

ICLP GROUP INSURANCE

Nan Shan Life Insurance Company

2020.12.20~

GROUP INSURANCE BENEFIT SUMMARY

Note: Students who will not have reached 20 years of age upon arriving in Taiwan must purchase insurance on their own.

BENEFIT

Classification Benefit	Insurance benefit
Personal Accident	All Eligible Insured Members NT\$1,000,000
Accidental Medical Reimbursement	All Eligible Insured Members NT\$100,000/per accident
Daily Hospital Income Rider	All Eligible Insured Members NT\$1,000/per day
Outpatient Visits Rider	All Eligible Insured Members up to NT\$1,000/visit maximum 10 visits per incident, 20 visits per year (pro rata)

Insurance Period & Premium

Quarter	Period	Insurance Premium
Fall	September 20th–December 19th	NT\$2,200
Winter	December 20th–March 19th	NT\$2,200
Spring	March 20th–June 19th	NT\$2,200
Summer	June 20th–September 19th	NT\$2,200

GROUP PERSONAL ACCIDENT INSURANCE RIDER

SCOPE OF INSURANCE

During the term of the insurance, if an insured member is rendered disabled (please refer to the schedule of disability benefits for disability coverage) or dies as the result of an accident within 180 days, the insurance company shall pay insurance amount to the beneficiary.

The accident mentioned in the preceding paragraph means an external sudden incidence of injury not caused by disease.

Limitation of Benefit Payments

If an insured member is rendered disabled and died due to the same accident, the amount of benefits payable to the insured member shall be the maximum insurance amount.

Medical Items		Item No.	Degree of Disability	Disability Grading	Benefit Ratio
1 Nerve	Neuropathy (Note 1)	1-1-1	A person who is diagnosed with extreme and residual functional disorder in central nervous system, including vegetative state or requiring a ventilator connected to a tracheostomy tube, has lost the capacity of working for life, needs total aids from other person for engaging in necessary activities of daily living in order to sustain life, and often requires medical care or dedicated person's meticulous care.	1	100%
		1-1-2	A person diagnosed with residual and high degree of functional disorder in central nervous system is bedridden or cannot turn the body over, has lost the capacity of working for life and requires other person's aids in performing partial necessary activities of daily living in order to sustain life.	2	90%
		1-1-3	A person diagnosed with apparent and residual functional disorder in central nervous system has lost the capacity of working for life and is still capable of performing self-care activities of daily living necessary for staying alive.	3	80%
		1-1-4	A person diagnosed with residual functional disorder in central nervous system has medically provable, residual and stubborn neurological symptom in parts of the body, and has apparent inferior ability to work than general people.	7	40%
		1-1-5	A person diagnosed with residual functional disorder in central nervous system has medically provable, residual and stubborn neurological symptom in parts of the body but usually does not affect labor activities.	11	5%
2 Eye	Vision impairment (Note 2)	2-1-1	A person is diagnosed with loss of eyesight of both eyes.	1	100%
		2-1-2	A person is diagnosed with failure of eyesight to be less than 0.06 in both eyes	5	60%
		2-1-3	A person is diagnosed with failure of eyesight to be less than 0.1 in both eyes	7	40%
		2-1-4	A person is diagnosed with loss of eyesight in one eye, and failure of eyesight to be less than 0.06 in the other eye.	4	70%
		2-1-5	A person is diagnosed with loss of eyesight in one eye, and failure of eyesight to be less than 0.1 in the other eye.	6	50%
		2-1-6	A person is diagnosed with loss of eyesight in one eye.	7	40%
3 Ear	Hearing impairment (Note 3)	3-1-1	A person is diagnosed with total defects in the tympanic membrane in both ears, or loss of auditory function by more than 90 dB in both ears.	5	60%
		3-1-2	A person is diagnosed with loss of auditory function by more than 70 dB in both ears.	7	40%
4 Nose	Defect & dysfunction (Note 4)	4-1-1	A person is diagnosed with nasal defects causing permanent, residual and apparent dysfunction.	9	20%
5 Mouth	Chewing, swallowing & speech dysfunction (Note 5)	5-1-1	A person is diagnosed with permanent loss of chewing, swallowing or speech function.	1	100%
		5-1-2	A person is diagnosed with permanent, residual and apparent dysfunction of chewing, swallowing and speech.	5	60%
		5-1-3	A person is diagnosed with permanent, residual and apparent dysfunction of chewing, swallowing or speech articulation.	7	40%

