

A photograph of three business professionals in an office setting. A woman on the left is seated at a desk, smiling and looking towards the camera. A man in the center is standing, leaning forward, and smiling. A man on the right is seated, also smiling. They are all dressed in business attire. The background shows a modern office with large windows and glass partitions.

Employee Benefits Manual

Group Life Insurance
Group Permanent Total Disability Insurance
Group Accident Insurance
Group Health Insurance
Health Insurance Services

AYUDHYA
Allianz  **C.P.**

Introduction

Welcome to our Group Insurance Benefits programme. Please refer to your Master Group Insurance Policy for full details of your entitled benefits and coverage. This manual is a summary of benefits made for your convenience only.

Please study this manual carefully so that you understand general conditions of each coverage, how to use the health card and how to file for claims.

For more information, please contact

Your Human Resources office or
Ayudhya Allianz C.P. Customer Call Center Tel. 1373
Hours of Service Monday-Friday 08:00-20:00 Hrs.
Saturday-Sunday 09:00-17:00 Hrs.
(Except public holidays)



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Ayudhya Allianz C.P.

Focused on delivering excellent service

Definitions

The Company

Ayudhya Allianz C.P. Life Pcl.

The Insured

Organizations or individuals named as policy holders who provide insurance for the benefit of the insured.

Member entitled to join

The person who possesses the qualifications as specified in the policy schedule, and has the right to join the insurance scheme under this policy.

Substances

The benefits and coverage depends on your benefits stated in your Group Insurance Master Policy. In general, group insurance usually provides the following benefits:

- Group Term Life Insurance
- Group Permanent Total Disability Insurance
- Group Accident Insurance
- Group Health Insurance: In-Patient (IPD)
- Group Health Insurance: Out-Patient (OPD)
- Group Dental Treatment Insurance

Group Term Life Insurance

Coverage:

The coverage provides a 24-hour worldwide protection for loss of life from both illness and accident, both during and outside of the office hours. The full sum assured amount shall be paid to the designated beneficiary of the insured.

Exclusions for Group Term Life

- Committed suicide within one year after the member effective date.
- Murder by beneficiary



Offers peace of mind for you
in the unanticipated event

Group Permanent Total Disability Insurance

Coverage:

Subject to the terms of Group Permanent Total Disability Rider and while this Rider remains in force, the Company shall pay a benefit equal to the Assured Amount as specified in the Schedule of Benefits if the injury or sickness sustained by the Insured become permanent total disability, which must persist for not less than 180 consecutive days, and is not be able performing any usual occupational work or engaging in any other occupation entirely and permanently.

Exclusions for Group Permanent Total Disability

This Rider shall not cover any loss or damage resulting directly or indirectly, entirely or partially, from any of the following causes or occurring in any of the following events:

1. War (declared or undeclared), invasion or acts of a foreign enemy, a civil war, a revolution, a rebellion, a civil disorder assuming the proportions of, or amounting to, a popular rising against the government, a riot, a strike or acts of terrorists.
2. Whilst the Insured is boarding, alighting from, or being a flyer, or a passenger, of an aircraft not registered for carrying passengers and not operated by a commercial airline.
3. A self-inflicted injury or an attempt to commit such an act, while sane or insane.
4. Commission of, or attempt to commit, a criminal offense, or defying officers' arrest except for petty offences or offences committed by negligence.
5. Pre-existing disability, for which the Insured has received medical treatment, diagnosis measures, consultation, or taken prescribed drugs within 90 days from the effective date except where the Insured has been insured under this Rider for a period of 12 months.



Offers peace of mind for you
in the unanticipated event

Group Accident Insurance

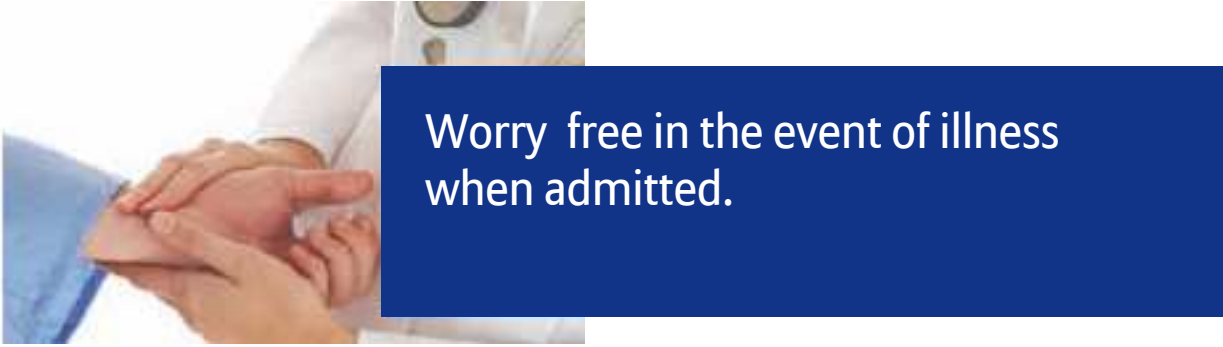
Coverage:

Under the terms of the Group Accident Rider and while this Rider remains in force, if any bodily injury caused directly by a severe external bodily accident, and evidenced by external bodily bruises or wounds, except for drowning or internal wounds discovered through a biopsy, results in loss of life, or loss of an organ (s) and sight to the Insured within 180 days from the date of the accident, or an injury resulting in the Insured having to be treated on a continual basis as an injury at any time, the Company will pay a benefit as specified in the Schedule of benefits.

Exclusions for Group Accident Insurance

This Rider shall not cover any loss or damage resulting from any of the following causes or occurring in any of the following events:

1. Murder or assault with intent.
2. War (declared or undeclared), invasion or acts of a foreign enemy, a civil war, a revolution, a rebellion, a civil disorder assuming the proportions of, or amounting to, a popular rising against the government, a riot, a strike or acts of terrorists.
3. Whilst the Insured is hunting in a forest, taking part in any type of a car race or boat race, horse-racing, skiing or taking part in a skiing contest of any kind including jet skiing, skating contest, boxing, parachuting (except to save life), boarding or alighting from, or being a passenger in a balloon, or a glider; whilst doing bungee jumping, mountaineering or mountain climbing which requires a climbing device; diving which requires an oxygen tank and an underwater breathing apparatus.
4. Whilst the Insured is boarding, alighting from, or being a flyer, or a passenger of, an aircraft not registered for carrying passengers and not operated by a commercial airline.
5. A suicide, or self-inflicted injury or an attempt to commit such an act, while sane or insane.
6. When the Insured commits a crime or while being arrested or escaping an arrest.
7. Nuclear weapons, radiation from nuclear fuel or from any nuclear waste caused by burning of nuclear fuel and from any nuclear fission process.



Worry free in the event of illness
when admitted.

Group Health Insurance: In-Patient (IPD)

Coverage:

The coverage provides for expenses from medically necessary treatment when admitted for a continual period of not less than 6 hours in licensed hospitals nationwide due to injury or illness.

Eligible benefits will be actual expenses incurred and up to maximum benefits stated in benefit schedule and according to terms and conditions of the policy.

Hospitalization on more than one occasion due to same cause or complications of the same disease, with the interval between each occasion of not more than 45 days, shall be treated as one and the same hospitalization.

Details of the In-Patient Benefits

Payable benefits derived from necessary, reasonable and actual expenditures in medical treatment whilst under this insurance coverage are:

Room & Board

The Company will pay for the room and food which is provided by the hospital for the in-patient patients for the actual amount the Insured has paid to the hospital. However, this must not be higher than the benefits per day recorded in the specified benefit table. The Company will not pay more than the maximum days allowed as stipulated in the benefit table for each hospitalization. In the case that the Insured must be treated in the Intensive Care Unit (ICU), the Company will pay for the room and the food per day according to the Insured has actually paid but it will not be more than twice the stipulated benefit table allowed for room and food provisions. The Company will not pay more than the maximum days allowed for the treatment of patients in the Intensive Care Unit (ICU), as stipulated in the benefit table for each hospitalization. The total number of days the Insured received treatment in the Intensive Care Unit (ICU) and in a hospital-room, as an in-patient must not exceed the maximum room and food costs, as stipulated in the benefit table for each hospitalization.

