Apart from the general exclusions set out under the Policy, the Services under this product feature shall not include the provision of a) health insurance; b) medical advice; c) medical consultations; d) prescriptions; e) diagnosis and treatment plan; f) healthcare decisions; g) Medical Service in any part of the treatment process; h) home and unscheduled visits; or i) advice on experimental and alternative treatments.
- Pre-existing Condition means in respect of an Insured, any Sickness, Disease, Injury, physical or medical condition or Disability which: (i) has been diagnosed; or (ii) has manifested clear and distinct signs or symptoms of which the Insured Person is aware or should have reasonably been aware; or (iii) medical advice or treatment has been sought, recommended or received, that has existed within ninety (90) days prior to the effective date of the insurance unless the Insured Person has been insured under this Policy for not less than twelve (12) consecutive months.
- Congenital conditions means (a) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known at birth; or (b) any neo-natal abnormalities developed within six (6) months of birth.

5. This benefit shall be payable for the Eligible Expenses –
 - i. Charged by the attending Surgeon for the consultation prior to the Colonoscopy / Gastroscopy at the Network Day Case Endoscopy Service Clinic.
 - ii. Charged by the attending Surgeon on the Colonoscopy / Gastroscopy performed at the Network Day Case Centre.
 - iii. Charged by the Anaesthetist in relation to the Colonoscopy / Gastroscopy; and
 - iv. for the use of operating theatre (including but not limited to a treatment room and a recovery room) during the Colonoscopy/ Gastroscopy.

This benefit shall be payable if all the following conditions (v) to (xi) are fulfilled:

- v. The Insured Person must receive a Pre-day case procedure consultation with the appointed Network doctor at the Network medical clinic.
- vi. The Insured Person must present a valid Network Medical Card and the Hong Kong Identity Card / Macau Identity Card (or other valid identification document(s) for registration at the Network Day Case medical clinic.
- vii. The Insured Person must use the Network Medical Card to pay the Eligible Expenses and other charges incurred for the Network Day Case Endoscopy consultation and the Network Day Case Endoscopy Service.
- viii. The Insured Person must complete and sign the "Application for The Cashless Day Case Endoscopy Service" form during the pre-day case procedure consultation at the Network medical clinic.
- ix. The Insured Person is required to comply with the pre-authorization procedures and obtain pre-approval for entitlement of the Credit Facility Service for the Network Day Case Endoscopy Service at the Network Day Case Centre.
- x. The Day Case Endoscopy Service that the Insured Person applied for must be available at the Network Day Case Centre during the approval date of pre-authorization.
- xi. In case any Shortfall paid by the Company, the Policyholder shall repay the shortfall in full to the Company upon the Company's reasonable demand.

For the avoidance of doubt, the Eligible Expenses so incurred and payable under this benefit shall not be payable under description of compassionate benefit, daily room and board, miscellaneous hospital services, surgical fee, Anaesthetist's fee, operation theatre fee, In-hospital Physician's visit, In-hospital Specialist's fee, intensive care unit and home nursing care.

6. Conversion Privilege applicable to the company with a minimum of 10 eligible employees covered under the group medical policy. An eligible Member may exercise the conversion privilege within thirty-one (31) days after termination of employment with the Policyholder before his or her 7th birthday, provided that he or she has been continuously covered by this group medical policy for at least 1 consecutive year. However, termination of the group medical plan with the Company is not a valid trigger event. Upon termination of employee and in cases the employee applies for conversion, all insured family members of the employee must be enrolled in the designated medical insurance plan.
7. Regarding the plan combination, one of the Hospitalization and Day Procedure Benefit (core plan) must be selected before choosing any other optional benefits. For each core plan selected, a corresponding Supplementary Major Medical Benefit (SMM) will be provided as an optional benefit, and each core plan will also be provided with Birthday Wellbeing benefits. Optional Outpatient Benefits (OP) and Optional Dental Benefits (DEN) are allowed to combines flexibly with any core plans.
8. Day Surgery Cash Allowance shall be payable in addition to Surgeon and Attendance Fees for any of the eligible surgeries performed at a clinic or day-case unit of a Hospital by a Physician or Surgeon, provided that no Room and Board Benefit is payable up to the maximum cover limit as stated in the Schedule of Benefits. This benefit shall exclude the cost for the surgeries or day procedure in relation to removal of wart / skin lesion / toileting of ear wax.
9. The Worldwide Emergency Assistance Service and the Medpass Service specified in this proposal is arranged by the Company and provided by Europ Assistance Hong Kong (hereinafter called "IPA") to the insured person pursuant to the original agreement made between the Company and IPA.
10. For any eligible expenses charged by the hospital and confined as resident patient in the Hospital as a result of an accident incurred outside Hong Kong, Macau and the People's Republic of China, the percentage of reimbursement under hospitalization and day procedures benefits shall be increased by 50%.
11. If an Insured Person shall incur any Eligible Expense payable under the Hospitalization and Day Case Procedure Benefits of the Schedule of Benefits, The SMM benefit only entitle to pay the balance of claims paid under hospitalization benefit items 2 to 10, but excluding any charges for room and board and intensive care unit incurred within the maximum number of days per Disability as specified under the daily room and board and intensive care unit benefits in the Schedule of Benefits, up to the maximum limit per Disability as specified in the Schedule of Benefits (Disability per Confinement will be treated as a single Disability for the purpose of benefit payments under the Policy).