6 Thoracic & Abdomi nal Organs	Thoracic and abdominal organ dysfunction (Note 6)	6-1-1	A person diagnosed with extreme and residual functional disorder in chest or abdominal organs has lost the capacity of working for life and often requires medical care or dedicated person's meticulous care.	1	100%
		6-1-2	A person diagnosed with residual and high degree of functional disorder in chest or abdominal organs has lost the capacity of working for life and requires other person's aids in performing activities of daily living.	2	90%
		6-1-3	A person diagnosed with apparent and residual functional disorder in chest or abdominal organs has lost the capacity of working for life but still is capable of performing self-care activities in daily life.	3	80%
		6-1-4	A person diagnosed with apparent and residual functional disorder in chest or abdominal organs can only engage in easy and convenient works for life.	7	40%
	Organ resection	6-2-1	A person has more than 1/2 of any major organ resected.	9	20%
		6-2-2	A person has the spleen resected.	11	5%
	Bladder dysfunction	6-3-1	A person is diagnosed with total loss of bladder function and does not have an artificial urinary bladder.	3	80%
7 Trunk	Spinal movement disorder (Note 7)	7-1-1	A person is diagnosed with permanent, residual and apparent spinal movement disorder.	7	40%
		7-1-2	A person is diagnosed with permanent and residual spinal movement disorder.	9	20%
8 Upper Limb	Upper limb defect	8-1-1	A person is diagnosed with wrist joint defects on both upper limbs.	1	100%
		8-1-2	A person is diagnosed with more than two defects of shoulder joint, elbow joint and wrist joint on one upper limb.	5	60%
		8-1-3	A person is diagnosed with wrist joint defect on one upper limb.	6	50%
	Disability of finger defect (Note 8)	8-2-1	A person is diagnosed with missing of five fingers on both hands.	3	80%
		8-2-2	A person is diagnosed with missing of thumbs on both hands.	7	40%
		8-2-3	A person is diagnosed with missing of five fingers on one hand.	7	40%
		8-2-4	A person is diagnosed with missing of four fingers, including thumb, index finger and any other two fingers on one hand.	7	40%
		8-2-5	A person is diagnosed with missing of thumb and index finger on one hand.	8	30%
		8-2-6	A person is diagnosed with missing of more than three fingers on one hand, including thumb or index finger.	8	30%
		8-2-7	A person is diagnosed with missing of two fingers on one hand, including thumb and any other one finger.	9	20%
		8-2-8	A person is diagnosed with missing of thumb on one hand or index finger on the other hand.	11	5%
		8-2-9	A person is diagnosed with missing of more than two fingers on one hand, including thumb and any finger other than the index finger.	11	5%
	Upper limb dysfunction (Note 9)	8-3-1	A person is diagnosed with permanent loss of functions in shoulder joint, elbow joint and wrist joint on two upper limbs.	2	90%
		8-3-2	A person is diagnosed with permanent loss of functions in two joints among shoulder joint, elbow joint and wrist joint on each of the two upper limbs.	3	80%
		8-3-3	A person is diagnosed with permanent loss of functions in one joint among shoulder joint, elbow joint and wrist joint on each of the two upper limbs.	6	50%
		8-3-4	A person is diagnosed with permanent loss of functions in shoulder joint, elbow joint and wrist joint on one upper limb.	6	50%
		8-3-5	A person is diagnosed with permanent loss of functions of two joints among shoulder joint, elbow joint and wrist joint on one upper limb.	7	40%
		8-3-6	A person is diagnosed with permanent loss of functions of one joint among shoulder joint, elbow joint and wrist joint on one upper limb.	8	30%
		8-3-7	A person is diagnosed with permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on two upper limbs.	4	70%
		8-3-8	A person is diagnosed with permanent, residual and apparent movement disorder of two joints among shoulder joint, elbow joint and wrist joint on each of the two upper limbs.	5	60%
8-3-9		A person is diagnosed with permanent, residual and apparent movement disorder of one joint among shoulder joint, elbow joint and wrist joint on each of the two upper limbs.	7	40%	
8-3-10		A person is diagnosed with permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb.	7	40%	