Other Medical Expenses

During the time the Insured stays in the hospital to recover – as an in-patient, the Company will pay for fees charged by the hospital for regular in-patients, as follows:

- Services for general care and medications prescribed for the illnesses causing the Insured to be hospitalized. The medications are to be used while the Insured stays in the hospital.
- Wound stitching and caring costs, casting, except for auxiliary crutch and equipment.
- Physical therapy
- X-rays, EKG and laboratory tests necessary for the diagnostics of such illnesses.
- Fees for administering treatment intravenously.
- Fees for blood or plasma transfusion, not including blood or plasma.
- Ambulance fees for getting to or coming from the hospital per any one time of hospitalization. The company will pay to the insured the actual amount he/she has paid, but not to exceed the rate of one day of room and food benefits per trip.
- Surgery room and equipment
- Anesthetic

The Company will reimburse the Insured for the actual expenditures but the total amount will not exceed the amount stipulated under “Others” in the benefit table per each time of hospitalization.

Surgical Fees

The Company will pay cost incurred for ‘Surgical Fees’ and ‘Minor Surgical Fees’ up to the actual amount paid by the insured, but not exceeding the maximum amount stipulated in the Schedule of Benefits per hospitalization at any one time.

Specialist Consultations

The Company will reimburse the Insured for the actual consultation fee in the case that the Insured has been treated as an in-patient but the amount will not exceed the amount stipulated in the benefit table.

Physician Visitations

The Company will reimburse the Insured for the actual physician visitation fees in the case that the Insured has been treated as an in-patient but the amount will not exceed the amount stipulated in the benefit table per one time and will not exceed the maximum visits stipulated in the benefit table or not to exceed the number of days of hospitalization, depending on which is less in each hospitalization.

Emergency Treatment as a result of Accidents

The Company will reimburse the Insured as an outpatient if the insured was in an accident and was cared for in the outpatient Emergency Room of the hospital or clinic within 24 hours after the accident. The Company will reimburse the insured for the actual amount of treatment fee continued from the same accident. But it will not exceed the amount stipulated for “Emergency Treatment Fee as a result of Accidents” in the benefit table.

Group Health Insurance: Out-Patient (OPD)

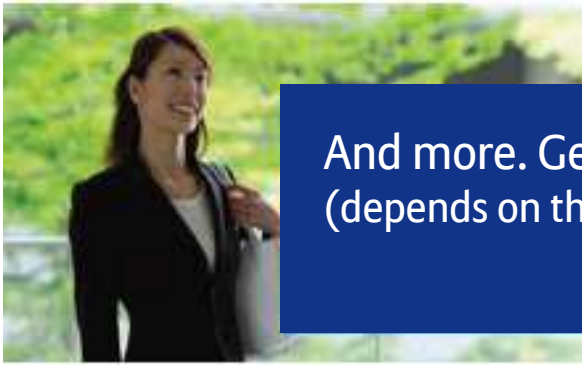
By this endorsement, it has been agreed that if the Insured is injured or is ill and has to be treated as an Out-Patient of a hospital or clinic, the Company will reimburse to the Insured the actual amount of fee for the treatment not exceeding 1 treatment per day. However, it must not exceed the amount stipulated in the benefit table per visit and it must not exceed 30 times per year.

Exclusions for Group Health Insurance

This supplement does not cover any benefit payment for the following causes, incidences nor expenses:

1. Any acts of the Insured under intoxication or drugs that he/she cannot control him/herself.
2. Self-battery or self-assault attempts.
3. During the period of time that the Insured participates in an affray, or provoking or encouraging affray.
4. During the period of time that the insured performs as a soldier, police, or volunteer in a war, or warlike, or suppression. In this case, if the insured has performed such duties for a continuing period longer than 30 days, the Company will return group health insurance premium to the insured for the period he/she was on such duties.
5. During the period of time that the Insured commits a serious crime or being arrested because of such crime.
6. Wars (either declared or not declared), invasions or foreign enemy acts, civil wars, revolutions, rebellions, disturbance of citizen's uprising against the government, riots, strikes, terrorists' acts.
7. Pregnancy, abortions, birth giving or side effects of pregnancy, including sterilization or treatment for infertility, treatment for corporal imbecility in male or female.
8. Optical treatments, plastic surgeries or cosmetic surgeries, or treatment of acne, freckles, dandruff, hair-loss, selective examinations or surgeries.