If an Insured Person is Confined to a higher Hospital Room Level, the amount of benefits payable shall be multiplied by an adjustment factor as follows respectively:

From Ward to Semi-Private	50%
From Ward to Private	25%
From Semi-Private to Private	50%

This benefit shall not be payable for Confinement in the Class of Deluxe / V.I.P room of Hospital.

Calculation formula - Supplementary Major Medical Benefit

$$\left(\begin{array}{l} \text{Amount of eligible} \\ \text{medical expenses} \\ \text{incurred and actually} \\ \text{paid for Hospital} \\ \text{Confinement, Clinical} \\ \text{Operation or Day Case} \end{array} \right) \text{ less } \left(\begin{array}{l} \text{Benefit payable} \\ \text{under Description} \\ \text{of Benefits -} \\ \text{Hospital and} \\ \text{Surgical Benefit} \end{array} \right) \text{ less } \left(\begin{array}{l} \text{Deductible for} \\ \text{SMM Benefit as} \\ \text{stated in the} \\ \text{Schedule of} \\ \text{Benefits, if any} \end{array} \right) \text{ times } \left(\begin{array}{l} \text{Reimbursement} \\ \text{percentage for} \\ \text{SMM Benefit as} \\ \text{stated in the} \\ \text{Schedule of} \\ \text{Benefits} \end{array} \right) \text{ times } \left(\begin{array}{l} \text{Adjustment} \\ \text{factor as} \\ \text{stated above,} \\ \text{if applicable} \end{array} \right)$$

12. For Physiotherapist's /Chiropractor's Consultation and Diagnostic X-ray & Laboratory Tests, written referral letter from the attending physician is required.
13. Dental benefits General Exclusion:
 - i. Orthodontic treatment and any surgical extractions for orthodontic reasons;
 - ii. Any dental treatment including whitening, blue light teeth whitening, bleaching, fillings, crowning, bridges, implantation for cosmetic reasons;
 - iii. Treatment of advance periodontal (gum) disease.
14. About Pre & Post Hospitalization Treatment Benefit:
 - i. One visit of outpatient or emergency consultation resulting in a Confinement or day case procedure (including but not limited to consultation, western medication prescribed or diagnostic test) subject to the maximum limit as specified in the Schedule of Benefits; and
 - ii. Follow-up outpatient visit (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test) to, or recommended in writing by, the attending Physician within the maximum limit and cover period as stated in the Schedule of Benefits within thirty (30) days after discharge from Hospital or the date of Day Case Procedure, provided that such outpatient visit 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.
15. If an Insured Person Confined as a resident patient in hospital for at least five (5) consecutive days or longer period as a result of Injury or Sickness; and with the recommendation by the attending Physician / Surgeon, to stay in a home suitable for recovery from the Injury or Sickness; and during the stay in the home after discharged from hospital in which the medical services and supplies are Medically Necessary, Reasonable and Customary, and provided by a home healthcare agency approved by the Company.
16. The birthday well-being benefit will be payable in lieu of other Hospitalization, Supplementary Major Medical, Outpatient and Dental benefits.

Major Exclusions

No payment shall be made for fees, charges or expenses incurred by the insured Person in respect of or resulting from:

1. Pre-existing Conditions – in respect of an Insured, any Sickness, Disease, Injury, physical or medical condition or Disability which: (i) has been diagnosed; or (ii) has manifested clear and distinct signs or symptoms of which the Insured Person is aware or should have reasonably been aware; or (iii) medical advice or treatment has been sought, recommended or received, that has existed within ninety (90) days prior to the effective date of the insurance unless the insured Person has been insured under this Policy for not less than twelve (12) consecutive months
2. Expenses incurred for Medical Services as a result of Congenital Condition(s) which have manifested or diagnosed before the Insured Person attained the Age of eight (8) years.
3. War, whether declared or not, strikes, riots, civil war, revolution or any warlike operations
4. Disabilities arising from the Insured Person's participation in any illegal acts (except traffic offences and pedestrian offences).
5. Suicide, attempted suicide, or intentionally self-inflicted injury whether sane or insane.
6. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation insurance.
7. Cosmetic surgery or treatment for beautification purposes, eye refraction for fitting of glasses or surgical procedure for correction of eye refraction, examination for fitting of hearing aids, procurement or use of special braces, prosthetic appliances, or equipment such as artificial limbs.
8. Dental care and treatment, except necessitated by accidental injuries to sound natural teeth; Oral hygiene instructions, plague control program and dietary instructions (for any cases with dental benefits).
9. Treatment of chronic alcoholism or drug abuse or any other complications arising therefrom.
10. Pregnancy, resulting childbirth, abortion, miscarriage, or conditions resulting therefrom, genetic testing or counselling, artificial fertilization treatment or treatment related to birth control or infertility.
11. Any kind of the psychological service including but not limited to counselling and / or therapy services provided by a Counselling Psychologist (except for the Mental Wellness Hotline benefits stated under this policy);
12. Experimental medical treatment that, at the time it is provided, is deemed unsafe, ineffective, or inappropriate for the injury or Sickness and is not recognized as standard treatment.
13. Routine physical examinations, health checks or tests not incidental to treatment or diagnosis of a Disability or any elective treatments or services which are not medically necessary or any preventive treatments, medicines or examinations, vaccinations, immunizations or inoculations, or convalescence, custodial or rest care.
14. Conditions related to sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).
15. Disabilities arising from racing of any kind (except on foot racing), skydiving, mountain or rock climbing, professional sports, aviation, or aeronautics (other than travelling as a fare-paying passenger in commercial airplanes)
16. Disabilities arising from nuclear weapons material, ionizing radiation, or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For this Exclusion, combustion shall include any self-sustaining process of nuclear fission.
17. While the insured Person is engaging in naval, military or airforce services, or any operation or combat duty with any armed force of any country, territory, or international organization.
18. Bank charges, expenses incurred for the provision of medical and hospital bills, certificates, documentation, information or other evidence as required by the Company.
19. Expensive Chinese Medicine including but not limited to (i) agaricus blazei muller, (ii) antelope horn powder, (iii) antler, (iv) cordyceps, (v) cubilose, (vi) donkey-hide gelatin, (vii) ganoderma, (viii) all kinds of ginseng, (ix) hippocampus, (x) moschus, (xi) pearl powder and (xii) placenta hominis, and any other Chinese herbs and/or tonic medicine
20. Treatment for obesity.

The above list is for reference only. Please refer to the policy contract of this Plan for the complete list and details of exclusions.

Important Note

1. All the proposed benefits as enclosed shall be subject to the terms, conditions, and exceptions of the policy.
2. Except for the general exclusions as stipulated in this quotation or under the final policy contract, all the case base exclusion which was mutually agreed by both parties (insurer and the policyholder or insured person) shall be legally bind under the endorsement of the insurance contract.
3. The product information which displays in this quotation document is for reference only and does not constitute any part of a contract of insurance. The full terms and conditions of the plan shall be specified in the policy contract. For further information, please kindly contact our marketing representative for further assistance.
4. The premium rates are based on the census data submitted covering age, sex, and claims experience. If the actual data is significantly different, the premium rates may be changed.
5. The above scheme is quoted on compulsory membership basis unless stated otherwise. All eligible employee and dependents (if dependent cover is provided) must be enrolled into this scheme.
6. The payment mode is on an annual basis. Non-annual premium payments will be subjected to loading.
7. Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit www.ctflife.com.hk or contact (852) 3606 9560.
8. You have the right to cancel the policy by giving no less than 31 days' prior written notice to us, however this will result in the insured persons losing their cover and you losing the remaining premium and levy (only applicable to Hong Kong policies) for that policy year. CTF Life has the right to terminate the policy i) on a premium due date with 31 days prior notice; or ii) when the policyholder violated policy terms; or iii) when there is fraud or misrepresentation by the policyholder.
9. If this Policy is on contributory basis, the Company reserves the right to terminate this Policy on any premium due date when the total number of insured Persons less than seventy-five percent (75%) of the total eligible Members.

This Policy may be cancelled at any time before the end of the Policy Year by the Policyholder by mailing written notice of cancellation to the Company not less than thirty-one (31) calendar days before the date of cancellation; A premium in accordance with the Short period premium table corresponding to the period of insurance from the current Policy Anniversary up to the date of cancellation shall be paid by the Policyholder to the Company. In the event of cancellation, if claims have been paid or are payable under this Policy during the current Policy Year, a full year of premium needs to be collected.

This Policy may be cancelled at any time before the end of the Policy Year by the Company by mailing written notice of cancellation to the Policyholder not less than thirty-one (31) days before the date of cancellation. A refund of the unearned premium corresponding to the period of insurance from the date of cancellation up to the end of the Policy Year shall be paid by the Company to the Policyholder. Cancellation shall be without prejudice to any claim arising prior to the date of cancellation.