		8-3-11	A person is diagnosed with permanent, residual and apparent movement disorder of two joints among shoulder joint, elbow joint and wrist joint on one upper limb.	8	30%
		8-3-12	A person is diagnosed with permanent and residual movement disorder of shoulder joint, elbow joint and wrist joint on two upper limbs.	6	50%
		8-3-13	A person is diagnosed with permanent and residual movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb.	9	20%
	Finger dysfunction (Note 10)	8-4-1	A person is diagnosed with permanent loss of functions in ten fingers on both hands.	5	60%
		8-4-2	A person is diagnosed with permanent loss of functions in two thumbs on both hands.	8	30%
		8-4-3	A person is diagnosed with permanent loss of functions in five fingers on one hand.	8	30%
		8-4-4	A person is diagnosed with permanent loss of functions in four fingers on one hand, including thumb, index finger and any other two fingers.	8	30%
		8-4-5	A person is diagnosed with permanent loss of functions in thumb and index finger on one hand.	11	5%
		8-4-6	A person is diagnosed with permanent and total loss of functions in more than three fingers on one hand, including thumb and index finger.	9	20%
		8-4-7	A person is diagnosed with permanent loss of functions in more than three fingers on one hand, including thumb or index finger and any other fingers.	10	10%
9 Lower Limb	Lower limb defect	9-1-1	A person is diagnosed with defects of ankle joint on two lower limbs.	1	100%
		9-1-2	A person is diagnosed with defects of more than two joints among hip joint, knee joint and ankle joint on one lower limb.	5	60%
		9-1-3	A person is diagnosed with defect of ankle joint on one lower limb.	6	50%
	Shortening disability (Note 11)	9-2-1	A person is diagnosed with permanent shortening of more than five centimeters on one lower limb.	7	40%
	Toe defect (Note 12)	9-3-1	A person is diagnosed with missing of five toes on both feet.	5	60%
		9-3-2	A person is diagnosed with missing of five toes on one foot.	7	40%
	Lower limb dysfunction (Note 13)	9-4-1	A person is diagnosed with permanent loss of functions of hip joint, knee joint and ankle joint on two lower limbs.	2	90%
		9-4-2	A person is diagnosed with permanent loss of functions of two joints among hip joint, knee joint and ankle joint on each of the two lower limbs.	3	80%
		9-4-3	A person is diagnosed with permanent loss of functions of one joint among hip joint, knee joint and ankle joint on each of the two lower limbs.	6	50%
		9-4-4	A person is diagnosed with permanent loss of functions of hip joint, knee joint and ankle joint on one lower limb.	6	50%
		9-4-5	A person is diagnosed with permanent loss of functions of two joints among hip joint, knee joint and ankle joint on one lower limb.	7	40%
		9-4-6	A person is diagnosed with permanent loss of functions of one joint among hip joint, knee joint and ankle joint on one lower limb.	8	30%
		9-4-7	A person is diagnosed with permanent, residual and apparent movement disorder of hip joint, knee joint and ankle joint on two lower limbs.	4	70%
		9-4-8	A person is diagnosed with permanent, residual and apparent movement disorder of two joints among hip joint, knee joint and ankle joint on each of the two lower limbs.	5	60%
		9-4-9	A person is diagnosed with permanent, residual and apparent movement disorder of one joint among hip joint, knee joint and ankle joint on each of the two lower limbs.	7	40%
		9-4-10	A person is diagnosed with permanent, residual and apparent movement disorder of hip joint, knee joint and ankle joint on one lower limb.	7	40%
		9-4-11	A person is diagnosed with permanent, residual and apparent movement disorder of two joints among hip joint, knee joint and ankle joint on one lower limb.	8	30%
	9-4-12	A person is diagnosed with permanent and residual movement disorder of hip joint, knee joint and ankle joint on two lower limbs.	6	50%	
	9-4-13	A person is diagnosed with permanent and residual movement disorder of hip joint, knee joint and ankle joint on one lower limb.	9	20%	

	Toe dysfunction (Note 14)	9-5-1	A person is diagnosed with permanent loss of functions of five toes on both feet.	7	40%
		9-5-2	A person is diagnosed with permanent loss of functions of five toes on one foot.	9	20%

Note 1	1-1	<p>When determining "grade of neuropathy," Certificate of Diagnosis from specialist of Psychiatry Department, Neurology Department, Neurosurgery Department or Rehabilitation Department as well as relevant examination reports (such as Comparison between Min-Mental State Examination (MMSE), modified Rankin Scale (mRS), Clinical Dementia Rating (CDR), neurophysiological examination report, imaging of nervous system examination report and related diagnostic examination reports) shall be submitted to be used as assessment basis. The insured also may separately appoint specialists to jointly determine the grade.</p> <p>(1)“Necessary activities of daily living in order to sustain life” means food intake, going to the toilet for night soil and urine from the beginning to the end, putting on and taking off clothes, daily life, walking and taking a bath.</p> <p>(2)Having apparent disorders, including symptoms of aphasia, agnea or apraxia, as well as quadriplegia, extrapyramidal symptoms, disorder of memory, disorder of perception, emotional disorder, diminished desire and personality change; or having symptoms of paralysis, although symptom is mild and physical capacity still exists, the person who suffers from the aforesaid conditions is unable to carry out task without other person around giving instructions: Grade 3 shall apply.</p> <p>(3)Central nervous system disorder; for example: mild paralysis shown in the pyramidal tract and extrapyramidal symptoms of no perception condition as well as mild cerebral atrophy and EEG abnormalities, which can only be verified through image examination, are cases of central nervous system disorders. The aforesaid cases require examination and diagnosis of specialists in order to determine their grades.</p> <p>(4)If decadence symptoms of the central nervous system is found in a place other than the central nervous system, grading shall be determined based on the site of occurrence. However, if the disorder coexists in different places, grading shall be determined based on combined symptoms. The more severe symptom from among all symptoms is selected for grade determination.</p>
	1-2	Grading of “Balance dysfunction and hearing impairment”: Grading of co-existed hearing impairment and balance dysfunction that are caused by head injury shall be determined by combining their disorder conditions.
	1-3	<p>Grading of “traumatic epilepsy”: determined based on epileptic seizures; attention also should be paid to recurrent episodes which cause personality changes and finally lead to dementia or personality collapse, namely a state of epileptic psychosis. Grading shall be determined in accordance with the principles stated in Note 1-1. The fixed period of epilepsy symptoms shall be determined after the condition is treated by specialists and with no expectation of any medical effect, or when the condition becomes stable after being treated. Regardless of their attack patterns, grading is determined based on the following criteria:</p> <p>(1)In spite of adequate treatment, there are still one or more seizures every week: Grade 3 shall apply.</p> <p>(2)In spite of adequate treatment, there are still one or more seizures every month: Grade 7 shall apply.</p>
	1-4	Grading of “dizziness and balance dysfunction”: dizziness and balance dysfunctions after having a head trauma or due to central nervous system