9. Examinations or treatment abnormal conditions from birth, or abnormal development of organs or body structures, except for the case that such condition is first seen and diagnosed by the physician when the insured is 16 years of age. He/she will be covered under this supplement for a period not less than 1 year.
10. Dental treatment or surgeries, except it is necessary since it is caused by accidents. However, this does not include dentures, crowning and treatment of root canals.
11. Treatment caused by abnormal mental or nervous conditions, stress, alcoholism or drug addictions.
12. Special care by nurses, general physical check-up, recuperation, treatment of weaknesses or treatment by sanatorium care, other services which are not medical related concerns such as telephone services, televisions, radios, and other like.
13. Existing illnesses or injuries which the insured has been treated for, consulted or medicine prescribed to during the 90-day period before this supplement is effective, except that the Insured has been insured under this supplement for a continuation period of 12 months.



And more. Get Dental Treatment Coverage.
(depends on the coverage plan)

Group Dental Treatment Insurance

Coverage:

While the Rider for Dental Treatment Coverage remains in force and the Insured must receive any dental treatment in a hospital or clinic pursuant to the necessary medical treatment, when the Company receives and approves the evidence of such treatment, the benefit payment for those expenses on dental treatment pursuant to the actual amount paid by the Insured shall be made by the Company to the Insured, but the whole payment shall not exceed the maximum benefits per each anniversary year of policy as stated in the Schedule of Benefits. The dental services as stated in the list of Benefits include:

- Dental treatment in relation to tooth extraction, filling and scaling.
- Examination of oral cavity or examination by X-Ray as a partial diagnosis for tooth extraction, filling and scaling.

Exclusions for Group Dental Treatment

This Rider shall not cover any dental treatment or expenses or benefits incurred either directly or indirectly, wholly or partially, due to any of the following causes:

1. Illness or injury or dental treatment that the Insured has received, been advised, diagnosed or treated during 90 days prior to the effective date of this Rider, except the Insured is protected under this Rider for 12 consecutive months.
2. Tools and durable supplies used for teeth, e.g. teeth strengthening tools, tooth retainer, mouth guard, artificial root, denture, dental crowns, tools preventing bruxism, tools reducing sleep apnea.
3. Treatment about gum, periodontitis, tooth scaling, tooth whitening, tooth surface coating, veneers, sealant, fluoride coating, orthodontic dentistry and aesthetic dentistry.
4. Other expenses incurred during any operating steps relating to teeth and dental organs that are not stated in Clause 2 of the List of Benefits of this Rider.



Health Insurance Services

Insured can receive claims service for In-Patient and Out-Patient in 2 ways

1. Using Group Insurance Member Card issued by Ayudhya Allianz C.P. Life Pcl.

▪ Guidelines for using Group Insurance Member Card



The Group Insurance Member Card issued by Ayudhya Allianz C.P. Life Pcl. can only be used at medical centers that have contracts with the Company. The card can be used for in-patient and out-patient treatments and must be presented along with the holder's identification card or driver's license.

▪ The right to use the Group Insurance Member Card

Employees that are under Group Health Insurance policy of Ayudhya Allianz C.P. Life Pcl. scheme.

- Those who are no longer an employee shall cease to have this right as from the date of leaving the employment and must immediately return the Group Insurance Member Card to the Human Resources department.
- The right to use Group Insurance Member card is not transferable.

▪ Benefits of using the Group Insurance Member Card

- The Group Insurance Member Card is provided so that insured does not have to pay for medical treatments that are provided in their benefits plan.
- The Group Insurance Member Card is useable at medical centers that have contracts with the Company. In case the cost of treatments exceed the benefits provided, the Insured must pay for the excess amount to medical centers themselves.

▪ How to use the Group Insurance Member Card

- The Insured must present the Group Insurance Member Card along with his/her identification card at the hospital counter before receiving treatment.
- After receiving treatment, the Insured should check the details of treatment and expenses and, if in order, he/she shall sign to acknowledge the invoice before leaving the hospital.

▪ Terms and condition

- Medical expenses incurred by the Insured will be covered as actual up to his/her entitled maximum benefits stated in the Group Insurance master policy. In the unlikely event that the cost of treatment exceeds the Insured eligible benefits or incurs from ineligible benefits, the Insured will be responsible for those costs.
- For those whose coverage has been terminated for any reasons or allowed other persons to use the Group Insurance Member card, member will be responsible for any cost arising from misuse of the card.
- Please inform your Human Resources department if your card is lost or damaged. The Human Resources department shall then inform the Company in writing to request for replacement cards.