10. i) **Premium Adjustment**
 In order to provide you with continuous protection, we will annually review and adjust the premium of your plan accordingly at the end of policy year if necessary. During the review, we may consider factors including but not limited to the following:
- claim costs incurred from all policies under this plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions;
 - your company size, years under this plan and the cost of your claims;
 - expenses directly related to the policy and indirect expenses allocated to this product.
- ii) **Product Features Revision**
 We reserve the right to revise the benefit structure, terms and conditions and/or product features, so as to keep pace with the times for medical advancement and to provide you with continuous protection.
11. We only cover the charges or expenses of the insured member on reasonable and customary basis.
Reasonable and customary means:
- (a) charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice;
 - (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
 - (c) does not include charges that would not have been made if no insurance existed.
- “Medically Necessary”** means that health services or supplies provided are determined by the Company to be:
- (a) necessary to meet the basic health needs of the insured member;
 - (b) consistent with the diagnosis of the condition;
 - (c) provided in the most cost effective manner and type of setting appropriate for the delivery of the health service; and of demonstrated medical value; and
 - (d) required for reasons other than the convenience of the insured member or his Physician.
- We may adjust any and all benefits payable in relation to any hospital/medical charges which is not a reasonable and customary charge.
12. All eligible employees enrolled in this plan must be residing in Hong Kong/Macau.
13. Applicable if medical network services are available under the plan, Medical network services are provided by network doctor. You have the right to request us for providing the list of network doctor. CTF Life shall not be responsible for any act or omission of network doctor in the provision of medical network services. CTF Life reserves the right to amend, suspend or terminate these services without further notice.
14. If any of the insured members wishes to make a claim, he/she must send us the appropriate form with relevant proof or a claim 90 days of the date the covered event happened. The appropriate claim form can be downloaded from our CTF Life Online customer service platform or obtained from the CTF Life planner. If an Insured member wishes to make an enquiry on the eligibility of a claim, claimable amount estimate and reimbursement limit before undergoing a treatment or procedure, or our service pledge on the response time to such enquiries, he/she may contact us via (852) 3606 9560.
15. The insured member will lose the cover when the following happens:
- the insured member passes away;
 - the date on which the Policy is terminated;
 - the date of the expiration of the period for which the last premium payment is made on account of the Insured Person's insurance;
 - the date on which the Insured Person enters full-time military, naval or air service;
 - the Policy Anniversary at which the insured Person attains or has attained the age of seventy (70) years;
 - the date communicated to the Policyholder by the Company as the date the Policy ceases on account of war, or on act of war, such date being determined at the discretion of the Company;
 - the date on which the Insured Member shall cease to be a Member. Cessation of Active Service by an Insured Member (or cessation of membership in good standing in the case of associations) shall be deemed to constitute the termination of his coverage under the Policy, except that while an Insured Member is temporarily on part-time employment or is absent for whatever reasons, his coverage under the Policy shall be deemed to continue until premium payments for such Insured Member are discontinued, but not for a period longer than twenty-four (24) months from the date of cessation of Active Service;
 - the date specified by the Company on which the insured Member fails to pay Shortfall amounts within a reasonable period of time as deemed by the Company.
16. We will terminate your policy and all the insured members will lose their cover when the following happens:
- you do not pay the premium within 31 days of the premium due date; or
 - the number of insured full-time employees falls below 3; or
 - the nature of the company's business changes to another nature that we shall cease to provide cover;
 - the company provides incorrect information or is unable to disclose important information regarding the insured members.
17. We reserve the right to terminate your policy and all the insured members will lose their cover when the company transfers to operate out of Hong Kong/Macau.
18. Cover renewal is based on the continuing availability of the plan to all existing policies.
19. We underwrite the plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, the insured members may lose their cover and you may lose the remaining premium and levy for that policy year.
20. The future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium rate of this plan may be revised to reflect the inflation.
21. Your current planned benefit may not be sufficient to meet the future needs of the insured members since the future cost of living may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, the insured members may receive less in real terms even if we meet all of our contractual obligations.
22. You have to disclose in this application ALL material facts, which shall form the basis of our contract, otherwise the policy issued may be void or voidable at the option of CTF Life. If you are in doubt whether a fact is material, please disclose it on the application.

Policy administration declaration

Chow Tai Fook Life Insurance Company Limited has appointed Asia Insurance Company Limited as a third-party service provider to handle matters under group medical insurance and process policy administration, claims and enquiry functions including, but not limited to, dispatching of medical cards, policy documents and members' welcome letters, and handling of member enrolment.

**For exploring our MediCorp Employee Wellness Plan ,
 please contact us at (852) 3606 9560 or visit www.ctflife.com.hk .**

CTF Life
周大福人壽

Chow Tai Fook Life Insurance Company Limited
(Incorporated in Bermuda with limited liability)