		<p>impairment are not just caused by inner ear disorders. Many cases of central nervous system disorders of cerebellum, brain stem and frontal lobe are found as well. Determination of grading of the aforesaid conditions is described as follows:</p> <p>(1) Still capable of performing activities of daily living required for sustaining life, but unable to engage in any work for life due to suffering from high degree of balance dysfunction: Grade 3 shall apply.</p> <p>(2) Due to moderate balance dysfunction, physical labor capacity is apparently lower than ordinary people: Grade 7 shall apply.</p>
	1-5	Grading of "traumatic spinal disorder" is determined based on the extent of injury found in four limbs, including movement disorder, perception disorder, bowel disorder, urinary tract disorder and genital disorder. Applicable grading shall be determined by combining the aforesaid conditions according to the principles stated in Note 1-1.
	1-6	Grading of "carbon monoxide poisoning sequela": It is determined by synthesizing all sequelae of poisoning and basic judging principles for mental and neurological disorders described in Note 1.
Note 2	2-1	<p>Measurement of "Vision":</p> <p>(1) "Vision" is measured by testing corrected visual acuity using the Landolt Vision Screening Chart. However, if visual acuity cannot be corrected, uncorrected visual acuity shall be measured.</p> <p>(2) Measurement of visual disorder shall pass the "Malingering" examination if necessary.</p>
	2-2	"Blindness" means vision that is permanently lower than 0.02 on the Landolt Vision Screening Chart, including loss of eyeball, extraction of eyeball, being able to distinguish only light from shade, being able to distinguish hand motion within one meter in front of eyes, or being able to tell indices within five centimeters in front of eyes.
	2-3	Six-month treatment from the date of occurrence of the injury shall be taken as the determination basis of blindness, provided that it is not an apparent irrecoverable eye situation, such as eyeball being extracted.
Note 3	3-1	If degrees of hearing impairment for two ears are different, grading shall be determined according to impairment condition of the ear with better hearing ability.
	3-2	The measurement of hearing impairment requires the precision audiometer. The average of hearing loss rate is expressed in decibels.
	3-3	Grading of balance dysfunction caused by inner ear injury can be determined by following the grading system of neuropathy according to extent of impairment.
Note 4	4-1	"Nasal defect" means the degree of defect of more than half of nasal cartilage. Its "permanent, residual and apparent dysfunction" means occlusion of both nostrils, nasal dyspnea, being unable to be corrected or cured, or total loss of sense of smell on both sides.
Note 5	5-1	<p>Masticatory dysfunction specifically refers to the causes other than teeth (such as disorders of cheek, tongue, soft/hard palate, jawbone and temporomandibular joint). The swallowing disorder arising from esophageal stricture, tongue abnormality or throat/head controlled nerve palsy often leads to masticatory dysfunction complication. Therefore, masticatory dysfunction and swallowing disorder are combined and defined as "chewing and swallowing disorders":</p> <p>(1) "Loss of chewing or swallowing function" means being unable to make chewing or swallowing motions due to organic disorder or dysfunction. Except for liquid food, any other food cannot be ingested or swallowed.</p>