2. Not using the Group Insurance Member Card (pay first)

The Insured may receive treatments as stated in their insurance plans at all certified government and private hospitals in Thailand. They shall pay for the cost of treatment and submit the necessary documents to request for claims payment. The procedures are as follow:

▪ In-patient - admittance at a hospital for not less than 6 hours

1. Downloads the In-patient Claims Form (IPD) from www.aacp.co.th or request from your Human Resources Department, fill in the form giving details of the information for the Insured, policy number which shows on the Group Insurance Member Card, illness or accident and sign the form.
2. Request the doctor who treated you to fill in the Doctor's Report at the back of the claims form. He/She will fill in his/her credentials, medical licence number, affix the hospital stamp and sign his/her name.
3. Submit the completed form along with the original receipt with details of expenses such as room, medicine, surgical fees, etc. to your Human Resources Department. The HR Department will then send this to the Company.

- **Out-patient - treatments without having to be admitted at the hospital**

1. Downloads the Out-patient Claims Form (OPD) from www.aacp.co.th or request from your Human Resources Department, fill in the form giving details of the information for the Insured, policy number which shows on the Group Insurance Member Card, illness or accident and sign the form.
2. Request the doctor who treated you to fill in the Doctor's Report at the back of the claims form. He/She will fill in his/her credentials, medical licence number, affix the hospital stamp and sign his/her name.
3. Submit the completed form along with the original receipt with details of expenses such as medicine, wound dressing, etc. to your Human Resources Department. The HR Department will then send this to the Company.

How to make claim Emergency Accidental Outpatient Treatment

The Insured may receive treatments for Emergency Accidental Outpatient Treatment, within 24 hours of the accident at all certified government and private hospitals in Thailand. They shall pay for the cost of treatment and submit the necessary documents to request for claims payment. The procedures are as follows:

1. Hospital original receipts (It is recommended that you submit all receipts related to the same injury together)
2. Attending Physician's Report indicates detail of accident, detail of injury, date and time of accident or fills out on the back of form AI/PA/IPD
3. Police report (If any) and other supportive documents
4. Downloads the In-patient Claims Form (AI/PA/IPD) from www.aacp.co.th or request from your Human Resources Department, fill in the form giving details of the information for the Insured, policy number which shows on the Group Insurance Member Card etc. and submit the completed form to your Human Resources Department. The HR Department will then send this to the Company.

Please inform your Human Resources Department should you encounter any problem at any hospitals in AyudhyaCare Network, state the following

1. The name of the hospital
2. The name of the hospital staff
3. The date that you contacted the hospital and details of the problem

**During emergencies, should you encounter any problem at any of the hospitals under our Ayudhya Care Network and if you are unable to contact our staff, please contact Ayudhya Allianz C.P. Customer Call Center Tel. 1373
Hours of Service: Monday-Friday 08:00-20:00 Hrs. Saturday-Sunday 09:00-17:00 Hrs.
(Except public holidays)**

Other entitlements that may be claimed together with Ayudhya Allianz C.P. Life Pcl. benefits

Along with Ayudhya Allianz C.P. Life Pcl. benefits, you may also contact from these sources (if entitled) in order to maximize your claim benefits.

1. Social Security (for details, www.sso.go.th)
2. Compensation Fund (for details, www.sso.go.th)
3. If your spouse is under government service
4. If you have a personal insurance
5. Third-party insurance

Remarks

- If you are claiming for items that are not covered under the Social Security benefits or the Compensation Fund, please have the hospital indicate the details of these benefits / excesses and please attach these details when submitting them for claims with Ayudhya Allianz C.P. Pcl.
- Copies of receipts will not be accepted for any reasons, unless claims were also submitted to respective government offices and been verified by them. In this case, copies of these receipts must be attached with details of claims made through these offices, e.g. Social Security Office or the Compensation Fund., etc.
- If you need to have the original receipt returned for further claims from your personal insurance, please indicate this when you send in the claims form.

Ayudhya Allianz C.P. is positioned at the forefront of the Thai life insurance industry with experience and expertise in life and health insurance for over half a century. The company is a strategic business synergy comprising 3 prominent organizations; Bank of Ayudhya Group, Allianz Group, and Charoen Pokphand Group. These 3 outstanding organizations have joined forces in creating Ayudhya Allianz C.P., widely recognized as a truly international life insurance firm with local expertise in the Thai market and dependable all-round business strengths and stability. With more than 1 million policyholders under our care, Ayudhya Allianz C.P. is ready to continue delivering the best product and service for the rhythm of Thai people life.

Ayudhya Allianz C.P. for the rhythm of your life

www.aacp.co.th

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