		(2)“Residual and apparent dysfunction of chewing or swallowing” means being unable to make chewing or swallowing motions leading to being unable to ingest or swallow any food except porridge, paste, or similar food.
	5-2	Speech dysfunction is caused by functional articulation disorder, vocal cord dysfunction and asyllabia other than dental injury: (1)“Loss of speech” means the dysfunction in articulating three or more of the four sounds which contribute to the speech, including the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds. (2)“Residual and apparent speech dysfunction” means a dysfunction in articulating two or more of the four sounds which contribute to the speech, including the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds. A. Bilabial: ヱヱㄩ (points of articulation: Lips) B. Labiodental: ㄩ (points of articulation: Lips and teeth) C. Apical consonant: ヱ去ろカ (points of articulation: Tip of the tongue and gums) D. Velar: ㄩㄩㄩ (points of articulation: Root of tongue and soft palate) E. Front palatal: ㄩㄩㄩ (points of articulation: Dorsum and hard palate) F. Retroflex: ㄩㄩㄩ (points of articulation: Tip of the tongue and hard palate) G. Alveolar: ㄩㄩㄩ (points of articulation: Tip of the tongue and upper gum)
	5-3	Due to residual and apparent asyllabia, expressions only presented in words cannot be understood thoroughly by the other party. The grading for “residual and apparent speech dysfunction” can be applied for the aforesaid condition.
Note 6	6-1	Thoracic & abdominal organs: (1)Thoracic organs include heart, pericardial sac, aorta, trachea, bronchus, lung, pleura and esophagus. (2)Abdominal organs include stomach, liver, gallbladder, pancreas, small intestines, large intestines, mesentery, spleen and adrenal gland. (3)Urinary organs include kidney, ureter, bladder and urethra. (4)Genital organs include internal genitalia and external genitalia.
	6-2	1.Any major organ having more than 1/2 of its part resected refers to heart, lung, esophagus, stomach, liver, pancreas, small intestines, large intestines, kidney, adrenal gland, ureter, bladder and urethra. 2.Recognition criterion of the aforesaid "more than 1/2" is subject to resection of one side of symmetrical organs and resection of two lobes of the lung.
	6-3	Grading of thoracic and abdominal organ disorders: Symptoms of residual thoracic and abdominal organ dysfunctions need to be consolidated for measurement. Grading on conditions which permanently affects activities of daily living and requires other person's aid shall be determined by following the basic grading principles of neuropathy.
	6-4	"Total loss of bladder function" means permanent urination through an opening in the abdominal wall or long-term urinary catheterization (including ileum conduit, Kock pouch and ureterostomy).
Note 7	7-1	For residual spinal disorder, if neuropathy coexists with the disease, all symptoms shall be consolidated in order to determine grade of residual spinal disorder. For different grades of the aforesaid diseases, the disease with highest severity shall prevail.
	7-2	Diagnosis of spinal movement disorder shall be made only through X-ray examination. If apparent fracture, dislocation or deformation is diagnosed, determination of grading shall be made according to the following provisions: (1)"Residual and apparent movement disorder" means 4 vertebral bodies and

		<p>3 intervertebral discs or more are continuously fixed on the spinal column, and loss of more than 1/2 of the physiological range of motion.</p> <p>(2)"Residual movement disorder" means 4 vertebral bodies and 3 intervertebral discs or more are continuously fixed on the spinal column, and loss of more than 1/3 of the physiological range of motion.</p> <p>(3)Unapparent spinal movement limitation or the spinal column has 3 fixed vertebral bodies and 2 intervertebral discs or less are not included within the scope of benefits.</p>
Note 8	8-1	<p>"Missing finger" means:</p> <p>(1)For the thumb, it is cut off at the interphalangeal joint.</p> <p>(2)For other finger, it is cut off at the proximal interphalangeal joint.</p>
	8-2	If function of a finger remains a permanent total loss after surgery, the condition shall be considered as a missing finger. The same provision shall apply to toes.
	8-3	When cutting off the hallux and bonding it to the thumb, if the original defect of the thumb already meets disability criteria, the thumb is still regarded as a missing finger even if its function is completely normal after the bonding. However, the self-cut hallux is not included within the scope of benefits.
Note 9	9-1	<p>"Permanent loss of functions of shoulder joint, elbow joint and wrist joint on one upper limb" means the total disuse of one upper limb as described in the following:</p> <p>(1)Complete tetanus or complete paralysis of shoulder joint, elbow joint and wrist joint on one upper limb, and five fingers of the said hand permanently lose functions.</p> <p>(2)Complete tetanus or complete paralysis of shoulder joint, elbow joint and wrist joint on one upper limb.</p>
	9-2	<p>"Permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb" means the residual and apparent movement disorder of various joints on one upper limb as described in the following:</p> <p>(1)Permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb, and five fingers of the said hand permanently lose functions.</p> <p>(2)Permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb.</p>
	9-3	<p>The criteria for determining grade of joint dysfunction based on physiological range of motion are provided as follows:</p> <p>(1)"Loss of function" means the joint is in a state of complete tetanus or complete paralysis.</p> <p>(2)"Apparent movement disorder" means loss of 1/2 or more of the physiological range of motion.</p> <p>(3)"Movement disorder" means loss of 1/3 or more of the physiological range of motion.</p>
	9-4	<p>Determination of movement limitation:</p> <p>(1)It is subject to the physiological range of motion of each joint. When cause and extent of functional (movement) disorder are apparent, active movement of motion range shall be adopted. However, if degree of disorder is uncertain, it shall be determined by referencing possible motion range of passive movement.</p> <p>(2)If the affected part is fixed by gypsum, the degree of recovery shall be considered after healing for making appropriate decision.</p>
	9-5	See the following Diagram for names of joints of upper and lower limbs as well as physiological range of motion.

Note 10	10-1	<p>“Permanent loss of finger functions” means:</p> <p>(1)For the thumb, loss of 1/2 or more of the physiological range of motion of middle finger joint or interphalangeal joint</p> <p>(2)For other finger, loss of 1/2 or more of the physiological range of motion in middle finger joint or proximal interphalangeal joint</p> <p>(3)Cutting off half or more of the distal segment of the thumb or any other finger.</p>
Note 11	11-1	Determination of the lower limb shortening shall be made by comparing the length of anterior superior iliac spine and lower end of medial malleolus on the affected side with the lower limb on the healthy side to measure the extent of the shortening condition.
Note 12	12-1	“Missing toe” means cutting off at the middle toe joint leading to total defect of a toe.
Note 13	13-1	<p>“Permanent loss of functions of shoulder joint, elbow joint and wrist joint on one lower limb” means total disuse of one lower limb as described in the following:</p> <p>(1)Complete tetanus or complete paralysis of the three major joints on one lower limb, and five toes of the said foot lose functions.</p> <p>(2)Complete tetanus or complete paralysis of the three major joints on one lower limb.</p>
	13-2	Determination of “loss of functions,” “apparent movement disorder” or “movement disorder” of lower limbs shall be made by referring to the provisions for the upper limb.
Note 14	14-1	<p>“Permanent loss of functions of toes” means meeting one of the following conditions:</p> <p>(1)The toe end of the first toe has been cut off by half or more, or loss of half or more of the physiological range of motion of middle toe joint or possible movement range of the toe joint.</p> <p>(2)In the second toe, the part above end joint has been cut off, or loss of half or more of the physiological range of motion in middle toe joint or first toe joint.</p> <p>(3)In the third, fourth and fifth toes, it means the part above end joint has been cut off, or middle toe joint and first toe joint are in a state of complete tetanus.</p>
Note 15	15-1	Determination of permanent loss of functions and various residual disorders shall be made based on results of six-month treatment with fixed symptom afterwards but having no expectation on therapeutic effects after taking re-treatment from the date of occurrence of the insured’s accidental injury. Nevertheless, the provision shall not apply for conditions of the injury which can be determined immediately.

EXCLUSIONS (Causes)

If the insured member’s death, disability or injury results from any of the following events, no benefit shall be payable.

1. Intentional act of the applicant or the insured member.
2. The insured’s criminal action.
3. The insured member drives or rides under the influence of alcohol, and that the exhalation or blood test results showed an alcohol level higher than the standard prescribed in relevant traffic regulations.

4. War (declared or undeclared), civil commotion or any other similar riots, unless otherwise prescribed in this Rider.
5. Explosion, scorch, radiation or contamination caused by atomic or nuclear installation, unless otherwise prescribed in this Rider.

If the insured member is injured or becomes disabled due to the reason prescribed in Exclusion (1) (excluding the intentional act of the insured member), the insurance company shall pay the Disability Benefit.

UNINSURABLE EXCEPTIONS

No benefit shall be payable to the insured member if he/she dies, becomes disabled, or is injured due to the following activities:

1. Wrestling, judo, karate, Tae Kwon Do, horsemanship, boxing, acrobatics or similar kind of competitions or performances activities; or
2. Racing or performing on wheels, or similar kind of competitions or performances.

Supplemental Provisions for “Major Burn Benefits”

SCOPE OF INSURANCE

If an insured member sustains major burns as the result of an accident prescribed in this Rider within 180 days after the occurrence of such accident, the insurance company shall pay the Major Burn Benefit.

PAYMENT OF MAJOR BURN BENEFIT

Where the insured suffers a level two burn that covers over 20% of his/her body surface, or a level three burn with a total area exceeding 10% of his/her body surface or a facial burn with impairment in eyes, ears, mouth, nose, and tongue, the insurance company shall pay 25% of the major burn insurance benefit based on the insured amount of the insured.

LIMITATIONS

The total amount paid under the Supplemental Major Burn Benefit and under other insurance policies, riders, supplemental benefits provisions with major burn coverage for which an insured may apply shall not exceed NT\$2,500,000, and shall be once only.

GROUP MEDICAL REIMBURSEMENT INSURANCE

SCOPE OF INSURANCE

If the insured member is injured in an accident and receives treatment in a duly registered hospital or clinic within 180 days after the occurrence of such accident, the insurance company shall reimburse the insured for the actual expenses exceeding the amount covered under the National Health Insurance by paying "Accident Injury Medical Benefits."

The amount payable for the same accident shall not exceed the "maximum reimbursement for actual medical expenses" stated on this policy.

The "injury" herein shall mean non-disease related accident injuries.

EXCLUSIONS (Causes)

If the insured member's death, disability or injury results from any of the following events, no benefit shall be payable.

1. Intentional act of the applicant or the insured member.
2. The insured's criminal action.
3. The insured member drives or rides under the influence of alcohol, and that the exhalation or blood test results showed an alcohol level higher than the standard prescribed in relevant traffic regulations.
4. War (declared or undeclared), civil commotion or any other similar riots, unless otherwise prescribed in this Rider.
5. Explosion, scorch, radiation or contamination caused by atomic or nuclear installation, unless otherwise prescribed in this Rider.

If the insured member is injured due to the reason prescribed in Exclusion (1) (excluding the intentional act of the insured member), the insurance company shall pay the benefit.

UNINSURABLE EXCEPTIONS

No benefit shall be payable to the insured member if he/she dies, becomes disabled, or is injured due to the following activities:

1. Wrestling, judo, karate, Tae Kwon Do, horsemanship, boxing, acrobatics or similar kind of competitions or performances activities; or
2. Racing or performing on wheels, or similar kind of competitions or performances.

GROUP DAILY HOSPITAL INCOME RIDER

SCOPE OF INSURANCE

During the term of this Rider, if an insured member's sickness or injury requires medical treatment in a hospital, and is hospitalized, the insurance company shall pay the Daily Hospital Income Benefit according to this Rider. The payment for such benefit shall be limited to 365 days per hospital confinement.

BENEFIT

1. For the same and continuous hospital confinement, if the number of days of confinement is 30 or less, the Daily Hospital Income Benefit = (Per day insured amount) x (the number of days of confinement).
2. For the same and continuous hospital confinement, if the number of days of confinement is between 31 and 90, the Daily Hospital Income Benefit = (Per day insured amount) x (30 + (the number of days of confinement - 30) x 1.25).
3. For the same and continuous hospital confinement, if the number of days of confinement exceeds 91, the Daily Hospital Income Benefit = (Per day insured amount) x (30 + 60 x 1.25 + (the number of days of confinement - 90) x 1.5).

EXCLUSION

If an insured member's sickness or injury requires medical treatment in a hospital while performing the following acts, no benefit shall be payable.

1. Intentional act of insured member (including suicide or attempted suicide).
2. Committing a crime.
3. Illegal use of any drug defined in drug prevention regulations.

If an insured member's requires inpatient medical treatment while performing the following acts, no benefit shall be payable.

1. Cosmetic surgery, plastic surgery.
2. Congenital deformity visible in the appearance.
3. Health examination, convalescence or sanitary care.
4. Pregnancy, miscarriage or natal delivery, but except as follows cause;
 - (1) Pregnant relevant disease :
 - a. Extrauterine pregnancy
 - b. Hydatidiform mole
 - c. Placenta praevia
 - d. Abruptio placentae
 - e. Post partum hemorrhage
 - f. Preeclampsia
 - g. Eclampsia
 - h. Atrophic embryo
 - i. baby chromosome abnormality

- (2) Induced abortion which is deemed necessary due to the following reasons;
 - a. Dysgenic inherent, contagious, or psychological illness of the insurance member or his/her spouse;
 - b. Dysgenic inherent illness of the relative of his/her spouse within 4th degree of kinship;
 - c. Pregnancy and childbirth which has been deemed medically harmful to life or physical or mental health for the insured member;
 - d. The fetus has been believed to be deformed with sufficient medical evidence; and
 - e. Pregnancy resulting from rape, seduction, or sexual intercourse with person with whom the insured member is not legally permissible to marry.
- (3) Caesarian Section which is deemed medically necessary, including:
 - a. Prolonged or Ineffective Labor: already proceed sufficient induced labor, but the incubation of first stage of labor is too long (over than 14 hours –multipara; over than 20 hours – nullipara), or there no further expand on the active uterine opening for more than 2 hours in first stage, or fetal head still do not descend over than 2 hours in second stage of labor.
 - b. Fetal distresses, which indicate following conditions:
 - (I) Without uterine contractility, the fetal heart rate has continued to be more than 160 beat/min or less than 100 beat/min; or the fetal heart rate is less than basal heart rate 30 beats per minute for over 60 seconds.
 - (II) PH of the fetal epicranium is less than 7.20.
 - c. Cephalopelvic disproportion, which indicate following conditions:
 - (I) Oversize of the fetal head (fetal head is over than 37 cm)
 - (II) Giant baby displayed by fetal ultrasound screening (fetal weight is over than 4000 g)
 - (III) Deformed, and narrow pelvis (internal pelvic opening is less than 10 cm or middle pelvis is less than 9.5 cm) confirmed by pelvic A-P radiography
 - (IV) Pelvic tumor (include lower level uterine tumor, the cervix tumor, and pelvic tumor which will compress and block the birth canal) which will affect production.
- (4) Malpresentation
- (5) Multiple births
- (6) While the cervix do not open completely and the umbilical cord is coming off
- (7) More than twice (contain) stillbirth (pregnant for over than 24 weeks, fetus weights over than 560 g)
- (8) Delivery-related diseases:
 - a. Placenta previa
 - b. Pre-eclampsia and eclampsia
 - c. Placental abruption
 - d. Early water break (or Premature rupture of membrane) for over than 24 hours and complicated with infection
 - e. Maternal heart and lung diseases:
 - (I) Severe arrhythmia, and attached with diagnostic certificate of heart specialty or should undergo C-section confirmed by ECG examination.
 - (ii) Identified as grade III or grade IV heart disease by heart and lung functional classification adopted by Department of Cardiology, and attached with diagnostic certificate.
 - (iii) Severe emphysema, and attached with diagnostic certificate from specialty of Division of

Chest.

5. Infertile, artificial incineration or birth control and permanent pregnancy prevention other than for medical treatment purposes.

Supplemental “Indemnity for Home Recuperation Benefit”

Insurance payout

If, due to the illness or injury sustained, the insured member is diagnosed to require inpatient treatment and has received such treatment, the insurance company shall pay the “Home Recuperation Insurance Payout” based on the following criteria:

1. If the insured should be hospitalized due to major injury/disease (Note 1), the insurance company shall issue payout based on the actual number of days of hospitalization times the amount of “Home Recuperation Insured Payout” the insured has subscribed.
2. In the instance of a first time hospitalization, despite the actual number of days of hospitalization of the “same stay” has not exceeded thirty (30) days, the insurance company would still issue payout at thirty times the “Home Recuperation Payout” the insured has subscribed.
3. In the instance where the insured has been hospitalized other than for major injury/disease, upon being discharged from the hospital, the insurance company shall issue payout based on the actual number of days of hospitalization times the “Home recuperation insurance payout” the insured has subscribed.
4. In each policy year, the cumulative total of the “Home recuperation insurance payout” the insurance company issues shall be limited to one hundred (100) times the amount of “Home Recuperation Payout”.

GROUP OUTPATIENT VISITS RIDER

SCOPE OF INSURANCE

During the term of this Rider, the Company shall pay for “outpatient insurance benefits” pursuant to the provisions of this Rider if the Insured receives outpatient care from hospital or clinics due to the injuries or illness defined in Article 2 of this Rider.

DEFINITION

During the term of this Rider, if the Insured receives outpatient care from hospital or clinics due to injuries or illness defined in Article 2, the Company shall pay the “outpatient insurance benefits” in the amount charged by such hospital or clinics for the medical services provided (including the cost of diagnoses, prescriptions, medications, examinations, or X-rays). The maximum amount payable for each outpatient visit shall not exceed the amount of “outpatient insurance benefit” as defined in the enrollment application, provided that such outpatient visit shall be limited to once per day, and 10 times per insured incident.

LIMITATIONS

The maximum times of benefits payable for each insured during each policy year shall not exceed the “maximum times of benefits payable each year” as prescribed in the Group Insurance Benefit Summary. If the insured member is enrolled in during the policy year, the number of benefit payments allowed during the remainder of the policy year shall be calculated on a pro rata basis.

EXCLUSIONS

If the insured member’s sickness or injury and requires outpatient cares while he is performing the following acts, no benefit shall be payable.

1. The insured member's intentional behavior (including suicide and attempted suicide).
2. The insured member's criminal behavior.
3. Unlawful use of narcotics.

No outpatient visit benefit shall be payable if the insured member receives outpatient cares in any hospital for the following reasons:

1. Cosmetic surgery or plastic surgery, unless necessitated due to an accident injury.
2. Congenital deformity visible in the appearance;
3. Periodical or non-periodical health exams;
4. Dental examinations, dentures, fillings, or endodontic treatment (unless necessitated due to any accident defined in this Agreement).
5. The installment of dentures, artificial limbs, artificial eyes, glasses or other adjunct unless necessitated by injury caused by an accident, which is allowed only once.
6. Pregnancy, miscarriage or natal delivery. However, the following shall not be subject to this limitation: therapeutic or symptomatic miscarriage during the gestation period, placental displacement, gestational sepsis, premature placental separation, post-natal hemorrhage, early epileptic symptoms, epileptic symptoms and the like; and miscarriage as a result of accidental injury or necessary induced miscarriage through medical intervention.

7. Sterility, artificial insemination, or other contraception, sterilization surgeries with no purpose of treatment.

The insurance company shall not pay for any medications which are not purchased pursuant to the prescriptions.